



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

RETURN AMENDMENT NO LATER THAN FEBRUARY 9, 2018 TO:

Cynthia Adkins, Procurement Officer I
cynthia.adkins@doc.mo.gov
(573) 526-6402 (Phone)
(573) 522-1562 (Fax)
FMU/PURCHASING SECTION
P.O. BOX 236
JEFFERSON CITY, MISSOURI 65102

DATE	VENDOR IDENTIFICATION	CONTRACT NUMBER	CONTRACT DESCRIPTION
January 11, 2018	Attn: Thomas P. Britton Gateway Foundation 55 East Jackson Boulevard, Suite 1500 Chicago, IL 60604	Amendment 001 SDA411-066	Assessment and Long Term Modified Therapeutic Community Substance Use Disorders Treatment Services Program for Ozark Correctional Center

CONTRACT SDA411-066 IS HEREBY AMENDED AS FOLLOWS:

Pursuant to paragraphs 3 1.2 and 3.1.3 on page 29, the Missouri Department of Corrections desires to renew the above-referenced contract for the period of July 1, 2018 through June 30, 2019.

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

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

IN WITNESS THEREOF, THE PARTIES HERETO EXECUTE THIS AGREEMENT.

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

Mailing Address: 55 E Jackson Blvd., Ste. 1500

City, State, Zip: Chicago, IL 60604

Telephone: 312-663-1130 Fax: 312-663-0504

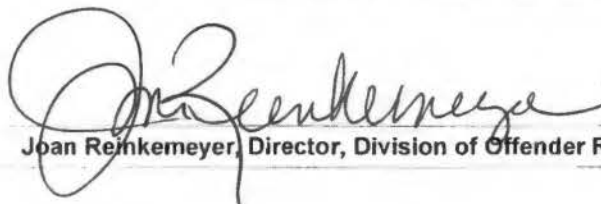
MissouriBUYS SYSTEM ID: 89728

Email: tbritton@gatewayfoundation.org

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

Authorized Signature:  Date: 1/30/2018

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


Joan Reinke Meyer, Director, Division of Offender Rehabilitative Services


Date

INVITATION FOR BID



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

Buyer of Record:
Beth Lambert
Procurement Officer II
Telephone: (573) 526-6494
Beth.Lambert@doc.mo.gov

IFB SDA411-066 ADDENDUM 001

Assessment and Long Term Modified
Therapeutic Community Substance Use Disorders
Treatment Services Program

FOR

Ozark Correctional Center

Contract Period: *Date of Award* through June 30, 2018

Date of Issue: May 16, 2017

Page i of 83

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

2:00 p.m., May 31, 2017

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

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

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

Mailing Address: 55 E. Jackson Blvd. Ste. 1500

City, State Zip: Chicago, IL 60604

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

Federal EIN #: 36-2670036 **State Vendor #** 0640646 (MOBUYS ID: 89728)

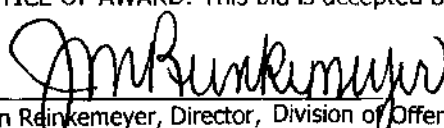
Email: tbritton@gatewayfoundation.org

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

Authorized Signature:  **Bid Date** May 31, 2017

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

Contract No. **SDA411066**


Joan Reinkemeyer, Director, Division of Offender Rehabilitative Services

8/17/17
Date

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

Contract Period: 09/01/2017-06/30/2018

GATEWAY FOUNDATION



Proposal in Response to

Invitation for Bid No. SDA931411-066

**Assessment and Long Term Modified Therapeutic
Community Substance Use Disorders Treatment
Services Program for Ozark Correctional Center**

Issued by

Missouri Department of Corrections

Submitted by:

Thomas P. Britton, President & CEO

Gateway Foundation

55 East Jackson Blvd., Suite 1500

Chicago, IL 60604

312-663-1130

Due Date: May 31, 2017

ORIGINAL



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

May 25, 2017

RE: Proposal in Response to IFB SDA931411-066, Assessment and Long Term Modified Therapeutic Community Substance Use Disorders Treatment Services Program for Ozark Correctional Center

Dear Ms. Lambert,

Gateway Foundation, Inc., doing business in Missouri as "GFI Services Inc.," is pleased to submit our proposal in response to IFB SDA931411-066 to continue providing Assessment and Long Term Substance Use Disorder Treatment Services for the Missouri Department of Corrections at Ozark Correctional Center (OCC). For the past eight and a half years, Gateway has been honored to provide these services to the Department and the men housed at OCC.

As you may know, for nearly 50 years, Gateway Foundation, Inc., a Chicago, Illinois-based not-for-profit corporation has been a trusted leader in providing substance use disorder treatment in correctional and community-based settings. **Outcome studies have proven that the services delivered by Gateway are effective, efficient, and produce the desired outcome of a marked reduction in recidivism.** Our efforts have saved the states in which we operate millions of dollars through our programs, and we look forward to the opportunity to continue our service to the Missouri Department of Corrections at OCC.

Gateway currently provides clinical services in twenty-nine (29) institutional correctional programs in Missouri, New Jersey, Texas, and Wyoming. **As this is written, there are over 9,000 men and women in Gateway in-prison and jail-based treatment programs. In FY 2016, Gateway's Corrections Division treated over 20,000 people.** Gateway is the most experienced non-profit correctional treatment provider in the nation, and looks forward to continuing its work as a valued partner of the Missouri Department of Corrections.

Philosophically, Gateway believes that people can and do recover from substance use disorders and that lasting recovery is achieved by tailoring treatment to the individual and focusing on the underlying causes of addiction. For over 15 years, we have worked with Texas Christian University's Institute of Behavioral Research to adapt our treatment approach to incorporate their research-based assessment protocol, ensuring the provision of interventions that are directly related to individual risks and needs. Our research consultant, Dr. Kevin Knight, has committed to provide support to this program should Gateway be awarded.

We have designed an innovative, responsive proposal that will meet the needs of both the Missouri Department of Corrections and the clients in its treatment programs. Throughout our tenure at OCC, Gateway has been able to work collaboratively with the Department and realize many accomplishments:

- During the last five year contract cycle, we have served over 3,600 individuals with 94% successfully completing treatment.
- Novel strategies for service delivery and new program materials were designed, piloted and validated through application at OCC. Among others, these include the Collegiate Model and *Castles in the Sky*, both of which are being replicated nationally.
- Together with the MODOC, Gateway introduced the availability of addiction treatment medication (Vivitrol) at OCC in 2012, as the first state Department of Corrections facility in the United States to provide MAT to offenders prior to release. Results have been very positive and include increased treatment engagement and reduced recidivism.
- We have introduced Texas Christian University's Internal Evaluation Protocol which greatly enhances individualization of treatment services as well as macro-level data analysis.

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

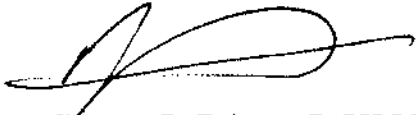
- As the incumbent provider, we have successfully provided assessment and treatment services at OCC since 2008. **Gateway is an experienced provider of correctional substance abuse treatment services—with over 46 years of experience in corrections-based treatment.**
- Gateway's mission is to provide substance abuse treatment and re-entry services, and therefore **our focus is not distracted by any other business.**
- As a not-for-profit corporation, **Gateway is driven by our mission, not by the need to meet stockholders' profit expectations.**
- Gateway has strong relationships with research institutions (e.g., Institute of Behavioral Research at TCU) which over the past decade have resulted in the development of our existing model, which uses **evidence-based practices to adapt TC and cognitive treatment** according to individual needs.
- Gateway is **financially very solid** and has the financial, management and clinical resources needed for the successful delivery of the desired treatment model(s).
- By awarding this contract to Gateway, the Department can continue with its unparalleled continuity of care across its vendor-operated treatment programs. This will also allow Gateway to maintain the OCC program in its assessment, data collection, and process evaluation protocols, which will enable the Department to continue receiving aggregated evaluation reports for all of its Gateway-operated programs.

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

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

We look forward to discussing our proposal with you and to continuing our service to the Missouri Department of Corrections at OCC in the years to come.

Very truly yours,

A handwritten signature in black ink, appearing to read 'T. Britton', with a long horizontal flourish extending to the right.

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

Gateway Foundation, Inc., dba GFI Services, Inc.
Contact Person: Gregg Dockins
Response to IFB #SDA931411-066

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Gateway Foundation, Inc., dba GFI Services, Inc.
 Contact Person: Gregg Dockins
 Response to IFB #SDA931411-066

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INVITATION FOR BID



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

Buyer of Record:
Beth Lambert
Procurement Officer II
Telephone: (573) 526-6494
Beth.Lambert@doc.mo.gov

SDA931411-066

Assessment and Long Term Modified
Therapeutic Community Substance Use Disorders
Treatment Services Program

FOR

Ozark Correctional Center

Contract Period: July 1, 2017 through June 30, 2018

Date of Issue: April 18, 2017

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Bids Must Be Received No Later Than:

2:00 p.m., May 17, 2017

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

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

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

Mailing Address: 55 E. Jackson Blvd. Ste. 1500

City, State Zip: Chicago, IL 60604

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

MissouriBUYS System ID (See Vendor Profile - Main Information Screen): 89728

Email: tbritton@gatewayfoundation.org

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

Authorized Signature:  **Bid Date** May 31, 2017

NOTICE OF AWARD:

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

Contract No.

Joan Reinkemeyer, Director, Division of Offender Rehabilitative Services

Date

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

Gateway Foundation, Inc., dba GFI Services, Inc.
Contact Person: Gregg Dockins
Response to IFB #SDA931411-066

SECTION 4.3: COST

Gateway Foundation, Inc., dba GFI Services, Inc.
Contact Person: Gregg Dockins
Response to IFB #SDA931411-066

EXHIBIT A: PRICING PAGE

EXHIBIT A**PRICING PAGE**

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

SERVICE DESCRIPTION	FIRM, FIXED PRICE	First Renewal Period	Second Renewal Period	Third Renewal Period
All services included herein	\$ 7.60 ___ per day per offender	\$ 7.83 ___ per day per offender	\$ 8.06 ___ per day per offender	\$ 8.30 ___ per day per offender

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

Agreement Disagreement

Bidder to state discount for prompt payment, if applicable.

n/a % if paid within n/a days

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

For Profit Nonprofit

Web Site:

The bidder should state web site address if online invoicing is available: n/a

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

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

Authorized Signature:  Printed Name: THOMAS BRITTON

Date: 5/25/2017 Email: tbritton@gatewayfoundation.org

Gateway Foundation, Inc., dba GFI Services, Inc.
Contact Person: Gregg Dockins
Response to IFB #SDA931411-066

SECTION 4.4: EXPERIENCE, RELIABILITY, AND EXPERTISE

Gateway Foundation, Inc., dba GFI Services, Inc.
Contact Person: Gregg Dockins
Response to IFB #SDA931411-066

EXHIBIT B: BIDDER INFORMATION

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

4.4.1 Organizational Experience and Reliability, Personnel, and Exhibit B

Experience and reliability of the bidder's organization will be considered subjectively in the evaluation process. Therefore, the bidder is advised to submit information concerning the bidder's organization and information documenting the bidder's experience in past performances, especially those performances related to the requirements of this IFB. If the bidder is proposing an entity other than the bidder to perform the required services, the bidder should also submit the information requested for such proposed subcontractor.

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

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

4.4.2 Qualifications of the Personnel

The qualifications of the personnel proposed by the bidder to perform the requirements of this IFB, whether from the bidder's organization or from a proposed subcontractor, will be subjectively evaluated. Therefore, the bidder should submit detailed information related to the experience and qualifications, including education and training, of proposed personnel.

- a. Personnel Expertise - The bidder should provide the information requested on Exhibit D for each key person proposed to provide the services required herein. If additional personnel resources are available, the bidder may provide information for such personnel by completing Exhibit E.*
- b. Personnel Qualifications - If personnel are not yet hired, the bidder should provide detailed descriptions of the required employment qualifications; and detailed job descriptions of the position to be filled, including the type of person proposed to be hired.*
- c. Licenses - The bidder should submit a copy of all licenses and/or certifications related to the performance of the services required herein that are held by the personnel proposed to provide such services. If not submitted with the bid, the State of Missouri reserves the right to request and obtain a copy of any license or certification required to perform the defined services prior to contract award.*

Gateway has included Exhibit D and Exhibit E directly following Exhibit C. We have included job descriptions and copies of all licenses and/or certifications in the Appendix.

Gateway Foundation, Inc., dba GFI Services, Inc.
Contact Person: Gregg Dockins
Response to IFB #SDA931411-066

EXHIBIT B

BIDDER INFORMATION

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

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

Gateway Foundation, Inc.--doing business in Missouri as GFI Service, Inc. and hereafter referred to as "Gateway"--is a 501c (3) not-for-profit corporation incorporated in the State of Illinois. The corporate office is located at the following address:

Gateway Foundation, Inc.
55 East Jackson Blvd.
Suite 1500
Chicago, IL 60604
312-663-1130

Gateway Foundation (both the national and Missouri-based entity) is governed by a diverse 14-member Board of Directors whose responsibility it is to further the stated mission of the agency, set policies and establish a vision for the agency, and monitor agency performance. Board members are recruited predominantly on the basis of professional expertise.

Established in 1968 and providing services for over 48 years, Gateway Foundation, Inc. today has treatment sites spanning six states, including Illinois, Texas, Delaware, Missouri, New Jersey, and Wyoming and serves over 30,000 persons annually. Programs are provided in both community and correctional settings and serve a diverse clientele, including adolescents and adults with single and poly-substance addictions and those with co-occurring mental health disorders.

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

MISSOURI HISTORY

Gateway Foundation, Inc., doing business in Missouri as GFI Services, Inc., began serving Missouri offenders in September 1994 and has been providing services in Missouri for 21 years . It was in that year that Gateway began operating its first Corrections Division program, the St. Louis Free and Clean program. Operating in Missouri as GFI Services, Gateway quickly expanded across the state and opened the Kansas City Free and Clean program in 1996. Two years later, in July 1998, Gateway was awarded its first in-custody treatment contract with the Missouri Department of Corrections (MODOC) women's Therapeutic Community program at the Women's Eastern Reception, Diagnostic and Correctional Center (WERDCC) in Vandalia, MO. Having successfully won each rebid contract since, Gateway continues to operate that program today.

Missouri Department of Corrections
May 31, 2017

Gateway Foundation, Inc., dba GFI Services, Inc.
Contact Person: Gregg Dockins
Response to IFB #SDA931411-066

In 2007, Gateway submitted its successful bid to MODOC for the in-custody treatment contract at the Maryville Treatment Center (MTC), in Maryville, MO. After a successful integration of our program design with the program operated by the state at that same location, Gateway soon expanded its base of operations throughout the state. In 2008, Gateway replaced the incumbent contractor at the 650-bed Ozark Correctional Center (OCC) in Fordland, MO, and in the following year won the contract at the Western Reception, Diagnostic and Correctional Center (WRDCC) in St. Joseph, MO and was re-awarded the WRDCC contract in 2014.

Gateway's successful rebid of the WERDCC contract included a contract for Missouri's first Special Needs/Co-occurring program, a 24-bed male unit at Northeastern Correctional Center (NECC), in Bowling Green, MO. In the past few years, Gateway has successfully won rebid contracts at MTC, OCC, and CCC/WERDCC/NECC, the latter of which included an expansion of the Special Needs/Co-occurring program to 62 beds. In October 2012, Gateway was awarded the contract for Chillicothe Correctional Center (CCC) and the Assessment Services at the Eastern Reception, Diagnostic and Correctional Center (ERDCC), in Bonne Terre, MO.

Also in 2012, Gateway, in collaboration with the Missouri Department of Corrections and the Missouri Department of Mental Health, began providing MAT, specifically Vivitrol (extended release Naltrexone) for offenders prior to their release from a Gateway contracted, year-long institutional treatment program. This was expanded to three (3) additional Gateway contracted programs in 2013 and to seven (7) total programs in 2015. All of the offenders who receive Vivitrol prior to their release from one of these seven (7) institutional treatment programs are "followed" to outpatient treatment programs in St. Louis or Kansas City where they continue their treatment, including receiving MAT. This program is known as the Recidivism Reduction-Medication Assisted Treatment program (RR-MAT).

Gateway Foundation now operates all of the contracted in-custody treatment programs in Missouri institutions, which together total over 2,000 treatment beds. In total, through the programming at the institutions outlined above, Gateway serves over 5,600 inmates per year in Missouri. Our commitment is to provide Missouri offenders with effective, evidence-based treatment services that reduce recidivism, and rebuild lives!

Since 2008 when Gateway initially began providing services at Ozark Correctional Center, we have exhibited a reliable pattern of innovation, service improvement, and consistent performance above the base requirements of our contract. During this contract period, our partnership with the Missouri Department of Corrections has seen *increased client engagement, increased program completions, and the establishment of a quality assurance strategy* that is distinct in its clarity, communication and objective review. In short, we believe that the partnership between Gateway Foundation and the MODOC at OCC has changed the field of corrections based substance use disorder treatment for offenders. Thousands of lives have been improved through our unique approach to services that individualize treatment, engage clients, and empower clients in the process of change.

Gateway Foundation, Inc., dba GFI Services, Inc.

Contact Person: Gregg Dockins

Response to IFB #SDA931411-066

Over the past 5 and a half years (current contract cycle), Gateway has been able to bring a number of "value-added" services to the Missouri Department of Corrections. Please consider the following achievements.

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

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

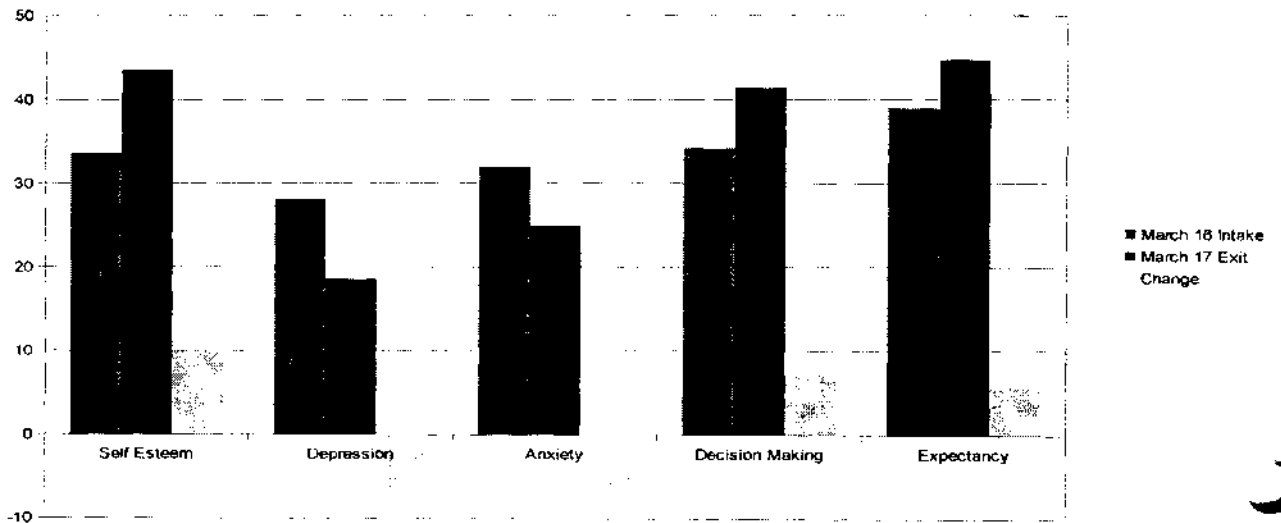
Measure	FY15 YE	FY16 YE	July 2016	Aug. 2016	Sept. 2016	Oct. 2016	Nov. 2016	Dec. 2016	Jan. 2017	Feb. 2017	Mar. 2017
Treatment Participation	99%	99%	100%	100%	100%	100%	98%	100%	100%	97%	100%
Treatment Satisfaction	97%	94%	95%	97%	100%	94%	96%	94%	93%	97%	97%
Counselor Rapport	97%	96%	100%	99%	98%	96%	96%	94%	97%	100%	94%
Peer Support	95%	94%	86%	92%	96%	90%	98%	90%	90%	89%	91%
TOTAL	97%	96%	96%	97%	98%	95%	97%	94%	95%	96%	96%

Among exit surveys, clients most prominently identified "the most beneficial elements of the program" as: "The Collegiate Model", "Castle's", and "The way my counselor works with me to find classes that will help me" (individualized and collaborative treatment planning).

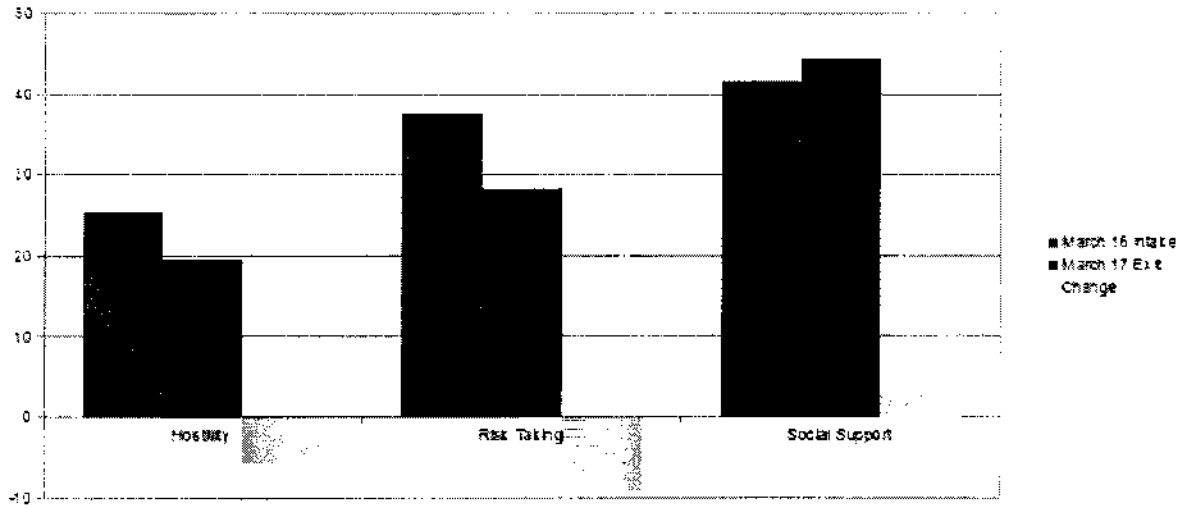
- **Proven Results-** Again, utilizing pre- and post- TCU data, Gateway shows that clients have increased important prosocial attributes and decreased antisocial ones over the course of treatment. As an example of Gateway's success at OCC the following graphs represent the progress made by clients arriving at OCC in March of 2016 and exiting in March of 2017 as measured through TCU Assessment Survey's:

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

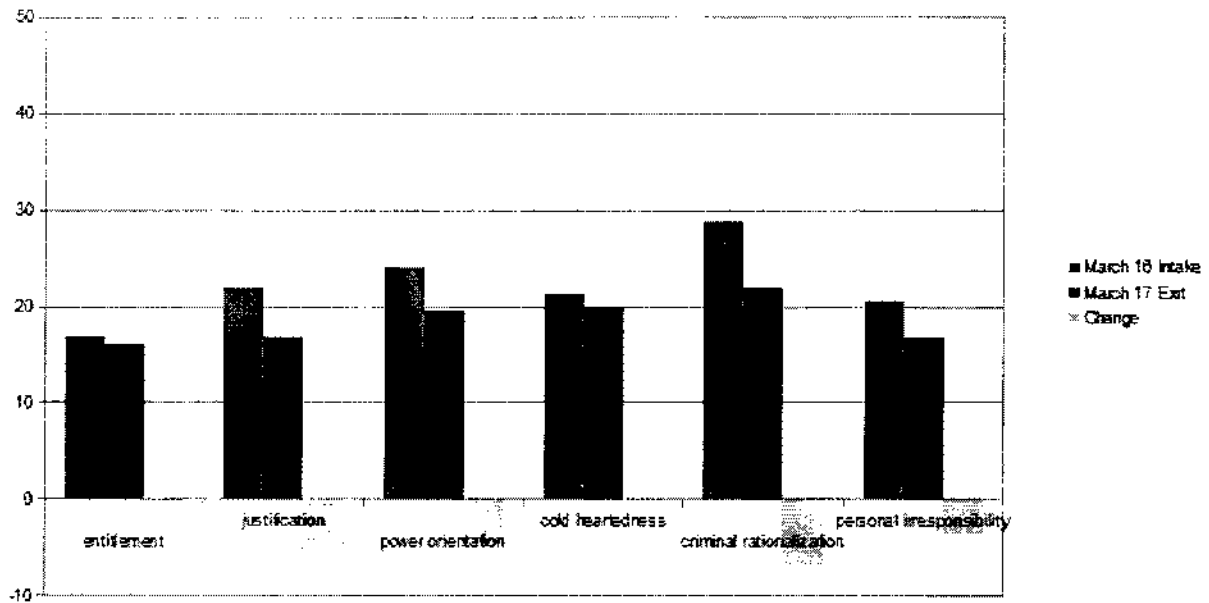
Psychological Functioning Scale



Social Functioning Scale



Criminal Thinking Scale



- **High Successful Completion Rates-** Since the current contract began in 2012, Gateway has served 3,696 men at OCC. We take pride in the high number of clients who successfully complete the program, indicating our ability to engage and retain clients in collaboration with the Department and other on-site partners. Successful completion rates exceed national averages: 92.2% in FY2012, 92.9% in FY2013, 93.6% in FY2014, 93.5% in FY2015, and 97.2% in FY2016.
- **Internal Evaluation Protocol-** In 2009 Gateway Foundation introduced the use of the Texas Christian University's **Internal Evaluation Protocol (IEP)** at OCC. For the first time in Missouri corrections based treatment services, the process of assessment, followed by regular re-assessment and the associated modification of treatment planning was applied through an objective and evidence informed process. Utilizing the IEP process, Gateway has been able to provide informed and responsive services individualized to each clients' needs, thus maximizing the effectiveness of services.
- **Quality Assurance and Quality Improvement-** Building upon the successes of individualized and informed care, Gateway developed a process of internal review through evaluation of TCU survey results at a macro-application level. This review provided informed and objective answers to the vital question, "Are we accomplishing what we seek to accomplish?" The use of client generated data to inform quality of program services, and program modification strategies began to be used at a level previously unrealized in corrections based treatment services. Through evaluation and

analysis of qualitative data (quality assurance team reviews, client exit survey narrative responses, review of grievances, review of operational observations, etc.) and the newly available quantitative data (provided by the IEP process), Gateway has been able to identify objectively and with clarity areas of content that require additional emphasis and areas where current emphasis is adequate to meet the needs of the population. This has created a highly efficient and cost effective method for determining program content, as well as informing staff assignments and determinations of staff training needs. Perhaps the greatest impact of the IEP has been to empower program and Department managers with the knowledge of changing client dynamics over time.

The use of the IEP opened new doors in program development and quality improvement in that populations could now be evaluated more objectively and new intervention strategies could be developed and tested for efficacy. This also led to an increased interest in quality assurance through qualitative data measures such as focus groups and other internal evaluation strategies. In collaboration with the MODOC, Gateway at OCC has created an environment conducive to scientific review of all aspects of treatment services, delivery, and outcomes.

- **Unique Individualized Treatment Modalities-** Borne of this informed environment, novel strategies for service delivery and new program materials were designed, piloted and validated through application at OCC. The **Collegiate Model** (described later in this document) was introduced in 2012 and provided a wholly unique model of service delivery that would maximize the potential for individualization of services, empowerment of individual in the process of change, and enhanced client engagement. The Collegiate Model employs the best evidence based strategies in adult education, substance use disorder treatment, and criminology to provide an informed and unique approach to service provision. The effectiveness of the approach has been validated through increases in desired outcomes as measured by the IEP, exit survey narrative responses, and exit focus groups. The success of the Collegiate Model has led to its replication to varying degrees at many Gateway programs across the nation.

In addition, through the Collegiate Model, various elective classes have been developed by Gateway staff. For example, Gateway at OCC has developed recovery education groups and classes that have applications far beyond the curriculum itself. (Development of such classes requires Department approval and undergoes a strict protocol for delivery.) Gateway has introduced the *Castle Concepts* (an internationally utilized curriculum) as well as numerous other materials that have been scrutinized for validity and that can be replicated at other programs with predictive success. Gateway has dissected many criminological and re-entry correlates to develop meaningful interventions that are specific to the unique qualities of justice involved substance users. More than just addressing substance use and/or criminality, the Gateway program speaks to the often unidentified synthesis between these two issues that result in a distinct and unique set of needs for this population.

- **Medication Assisted Treatment (MAT)-** Together with the MODOC, Gateway introduced the availability of addiction treatment medication (Vivitrol) at OCC in 2012, as the first state Department of Corrections facility in the United States to provide MAT

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to offenders prior to release. Gateway has continued to provide offenders at OCC who wish to receive pre-release MAT the opportunity to do so through a Missouri Department of Mental Health funded project- Recidivism Reduction Project incorporating MAT (RR-MAT). Since 2012, Gateway has expanded this life-saving intervention to serve individuals who are reentering the metropolitan areas of St. Louis or Kansas City. Gateway and its partners- the Missouri Department of Corrections, the Missouri Department of Mental Health, Corizon Health Services, and multiple community based treatment providers- have expanded the services available to support the clients receiving addiction treatment medication, while also serving more clients who are returning to a broader geographic area of Missouri.

Please consider these impressive results (through FY16):

- 98% of clients released in FY 2016 have been admitted to community-based treatment following their release versus 55-65% of individuals not involved in the RR-MAT project.
- 86% of clients receiving RR-MAT services are still engaged in post-release community based outpatient treatment versus an average of 67% engagement for all clients.
- 86% of clients who received RR-MAT services and completed Gateway's St. Louis Outpatient Program were employed or enrolled in an education program at the time of discharge from the full treatment continuum.
- 80% of clients who received pre-release Vivitrol in FY 2014 have not returned to the Department of Corrections. The average Missouri DOC two year recidivism rate is 40%.

Upon award of this contract, Gateway is uniquely positioned to continue to make MAT and supporting services as provided under the RR-MAT initiative available to OCC clients. The results of this value added treatment intervention, which has become a national model, are documented improvements in client engagement and retention in community based treatment upon release, improved stability and sobriety following release and a documented reduction in recidivism of those who have received RR-MAT services, including pre-and post-release MAT.

GATEWAY FOUNDATION, INC. HISTORY

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

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

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treatment across the nation. Gateway began its history of service with the opening of Criegee Ellis House in Chicago in 1968. With a base of community and government support, a series of new residential treatment programs was implemented in Illinois during the 1970s.

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

Gateway is actively engaged in the following types of business:

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

The organization's programs are divided into the following two major Divisions, each headed by a Division President:

- **Corrections Division:** Consists of 29 treatment programs in four states (Texas, Missouri, New Jersey, and Wyoming) including community-based outpatient programs for offenders in Missouri.
- **Community Services Division:** Consists of 14 residential rehabilitation sites in two states (Illinois, Delaware) that serve adolescents and/or adults and four outpatient programs in Illinois

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

The individualized treatment programs delivered by Gateway's highly qualified clinicians are evidence-based and continue to evolve with the rapid increase in scientific addiction research. Services are gender responsive and trauma informed. The quality of care we provide has earned

us numerous awards as well as accreditation from The Joint Commission, the leading accrediting body for healthcare organizations.

As this is written, there are over 10,000 men and women in Gateway in-prison and jail-based treatment programs. In FY 2016, Gateway's Corrections Division treated over 20,000 people. **As a result of our extensive history of correctional service delivery over the past nearly 50 years in State prisons and other secure settings and our ability to successfully integrate "adaptive" treatment services within a variety of correctional systems that result in reductions to recidivism, Gateway is the perfect provider to continue to deliver the in-prison treatment services requested through this solicitation.**

CORRECTIONAL EXPERIENCE AND GROWTH

Linkages between Gateway and the criminal justice system in Illinois resulted in the development of the **first in-jail treatment program for male and female detainees at the Cook County Jail, the largest single site county jail in the country at that time.** In 1980, the Cook County Department of Corrections began a pilot program to identify and house drug dependent male offenders as they entered the Jail. Based on the success of the men's program, Gateway began providing services in the Women's Division of the Jail in 1986. **Gateway established additional treatment programs within the Illinois Department of Corrections for women at Dwight, Logan, and Kankakee Correctional Centers in 1988, and for men at Graham, Sheridan, Lincoln, Taylorville, and Jacksonville Correctional Centers.** The **Sheridan Correctional Center** was re-opened in 2004 as a National Model Correctional Therapeutic Community, and Gateway operated the fully-dedicated 1,100 bed facility from 2004 through 2006. Recidivism studies by Loyola University and the Illinois Criminal Justice Information Authority (ICJIA) throughout that period demonstrated outstanding success in reducing recidivism for those served.

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

NATIONAL EXPANSION OF CORRECTIONS PROGRAMS

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

MISSOURI

Gateway has provided in-prison treatment services in **Missouri** since 1997. We currently provide modified TC services to three in-custody treatment programs for males, two in-custody treatment

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programs for women, including those with co-occurring disorders, and one special needs program for males with physical disabilities and co-occurring disorders. Gateway also provides diagnostic assessment services and a partial day treatment program through this contract. **In total, Gateway operates over 2,000 treatment beds per year for Missouri offenders and is privileged to operate all of Missouri's contracted in-prison substance abuse treatment programs.**

NEW JERSEY

In **New Jersey**, Gateway is the sole provider of in-prison substance use disorder treatment services for the New Jersey Department of Corrections. While there were nine programs housed in institutions across the state, Gateway was recently awarded a renewal contract with the New Jersey Department of Corrections (NJDOC) which adopted a new treatment model. Under the new contract, which was implemented in May 2017, Gateway provides assessments at the Central Reception and Classification Facility; licensed treatment according to level of care designation for men and women at two distinct institutions; and a Psychoeducational program for general population inmates and for the Restrictive Housing Units throughout the NJDOC system.

The previous NJDOC contract was a multi-site contract for residential Therapeutic Community treatment services as well as outpatient psychoeducational services. Gateway operated modified TC's in seven facilities as well as a Psychoeducational program for general population inmates and for the Restrictive Housing Units at each facility.

TEXAS

In 1992, Gateway began providing treatment in **Texas** under the Texas Criminal Justice Initiative, opening its first Substance Abuse Felony Punishment Facility (SAFPF). Gateway opened its first SAFPf at the Jester I unit in Richmond, Texas on October 1, 1992, with 323 treatment beds and subsequently opened the Central Trustee Camp, also in Richmond (Sugar Land) on January 1, 1993 with 200 beds, and the Ramsey II Trustee Camp at Rosharon on February 1, 1993, also with 200 beds. In May 1993, an additional unit was opened at Marlin, Texas. Since the initial opening of the Jester I program, Gateway had the opportunity to expand services by adding the following additional units: Ellen Halbert, 5/93; Estelle, 1/94; Walker Sayle, 8/94; Hackberry (Crain), 1/96; Havins, 1/99; Ney 1/99; Kyle, Glossbrenner, and Henley 9/12; and finally, Kegans State Jail in 1/17. In FY16, Gateway provided services to over 11,000 individuals under these contracts with Texas Department of Criminal Justice.

Gateway also operates and provides treatment services for the Harris County (Houston) Community Supervision and Corrections Department and the Dallas County Community Supervision and Corrections Department. In May 2016, Gateway assumed operation of two secure facilities in Houston, Texas for the Harris County Community Supervision and Corrections Department. Gateway provides supervision/custody, treatment and case-management services to almost 600 male and female clients. As of January 1, 2017, Gateway was awarded a similar contract provide operational and treatment services for a 240-bed Intensive Residential and Supportive Treatment Program and a 60-bed Dual Diagnosis Program for the Dallas County Community Supervision and Corrections Department.

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WYOMING

In 2015, Gateway was awarded a contract to deliver the following substance use disorder treatment services for the **Wyoming** Department of Corrections: a 72-bed residential program for men at the Wyoming Medium Correctional Institution in Torrington; a 72-bed residential program for men at the Wyoming Honor Farm in Riverton; a 54-bed gender-specific residential treatment program for women at the Wyoming Women's Center in Lusk; evidence-based assessment and treatment services and cognitive behavioral intervention for 56 male offenders at the Wyoming Boot Camp in Newcastle; and Outpatient/Intensive Outpatient Programs treatment services to inmates at the Wyoming State Penitentiary, the Wyoming Medium Correctional Institution, the Wyoming Honor Farm, the Wyoming Honor Conservation Camp, and the Wyoming Women's Center. Due to state budget cuts, two programs had to close in the summer of 2016; programming remains at Wyoming Medium Correctional Institution, Wyoming Women's Center, and Wyoming Honor Conservation Camp.

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MISSOURI PROGRAMS

IN-PRISON TREATMENT

PROGRAM NAME AND ADDRESS	SERVICES PROVIDED	SETTING	CONTRACT DATES	BED CAPACITY
In-Custody - Prisoners				
Chillicothe Correctional Center 3151 Litton Road Chillicothe, MO 64601	SUD TC Treatment	State Correctional Institution	07/12 to Present	256 Female
Women's Eastern Reception, Diagnostic Correctional Ctr. P.O. BOX 300 1101 E. Hwy 54 Vandalia, MO 63382	SUD TC Treatment; SUD TC Treatment for Special Needs Population	State Correctional Institution	07/98 to Present	240 Female
Northeastern Correctional Center P.O. BOX 300 1101 E. Hwy 54 Vandalia, MO 63382	SUD TC Residential Treatment; SUD TC Treatment for Special Needs Population	State Correctional Institution	07/08 to Present	62 Male
Maryville Treatment Center 30227 US Hwy 136 Maryville, MO 64468	SUD TC Residential Treatment	State Correctional Institution	12/07 to Present	525 Male (300 Contract)
Ozark Correctional Center 929 Honor Camp Lane Fordland, MO 65652	SUD TC Residential Treatment	State Correctional Institution	07/08 to Present	650 Male
Western Reception, Diagnostic & Correctional Center 3401 Faraon St. Joseph, MO 64506	Assessment Svcs.; Partial Day Treatment; SUD Residential Treatment	State Correctional Institution	07/10 to Present	325 Male
Total MO In-Custody Population				2,058 Beds

OFFENDER SUD OUTPATIENT & REENTRY SERVICES

PROGRAM NAME AND ADDRESS	SERVICES PROVIDED	SETTING	CONTRACT DATES	OFFENDER CAPACITY
St. Louis Outpatient Program 1430 Olive Street, Suite 300 St. Louis, MO 63103	Basic & Intensive Levels of Outpatient Treatment	State - Offender Outpatient	3/94 to Present	1000+ Male/Female Outpatient
Kansas City Outpatient Program 4049 Pennsylvania Avenue Suite 204 Kansas City, MO 64111	Case Management; Employment Readiness	State - Offender Outpatient	10/15 to Present	200+ Male/Female Outpatient

NEW JERSEY PROGRAMS

IN-PRISON TREATMENT

PROGRAM NAME AND ADDRESS	SERVICES PROVIDED	SETTING	CONTRACT DATES	BED CAPACITY
Edna Mahan Correctional Facility for Females P.O. Box 4004 Clinton, NJ	SUD Treatment (Residential, IOP, and OP)	State Correctional Institution	10/02 to Present	65 Females
Mid-State Correctional Facility P.O. Box 866 Wrightstown, NJ 08562	SUD Treatment (Residential, IOP, and OP)	State Correctional Institution	10/02 to Present	696 Males
Total NJ In-Custody Population				761 Beds

IN-CUSTODY ASSESSMENT SERVICES

PROGRAM NAME AND ADDRESS	SERVICES PROVIDED	SETTING	CONTRACT DATES	CAPACITY
Central Reception and Assignment Facility P.O. Box 7450 Trenton, NJ 08628	SUD Treatment (Residential, IOP, and OP)	State Correctional Institution	10/02 to Present	Approximately 3,900 per year
Total NJ In-Custody Population				3,900

IN-CUSTODY ALTERNATIVE SERVICES

PROGRAM NAME AND ADDRESS	SERVICES PROVIDED	SETTING	CONTRACT DATES	CAPACITY
All Institutions Statewide	LIB and/12-Step Education and Coordination of AA/NA/GA Support Groups	State Correctional Institution	01/14 to present	Varies
Multiple Institutions: EMCFW; NSP; ADTC; NJSP; WYCF; & SWSP	Restrictive Housing Program	State Correctional Institution	01/16 to present	Varies

TEXAS PROGRAMS

IN-CUSTODY TREATMENT

PROGRAM NAME AND ADDRESS	SERVICES PROVIDED	SETTING	CONTRACT DATES	BED CAPACITY
In-Custody – Probation Participants				
Estelle SAFFP** 262 FM 3478 Huntsville, TX	SUD Residential TC Treatment; Special Needs	State Correctional Institution	01/94 to Present	212 Males
Hackberry SAFFP* 1401 State School Road Gatesville, TX	SUD Residential TC Treatment; Special Needs	State Correctional Institution	09/96 to Present	288 Females
Jester I SAFFP* 1 Jester Road Richmond, TX	SUD Residential TC Treatment; Special Needs	State Correctional Institution	10/92 to Present	323 Males
Glossbrenner SAFFP*/ ISF^^ 5100 S. FM 1329 San Diego, TX 78384	SUD Residential TC Treatment	State Correctional Institution	09/12 to Present	612 Males
Halbert SAFFP* 800 Ellen Halbert Drive Burnet, TX 78611	SUD Residential TC Treatment	State Correctional Institution	09/12 to Present	612 Females
Sayle SAFFP* 4176 FM 1800 Breckenridge, TX 76424	SUD Residential TC Treatment	State Correctional Institution	09/12 to Present	632 Males
Henley SAFFP* / IPTC^ 7581 Highway 321 Dayton, TX 77535	SUD Residential TC Treatment; Special Needs	State Correctional Institution	09/12 to Present	576 Females
In-Custody – Prisoners				
Havins IPTC^ 500 FM 45 East Brownwood, TX 76804	SUD Residential TC Treatment	State Correctional Institution	10/07 to Present	576 Males
Ney IPTC^ 114 Private Road 4303 Hondo, TX 78861	SUD Residential TC Treatment	State Correctional Institution	10/07 to Present	576 Males
Kyle IPTC^ 23001 IH 35 Kyle, TX 78640	SUD Residential TC Treatment	State Correctional Institution	09/12 to Present	520 Males
In-Custody – Parole Participants				
Joe Kegans State Jail-SACP^^^ 707 Top Street Houston, TX 77002	SUD Residential TC Treatment	State Correctional Institution	01/17 to	450 Males
Total TX in-custody				5,377 Beds

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

IN-CUSTODY COMMUNITY CORRECTIONS TREATMENT

PROGRAM NAME AND ADDRESS	SERVICES PROVIDED	SETTING	CONTRACT DATES	BED CAPACITY
Harris County Residential Treatment Program – Atascocita 2310 Atascocita Road Humble, TX 77396	Cognitive Behavioral Interventions (SUD/CBT)	Residential Community Corrections	05/16 to present	95 Females
Harris County Residential Treatment Program – Atascocita 2310 Atascocita Road Humble, TX 77396	Cognitive Behavioral Interventions (SUD/CBT)	Residential Community Corrections	05/16 to present	192 Males
Harris County Residential Treatment Program – Peden 600 San Jacinto Houston, TX 77002	Cognitive Behavioral Interventions (SUD/CBT)	Residential Community Corrections	05/16 to present	283 Males
Dallas County Residential Treatment Facility- Supportive Treatment Program 200 Green Road Lancaster, Texas, 75172	Cognitive Behavioral Interventions (SUD/CBT)	Residential Community Corrections	01/17 to present	240 Males and Females
Dallas County Residential Treatment Facility- Dual Diagnosis Program 200 Green Road Lancaster, Texas, 75172	Cognitive Behavioral Interventions for Dual Diagnosis population	Residential Community Corrections	01/17 to present	60 Males and Females
Total In-custody Community Corrections Population				870 Beds
Total Texas In-Custody Treatment Population				6,183 Beds

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WYOMING PROGRAMS / IN-CUSTODY TREATMENT

WYOMING IN-CUSTODY TREATMENT PROGRAMS				
PROGRAM NAME AND ADDRESS	SERVICES PROVIDED	SETTING	START DATES	BED CAPACITY
In-Custody				
Wyoming Medium Correctional Institution (WMC) 7076 Road 55F Torrington, WY 82240	Substance Abuse Modified TC; Unit-based OP/IOP	State Correctional Institution	7/1/15	72 Male
Wyoming Women's Center (WWC) 1000 West Griffith Lusk, WY 82225-0020	Substance Abuse Modified TC; Unit-based OP/IOP	State Correctional Institution	7/1/15	54 Female
Wyoming Honor Conservation Camp Pippen Road Newcastle, WY 82701	Boot Camp; OP/IOP	State Correctional Institution	7/1/15	56-64 Male
TOTAL WYOMING In-Custody				256 Beds

EXCELLENT RECORD OF STATEWIDE CONTRACT AWARDS AND CONTRACT RENEWALS

Gateway maintains a strong record for contract retention or extensions when the contract allows States to award them.

- Gateway's programs in **Missouri** include the largest corrections-based program in the state and the operation of all vendor-operated programs.
- Since beginning with five (5) Therapeutic Communities in **Texas**, Gateway has become the most experienced provider in Texas, currently operating eleven institutional programs totaling over 4700 beds for the Texas Department of Criminal Justice.
- Gateway has been the sole provider of in-prison services for the **New Jersey** Department of Corrections for nearly a decade.
- On July 1, 2015, Gateway became the statewide provider of substance abuse treatment for the **Wyoming** Department of Corrections.
- On May 1, 2016, Gateway assumed operation of two secure facilities in Houston, Texas for the **Harris County Community Supervision and Corrections Department** for almost 600 male and female clients, at the invitation of the County.
- On January 1, 2017, Gateway began to provide treatment services and operations for the **Dallas County Community Supervision and Corrections Department** for 300 male and female offenders.

EXPERIENCE TREATING CRIMINAL JUSTICE POPULATIONS

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

GATEWAY'S EXPERTISE WITH COGNITIVE INTERVENTION MODEL

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

Through Gateway's commitment to innovative service delivery, we developed our first Cognitive Intervention Program based on the knowledge and expertise acquired from over 47 years of working with offender populations. Our understanding of offenders and the impact of criminal lifestyles enabled us to develop a comprehensive intervention program to meet the needs of this unique population.

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

PATHWAY TO CHANGE

Gateway has partnered with the Department to co-facilitate the *Pathway to Change* curriculum from the beginning of its introduction in the Missouri prison-based treatment programs. Gateway counseling staff has participated in the facilitator training as required and has presented the information either solely or with a Department facilitator. Feedback from clients related to *Pathway to Change* content and the co-facilitation has been very positive and demonstrates the important relationship Gateway and the Department has developed. *Pathway to Change*, in conjunction with Gateway's Cognitive Self-Change curriculum, offers offenders many opportunities to develop and internalize the skills and changes necessary to become productive citizens on their return to society.

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

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

Gateway is committed to providing clients with meaningful, therapeutic, interpersonal interactions, whether they take place in session with staff or within the therapeutic community

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

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

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

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

Gateway currently operates modified therapeutic community substance abuse treatment programs in six (6) Missouri correctional institutions and one (1) assessment center; eleven (11) Texas prisons; and three (3) Wyoming prisons. We have demonstrated that we have adequate financial resources, insurance, licenses, and credentials to offer high quality treatment to the criminal justice system in Missouri. We look forward to continue offering these advantages to the MODOC.

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INTERNAL ASSESSMENT & PROCESS EVALUATION PROTOCOL

GATEWAY PROVIDES INDIVIDUALIZED CARE WITHIN THE TC FRAMEWORK

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

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

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

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

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

ABILITY TO ADAPT TREATMENT ACCORDING TO IDENTIFIED NEEDS

Gateway has a long-standing relationship with the Texas Christian University Institute of Behavioral Research and has been working with research psychologist Dr. Kevin Knight to develop a systematic assessment and evaluation protocol using the CEST and CTS standardized

instrumentation. In concert with Dr. Knight, Gateway uses the assessment and data collection process to hone treatment to the identified needs of clients during treatment. Program-level information is reviewed as a matter of Quality Improvement functions and is incorporated into structured, research-based programmatic interventions. Dr. Knight has agreed to provide the evaluation of the Client Engagement Form to inform our treatment protocols, as well as program effectiveness.

ABILITY TO MANAGE LARGE PROGRAMS IN CORRECTIONAL INSTITUTIONS

As previously described, Gateway has years of experience providing treatment services in correctional institutions for large programs of up to 950 static capacities. For example, Gateway currently operates the 650-bed SUD treatment program at Ozark Correctional Center. Gateway also operates 11 therapeutic community treatment programs in correctional facilities in Texas, with up to 632-bed capacities. The outcomes of these large programs have been outstanding!

DATA COLLECTION/MONITORING SYSTEMS IN PLACE

Gateway will continue to assist the Department with data and information collection and reporting needs, such as the numbers of clients served, clients' drugs of choice, client demographics, and services delivered to clients. It is important to note that Gateway already has tracking and evaluation mechanisms, through our TCU client assessment data base, and Gateway's own DENS ASI server data which has been utilized by Gateway for many years. Gateway management and staff will apply their experience and established evaluation systems to OCC, as it does for other Missouri programs, to continue to maintain a well-run system with no interruptions or delays in data collection or reporting of data in its current programs.

REASONABLE, STABLE GROWTH OVER TIME AND FINANCIAL STABILITY

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

GATEWAY'S EXPERIENCE WITH CORRECTIONAL INSTITUTIONAL PROTOCOL

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

quality of service for the agency and for each individual client. Therefore, Gateway structures each of its programs according to the requirements of the hosting agency.

Respect for Institutional Scheduling

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

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

Respect for Institutional Security Issues

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

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

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

Gateway Foundation, Inc., dba GFI Services, Inc.

Contact Person: Gregg Dockins

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Seamless Integration into Institutional Activities and Lines of Communication

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

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

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

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

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

Gateway's treatment sites are located in six states, including Illinois, Texas, Delaware, Missouri, New Jersey, and Wyoming, serving over 30,000 individuals in fiscal year 2016. Programs are provided in community, correctional, residential, and outpatient settings, serving diverse populations, including adolescents and adults with substance-use and co-occurring mental-health disorders.

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

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

Gateway's organizational website address is www.recovergateway.org. The Corrections Division website address is www.gatewaycorrections.org.

Gateway Foundation, Inc., dba GFI Services, Inc.

Contact Person: Gregg Dockins

Response to IFB #SDA931411-066

- c. **Provide a list of and a short summary of information regarding the bidder's current contracts/clients. List, identify, and provide reasons for each contract/client gained and lost in the past 2 years.**

Gateway Foundation, Inc. and Affiliates Corrections Contracts Summary

Gateway Foundation Inc., dba, GFI Services, Inc. Contracts

Missouri Contracts

Gateway operates in-custody modified TC's in seven Missouri correctional institutions as well as a partial day treatment program. In Fiscal Year 2016, 5, 605 individuals were served through our in-custody treatment programs.

Women's Eastern Reception and Diagnostic Correctional Center

1101 U.S. 54

Vandalia, MO 63382

(573) 594-6686

Women's 240 Bed; 75 Beds are Dual Diagnosis Modified TC

7/1/04 - Present

Staff: 22

Northeast Correctional Center

13698 County Road 46

Bowling Green, MO 63334

(573) 324-9975

24 Bed Male Substance Abuse Treatment For Clients With Special Needs

7/1/08 - Present

Staff: 5

Chillicothe Correctional Center

3151 Litton Rd.

Chillicothe, MO 64601

(660) 646-4032

256 Bed Female Modified TC

7/1/2012-Present

Staff: 20

Maryville Treatment Center

30227 U.S. 136

Maryville, MO 64468

(660) 582-6542

300 Bed Male Modified TC

12/4/07 - Present

Staff: 19

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Ozark Correctional Center

929 Honor Camp Ln.
Fordland, MO 65652
(417) 767-4052
650 Bed Male Long-Term Modified TC
9/18/08 - Present
Staff: 35

Western Reception Diagnostic Correctional Center St. Joe

3401 Faraon St.
St Joseph, MO 64506
(816) 279-9458
7/1/10 - Present
325 Bed Male Intermediate Substance Abuse Treatment
Staff: 19

Eastern Reception and Diagnostic Center

2727 Hwy. K
Bonne Terre, MO 63628
(573) 358-5516
10/1/2012-Present
Provide Substance Abuse Assessments to Clients
Staff: 2

Missouri Outpatient Services

Gateway provides community based outpatient substance use disorder treatment services to clients through a variety of contracts. The services are provided at our outpatient treatment facility located at 1430 Olive Street, Suite 300 St. Louis, MO 63103 with a total staff of 29. In Fiscal Year 2016, 979 individuals were served through out outpatient treatment programs.

Missouri Department of Mental Health Free and Clean

1430 Olive Street, Suite 300
St. Louis, MO 63103
(314) 421-6188
Outpatient Substance Abuse Treatment Services
290 Clients Per Year
7/1/2007-Present

Missouri Department of Mental Health Medication Assisted Treatment (MAT)

1430 Olive Street, Suite 300
St. Louis, MO 63103
(314) 421-6188

Gateway Foundation, Inc., dba GFI Services, Inc.

Contact Person: Gregg Dockins

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Intensive Pre-Release and Re-Entry Case Management Services and MAT

395 Clients Per Year

10/1/2013-Present

Missouri Department of Mental Health Case Management for Offenders with Co-Occurring Disorders

1430 Olive Street, Suite 300

St. Louis, MO 63103

(314) 421-6188

Group Education on Substance Abuse and Other Topics Relating to Case Management and Supportive Housing Assistance

60 Clients Served Per Year

8/19/2013-Present

Missouri Department of Mental Health Partnership for Community Restoration

1430 Olive Street, Suite 300

St. Louis, MO 63103

(314) 421-6188

Outpatient Substance Abuse Services to Offenders Under Community Supervision

200 Clients Served Per Year

11/3/2008-Present

Federal Bureau of Prisons: St. Louis, MO

1430 Olive Street, Suite 300

St. Louis, MO 63103

(314) 421-6188

Outpatient Substance Abuse Treatment for Federal Offenders

152 Clients Served Per Year

10/1/2010-Present

Staff: 29

Gateway Foundation, Inc. Contracts

New Jersey Contract

Please note that Gateway was recently awarded a new renewal contract with the New Jersey Department of Corrections (NJDOC). Under the new contract, the program model changed significantly from the previous contract. The new contract will be fully implemented around 5/1/17. We have included information on both contracts below.

The NJDOC contract ending around May 2017 was a multi-site contract for residential Therapeutic Community treatment services as well as outpatient psychoeducational services. Gateway operated modified TC's in seven facilities as well as a Psychoeducational program for general population inmates and for the Restrictive Housing Units at each facility. In Fiscal Year 2016, 1, 978 individuals were served.

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Edna Mahan

30 County Road 513
Clinton, NJ 08809
(908) 735-2070
60 Bed Women's Substance Abuse Modified TC
2006-Present
Staff: 6

Garden State Correctional Facility

Highbridge Rd.
Yardville, NJ 08620
(609) 298-6300
320 Bed Women's Substance Abuse Modified TC
2006-Present
Staff: 20

Mountainview Youth Correctional Facility

31 Petticoat Ln.
Annandale, NJ 08801
(908) 638-6191
88 Bed Youth Substance Abuse Modified TC
2006-Present
Staff: 10

Mountainview Youth Correctional Facility II

31 Petticoat Ln.
Annandale, NJ 08801
(908) 638-6191
96 Bed Youth Substance Abuse Modified TC
2006-11/27/2016
Staff: 8

Northern State Prison

168 Frontage Rd.
Newark, NJ 07114
(973) 465-0068
192 Bed Substance Abuse Modified TC
2006-Present
Staff: 14

South Woods State Prison

215 South Burlington Rd.
Bridgeton, NJ 08302
(856) 459-7000

Gateway Foundation, Inc., dba GFI Services, Inc.

Contact Person: Gregg Dockins

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124 Bed Substance Abuse Modified TC

2006-Present

Staff: 10

Southern State Prison

4295 N Delsea Dr.

Delmont, NJ 08314

(856) 785-1300

496 Bed Substance Abuse Modified TC

2006-Present

Staff: 35

Living In Balance Psycho-Educational Program

All New Jersey Sites Listed

Up to 2000 slots annually

10/1/2013-Present

Staff: 4

Living Skills Restrictive Housing Program

All New Jersey Sites listed

Up to 768 slots annually

2/1/2016-Present

Staff: 4

FY17/18 New Jersey Corrections Contract

Gateway Foundation was awarded a contract with the NJDOC in March of 2017 to provide four licensed levels of care at the Edna Mahan Correctional Facility and the Mid-State Correctional Facility. Gateway provides licensed long term residential, short term residential, intensive outpatient, and outpatient services to clients at each of the two institutions as well as psychoeducational services for general population and restrictive housing inmates throughout the New Jersey prison system. Gateway also conducts substance use disorder assessments at Central Reception and Assignment Facility.

Mid State Correctional Facility

8401 Range Road

Wrightstown, NJ 08562

No Phone Number as of Now

696 Bed Male Facility

5/1/2017-Present

Staff: 59

Edna Mahan Correctional Facility

30 Route 513

Clinton, NJ 08809

(908) 735-7111

Missouri Department of Corrections

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Gateway Foundation, Inc., dba GFI Services, Inc.

Contact Person: Gregg Dockins

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65 Bed Female Facility

5/1/2017-Present

Staff: 8

Psycho-Educational Services For Restrictive Housing and General Population

All the New Jersey Sites listed in the previous New Jersey Contract above

Up to 768 slots annually

4/1/2017-Present

Staff: 8

Central Reception and Assignment Facility (CRAF)

Stuyvesant Ave

Trenton, New Jersey

(609) 984-6000

Gateway administers full substance use disorder assessments to inmates entering the NJDOC who screen for substance use. It is anticipated that we will assess 15 individuals daily.

5/1/2017-Present

Staff: 7

Wyoming Contract

The Wyoming Department of Corrections contract is a multi-site contract and provides residential modified TC services and outpatient services. Two programs were closed on 7/1/2016 due to State budget cuts. In Fiscal Year 2016, 1,024 individuals were served.

Wyoming Woman's Center

1000 West Griffith

P.O. Box 300

Lusk, WY 82225

(307) 334-3693

32 Bed Woman's Modified TC and Outpatient Substance Abuse Treatment Services

7/1/2015-Present (Note: Only TC program remains)

Staff: 7

Wyoming State Penitentiary

2900 S. Higley Rd.

P.O. Box 400

Rawlins, WY 82301

(307) 328-1441

Outpatient Substance Abuse Treatment Services

7/1/2015 to 7/1/2016

Staff: 2

Wyoming Honor Farm

40 Honor Farm Rd.

Riverton, WY 82501

Missouri Department of Corrections

May 31, 2017

Gateway Foundation, Inc., dba GFI Services, Inc.

Contact Person: Gregg Dockins

Response to IFB #SDA931411-066

(307) 856-9578

72 Bed Men's Modified TC and Outpatient Substance Abuse Treatment Services

7/1/2015 to 7/1/2016

Staff: 9

Wyoming Medium Correctional Institution

7076 Road 55F

Torrington, WY 82240

(307) 532-6600

72 Bed Men's Modified TC and Outpatient Substance Abuse Treatment Services

7/1/2015-Present (Note: Only TC program remains)

Staff: 9

Wyoming Honor Conservation Camp

40 Pippen Rd.

P.O. Box 160

Newcastle, WY 82701

Outpatient Substance Abuse Treatment Services

7/1/2015-Present

Staff: 2

Illinois Contracts

Gateway provided treatment at the Cook County Jail at the Day Reporting Center as well as a residential TC program. This contract was consolidated in 2014 under another vendor. In Fiscal Year 2010, 2,663 individuals were served.

Cook County Department of Corrections

2700 S California Ave

Chicago, IL 60608

Day Reporting Center and a 450 Bed Male Substance Abuse Modified Therapeutic Community

5/17/10 to 2/10/14

Staff: 58

Affiliated Corporate Entity: Gateway Foundation – Texas, Inc. Contracts

Texas Contracts

Gateway provides residential, in-custody substance use disorder treatment to the Texas Department of Criminal Justice (TDCJ) at eleven facilities. In Fiscal Year 2016, 11,049 individuals were served under this contract with TDCJ. Additionally, Gateway runs two residential Community Corrections facilities in the state of Texas- one for the Harris County (Houston) Community Supervision and Corrections Department and one for the Dallas County Community Supervision and Corrections Department.

Ellen Halbert Substance Abuse Felony Punishment Facility (SAFPF)

800 Ellen Halbert Drive

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Gateway Foundation, Inc., dba GFI Services, Inc.
Contact Person: Gregg Dockins
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Burnet, TX 78611
(512) 756-2320
612 Bed Woman's Substance Abuse Modified TC
9/1/04 - 8/31/09; 9/1/12-Present
Staff: 32

Estelle SAFPF
264 FM 3478
Huntsville, TX 77320-3320
(936) 295-6646
212 Bed Men's Substance Abuse Modified TC; Special Needs Unit
9/1/04 - Present
Staff: 21

Glossbrenner SAFPF
5100 South FM 1329
San Diego, TX 78384
(361) 279-8173
612 Bed Men's Substance Abuse Modified TC
9/1/04-8/31/09; 9/1/12-Present
Staff: 31

Hackberry SAFPF
1401 State School Rd.
Gatesville, TX 76599
(254) 865-7138
288 Bed Woman's Substance Abuse Modified TC
9/1/04 - Present
Staff: 25

Jester I SAFPF
1 Jester Rd
Richmond, TX 77406
(281) 277-2277
323 Bed Men's Substance Abuse Modified TC; Special Needs Unit
9/1/04 - Present
Staff: 28

Walker Sayle SAFPF
4176 FM 1800
Breckenridge, TX 76424
(254) 559-1391
632 Bed Men's Substance Abuse TC
9/1/04 - 8/31/09; 9/1/12 - Present
Staff: 32

Gateway Foundation, Inc., dba GFI Services, Inc.

Contact Person: Gregg Dockins

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Kyle IPTC

23001 IH-35

Kyle, TX 78640

(512) 268-3271

520 Bed Men's Substance Abuse Modified TC; Special needs Unit

9/1/04 - 8/31/09; 9/1/12 - Present

Staff: 27

South Texas Intermediate Sanction Facility

1511 Preston Rd.

Houston, TX 77002

(713) 223-7347

350 Bed Men's Substance Abuse Intermediate Sanction Facility; 100 Bed 45 Day Cognitive Restructuring Program. This program was moved to Kegans State Jail.

4/1/06 - 12/23/2016

Staff: 26

Joe Kegans State Jail

707 Top Street

Houston, TX 77002

(713) 223-7374

450 Bed Men's SACP Treatment

1/1/2017-Present

Staff: 25

T.R. Havins SAFP

500 FM 45

Brownwood, TX 76801

(325) 646-7999

576 Bed Men's Substance Abuse Modified TC

9/1/2012-Present

Staff: 39

Henley State Jail

7581 HWY 321

Dayton, TX 77535

(936) 258-2546

576 Bed Men's Substance Abuse Modified TC

9/1/2012-Present

Staff: 39

Joe Ney State Jail

114 Private Road 4303

Hondo, TX 78861

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Gateway Foundation, Inc., dba GFI Services, Inc.
Contact Person: Gregg Dockins
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(830) 426-3099
296 Bed Men's Substance Abuse Modified TC
9/1/2012-Present
Staff: 20

Harris County Community Supervision and Corrections Facility

2310 ½ Atascocita RD., Humble TX 77396
2312 Atascocita RD., Humble TX 77396
600 N. San Jacinto, Houston, TX 77002
(713) 368-2800
475 Bed Men's Substance Abuse or Cognitive Intervention Treatment Program;
95 Bed Woman's Substance Abuse Treatment
5/1/2016-Present

Dallas County Community Supervision and Corrections Department

– Judge John C. Creuzot Judicial Treatment Facility

200 Greene Road, Lancaster, Texas, 75172
(972) 441-6160
240 Bed Substance Abuse Treatment
60 Bed Dual Diagnosis Treatment Program
1/1/2017-Present
Staff: 84

Contracts Retained/Gained By Gateway Foundation, Inc. and Its Affiliates Over the Last Four Years

1. Missouri Department of Mental Health Medication Assisted Treatment (MAT) – Gained in 2013 through a competitive bid process.
2. Western Reception Diagnostic Correctional Center – Retained in 2014 through a competitive bid process.
3. Maryville Treatment Center – Retained in 2015 through a competitive bid process.
4. The Wyoming Department of Corrections Gained in 2015 through a competitive bid process.
5. Harris County Community Supervision and Corrections Facility – Gained in 2016 through a competitive bid process.
6. Chillicothe Correctional Center, Northeast Correctional Center, & Women's Eastern Reception and Diagnostic Correctional Center – Retained in 2016 through a competitive bid process.
7. Dallas County Community Supervision and Corrections Department – Judge John C.

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Gateway Foundation, Inc., dba GFI Services, Inc.
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Creuzot Judicial Treatment Facility – Gained in 2017 through a competitive bid process.

8. The New Jersey Department of Corrections – Retained in 2017 through a competitive bid process.

Contracts Lost By Gateway Foundation, Inc. and Its Affiliates Over the Last Four Years

1. Cook County Department of Corrections Day Reporting Center – Lost in 2014 in a competitive bid process.
2. Wyoming Department of Corrections- Wyoming State Penitentiary- This program was defunded in 7/2016 due to state budget cuts.
3. Wyoming Department of Corrections-Wyoming Honor Farm- This program was defunded in 7/2016 due to state budget cuts.

Gateway Foundation, Inc., dba GFI Services, Inc.

Contact Person: Gregg Dockins

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

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

GATEWAY BOARD OF DIRECTORS

Mr. Michael Anthony

Elected 6/15

Ms. Arla Lach

Elected 6/15

Mr. Sidney Bradley

Elected 6/09

Ms. Mary Cesare-Murphy, Ph.D.

Elected: 12/15

Mr. Richard L. Eichholz, PhD

Elected 9/12

Ms. France Pitera

Elected: 12/15

Mr. Warren Harrington

Elected 12/01

Mr. David Onion, CEO

Elected 9/12

Mr. Glenn Baer Huebner

Elected 9/96

Mr. Amalesh Sanku

Elected 6/11

Mr. David Johnson

Elected 9/12

Ms. Elizabeth Ogilvie Simer

Elected 6/95

Ms. Patricia Jones

Elected 3/16

Mr. Andy Smith

Elected 12/01

OFFICERS:

Chair: Glenn Huebner

Treasurer: Amalesh Sanku

Secretary: Warren Harrington

Staff: Thomas Britton

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Gateway Foundation, Inc., dba GFI Services, Inc.

Contact Person: Gregg Dockins

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GOVERNANCE & NOMINATING COMMITTEE

David Onion, Chair
Michael Anthony, Member
Richard Eichholz, Member
David Johnson, Member
Staff: Thomas Britton, President & CEO

AUDIT COMMITTEE

Warren Harrington, Chair
Sidney Bradley, Member
Patricia Jones, Member
Arla Lach, Member
France Pitera, Member
Staff: Tomas Del Rio, CFO

COMPENSATION COMMITTEE

Andrew Smith, Chair
Mary Cesare-Murphy, Member
Amalesh Sanku, Member
Elizabeth Ogilvie Simer, Member
Staff: Patricia Aitken, VP Human Resources

EXECUTIVE MANAGEMENT STAFF

Thomas Britton, President & CEO
Tomas Del Rio, CFO
Susan Cambria, President, Community Division
Gregg Dockins, President, Corrections Division
Dan Molitor, President, Information Systems
Patricia Aitken, VP, Human Resources

GENDER & RACIAL BREAKDOWN

Total seats.....20
Seats filled.....14
Male.....9
Female.....5
White.....11
African American.....2
Indian American.....1

EXECUTIVE MANAGEMENT TEAM

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

DR. THOMAS P. BRITTON

Dr. Thomas P. Britton, President and CEO, began his career in behavioral health as a counselor where he developed a passion for effectively treating individuals with co-occurring substance use and mental health disorders. For more than twenty years, Dr. Britton has been dedicated to helping others through various roles as a therapist, crisis worker, educator, Clinical Supervisor, Executive Director and most recently President for a division of Acadia Health Care.

Dr. Britton believes strongly in the power of recovery, so much that in 2006, he founded a North Carolina organization that advocates for treatment for those without resources. His devotion to the field and a commitment to learning led him to earn a Master's Degree in both Addiction and Marriage and Family Therapy from Appalachian State University in Boone, NC. Understanding the importance of strong leadership skills, Dr. Britton went on to earn a Doctorate in Public Health, Executive Management from Gillings School of Global Health at University of North Carolina, Chapel Hill, NC.

Dr. Britton has aligned his personal mission to help others with his life's work. From his early days as a clinician, to his present leadership role, his focus remains on helping individuals and their families get their lives back on track.

Dr. Britton earned his Bachelor of Arts degree in Psychology and Sociology from the University of Connecticut in Storrs, CT.

Gateway Foundation, Inc., dba GFI Services, Inc.

Contact Person: Gregg Dockins

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GREGG DOCKINS

Gregg Dockins, Division President-Corrections, oversees Gateway's correctional treatment services, with programs currently located in Missouri, New Jersey, Texas and Wyoming. In this role since 2013, he ensures quality of care to clients; coordinates staff recruitment and development initiatives; maintains program licensing and accreditation standards; provides financial management; and, develops and implements growth strategies for new business opportunities.

He joined Gateway in April, 2000 as the Program Director of Gateway's community-based residential and outpatient facility in Dallas, Texas. In 2005, he moved to Illinois to direct the 950-bed Sheridan Correctional Center Therapeutic Community (Illinois Department of Corrections). In October, 2006, he became Director of Corrections Initiatives, responsible for the growth and expansion of correctional treatment services.

Mr. Dockins has a bachelor's degree in Psychology from Wayland Baptist University and completed graduate coursework in Sociology at the University of Texas-Arlington. He is a Certified Criminal Justice Addictions Professional (CCJP) in Illinois and Texas and has been a licensed substance abuse counselor (Texas: LCDC) since 1991.

He's co-authored manuals on chemical dependency counselor training, contributed to college textbooks and was a principal author of the Sheridan Correctional Center Integrated Standard Operating Procedure Manual for the Illinois Department of Corrections.

SUSAN CAMBRIA

Susan Cambria, Division President-Community Services, joined Gateway in 2016 with more than 25 years of experience in leading behavioral healthcare programs. Her role at Gateway is to maintain and improve Gateway's legacy combining compassionate mission-based services with cutting edge practices.

Most recently, Ms. Cambria was the Start-Up CEO for the northeastern-based Recovery Centers of America, a startup substance use disorder treatment company, where she directed the development and execution of all systems and processes to launch the company.

She's also held leadership and consulting roles at various substance use disorder treatment and healthcare-related organizations.

Ms. Cambria earned her MS in Family and Child Development/Counseling from Kansas State University. She received a BS in Psychology from Fairfield University in Fairfield, CT.

Gateway Foundation, Inc., dba GFI Services, Inc.

Contact Person: Gregg Dockins

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THOMAS DEL RIO

Tomas Del Rio, Chief Financial Officer (CFO), has more than 25 years of financial leadership experience in both for-profit and not-for profit healthcare settings. Most recently, he was the Chief Financial Officer for Acacia Network, a New York-based non-profit organization that provides healthcare, housing, and other support services for the Latino population.

DAN MOLITOR

Dan Molitor, Vice President-Information Services, is responsible for strategy and operations of organization-wide data, voice and project management information systems and support. He has more than 19 years of progressive information systems-related experience.

He plans, directs, manages systems and personnel; develops, updates and secures approval of the IS Strategic plan, capital and operational budgets, IS policies and procedures; and he participates in administrative operations, including acquisitions and mergers. He is also a member of the executive management team, responsible for welfare of the agency and its interests.

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

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

DR. ROUEEN RAFEYAN, M.D.

Dr. Roueen Rafeyan M.D., Chief Medical Officer (CMO), brings over 20 years of specialized experience to Gateway, having served as a medical director for psychiatric and substance use programs at leading Illinois healthcare institutions including Rush, Michael Reese, Resurrection and Presence Behavioral Health.

As CMO, Dr. Rafeyan is responsible for continuously advancing Gateway's wide array of services, upholding medical protocols, policies and procedures, as well as working closely with Gateway's team of experienced physicians/clinicians to deliver comprehensive high quality addictions, psychiatric and medical services/treatment as needed for each individual.

In addition to Dr. Rafeyan's extensive medical experience, he is also a diplomate of the American Board of Psychiatry and Neurology as well as the American Society of Addiction Medicine. He is currently on the faculty of Northwestern University and an active member of the American Medical Association, the American Psychiatry Association, the Illinois Psychiatric Society and the Illinois State Medical Society.

Gateway Foundation, Inc., dba GFI Services, Inc.

Contact Person: Gregg Dockins

Response to IFB #SDA931411-066

PATRICIA SANCHEZ-AIKEN

Patricia Sanchez-Aitken, Vice President-Human Resources, has more than 15 years of senior leadership experience in the human resources functions of both for-profit and non-profit organizations. Most recently, she was the Vice President of Human Resources for Goodwill Industries of Southeastern Wisconsin and Metro Chicago, a non-profit provider of manufacturing and social services.

CORRECTIONS MANAGEMENT PERSONNEL

STEPHEN DOHERTY

Stephen Doherty, Regional Director/Missouri Operations, manages clinical services and administrative operations for treatment programs contracted with state and federal criminal justice and mental health department contracts in the community and seven in-prison treatment and assessment programs, including Maryville Treatment Center.

Mr. Doherty has worked in the field of substance abuse and mental health treatment for over 24 years in both the private and public funding sectors. Mr. Doherty joined Gateway Foundation in 2002 as the Program Director for St. Louis Free and Clean Outpatient Program. He was selected as Missouri's Regional Director in 2014.

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

Mr. Doherty has served on the Missouri Department of Mental Health's State Advisory Council and is the past President of the Missouri Substance Abuse Professional Credentialing Board. Mr. Doherty also formerly served as Vice President of the Missouri Association of Alcohol and Drug Abuse Programs (MADAP), and as an advisory member of the Illinois Department of Human Services' Substance Abuse – Domestic Violence Interdisciplinary Task Force. Currently, he is an adjunct faculty member at Missouri Baptist University and Washington University, teaching graduate and undergraduate counseling and substance abuse courses.

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

Gateway Foundation, Inc., dba GFI Services, Inc.

Contact Person: Gregg Dockins

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DR. DUANE CUMMINS

Duane Cummins Ph.D., CCJP, SQP, Program Director/Ozark Correctional Center, has been involved in the treatment of criminal justice-involved substance abusers for over 25 years, working in a variety of disciplines within both the Missouri Department of Corrections and the Missouri Department of Mental Health. Since beginning his career as a Correctional Officer, his professional experience includes custody, casework, counseling, program management and oversight, and subject matter expert consultation.

His doctoral research examined the experience of non-recidivists, consummating in the development of programing curriculum and methodology which has enjoyed multi-disciplinary applications and international utilization.

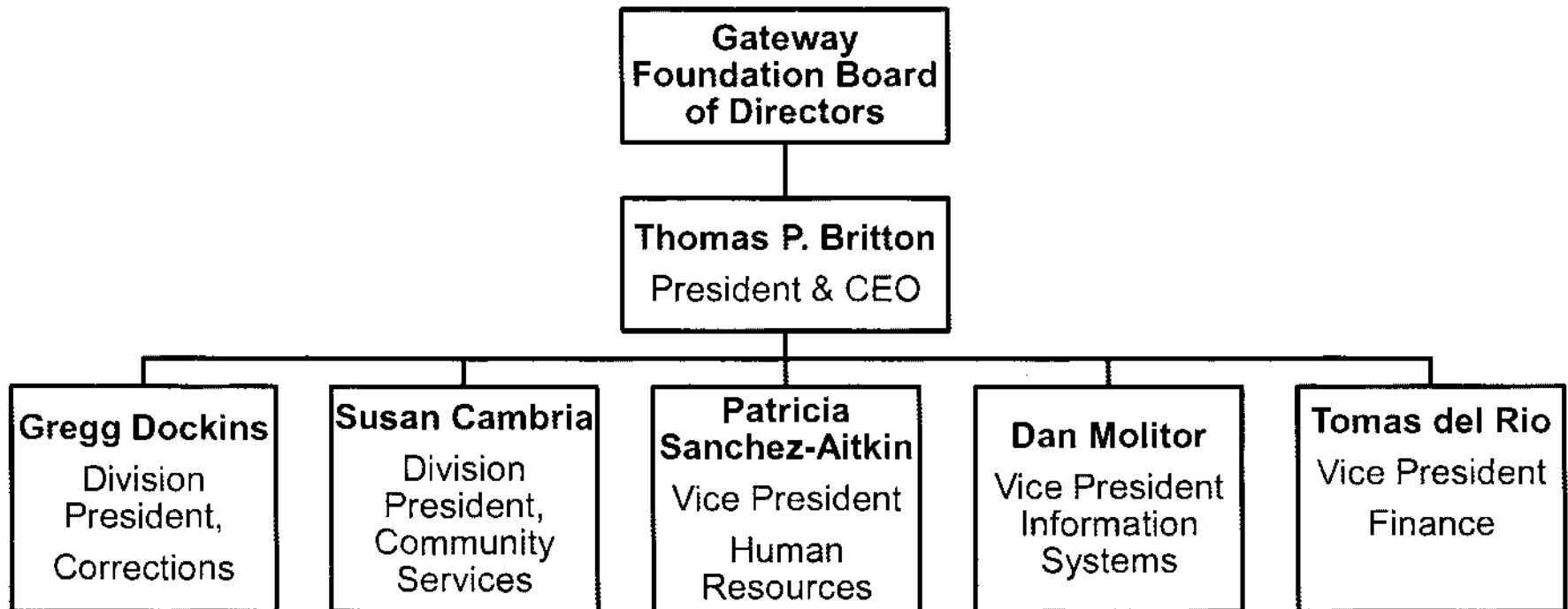
Dr. Cummins holds a Master of Science in Human Services with specialization in Criminal Justice degree from Capella University and a Doctor of Philosophy in Public Safety with a specialization in Criminal Justice degree from Capella University. He is a Certified Criminal Justice Addictions Professional, a Certified Substance Abuse Counselor Supervisor and a SATOP Qualified Professional. He is a former Board Member (2000-2004, 2010-2013) of the Missouri Substance Abuse Counselor Certification Board 2000-2004; 2010-2013 and a Subject Matter Expert, International Certification and Reciprocity Consortium on Alcohol and Other Drug Abuse. Criminal Justice Addictions Professional (CCJP) Job Analysis Team for the development of the International CCJP Test.

On the following pages, please find organizational charts for the Executive Management Team structure as well as the Corrections Management Team. A program specific organizational chart is included as part of Exhibit F, #3.

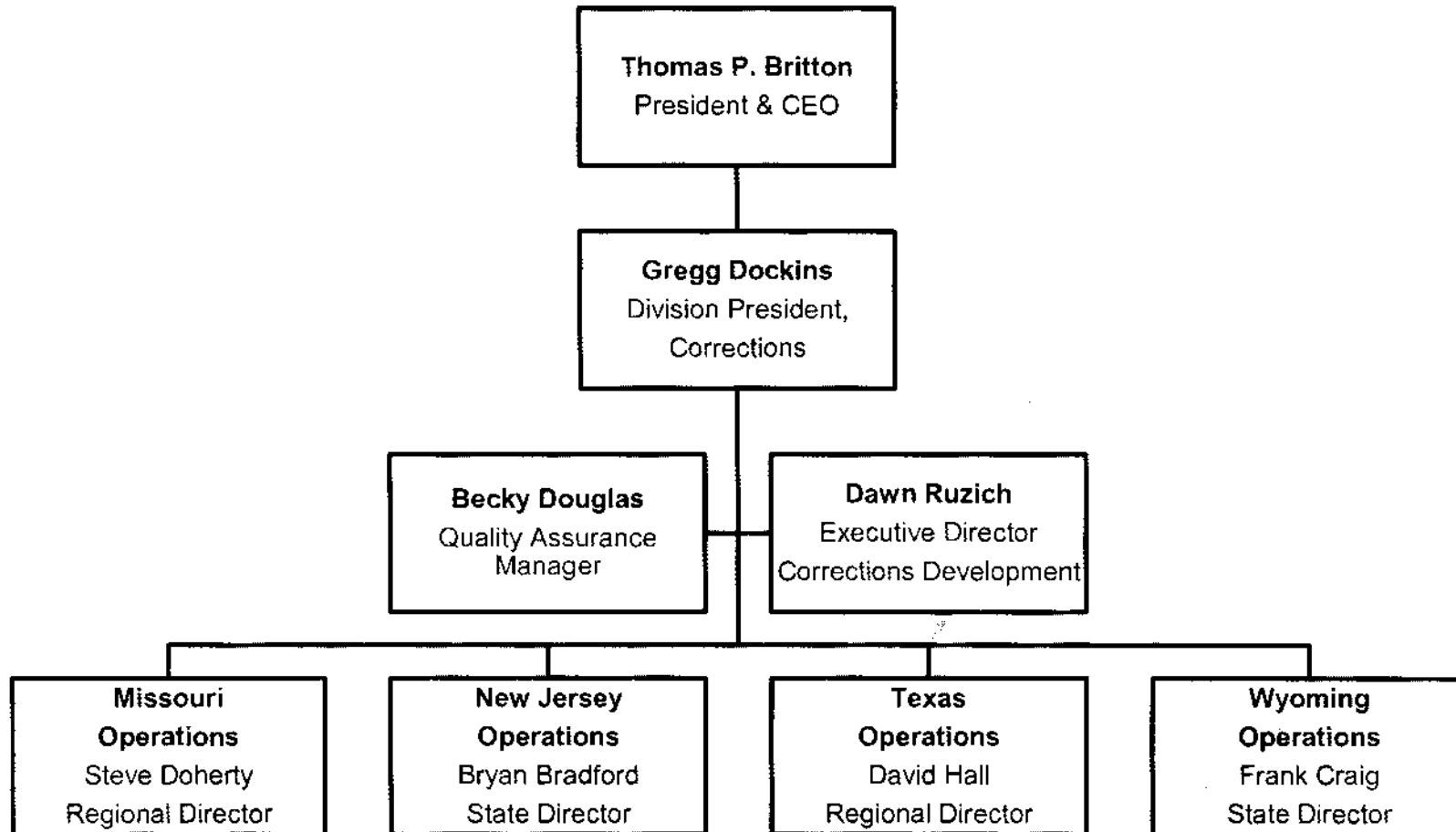


Corrections

Gateway Foundation, Inc. Executive Management Team Current Organizational Structure



Corrections Division Management Current Organizational Structure: FY17



Gateway Foundation, Inc., dba GFI Services, Inc.

Contact Person: Gregg Dockins

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As the incumbent treatment provider of the OCC treatment program, **Gateway already has well qualified staff in place to deliver the required services.** In addition, our management team is highly competent, with years of experience. Gateway assures the Department that it will continue to staff the OCC program with equally well qualified staff.

The breadth and experience that the current staff brings to the new contract are evident in the staff Exhibits D included later in this proposal. In addition to the individuals listed in Exhibit D, Gateway has a strong centralized infrastructure to support them as summarized below.

ADMINISTRATIVE SERVICES SUPPORT

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

Human Resources

Gateway's Human Resources Department consists of 12 team members who serve over 1,100 employees under the direction of the Vice President of Human Resources. The department is divided into three areas: Corrections, Community, and Employee Relations.

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

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

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

Finance

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

Receipt and Disbursement of Funds

- Payments are primarily received through a lockbox. Payments are posted according to date of deposit from the bank to the payer's account balance.
- Weekly check run to process vendor invoices/requisitions, etc., based on appropriate approval by various staff, is the basis of disbursed funds.
- Signature authorizations are periodically updated and retained on file for reference.
- Checks are generated weekly based on approved invoices, requisitions, purchase orders, etc. Checks for more than \$5,000 require two signatures. A check register is generated for each check run, is reviewed, and is kept on file.

Purchasing

- Solicitation and bids for services are carried out for purchases of \$5,000 and up—primarily capital equipment or improvements. Requisitions, purchase order preparation, and receiving functions are carried out using an automated accounting system.
- Goods are received, inspected and checked off against packing list and original request or purchase order. The packing list is signed and any discrepancies are noted. Some purchases are carried out through the use of procurement cards. Authorized users and authorized purchases using the procurement cards are administered through the corporate office. Purchasers using the procurement cards are required to account, document and secure approvals for their purchases. Approval authority is assigned to managers and those with budget responsibilities.

Payroll

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

Internal Controls

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

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

Information Systems

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

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

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

Accounting

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

Financial Statements are generated every month by 15th of the following month. The financial statements generated every month include individual cost center Income/Expense reports, consolidated Income/Expense reports for a group of cost centers and Lines of Businesses, Consolidated Income/Expense report for the organization and Consolidated Statement of Financial position and Investment reports. These reports are reviewed by the Program Managers, Area Directors, Accounting & Finance staff, Budget Department staff and Executive Management.

Annual audits are carried out by the auditing firm RSM US Wealth Management LLC. Periodic audits are performed by funding providers.

Gateway Foundation, Inc., dba GFI Services, Inc.

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Financial Planning & Analysis

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

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

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

Program Support

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

Corporate Compliance

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

- Written policies and procedures/code of conduct which are provided to all staff as part of on-site orientation to the program.
- Appointment of a compliance officer with reporting responsibilities to the CFO, CEO and the Board of Directors.
- Effective training and communication among staff, with original trainings centered on the compliance program, and contract certifications. Additional training modules will involve program billing, confidentiality, and clinical record keeping.
- Employee reporting mechanism via a dedicated hot line (800-457-2598) for any employee to call with complaints of fraud, abuse, or other compliance issues. The caller may remain anonymous.
- Response and correction policies that allow prompt responses to calls, investigation of complaints, and development of a corrective action plan.
- Discipline and enforcement protocols that entail appropriate disciplinary measures, up to

Missouri Department of Corrections

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Gateway Foundation, Inc., dba GFI Services, Inc.

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- and including termination, that may be included in corrective action plans.
- Auditing and monitoring by the Corporate Compliance Officer, in conjunction with the Gateway internal auditor, who conduct ongoing audits of the highest risk areas.

The following sections include: Exhibits C (Current/Prior Experience), D (Expertise of Personnel), and E (Expertise of Personnel). Copies of job descriptions and all licenses and certifications of current staff employed by Gateway at OCC are located in the Appendix.

Gateway Foundation, Inc., dba GFI Services, Inc.
Contact Person: Gregg Dockins
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EXHIBIT C: CURRENT/PRIOR EXPERIENCE

EXHIBIT C

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

- **Missouri Department of Corrections**
 - Ozark Correctional Center
 - Maryville Treatment Center
 - Women's Eastern Reception, Diagnostic, and Correctional Center
 - Chillicothe Correctional Center
 - Western Reception, Diagnostic and Correctional Center
 - Northeast Correctional Center

- **Texas Department of Criminal Justice**
 - Covers 11 separate contracts in Texas, totaling 5,377 beds under contract

- **Harris County Community Supervision and Corrections Department**
 - Gateway operates and provides supervision and secure, residential treatment at three Community Corrections facilities in the greater Houston area totaling 570 beds.

- **New Jersey Department of Corrections**
 - Gateway was recently awarded a new renewal contract with the New Jersey Department of Corrections (NJDOC). Under the new contract, the program model changed significantly from the previous contract. The new contract was implemented around 5/1/17.
 - The NJDOC contract ending in April 2017 was a multi-site contract for residential TC treatment services and outpatient psychoeducational services. Gateway operated modified TC's in 7 facilities as well as a Psychoeducational program for general population inmates and for the Restrictive Housing Units at each facility. In Fiscal Year 2016, 1,978 individuals were served.
 - Gateway Foundation was awarded a contract with the NJDOC in March of 2017 to provide four licensed levels of care at the Edna Mahan Correctional Facility and the Mid-State Correctional Facility. Gateway will provide licensed long term residential, short term residential, intensive outpatient, and outpatient services to clients at each of the two institutions as well as psychoeducational services for general population and restrictive housing inmates throughout the New Jersey prison system. Gateway will also conduct substance use disorder assessments at the Central Reception and Assignment Facility.

- **Wyoming Department of Corrections**

- The Wyoming Department of Corrections contract is a multi-site contract and provides residential modified TC services and outpatient services. Two programs were closed on 7/1/2016 due to State budget cuts. In Fiscal Year 2016, 1,024 individuals were served.

EXHIBIT C**CURRENT/PRIOR EXPERIENCE**

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

Bidder Name or Subcontractor Name: <u>Gateway Foundation, Inc., dba, GFI Services Inc.</u>	
Reference Information (Current/Prior Services Performed For:)	
Name of Reference Company:	Ozark Correctional Center
Address of Reference Company ✓ Street Address ✓ City, State, Zip	929 Honor Camp Lane Fordland, MO 65652
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	Brian O'Connell Warden Phone: (417) 767-4491 brian.o'connell@doc.mo.gov
Dates of Services:	2008- present
If service/contract has terminated, specify reason:	N/A; Current Contract
Dollar Value of Services	\$1,482,000
Description of Services Performed	Male evidence-based, cognitive behavioral, long term modified Therapeutic Community Assessment and Substance Abuse Services to include: individual and group counseling; group education; Treatment planning; continuing care planning; court ordered Driving While Intoxicated programming; re-entry.

EXHIBIT CCURRENT/PRIOR EXPERIENCE

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

Bidder Name or Subcontractor Name: <u>Gateway Foundation, Inc., dba, GFI Services Inc.</u>	
Reference Information (Current/Prior Services Performed For:)	
Name of Reference Company:	Maryville Treatment Center
Address of Reference Company ✓ Street Address ✓ City, State, Zip	30227 U.S. Highway 136 Maryville, MO 64468
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	Gaye Colborn Deputy Warden Phone: (660) 582-6542 gaye.colborn@doc.mo.gov
Dates of Services:	2006- present
If service/contract has terminated, specify reason:	N/A; Current Contract
Dollar Value of Services	\$824,000
Description of Services Performed	Six-month program for male offenders; assessment and substance abuse services in a modified Therapeutic Community model; program is evidenced based, cognitive-behavioral model; services include individual and group counseling; group education; treatment planning; continuing care; SATOP; re-entry.

EXHIBIT C**CURRENT/PRIOR EXPERIENCE**

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

Bidder Name or Subcontractor Name: <u>Gateway Foundation, Inc., dba, GFI Services Inc.</u>	
Reference Information (Current/Prior Services Performed For:)	
Name of Reference Company:	Women's Eastern Reception & Diagnostic Correctional Center
Address of Reference Company ✓ Street Address ✓ City, State, Zip	1101 Hwy. E 54, PO Box 300 Vandalia, MO 63382
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	Angela Mesmer Warden Phone: (573) 594-6686 Angela.Mesmer@doc.mo.gov
Dates of Services:	1998-present
If service/contract has terminated, specify reason:	N/A; Current Contract
Dollar Value of Services	\$2,393,495 (NOTE: CCC/WERDCC/NECC is a combined contract)
Description of Services Performed	Evidenced-based, cognitive behavioral program in a Therapeutic Community model for women; consists of Short Term/Long Term services include individual and group counseling; group education; treatment planning; continuing care/re-entry; co-occurring wing.

EXHIBIT C**CURRENT/PRIOR EXPERIENCE**

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

Bidder Name or Subcontractor Name: Gateway Foundation, Inc., dba, GFI Services Inc.	
Reference Information (Current/Prior Services Performed For:)	
Name of Reference Company:	Chillicothe Correctional Center
Address of Reference Company ✓ Street Address ✓ City, State, Zip	3151 Litton Road Chillicothe, MO 64601
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	Kimberly Herring, Assistant Warden Phone: (660) 646-4032 x2906 kimberly.herring@doc.mo.gov
Dates of Services:	2012- present
If service/contract has terminated, specify reason:	N/A; Current Contract
Dollar Value of Services	\$310,000
Description of Services Performed	Evidenced-based, cognitive behavioral program in a Therapeutic Community model for women; consists of Short Term/Long Term/Partial Day Program; services include individual and group counseling; group education; treatment planning; continuing care/re-entry.

EXHIBIT C**CURRENT/PRIOR EXPERIENCE**

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

Bidder Name or Subcontractor Name: <u>Gateway Foundation, Inc., dba, GFI Services Inc.</u>	
Reference Information (Current/Prior Services Performed For:)	
Name of Reference Company:	Western Reception Diagnostic & Correctional Center
Address of Reference Company ✓ Street Address ✓ City, State, Zip	3401 Faraon Street St. Joseph, MO 64506
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	Ryan Crews Warden 816-387-2715 Ryan.Crews@doc.mo.gov
Dates of Services:	2010-present
If service/contract has terminated, specify reason:	N/A; Current Contract
Dollar Value of Services	\$850,000
Description of Services Performed	Assessment and substance abuse services in a modified Therapeutic Community for male offenders; Short Term/Intermediate Term/Partial Day Treatment programs are evidenced based and cognitive-behavioral; services include individual and group counseling; group education; treatment planning; continuing care; re-entry.

EXHIBIT CCURRENT/PRIOR EXPERIENCE

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

Bidder Name or Subcontractor Name: <u>Gateway Foundation, Inc., dba, GFI Services Inc.</u>	
Reference Information (Current/Prior Services Performed For:)	
Name of Reference Company:	Northeast Correctional Center
Address of Reference Company ✓ Street Address ✓ City, State, Zip	13698 County Road 46 Bowling Green, MO 63334
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	Chantay Godert, Deputy Warden Phone: (573) 324-9975 x3001 Chantay.Godert@doc.mo.gov
Dates of Services:	7/1/08 - Present
If service/contract has terminated, specify reason:	N/A; Current Contract
Dollar Value of Services	\$2,393,495 (Note: CCC/WERDCC/NECC is a combined contract)
Description of Services Performed	Gateway provides a specialized program for offenders with mobility restrictions who have been court ordered and board referred for substance use treatment. The facility includes a male special needs program that currently consists of sixty-two (62) beds.

EXHIBIT C**CURRENT/PRIOR EXPERIENCE**

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

Bidder Name or Subcontractor Name: Gateway Foundation, Inc., dba, GFI Services Inc.	
Reference Information (Current/Prior Services Performed For:)	
Name of Reference Company:	Texas Department of Criminal Justice
Address of Reference Company ✓ Street Address ✓ City, State, Zip	P.O. Box 99 Huntsville, TX 77340
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	Ms. Madeline Ortiz Division Director, Rehabilitation Programs Division Phone: (936) 437-2180 madeline.ortiz@tdcj.state.tx.us
Dates of Services:	1992- present
If service/contract has terminated, specify reason:	N/A; Current Contract
Dollar Value of Services	Approximately \$13 million
Description of Services Performed	Evidence based, cognitive behavioral program in a Therapeutic Community model for women and men; consists of short term and long term services including individual and group counseling, group education, treatment planning, continuing care/re-entry; and co-occurring disorders.

EXHIBIT C**CURRENT/PRIOR EXPERIENCE**

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

Bidder Name or Subcontractor Name: <u>Gateway Foundation, Inc., dba, GFI Services Inc.</u>	
Reference Information (Current/Prior Services Performed For:)	
Name of Reference Company:	Harris County Community Supervision and Corrections Department
Address of Reference Company ✓ Street Address ✓ City, State, Zip	1201 Franklin St. Houston, TX 77002
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	Teresa May, PhD Director Phone: (713) 755-2703 Teresa.May@csc.hctx.net
Dates of Services:	May 2016- present
If service/contract has terminated, specify reason:	N/A; Current Contract
Dollar Value of Services	\$10,485,720
Description of Services Performed	Gateway contracts with the Harris County Community Supervision and Corrections Department to operate and provide supervision and residential treatment at three Community Corrections facilities in the greater Houston area.

EXHIBIT C**CURRENT/PRIOR EXPERIENCE**

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

Bidder Name or Subcontractor Name: <u>Gateway Foundation, Inc., dba, GFI Services Inc.</u>	
Reference Information (Current/Prior Services Performed For:)	
Name of Reference Company:	New Jersey Department of Corrections
Address of Reference Company ✓ Street Address ✓ City, State, Zip	P.O. Box 863 Whittlesey Road Trenton, NJ 08625
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	Herbert Kaldany, D.O. Director of Psychiatry and Addictions Phone: (609) 292-4036 x5203 herbert.kaldany@doc.state.nj.us
Dates of Services:	1998- present
If service/contract has terminated, specify reason:	N/A; Current Contract
Dollar Value of Services	Approximately \$5.6 million
Description of Services Performed	Gateway was awarded a contract with the NJDOC in March of 2017 to provide 4 licensed levels of care at the Edna Mahan Correctional Facility and the Mid-State Correctional Facility as well as psychoeducational services for general population and restrictive housing inmates throughout the New Jersey prison system. Gateway will also conduct substance use disorder assessments at Central Reception and Assignment Facility.

EXHIBIT CCURRENT/PRIOR EXPERIENCE

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

Bidder Name or Subcontractor Name: <u>Gateway Foundation, Inc., dba, GFI Services Inc.</u>	
Reference Information (Current/Prior Services Performed For:)	
Name of Reference Company:	Wyoming Department of Corrections
Address of Reference Company ✓ Street Address ✓ City, State, Zip	1934 Wyoit Drive, Suite 100 Cheyenne, WY 82002
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	Mr. Bob Lampert Director, Wyoming Department of Corrections Phone: (307) 777-7208 bob.lampert@wyo.gov
Dates of Services:	2015-present
If service/contract has terminated, specify reason:	N/A; Current Contract
Dollar Value of Services	\$1,392,905
Description of Services Performed	Gateway is the statewide substance use disorder treatment provider for the Wyoming Department of Corrections which includes 3 in-prison Therapeutic Communities located throughout the state.

EXHIBIT D: KEY PERSONNEL EXPERTISE

EXHIBIT D
EXPERTISE OF KEY PERSONNEL
 (Copy and complete this table for each key person proposed)

Title of Position: Program Director	
Name of Person:	Duane Cummins
Educational Degree (s): include college or university, major, and dates	BS/ Criminal Justice MS/ Human Services-Criminal Justice PhD/Criminology/Public Safety
License(s)/Certification(s), #(s), expiration date(s), if applicable:	Certified Criminal Justice Addictions Professional - certificate # 3365 Certified Substance Abuse Counselor Supervisor- certificate # 28 SATOP Qualified Professional #5197
Specialized Training Completed. Include dates and documentation of completion:	DOC Basic. Pathway to Change, Pathway to Change Master Facilitator, Motivational Interviewing
# of years experience in area of service proposed to provide:	28
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Program Director at OCC -8 years
Describe this person's responsibilities over the past 12 months.	Administrative oversight and management of the Gateway Program at OCC as the senior administrator on site.
Previous employer(s), positions, and dates	State of Missouri 1989-2009
Identify specific information about experience in:	
Substance Abuse Professional Ovesite and planning to include chair of Ethics Committee	Board Member, Missouri Substance Abuse Counselor Certification Board 2000-2004; 2010-2013
Professional Development and interdisciplinary collaboration	Subject Matter Expert, International Certification and Reciprocity Consortium on Alcohol and Other Drug Abuse. Criminal Justice Addictions Professional (CCJP) Job Analysis Team for the development of the International CCJP Test.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Administrative oversight and management of the Gateway Program at OCC as the senior administrator on site.
--	--

Specify the approximate number of hours
per month this person is proposed for
services

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EXHIBIT D
EXPERTISE OF KEY PERSONNEL
 (Copy and complete this table for each key person proposed)

Title of Position: Counselor II	
Name of Person:	Amilicar Batista
Educational Degree (s): include college or university, major, and dates	BS/ Criminal Justice
License(s)/Certification(s), #(s), expiration date(s), if applicable:	CADC #8717 SQI #9399
Specialized Training Completed. Include dates and documentation of completion:	Re-Entry Specialist on 09/15/16-09/16/16 Behavioral Disorders on 10/04/2016
# of years experience in area of service proposed to provide:	2 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employed with Gateway Foundation for 2 years.
Describe this person's responsibilities over the past 12 months.	Substance Abuse Counseling, management of 26 client treatment files, completing ASI's.
Previous employer(s), positions, and dates	Select Specialty Hospital (Security Officer) 2009-2015 Fitness 19 (Exercise Specialist) 2010-2012
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input type="checkbox"/> 2009-2015	Security checks, writing hourly reports, observed customers coming in and supplied supplies for nursing staff.
2010-2012	Assisted clients in fitness goals.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Substance Abuse Counseling Core Functions.
Specify the approximate number of hours per month this person is proposed	173

for services

EXHIBIT D
EXPERTISE OF KEY PERSONNEL
 (Copy and complete this table for each key person proposed)

Title of Position: Counselor I	
Name of Person:	Melynn Bogart
Educational Degree (s): include college or university, major, and dates	AS, in Business Administration
License(s)/Certification(s), #(s), expiration date(s), if applicable:	MAADC I #9567 Expires September 26, 2017
Specialized Training Completed. Include dates and documentation of completion:	None Obtained
# of years experience in area of service proposed to provide:	8 months
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employed with Gateway Foundation for 8 months
Describe this person's responsibilities over the past 12 months.	Treatment Planning, Documentation, Care for 28 Clients, Teaching Classes, Creating Curriculum, discharge summaries, and case evaluations.
Previous employer(s), positions, and dates	Mansfield Municipal (Pool Manager) 2016-2016 Ann Short Turner Community Center (Child Care Assistant)2016-2016 Goddard School for Education (Teacher) 2013-2014 Lamplighter Inn and Suites (Front Desk Clerk) 2012-2013
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input type="checkbox"/> 2016-2016	Complete and maintain records of recreational pool conditions.
<input type="checkbox"/> 2016-2016	Kept records of children to report to parents about daily activities and behavioral issues.
<input type="checkbox"/> 2013-2014	Organize and lead activities to promote physical, mental and social development in children.
<input type="checkbox"/> 2012-2013	Responsible for taking reservations.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Substance Abuse Counseling Core Functions.
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Specify the approximate number of hours per month this person is proposed for services

173

EXHIBIT D
EXPERTISE OF KEY PERSONNEL
 (Copy and complete this table for each key person proposed)

Title of Position: Office Manager	
Name of Person:	Kimberly Cantrell
Educational Degree (s): include college or university, major, and dates	High School Diploma
License(s)/Certification(s), #(s), expiration date(s), if applicable:	None Obtained
Specialized Training Completed. Include dates and documentation of completion:	None Obtained
# of years experience in area of service proposed to provide:	9
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employed by Gateway Foundation for the last 4 years and 4 months.
Describe this person's responsibilities over the past 12 months.	Responsible for processing of billing information, data entry, compiling and reporting census and contract statistics and tracking and monitoring staff billing hours. Maintains inventory of approved office supplies . Oversees and assigns work to lower-classified office employees and assigned client workers engaged in performing office or service duties. Participates in hiring, evaluating and disciplining assigned subordinates as appropriate. Maintains personnel files and training records, prepares employment offers and processing new hires and responding to questions concerning payroll and benefit policies and procedures.
Previous employer(s), positions, and dates	Dollar General (Manager) 2010-2012 US Bank (Vault Teller) 2008-2010
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
2010-2012 -Store Manager	Assist clientele as they enter store and via phone. Orchestrating weekly conference calls in regard to performance and sales within the store. Daily monitoring of the systems to maintain efficient operating of the store and routine evaluations of employee performance.
2008-2010	Handled on incoming and outgoing money while take care of customer needs.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Organization and Operation of business.
Specify the approximate number of	173

hours per month this person is proposed
for services

EXHIBIT D
EXPERTISE OF KEY PERSONNEL
(Copy and complete this table for each key person proposed)

Title of Position: Counselor Supervisor	
Name of Person:	Tona L Carter
Educational Degree (s): include college or university, major, and dates	GED, Department of Elementary and Secondary Education. 11/8/1999
License(s)/Certification(s), #(s), expiration date(s), if applicable:	Certified Criminal Justice Addictions Professional (CCJP), #8013, April 30, 2018
Specialized Training Completed. Include dates and documentation of completion:	None Obtained
# of years experience in area of service proposed to provide:	16
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employed with Gateway for 3 years
Describe this person's responsibilities over the past 12 months.	Regularly performing duties of a Counselor II, supervises counselors, guides and directs activities and operations of assigned treatment program. Plans and schedules work time and caseload for assigned staff, audits client records and documentation, Responsible for orienting, training, and developing assigned staff. Assists in developing area policies and procedures, and interprets and enforces the same. Serves as resource to assigned staff in identifying and resolving complex case problems.
Previous employer(s), positions, and dates	Missouri Department of Corrections; Correctional Officer: 2007 - 2015 Wright County Sheriff Department; Dispatcher/ Jailer/ Reserve Officer: 2002 - 2007
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
2007-2015	Supervise Offenders
2002-2007	Dispatched to multiple emergency units.
Staffing Methodology	
Describe the person's planned duties/role proposed herein:	Substance Abuse Counseling Core Functions. Supervise counselors, ensure staff coverage for all treatment activities, observe classes, groups, meetings, individual sessions, and provide performance evaluation and feedback to counselors. Assist in interviewing and recommend hiring, assist in staff development training's. Review and approve treatment plans, documentation, and behavioral interventions
Specify the approximate number of hours per month this person is proposed for services	173

EXHIBIT D
EXPERTISE OF KEY PERSONNEL
(Copy and complete this table for each key person proposed)

Title of Position: Counselor 1	
Name of Person:	Kathryn Cary
Educational Degree (s): include college or university, major, and dates	MSU: Bachelor of Science, Elementary Education 1986-1991 UOP: Master of Arts, Cross-Categorical Education 2006-2008
License(s)/Certification(s), #(s), expiration date(s), if applicable:	Missouri Associate Alcohol Drug Counselor II #9577, Exp. 10/4/2017
Specialized Training Completed. Include dates and documentation of completion:	None Obtained
# of years experience in area of service proposed to provide:	11 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employed with Gateway Foundation for 8 months
Describe this person's responsibilities over the past 12 months.	Conduct individual sessions with Clients, facilitate small group and classes
Previous employer(s), positions, and dates	Marshfield R-1 Public Schools, Special Educator, 2006-2016
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
August 2006 - January 2016	Wrote and implemented Individual Education Plans, wrote and implemented Special Education case evaluations, administered specialized tests to students for special education placement, conducted Parent/Teacher Conferences

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Substance Abuse Counseling Core Functions
Specify the approximate number of hours per month this person is proposed	173

for services

EXHIBIT D
EXPERTISE OF KEY PERSONNEL
 (Copy and complete this table for each key person proposed)

Title of Position: Counselor I	
Name of Person:	Joe Chitwood
Educational Degree (s): include college or university, major, and dates	BS/Psych Drury 2007-2011
License(s)/Certification(s), #(s), expiration date(s), if applicable:	MAADC II #6892 exp 10/31/07
Specialized Training Completed. Include dates and documentation of completion:	MRSS-P-1 completed in 04/13
# of years experience in area of service proposed to provide:	5
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employed with Gateway for 4 years 10 months
Describe this person's responsibilities over the past 12 months.	Provide 1x1 counseling and provide Treatment plans and Teach classes.
Previous employer(s), positions, and dates	Self-Employed General Contractor Laborer 2006-2010 Larry Simmering 2010-2012
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input type="checkbox"/> 2006-2010	Maintenance repair, cut wood, build fences.
<input type="checkbox"/> 2010-2012	Intake, reports, evaluate clients to be acceptable to meet medical criteria.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Substance Abuse Counseling Core Functions.
Specify the approximate number of hours per month this person is proposed	173

for services

**EXHIBIT D
EXPERTISE OF KEY PERSONNEL**

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

Title of Position: Counselor I	
Name of Person:	Brandi Clayton
Educational Degree (s): include college or university, major, and dates	HS Diploma Niacc Community College, Iowa - Certifies Nurses Aide Ozark Community College, Missouri- Certified Med Aide and Certified Nurses Aide
License(s)/Certification(s), # (s), expiration date(s), if applicable:	MAADC II # 7430 exp 10/31/17
Specialized Training Completed. Include dates and documentation of completion:	None Obtained
# of years experience in area of service proposed to provide:	15
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employed by Gateway Foundation for 4 years
Describe this person's responsibilities over the past 12 months.	Substance use Counseling, Corrections based, Management of 25
Previous employer(s), positions, and dates	Michaels Arts (Replenishment Associate) 2011-2013 Self Employed (In Home Child Care) 2009-2010 Magnolia Square Nursing Facility (Certified Nursing Assistant) 2003-2009
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input type="checkbox"/> 2011-2013	Process of unloading semi truck of department product, customer service, stock shelf.
<input type="checkbox"/> 2009-2010	Took care of children and was responsible for their safety.
<input type="checkbox"/> 2003-2009	Responsible for assisting with patients.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Substance Abuse Counseling Core Functions.
Specify the approximate number of	173

hours per month this person is proposed
for services

EXHIBIT D
EXPERTISE OF KEY PERSONNEL
 (Copy and complete this table for each key person proposed)

Title of Position: Counselor I	
Name of Person:	John Clayton
Educational Degree (s): include college or university, major, and dates	High School Diploma
License(s)/Certification(s), #(s), expiration date(s), if applicable:	MAADC II #8860 exp 10/31/2018
Specialized Training Completed. Include dates and documentation of completion:	None Obtained
# of years experience in area of service proposed to provide:	15 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employed by Gateway Foundation for 3 years.
Describe this person's responsibilities over the past 12 months.	Substance Abuse Counseling, Management of 25 Client treatment files. Facilitate classes and groups.
Previous employer(s), positions, and dates	Department of Corrections (Correctional Officer) 2009-2015
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input type="checkbox"/> 2009-2015	Supervised the work of employees and offenders on a day-to-day basis. Supervised offender workers within maximum and minimum custody levels in MODOC facilities.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Substance Abuse Counseling Core Functions.
Specify the approximate number of hours per month this person is proposed for services	173

EXHIBIT D
EXPERTISE OF KEY PERSONNEL
 (Copy and complete this table for each key person proposed)

Title of Position: Assistant Director	
Name of Person:	Gayle E. Cleland
Educational Degree (s): include college or university, major, and dates	1994-Graduate of Drury College, Bachelor of Art in Criminology with a Minor in Psychology
License(s)/Certification(s), #(s), expiration date(s), if applicable:	Certified Criminal Justice Professional-CCJP since April 2008 No. 3688 Expiration date: April 30, 2018
Specialized Training Completed. Include dates and documentation of completion:	Clinical Supervision: Building Chemical Dependency Counselor Skills Training August 17-19, 2009. Cert. #782
# of years experience in area of service proposed to provide:	19
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employed with Gateway Foundation for 8 years.
Describe this person's responsibilities over the past 12 months.	Acting Program Director in the absence of the Program Director. Attend daily Morning Meetings with the Warden, Deputy Wardens, DOC Major, Director of Medical, Chief of Mental Health and Functioning Unit Managers (FUM). Open communication with all departments to continue to offer the best services to the clients. Weekly meetings with the supervisors of the program.
Previous employer(s), positions, and dates	Burrell Behavioral Health-Community Support Worker from 1996-2006 Kansas City Community Center at OCC-RASAC II Substance Abuse Counselor from 2006-2008
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
1996-2006	Worked with children with behavior disorders.
2006-2008	Worked with an average of 18 male offenders, followed DOC/DTP guidelines for required paperwork, facilitated small groups, classes, met for individual sessions, behavior modification, crisis intervention and referrals to other departments as necessary.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Serves as professional resource to counselors in resolving complex case problems and provides clinical supervision and guidance as needed. Assumes responsibility of overseeing clinicians in absence of Program Director.
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Specify the approximate number of hours per month this person is proposed for services

173 hours

**EXHIBIT D
EXPERTISE OF KEY PERSONNEL**

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

Title of Position: Counselor II	
Name of Person:	Kellie Cochran
Educational Degree (s): include college or university, major, and dates	BS/Psychology, University of Phoenix 12/12/2012
License(s)/Certification(s), #(s), expiration date(s), if applicable:	CRADC # 8331 exp 10/31/17
Specialized Training Completed. Include dates and documentation of completion:	None Obtained
# of years experience in area of service proposed to provide:	3
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employed with Gateway Foundation 10 days
Describe this person's responsibilities over the past 12 months.	Orientation and responsibilities of Counselor training.
Previous employer(s), positions, and dates	A&M Recovery (Substance Abuse Counselor) 2014-2017 Lakeland Behavioral Health Services (Behavioral Health Technician) 2014-2015 Ozarks Area Community Action (Housing Counselor) 2001-2003
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input type="checkbox"/> 2014-2017	Implementation of Intensive Outpatient Treatment.
<input type="checkbox"/> 2014-2015	Monitor and document the treatment and behaviors of patients.
<input type="checkbox"/> 2001-2003	Income verification's, housing inspections

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Substance Abuse Counseling Core Functions.
Specify the approximate number of hours per month this person is proposed	173

for services

**EXHIBIT D
EXPERTISE OF KEY PERSONNEL**

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

Title of Position: Counselor I	
Name of Person:	Randy Davidson
Educational Degree (s): include college or university, major, and dates	Drury College 01/17/07-12/20/08 Assoc. of Science
License(s)/Certification(s), #(s), expiration date(s), if applicable:	None Obtained
Specialized Training Completed. Include dates and documentation of completion:	None Obtained
# of years experience in area of service proposed to provide:	21 years in the Dept. of Corrections
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employed by Gateway Foundation for 1 year 3 months
Describe this person's responsibilities over the past 12 months.	Instructor Servant Leadership over Phase I Effective Habits Small Groups
Previous employer(s), positions, and dates	Missouri Department of Corrections (Recreation Officer) 2005-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
<input type="checkbox"/> 2005-present	Supervision of all recreational staff/clients.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Substance Abuse Counseling Core Functions.
Specify the approximate number of hours per month this person is proposed for services	87 hours

**EXHIBIT D
EXPERTISE OF KEY PERSONNEL**

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

Title of Position: Counselor Supervisor	
Name of Person:	Charles P. Eddins
Educational Degree (s): include college or university, major, and dates	Bachelor of Science in Psychology, Magna Cum Laude; Minor(s): Sociology, Criminology Missouri State University, May 2009.
License(s)/Certification(s), #(s), expiration date(s), if applicable:	Certified Alcohol and Drug Counselor #8600 (expiration: 10/31/2017)
Specialized Training Completed. Include dates and documentation of completion:	MCB Clinical Supervision Training (2/17/17); Tipping the Balance Toward Change: Introduction to Motivational Interviewing 2-day MINT (Motivational Interviewing Network of Trainers) workshop (3/3/17).
# of years experience in area of service proposed to provide:	3
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employed with Gateway Foundation for 2 years
Describe this person's responsibilities over the past 12 months.	Counselor II duties: completing assessments, developing individualized treatment plans, conducting individual and group counseling sessions, documenting treatment activities and clients' responses Counselor Supervisor duties: supervise counselors, ensure staff coverage for all treatment activities, observe classes, groups, meetings, individual sessions, and provide performance evaluation and feedback to counselors. Assist in interviewing and recommend hiring, assist in staff development trainings. Review and approve treatment plans, documentation, and behavioral interventions
Previous employer(s), positions, and dates	Burrell Behavioral Health -- Substance Abuse Technician -- 2/15-9/15 Real Life Counseling Center Counselor Intern -- 5/14-12/14
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
2015-2015	Intake, classes, groups, assessments and UA's .
2014-2014	Individual sessions, outpatient counseling.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Supervise counselors, ensure staff coverage for all treatment activities, observe classes, groups, meetings, individual sessions, and provide performance evaluation and feedback to counselors. Assist in interviewing and recommend hiring, assist in staff development training's. Review and approve treatment plans, documentation, and behavioral interventions
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Specify the approximate number of
hours per month this person is proposed
for services

173

**EXHIBIT D
EXPERTISE OF KEY PERSONNEL**

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

Title of Position: Counselor I	
Name of Person:	Kelly Finlin
Educational Degree (s): include college or university, major, and dates	BA in Social Work, California State University Long Beach, 1996.
License(s)/Certification(s), #(s), expiration date(s), if applicable:	MAADC II #5880 expires 10/31/2017. Medication Assisted Recovery Specialist #8953 expires 10/31/2017.
Specialized Training Completed. Include dates and documentation of completion:	Intermediate Motivational Interviewing completed 08/31/2016 – 09/01/2016. Incorporating Mindfulness Into Your Practice completed 03/31/2017.
# of years experience in area of service proposed to provide:	7 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employed with Gateway Foundation for 7 years.
Describe this person's responsibilities over the past 12 months.	Conduct individual sessions with clients to assist them with developing and completing individual treatment plans. Facilitate therapeutic small groups and treatment classes. New hire mentor/trainer from 08/2016-03/2017.
Previous employer(s), positions, and dates	South Bay Vocational Center, (Job Coach and Supported Employment Coordinator) 1994-1996. Big Brothers/Big Sisters of Dutchess County, (Case Worker), 1996-1997. YWCA of Dutchess County Teen Parent Program, (Case Worker) 1997-1999.
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input type="checkbox"/> 1994-1996	Assisted adults with developmental disabilities with securing employment.
<input type="checkbox"/> 1996-1997	Interviewed prospective big brother big sisters and little brothers little sisters to provide mentoring matches.
<input type="checkbox"/> 1997-1999	Provided services to pregnant and parenting teens.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Substance Abuse Counseling Core Functions.
Specify the approximate number of hours per month this person is proposed	173

for services

**EXHIBIT D
EXPERTISE OF KEY PERSONNEL**

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

Title of Position: Counselor I	
Name of Person:	Amy Gault
Educational Degree (s): include college or university, major, and dates	High School Diploma
License(s)/Certification(s), #(s), expiration date(s), if applicable:	MAADC I pending
Specialized Training Completed. Include dates and documentation of completion:	None Obtained
# of years experience in area of service proposed to provide:	1
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employed with Gateway Foundation for 2 months
Describe this person's responsibilities over the past 12 months.	Orientation and responsibilities of Counselor training.
Previous employer(s), positions, and dates	Ashley Furniture (Customer Service Representative) 2017-2017 Wee Hope Preschool (Preschool Teacher) 2014-2017 Clothes Mentor (Sales Associate Manager) 2014-2014 Grand Crown Resorts (Customer Service) 2013-2013
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input type="checkbox"/> 2017-2017	Taking care of customers, answering phones, handling money.
<input type="checkbox"/> 2014-2017	Provided a positive environment for children and created lesson plans.
<input type="checkbox"/> 2014-2014	Taking care of customers, handled cash.
<input type="checkbox"/> 2013-2013	Scheduling and confirming purchases.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Substance Abuse Counseling Core Functions.
Specify the approximate number of	173

hours per month this person is proposed
for services

**EXHIBIT D
EXPERTISE OF KEY PERSONNEL**

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

Title of Position: Counselor II	
Name of Person:	Kaytelyn Hargraves
Educational Degree (s): include college or university, major, and dates	Missouri State University Bachelors in Criminology August 2011-December 2014
License(s)/Certification(s), #(s), expiration date(s), if applicable:	CRADC # 8258 Exp: June 7 th 2018 Supervision #1397
Specialized Training Completed. Include dates and documentation of completion:	Supervision Training May 26&27, 2016
# of years experience in area of service proposed to provide:	4 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employed with Gateway Foundation for 3 years and 7 months
Describe this person's responsibilities over the past 12 months.	Treatment Planning, Individual Counseling, Teaching Drug and Alcohol Education classes, Orientation Facilitator, Festival Coordinator (Quarterly).
Previous employer(s), positions, and dates	Burrell Behavioral Health (Residential Specialist) 2016-2017 Wal-Mart (Customer Service Supervisor) 2009-2014
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input type="checkbox"/> 2016-2017	Support Counselors with treatment plans.
<input type="checkbox"/> 2009-2014	Supervised front end cashiers and inventory.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Substance Abuse Counseling Core Functions.
Specify the approximate number of hours per month this person is proposed for services	173

EXHIBIT D
EXPERTISE OF KEY PERSONNEL
 (Copy and complete this table for each key person proposed)

Title of Position: Counselor II	
Name of Person:	Robert A Helfer Sr.
Educational Degree (s): include college or university, major, and dates	AA/ Bible/Biblical Global University 2010
License(s)/Certification(s), #(s), expiration date(s), if applicable:	CADC #8369 exp 10/31/17
Specialized Training Completed. Include dates and documentation of completion:	None Obtained
# of years experience in area of service proposed to provide:	11 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employed with Gateway Foundation for 2 years and 3 months
Describe this person's responsibilities over the past 12 months.	Case Management, Counseling 1x1 Instructor educational department client oversight
Previous employer(s), positions, and dates	Tecn Challenge (Program Manager) 2012-2015 Panama City Rescue Mission (Program Manager) 2010-2012 Springfield Victory Mission (Student Life Coordinator) 2006-2010
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
2012-2015	Overseeing the program, mentoring students and responsible for the spiritual strength of the student culture.
2010-2012	Case management, job placement and evening worship.
2006-2010	Student life coordinator, took student on trips, provided students with schedules for work.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Substance Abuse Counseling Core Function.
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Specify the approximate number of hours per month this person is proposed for services

173

EXHIBIT D
EXPERTISE OF KEY PERSONNEL
 (Copy and complete this table for each key person proposed)

Title of Position: Counselor 1	
Name of Person:	Tiffany Henderson
Educational Degree (s): include college or university, major, and dates	Hiset/Department of Elementary and Secondary Education 09/30/2015
License(s)/Certification(s), #(s), expiration date(s), if applicable:	MAADC I #9391 expires 7/20/2017
Specialized Training Completed. Include dates and documentation of completion:	None Obtained
# of years experience in area of service proposed to provide:	1 year
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employed with Gateway Foundation for 1 year
Describe this person's responsibilities over the past 12 months.	Provide ITPs, facilitate classes and small group. Provide individual sessions for counselor caseload, and write progress notes concerning sessions.
Previous employer(s), positions, and dates	Bills Quick Mart (Manager) 2004-2016
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input type="checkbox"/> 2004-2016	Customer service, monitor store employee's and handle disciplinary action if needed.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Substance Abuse Counseling Core Functions.
Specify the approximate number of hours per month this person is proposed for services	173

EXHIBIT D
EXPERTISE OF KEY PERSONNEL
 (Copy and complete this table for each key person proposed)

Title of Position: Counselor I	
Name of Person:	Jessica Jacobson
Educational Degree (s): include college or university, major, and dates	None Obtained
License(s)/Certification(s), #(s), expiration date(s), if applicable:	MAADC II #8750 exp 10/31/07
Specialized Training Completed. Include dates and documentation of completion:	Training for SQI, waiting on my certification
# of years experience in area of service proposed to provide:	2 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employed with Gateway Foundation for 2 years
Describe this person's responsibilities over the past 12 months.	Counselor I, Coordination of Client Structure, Class Coverage when the SOD is absent, Treatment planning, Individual sessions, Progress Notes, Facilitating Treatment Classes, and ROPE Group Facilitator.
Previous employer(s), positions, and dates	Strafford Public Schools (Substitute Teacher) 2011-2015 Kradel to Krayon (Daycare Director) 2007-2009
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
2011-2015	Conduct a safe and positive learning environment for the children in the absence of the teacher.
2007-2009	Made lesson plans and prepared the children for kindergarten.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Substance Abuse Counseling Core Functions.
Specify the approximate number of hours per month this person is proposed	173

for services

EXHIBIT D
EXPERTISE OF KEY PERSONNEL
 (Copy and complete this table for each key person proposed)

Title of Position: Counselor II	
Name of Person:	Isaac Karrick
Educational Degree (s): include college or university, major, and dates	BA in psychology from Central Bible College in 2013 Graduate Certificate in Mental Health Counseling from Capella 2017 Working on Master in Mental Health Counseling 2017 to present
License(s)/Certification(s), #(s), expiration date(s), if applicable:	CRADC # 8215 EXP:Oct 2017 Supervision Certificate #1474
Specialized Training Completed. Include dates and documentation of completion:	Certificate of Completion in Domestic Violence and Substance Abuse Treatment on 10/24/16
# of years experience in area of service proposed to provide:	2 years and 10 months
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employed by Gateway Foundation for the last 2 years and 10 months.
Describe this person's responsibilities over the past 12 months.	Substance Abuse Counseling, Management of 26 Clients treatment file, Completing ASI'S, Training new hires,
Previous employer(s), positions, and dates	Burrell Behavioral Health (Floor Tech) 2013-2014 ARC of the Ozarks (House Manager) 2010-2013 Lakeland Regional Hospital (Tech 2) 2005-2007
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
2005-2007	Responsible for training new hires, overall safety of residents in a psychiatric facility. Running groups, and ensuring clients were learning new social skills to apply in society.
2010-2013	Responsible for staffing of house of two clients. Ensuring all documentation was completed in accordance with policy from funds of clients to documentation of treatment goals.
2013-2014	Responsible for ensuring milieu safety of house of on average of eighteen clients. Training new hires, running groups, ensuring clients are active with their treatment goals.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Substance Abuse Counseling Core Functions.
Specify the approximate number of	173

hours per month this person is
proposed for services

EXHIBIT D
EXPERTISE OF KEY PERSONNEL
 (Copy and complete this table for each key person proposed)

Title of Position: Counselor I	
Name of Person:	Aaron Kimball
Educational Degree (s): include college or university, major, and dates	BA/Arts, Nazarene University 05/12/2013
License(s)/Certification(s), #(s), expiration date(s), if applicable:	MAADC I pending
Specialized Training Completed. Include dates and documentation of completion:	None Obtained
# of years experience in area of service proposed to provide:	4 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee less than 1 year
Describe this person's responsibilities over the past 12 months.	Orientation and responsibilities of Counselor training.
Previous employer(s), positions, and dates	Burrell Behavioral Health,(Residential Specialist), 2015-2016 Kids TLC, (Residential Care Specialist), 2012-2014 YMCA (Tutor) 2008-2013
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input type="checkbox"/> 2015-2016	Working with youth in the behavioral health field leading, guiding, and directing youth to learn from their poor choices and learn to make better choices.
<input type="checkbox"/> 2012-2014	Responsible for the care and guidance of children
<input type="checkbox"/> 2008-2013	Worked with youth to help them with their studies

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Substance Abuse Counseling Core Functions.
Specify the approximate number of hours per month this person is proposed	173

for services

**EXHIBIT D
EXPERTISE OF KEY PERSONNEL**

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

Title of Position: Counselor II	
Name of Person:	Phillip Kinder
Educational Degree (s): include college or university, major, and dates	AS/Art; 2015; MSU WP
License(s)/Certification(s), #(s), expiration date(s), if applicable:	CRADC #6274 exp 10/01/2018
Specialized Training Completed. Include dates and documentation of completion:	Motivational Interviewing (2015) CPR (2016); CPI (2016)
# of years experience in area of service proposed to provide:	9 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employed at Gateway Foundation for 9 months
Describe this person's responsibilities over the past 12 months.	Individual Counseling, ASI (Drug Evauations), Small Groups, Classes, Chart Compliance, Positive Role- Model for the entire community
Previous employer(s), positions, and dates	Family Counseling Center (Substance Abuse Counseling) 2008-2016 Regal Beloit (Stockroom/Warehouse Supervisor) 1988-2008
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input type="checkbox"/> 2008-2016	Role model, mentor, counselor, ASI's and treatment planning.
<input type="checkbox"/> 1988-2008	Managed 18 employee's, scheduling, shipping and receiving.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Substance Abuse Counseling Core Funtions.
Specify the approximate number of hours per month this person is proposed for services	173

EXHIBIT D
EXPERTISE OF KEY PERSONNEL
 (Copy and complete this table for each key person proposed)

Title of Position: Office Assistant	
Name of Person:	Teresa Lebeuf
Educational Degree (s): include college or university, major, and dates	High School Diploma 1978
License(s)/Certification(s), #(s), expiration date(s), if applicable:	National Construction Safety Officer General Insurance
Specialized Training Completed. Include dates and documentation of completion:	General Insurance Agent-May 6, 2013
# of years experience in area of service proposed to provide:	30 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employed at Gateway Foundation for 10 months
Describe this person's responsibilities over the past 12 months.	Organize and maintain office manual and electronic files, Composes and types variety of materials and documents, Works on various administrative support projects, Assists in monitoring revenue and expenses by compiling data from records and logs, Compiling TCU data
Previous employer(s), positions, and dates	Cooperators Insurance-Agent-April 1,2008-June 30,2015 Fuller Austin, Inc.-EH&S Site Manager-2008-March 31,2013
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
2008-2015	Wrote and updated Auto, Home, Farm and Commercial policies
2008-2013	Responsible for all areas of health safety and enviromental safety

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Organization and Operation of business.
Specify the approximate number of hours per month this person is proposed for services	173

EXHIBIT D
EXPERTISE OF KEY PERSONNEL
 (Copy and complete this table for each key person proposed)

Title of Position: <u>Clinical Supervisor</u>	
Name of Person:	Thresa Miller
Educational Degree (s): include college or university, major, and dates	MA in Counseling, Assemblies of God Theological Seminary (2010)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	LPC #2011029355 exp 4/30/17 Clinical Supervisor Certified RADC #3832 exp 4/30/17 MCB Supervisor #769 CCJP #4577 exp 4/3/17
Specialized Training Completed. Include dates and documentation of completion:	Clinical Supervisor Course MCB Supervisor Course
# of years experience in area of service proposed to provide:	35 yrs
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employed with Gateway Foundation for 9 years
Describe this person's responsibilities over the past 12 months.	Counselor Supervisor Clinical Supervisor
Previous employer(s), positions, and dates	KCCC 2007-08 Recovery Chaplain (Access To Recovery) 2006-07 Sigma House 2006-2007
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input type="checkbox"/> Substance use Disorder services	Provides direct contact treatment services
<input type="checkbox"/> Dual Diagnosis services	Provides direct contact treatment services
<input type="checkbox"/> Supervision services	Provides direct contact treatment services
<input type="checkbox"/>	

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Provides direct supervision to counselors and other clinical staff delivering client treatment.
Specify the approximate number of hours per month this person is proposed for services	173

EXHIBIT D
EXPERTISE OF KEY PERSONNEL

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

Title of Position: Counselor I	
Name of Person:	Toby A. Mooney
Educational Degree (s): include college or university, major, and dates	AA, Ozarks Technical Community College, 2010 AAS, Ozarks Technical Community College, Business & Marketing, 2013 BS, Missouri State University, Criminology, 2015
License(s)/Certification(s), #(s), expiration date(s), if applicable:	MAADC II # 8881 exp 10/31/17
Specialized Training Completed. Include dates and documentation of completion:	None Obtained
# of years experience in area of service proposed to provide:	1.5 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employed with Gateway Foundation for 1 year and 5 months
Describe this person's responsibilities over the past 12 months.	Conducts individual drug treatment counseling sessions. Facilitates small group process groups. Facilitates large group treatment activities. Develops treatment plans. Documents offender's progress in treatment. Facilitates classes of treatment related topics.
Previous employer(s), positions, and dates	Midwest Security, (Security/Patrol Officer) 2014-2015 Teletech, (Customer Support Rep). 2008-2014; US Security Associates, (Security Officer) 2007-2008
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input type="checkbox"/> 2014-2015	Patrolled client's property for illegal activities and responded to alarms.
<input type="checkbox"/> 2008-2014	Managed a large case load of escalated customer complaints and concerns.
<input type="checkbox"/> 2007-2008	Provided unarmed security guard services in multiple environments.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Substance Abuse Counseling Core Functions.
Specify the approximate number of hours per month this person is proposed	173

for services

EXHIBIT D
EXPERTISE OF KEY PERSONNEL
 (Copy and complete this table for each key person proposed)

Title of Position: Counselor III	
Name of Person:	Justin Myers
Educational Degree (s): include college or university, major, and dates	University of Missouri, BA, psychology, 2010 Forest Institute of Professional Psychology, MA, clinical psychology, 2014
License(s)/Certification(s), #(s), expiration date(s), if applicable:	Certified alcohol and drug counselor, 7372, 10/31/17
Specialized Training Completed. Include dates and documentation of completion:	None Obtained
# of years experience in area of service proposed to provide:	6
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	4 year employee, intern prior to employment
Describe this person's responsibilities over the past 12 months.	Manage and provide Co-Occuring classes, Coordinate client care with mental health department, Counsel/manage caseload of mental health clients, Supervise Saturday treatment activities, Provide counselors with case consultation for mental health involved clients, Screen clients for referral to institutional mental health department, Screen clients for appropriate Gateway Co-occurring services
Previous employer(s), positions, and dates	Lakeland Behavioral Health System, Behavioral Health Technician, 2011-2013
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input type="checkbox"/> 2011-2013	Cared for children in an acute psychiatric setting.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Substance Abuse Counseling Core Functions.
Specify the approximate number of hours per month this person is proposed for services	173 hours

EXHIBIT D
EXPERTISE OF KEY PERSONNEL
 (Copy and complete this table for each key person proposed)

Title of Position: Counselor I	
Name of Person:	Craig Peterson
Educational Degree (s): include college or university, major, and dates	BA/Police Science, New Mexico State University 1974-1978
License(s)/Certification(s), #(s), expiration date(s), if applicable:	MAADC II #9806 exp 10/31/18
Specialized Training Completed. Include dates and documentation of completion:	None Obtained
# of years experience in area of service proposed to provide:	38 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employed with Gateway Foundation for 6 months.
Describe this person's responsibilities over the past 12 months.	Facilitates small groups, evening meetings, teach classes and Individual sessions.
Previous employer(s), positions, and dates	Lea County Correctional Facility (Case Worker) 2004-2016 Probation and Parole (Parole Officer) 1979-2003
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input type="checkbox"/> 2004-2006	Coordinate the services for the clients.
<input type="checkbox"/> 1979-2003	To enforce the orders of the court and the parole board.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Substance Abuse Counseling Core Functions.
Specify the approximate number of hours per month this person is proposed for services	173

EXHIBIT D
EXPERTISE OF KEY PERSONNEL
 (Copy and complete this table for each key person proposed)

Title of Position: Counselor I	
Name of Person:	Joseph Piland
Educational Degree (s): include college or university, major, and dates	High School Diploma
License(s)/Certification(s), #(s), expiration date(s), if applicable:	None Obtained
Specialized Training Completed. Include dates and documentation of completion:	None Obtained
# of years experience in area of service proposed to provide:	37
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employed with Gateway Foundation for 6 months
Describe this person's responsibilities over the past 12 months.	Facilitation of Drug Treatment Classes
Previous employer(s), positions, and dates	Missouri Department of Corrections (Correctional Officer) 1978 - 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
1978-2014	Maintains security in buildings, and other posts of an adult correctional facility; intervenes during emergencies or altercations and gains physical control of offenders.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Substance Abuse Counseling Core Functions.
Specify the approximate number of hours per month this person is proposed for services	87

EXHIBIT D
EXPERTISE OF KEY PERSONNEL
(Copy and complete this table for each key person proposed)

Title of Position: Counselor II	
Name of Person:	Alan Queen
Educational Degree (s): include college or university, major, and dates	AA/Applied Science at OTC HVAC 2002 – 2004 Global University, Ministerial 2006 to present
License(s)/Certification(s), #(s), expiration date(s), if applicable:	CRADC# 8792, exp 10/31/18
Specialized Training Completed. Include dates and documentation of completion:	Leadership training 2014 CRPR Sep. 2018
# of years experience in area of service proposed to provide:	15 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employed with Gateway Foundation for 1 year and 4 months.
Describe this person's responsibilities over the past 12 months.	Assessments, treatment planning, discharges.
Previous employer(s), positions, and dates	Chaplain and Coordinator for Recovery Programs 2002-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
2002-Present	Working directly with men in recovery

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Substance Abuse Counseling Core Functions.
Specify the approximate number of hours per month this person is proposed for services	173 hours

EXHIBIT D
EXPERTISE OF KEY PERSONNEL
 (Copy and complete this table for each key person proposed)

Title of Position: <u>Counselor Supervisor</u>	
Name of Person:	Lindsey B. Quinn
Educational Degree (s): include college or university, major, and dates	Masters in Clinical Psychology from Forest (Graduated Summer 2013) Bachelor of Arts in Psychology from Ithaca College (Graduated Spring 2011)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	CRADC #7673 exp 10/31/17
Specialized Training Completed. Include dates and documentation of completion:	MCB Supervisor Training March 2016 Basic Motivational Interviewing Training March 2017
# of years experience in area of service proposed to provide:	4 ½- 5 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee for 4 years July 1 st
Describe this person's responsibilities over the past 12 months.	Counselor II Duties Counselor Supervisor- provide coverage for evening classes and groups, meet with half a case load of clients, treatment planning, documentation, case evaluations, discharge summaries, completing ASI's, supervise staff and help to train new hires on program,
Previous employer(s), positions, and dates	Slumberland Furniture, Sales Associate (2011-2013)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input type="checkbox"/> 2011-2013	Sales Associate- answered phones, worked on financing, money drawer, and assistant to the store manager

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Supervise counselors, ensure staff coverage for all treatment activities, observe classes, groups, meetings, individual sessions, and provide performance evaluation and feedback to counselors. Assist in interviewing and recommend hiring, assist in staff development training's. Review and approve treatment plans, documentation, and behavioral interventions
Specify the approximate number of	173 hours

hours per month this person is proposed for services	
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**EXHIBIT D
EXPERTISE OF KEY PERSONNEL**

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

Title of Position: Counselor I	
Name of Person:	Holly M. Robinson
Educational Degree (s): include college or university, major, and dates	Bachelor's of Science in Education- Missouri Southern State University 2004-2008 Masters of Science in Education-William Woods University 2010-2012 Education Specialist in Administration-William Woods University 2012-2014
License(s)/Certification(s), #(s), expiration date(s), if applicable:	MAADC II #9669 exp date October 30, 2018
Specialized Training Completed. Include dates and documentation of completion:	None Obtained
# of years experience in area of service proposed to provide:	6 months
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employed with Gateway Foundation for 2 months
Describe this person's responsibilities over the past 12 months.	Orientation and responsibilities of Counselor training.
Previous employer(s), positions, and dates	Springfield Public Schools, (Teacher) 2008-2016 A and M Recovery (Counselor) 2016- 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
<input type="checkbox"/> 2008-2016	Professional development facilitator and trainer.
<input type="checkbox"/> 2016-2016	Individual sessions and facilitated groups.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Substance Abuse Counseling Core Functions.
Specify the approximate number of hours per month this person is proposed	173

for services

EXHIBIT D
EXPERTISE OF KEY PERSONNEL
 (Copy and complete this table for each key person proposed)

Title of Position: Counselor I	
Name of Person:	Raymond Rokita
Educational Degree (s): include college or university, major, and dates	Hiset, Illinois Community College Board, 08/22/16
License(s)/Certification(s), #(s), expiration date(s), if applicable:	MAADC I #9588 Exp 10/11/17
Specialized Training Completed. Include dates and documentation of completion:	Cultural Awareness 2015 HIV and AIDS transmission 2015
# of years experience in area of service proposed to provide:	9 months
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employed with Gateway Foundation for 9 months
Describe this person's responsibilities over the past 12 months.	Individual session, facilitate small groups and education classes for Alcohol and Substance Abuse
Previous employer(s), positions, and dates	Central Transport (Truck Driver) 2005-2016
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input type="checkbox"/> 2005-2016	Deliver equipment, loading and unloading and paperwork.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Substance Abuse Core Functions.
Specify the approximate number of hours per month this person is proposed for services	173

EXHIBIT D
EXPERTISE OF KEY PERSONNEL
 (Copy and complete this table for each key person proposed)

Title of Position: Counselor II	
Name of Person:	Amber Samuelson
Educational Degree (s): include college or university, major, and dates	BS/Science 2009-2011
License(s)/Certification(s), #(s), expiration date(s), if applicable:	CRADC #5989 Exp 10/31/17
Specialized Training Completed. Include dates and documentation of completion:	None Obtained
# of years experience in area of service proposed to provide:	9
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employed with Gateway Foundation for 4 years.
Describe this person's responsibilities over the past 12 months.	Substance Abuse Counseling, Individual Sessions, classes, groups and ASI's.
Previous employer(s), positions, and dates	Hannibal Council (Counselor) 2009-2012 Options Unlimited (Case Worker) 2012-2013 Warren County (Counselor) 2012-2013
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input type="checkbox"/> 2009-2012	Substance Abuse Counseling, individual sessions. Classes, ASI's
<input type="checkbox"/> 2012-2013	Data entry, schedule appointment for clients.
<input type="checkbox"/> 2012-2013	Drug court staffings, individual sessions and case management.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Substance Abuse Counseling Core Functions.
Specify the approximate number of hours per month this person is proposed	173

for services

EXHIBIT D
EXPERTISE OF KEY PERSONNEL
 (Copy and complete this table for each key person proposed)

Title of Position: Counselor II	
Name of Person:	James Spencer
Educational Degree (s): include college or university, major, and dates	AS Criminal Justice St. Louis community college
License(s)/Certification(s), #(s), expiration date(s), if applicable:	CRADC #3092, CCJP #4210, CCGC #207, SQP #5840 EXP. 10/31/2018
Specialized Training Completed. Include dates and documentation of completion:	Serving our veterans 6/25/2012
# of years experience in area of service proposed to provide:	25 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employed with Gateway Foundation for 10 years
Describe this person's responsibilities over the past 12 months.	Performing: ASI's, Intakes, individual sessions, classes, case evaluations and discharges.
Previous employer(s), positions, and dates	Mo. Department of Corrections (Retired Lieutenant) 1986-2012
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input type="checkbox"/> 1986-2012	Assistant shift Commander: Supervised about 30 officers in maintaining custody and control of 650 adult offenders. March 1986-March 2012.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Substance Abuse Counseling Core Functions.
Specify the approximate number of hours per month this person is proposed for services	173 hours

EXHIBIT D
EXPERTISE OF KEY PERSONNEL
 (Copy and complete this table for each key person proposed)

Title of Position: Counselor I	
Name of Person:	Robert Suliin
Educational Degree (s): include college or university, major, and dates	High School Diploma
License(s)/Certification(s), #(s), expiration date(s), if applicable:	MAADC I #9985 exp 4/19/18
Specialized Training Completed. Include dates and documentation of completion:	Springfield police academy 5/15/02
# of years experience in area of service proposed to provide:	1 year
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employed with Gateway Foundation for 2 months
Describe this person's responsibilities over the past 12 months.	Conduct individual sessions with Clients, facilitate small group and classes
Previous employer(s), positions, and dates	Binswanger Glass (Lead auto technician) 2015-2017 Chaplin auto body (Manager) 2014-2015 Carston auto glass (Glass Technician) 2011-2014
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input type="checkbox"/> 2015-2017	Trained other staff to install glass, create maintain and enter information into databases.
<input type="checkbox"/> 2014-2015	Auto body painting and managing body shop.
<input type="checkbox"/> 2011-2014	Glass installation.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Substance Abuse Counseling Core Functions.
Specify the approximate number of	173

hours per month this person is proposed
for services

EXHIBIT D
EXPERTISE OF KEY PERSONNEL
(Copy and complete this table for each key person proposed)

Title of Position: Counselor I	
Name of Person:	Patsy Walker
Educational Degree (s): include college or university, major, and dates	BS/ Science Drury University 01/17/2007-05/18/2013
License(s)/Certification(s), #(s), expiration date(s), if applicable:	MAADC I Pending
Specialized Training Completed. Include dates and documentation of completion:	None Obtained
# of years experience in area of service proposed to provide:	5
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employed with Gateway Foundation for 21 days.
Describe this person's responsibilities over the past 12 months.	Orientation and responsibilities of Counselor training.
Previous employer(s), positions, and dates	Willow Springs Schools (Paraprofessional) 2012-2017 Town and Country Supermarket (Manager of Produce) 2004-2012
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input type="checkbox"/> 2012-2017	Work with students to reinforce learning of materials and skills.
<input type="checkbox"/> 2004-2012	Stocking shelves, inventory and ordering.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Substance Abuse Counseling Core Function.
Specify the approximate number of hours per month this person is proposed for services	173

EXHIBIT E: EXPERTISE OF PERSONNEL

EXHIBIT E

EXPERTISE OF PERSONNEL

PERSONNEL	Background and Expertise of Personnel and Planned Duties
1. <u>Stephen Doherty</u> (Name) <u>Regional Director</u> (Title) <u>Management oversight</u> (Proposed Role/Function)	Mr. Doherty has over 25 years managing various behavioral health programs, and for the past 13 he has managed corrections based treatment programs for Gateway Foundation. He will have administrative oversight of all of these 3 programs, and provide supervision to Directors' Haney and Brown at CCC and WERDCC/NECC respectively.
2. <u>Gregg Dockins</u> (Name) <u>Division President, Corrections Services</u> (Title) <u>Sr. Management oversight</u> (Proposed Role/Function)	Mr. Dockins has over 25 years of experience as a licensed clinician and program manager in the community-based and correctional treatment fields, with proven results in quantitative and qualitative performance measures. Mr. Dockins will provide Senior management oversight of all Gateway programs including those at OCC.
3. <u>Kevin Gilmartin</u> (Name) <u>Service Desk Manager</u> (Title) <u>Information Services oversight</u> (Proposed Role/Function)	Mr. Gilmartin has worked in the information technology field for over 12 years and for 10 years at Gateway Foundation where he now manages support services to the over 40 program sites within Gateway Foundation. Mr. Gilmartin will oversee all aspects of technology and information services that support the programs at CCC, WERDCC and NECC.
4. <u>Yolanda Johnson-Davis</u> (Name) <u>Human Resources Director</u> (Title) <u>Personnel Support Oversight</u> (Proposed Role/Function)	Ms. Johnson-Davis has over 17 years of experience as a Human Resources Professional and for the past 15 years at Gateway Foundation, now as Human Resources Director where she manages six H.R. Professionals who support over 1100 Gateway Employees. Ms. Johnson-Davis will have oversight of the H.R. and Personnel matters for Gateway's employees at CCC, WERDCC and NECC.
5. <u>Lynn Noyes-Yamout</u> (Name) <u>Supply Management Director</u> (Title) <u>Oversight of supplies and equipment purchases</u> (Proposed Role/Function)	Ms. Noyes-Yamout has been Director of Supply Management for Gateway Foundation for over 13 years, where she manages vendor accounts and has oversight of three full-time Supply Management Specialists who support all of Gateway's Missouri programs in the purchasing and management of vendors who provide goods and services for all of Gateway's programs.
6. <u>Dwayne Lee</u> (Name) <u>Controller</u> (Title) <u>Oversight of all fiscal departments</u>	Mr. Lee has worked in the finance department of Gateway Foundation for over 22 years, including all functions of accounting, receivables and payables and the payroll departments. He will provide oversight to the accountants and payroll specialists who support CCC, WFRDCC and NECC.

Gateway Foundation, Inc., dba GFI Services, Inc.

Contact Person: Gregg Dockins

Response to IFB #SDA931411-066

<p>(Proposed Role/Function)</p> <p>7. <u>Brian Barkhoff</u> (Name) <u>Re-entry Specialist</u> (Title) <u>Supportive services and MAT coordination</u> (Proposed Role/Function)</p>	<p>Mr. Barkhoff has provided corrections based case management and social services for 3 years, prior to beginning his position with Gateway Foundation in November 2015 as a Re-entry Specialist. His duties include providing education about MAT to clients at OCC, acting as a liaison between Gateway's treatment, the medical contractor, and IPO's for clients interested in pre-release MAT and post release case management services; Completes comprehensive needs assessments with clients, sharing identified needs and coordinating post-release services with post-release Re-entry Specialists for clients who return to the Kansas City or St. Louis area.</p>
<p>8. <u>Erin Mason</u> (Name) <u>RR-MAT Supervisor</u> (Title) <u>Clinical and Administrative Supervision of Mr. Barkhoff</u> (Proposed Role/Function)</p>	<p>Ms. Mason is a Licensed Clinical Social Worker with 8 years experience in the behavioral health field. She has been the Clinical Supervisor with Gateway Foundation's RR-MAT program for 2 years. Her duties include direct supervision of both Pre and Post release Re-entry Specialists, coordination of staff to ensure clients are receiving appropriate services, facilitation of communication between pre and post release staff in the St. Louis office and providing timely feedback when needed. Ms. Mason is responsible for the collection of all data and reporting of data and outcomes to Gateway Foundation management.</p>

SECTION 4.5: METHOD OF PERFORMANCE
(EXHIBIT F)

SECTION 4.5 METHOD OF PERFORMANCE

4.5.1 PLAN FOR PERFORMING THE REQUIREMENTS

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

4.5.2 DESCRIPTION OF THE PROPOSED SERVICES

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

EXHIBIT F METHOD OF PERFORMANCE

The bidder should present a written plan for performing the requirements specified in this Invitation for Bid. In presenting such information, the bidder should specifically address each of the following issues:

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

On the following pages, Gateway has provided its plan for performing the requirements of the IFB as stated in "Section 2: Scope of Work" of the IFB.

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

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

2. SCOPE OF WORK

2.1 General Requirements:

2.1.1 The contractor shall provide Assessment and Long Term Modified Therapeutic Community Substance Use Disorders Treatment on an as needed, if needed basis at the Ozark Correctional Center (OCC) in accordance with the provisions and requirements specified herein.

Gateway Foundation, Inc, doing business in Missouri as GFI Services, Inc. (hereafter referred to as "Gateway") proposes to provide an Assessment and Long-Term Modified Therapeutic Community (TC) Substance Use Disorder Treatment Services Program at the Ozark Correctional Center (OCC) in accordance with the provisions and requirements set forth by the Missouri Department of Corrections, (hereafter referred to as "the Department" or "MODOC").

As the incumbent provider, Gateway understands the Department's emphasis on the importance of timely, thorough and accurate assessment, and has established an efficient process for completing these. **Under the current contract, Gateway staff has achieved a compliance rate of 99.99% for completed assessments for those clients who require one.** Gateway's success with this standard is due to our commitment to provide educated, competent staff that includes 18 counselors (53% of full staffing) qualified by the Department of Mental Health standards to complete client assessments. **Re-award of this contract ensures the Department of the continuation of this extremely high proficiency in completing assessments according to all governing policies and standards, and providing staff with important data that informs the treatment planning process, thus preparing the offender for a successful treatment episode and related successful outcomes.**

Gateway's Modified Therapeutic Community model of substance use disorder treatment focuses on creating a "family" structure and atmosphere, as well as peer accountability, positive peer culture, and opportunities for peer leadership. The current treatment program is highly structured and employs a variety of treatment approaches. This enables Gateway clinicians to apply treatment methods and to fashion treatment modalities to match each client's ability to respond. Our treatment programs are flexible and able to adapt freely to the myriad issues of our clients.

2.1.2 The contractor shall understand and agree that all services shall be performed to the sole satisfaction of the Department. The Department is the final judge of the quality of the contractor's performance under the contract, and any dispute arising from conflicts with Department policy and appropriate clinical practice for assessments and treatment shall be resolved by the Assistant Director, Division of Offender Rehabilitative Services (DORS), Substance Use and Recovery Services (referred to herein as Assistant Division Director, DORS). Therefore, it is understood and agreed that:

Gateway understands and hereby agrees that all services must and will be performed to the sole satisfaction of the Department as the final judge of the quality of Gateway's performance under

the contract, and that any dispute arising from conflicts with Departmental policy and appropriate clinical practice for assessments will be resolved by the Assistant Director, Division of Offender Rehabilitative Services (DORS), Substance Use and Recovery Services (referred to herein as Assistant Division Director, DORS). Therefore, it is understood and agreed that Gateway will continue to comply with the following requirements:

- a. The contractor shall establish appropriate and professional services consistent with Department objectives of maintaining a structured and well-managed state facility.*

Gateway has established appropriate and professional services consistent with Department objectives of maintaining a structured and well-managed state facility. Through collaborative planning and service provision, Gateway has successfully implemented both contractually required and enhanced services while responding to the operational needs of Ozark Correctional Center. The OCC-Gateway team has implemented collaborative strategies consistent with recommendations made throughout the literature and research on prison-based Therapeutic Communities (TC's). As a result, the full spectrum of required programming, to include assessment, treatment planning, proper documentation of progress, report writing, individual counseling, small groups, psycho-educational classes, and standard TC community activities have been provided while still accommodating the needs of the institution's operations.

VALUE-ADDED treatment interventions include extensive enhancements to the basic assessment requirements, provision of individualized treatment interventions such as the TCU brief intervention groups, and development of a greater range of self-help and educational groups. In line with well-established best practices, a broader range of self-help and educational groups allows Gateway's clinicians to further individualize treatment and develop a tailored treatment program for each client- a benefit beyond the "one size fits all" treatment model that many providers implement. Most of these groups provide multiple therapeutic values to include cognitive restructuring, restorative justice, victim awareness, and community service. Substance use and criminality are incorporated into every intervention. Focused counselor-led support groups have been developed for Encounter Masters and Relating Table facilitators to process effective conflict resolution strategies. Gateway has also added a "Big Brother" focus group, "Phase I" focus group, and "Structure" focus group, each addressing the unique stressors and needs of the indicated clients. Focus groups are a combination of processing and client feedback. Clients are able to process frustrations associated with their new role as positive mentors and community leaders; however, they are strongly encouraged to provide feedback and suggestions for improving the operations of these positions within the TC at OCC.

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

Gateway has also contributed support and assistance to restorative justice activities provided by the Department that includes "Growing for Recovery", and "Egg-celence in Recovery." Gateway partners with the Department to assist the client to become engaged and involved in gardening

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and poultry management projects from which food is donated to a local food pantry. An additional activity developed by Gateway and the OCC Administration is a crochet class (Words to Action) that provides blankets and caps for the Neonatal Units at local hospitals. The experiential components of these activities are incorporated into individual and group counseling sessions to help clients understand and process the purpose of learning new skills that may be used in acquiring employment, discovering personal talents, and, most importantly, practicing the concept of "giving back" to persons in need. They teach responsibility and cooperation. These undertakings, when internalized and practiced, are invaluable to clients as they transition into their lives after incarceration. Gateway is committed to developing and implementing these types of activities that serve both therapeutic and Community Service objectives and has gone as far as to include it as part of our Quality Improvement Plan.

- b. The contractor and the Department shall jointly develop and maintain a standardized operating procedure governing the provision of substance use assessment and treatment services, consistent with the Department's Standard Operating Procedures.*

As the incumbent, Gateway and the Department developed and maintained standardized operating procedures that address all assessment and treatment services at OCC. These operating procedures encompass the Department's Standard Operating Procedures and also the unique requirements and characteristics of the treatment program that Gateway operates. Gateway consistently meets the Department's standards for assessment and has had the opportunity to enhance the required assessment process through implementation of Texas Christian University's Internal Evaluation Protocols (IEP). While the Department's policies require an initial assessment and report to guide the treatment planning process, Gateway practices have extended the assessment practice into a process of ongoing evaluation and re-evaluation over the entire treatment episode.

Gateway continues the IEP assessment process through intake, at phase-up to Phase II, when a case evaluation report is due to Probation and Parole, and at release. At each point of measurement, review of the client's scores provides clinical staff with a "picture" of the client's progress (or lack of) in the numerous domains over time. The frequency of evaluation enhances our understanding of what tactics are or are not working for the client and informs treatment planning modifications throughout the treatment experience. Additionally, treatment interventions are individualized based on the assessed information, which differs from the common practice of "one size fits all" programming. These domains are described more fully elsewhere in this proposal.

- c. The contractor shall be responsible for coordinating all aspects of the contracted services with the OCC Warden and the Assistant Division Director, DORS. The contractor shall identify a contact person at the facility responsible for the oversight of the contracted services.*

As the incumbent provider, Gateway has developed a strong partnership with the Department that is demonstrated by the alliance of common goals, objectives, and purpose for providing services to offenders at OCC. This partnership has grown over the contract periods and has

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created an environment of cooperation and collaboration that has allowed discussion, development, and maintenance of standardized operating procedures that guide the provision of all treatment services and operations at OCC. Because we understand that changes occur, we will modify any current procedures as necessary and/or as requested by the Department to meet the requirements of this IFB.

Gateway's relationship with the OCC Warden and the Area Substance Abuse Treatment Coordinator is foundational to the continued collaborative approach to coordination of all aspects of the contract.

Gateway's Program Director at OCC, Dr. Duane Cummins, serves as the primary contact person responsible for coordination of the contract. He will continue to work closely with the OCC Warden and the Area Substance Abuse Treatment Coordinator to effect the demonstrable effectiveness of the treatment program. Dr. Cummins' extensive experience in both corrections and substance use disorder treatment has offered the OCC treatment program a balanced understanding of the dynamics of each of these disciplines. Furthermore, Dr. Cummins offers both practical and scholarly understanding of the theories of practice and the integration of evidence based criminal justice and addiction practices to advise and collaborate with Department representatives in establishing best practices for this population and this program site. The relationship of Gateway managers and supervisors with the OCC Administration has been one of ongoing and extensive team work, always reflecting Gateway's understanding that we are a "guest in your home." **This level of expertise and collegiality offers the best option for the Department to continue the success of this treatment program and the program participants should the Department re-award this contract to Gateway.**

2.1.3 The contractor shall have the capability of providing all programming services as indicated herein.

Gateway has consistently met and exceeded program service requirements and will continue to do so in this contract. We assure the Department that we have the infrastructure and expertise to provide all program services as described in the IFB. Supplementary services added in this contract period will be provided through the same collaboration previously employed to ensure that the program can reach its maximum potential for benefit to the clients and to the Department's satisfaction. Gateway describes in detail how we will meet and exceed the contract requirements throughout this proposal.

2.1.4 On a daily basis, the Department shall conduct a head count of the population at the facility and provide an electronic summary report to the contractor. The Department will deduct all those individuals not receiving treatment under the contract (i.e., overnight medical out counts to another facility or off-site medical provider, transfers and/or discharges). The contractor shall agree that the Department's determination of the head count at the facility shall be final and without recourse.

Gateway understands and agrees to the census process described by the Department. Currently, a daily census report is generated by the OCC Records Office and is distributed through email to

administrative personnel. This count is utilized to complete billing forms and a monthly invoice which are reviewed and approved by the Gateway Program Director and the OCC Warden.

- a. The Department makes no specific guarantee as to the minimum or maximum number of offenders that will be referred and who will participate in services. However, all 650 beds at OCC are designated for offenders in the program.*

Gateway understands and agrees that there is no guarantee of minimal census; however, we understand that 650 beds are designated for treatment at OCC.

2.1.5 The contractor shall understand and agree that if additional funding exists, the contractor shall be required to provide additional services at the firm, fixed price as indicated on the EXHIBIT A, Pricing Page.

Gateway understands and agrees that if additional funding exists, Gateway will provide additional services at the firm, fixed price as indicated on Exhibit A, Pricing Page.

2.1.6 The contractor shall understand and agree that because the contractor is familiar with the facility and the conditions that existed prior to award of the contract, the contractor shall not be relieved of the performance of the provisions and requirements specified herein.

Gateway has had the privilege to be the substance use disorder treatment vendor at OCC since 2008. We are very familiar with the facility and with the conditions that currently exist and that existed prior to the award of this contract. We are committed to our mission of providing treatment services to offenders and we understand and assure the Department that we will continue to be accountable to the conditions and agreements of this contract and requirements specified herein. Gateway further recognizes that new conditions may develop over the life of this contract and agrees that we will continue to work collaboratively with the Department to appropriately navigate new conditions that may develop.

2.2 Performance Requirements

2.2.1 The contractor shall agree and understand that the Department alone is the sole source of referral and without exception retains the right to terminate any participant it deems necessary in order to maintain program integrity and a safe and secure correctional environment.

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

2.2.2 The contractor shall provide services that are accessible to persons of all faiths and to persons of no faith who are atheist, agnostic, or undecided. Therefore, the contractor is expected to ensure the provision of secular recovery support groups that offer an alternative to 12 step groups.

Gateway's program design at OCC is, and will continue to be, accessible to persons of all faiths and to persons of no faith who are atheist, agnostic or undecided. The program shall include presentation of reasonable alternatives wherever it incorporates ideations of "God or a higher power". No offender will be required, challenged, or confronted as a result of failure to participate in treatment activities or assignments associated with the above ideations.

In recognition of this important aspect of treatment, at OCC, Gateway has established a 3 track system within its treatment delivery model to provide optimal opportunity for client engagement and individualization of services. Upon admission to the Gateway program at OCC, clients make a selection of a treatment track that will reflect their preferred method of transcendental focus. These tracks are delineated as follows:

- 1) Clients may select to participate in a **faith based recovery track**, which provides opportunities to explore recovery principles through inclusion of clients' religious base and faith related principles. This insures provision of treatment access to clients of all faiths.
- 2) Clients may select to participate in an **explicitly secular track** which will incorporate only scientific and humanistic principles for recovery. This ensures access to treatment services to clients of no faith, who are atheist, agnostic, or undecided.
- 3) Clients may select to participate in a **blended track** which utilizes 12-Step and traditional AA/NA recovery concepts. This ensures additional access to treatment services for clients who are agnostic or undecided, or who otherwise select for a less intense focus upon their faith.

Clients may change their treatment track selection at any time during the treatment episode without negative consequences or challenges. Clients are further allowed to participate in alternatives to any class or group in which faith based principles may become disengaging for the client. Selection of a treatment track provides a road map for treatment planning and service delivery that is individualized to the clients' needs and that is respectful of the clients' choices as related to principles of faith.

Gateway's recognition of the diversity of faith related belief systems is further reflected in our collaborative work with the Department in establishing and maintaining self-help opportunities for clients of all faiths, and to persons of no faith who are atheist, agnostic, or undecided. This collaboration is reflected through cooperative efforts with the institutional Chaplain, Institutional Volunteer Coordinator, and through the use of the Therapeutic Community Model to develop and maintain authentic self-help opportunities. These opportunities include, but are not limited to:

Twelve-Step Programs. Gateway has long recognized the value of twelve-step programs such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Cocaine Anonymous (CA) for some individuals, as avenues of support for achieving and/or maintaining abstinence. The twelve steps involve accepting one's addiction, relying on the support of a Higher Power, becoming self-aware, and coming to terms with one's history. Consistent with our treatment programs.

twelve-step programs promote sobriety/abstinence and personal responsibility. Therefore, they complement our cognitive restructuring efforts, which specifically encourage pro-social behaviors and attitudes and self-efficacy.

Offenders use twelve-step materials such as AA's *Big Book*, NA's *Basic Text*, and other materials that describe the steps in detail. Gateway will ensure the provision of volunteer coordination, recovery literature libraries, and time and space for open meetings, study groups and sponsorship sessions. Gateway staff works closely with the Department, particularly the Institutional Activities Coordinator (IAC) and the Chaplain, to offer in-house AA/NA meetings several times per week and will include them in the program schedule as approved.

We recognize that some offenders cannot relate to or object to programming that promotes the concept of a Higher Power. Therefore, participation in twelve-step meetings is not mandatory but will be encouraged for individuals who have selected a faith based or mixed treatment track.

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

SMART Recovery. A second secular support group option is offered to the offenders at OCC. The SMART Recovery® (Self-Management and Recovery Training) is a secular four-point mutual support program that helps people recover from all types of addictive behaviors, including substance use of all varieties, gambling addiction, and activities resulting from and/or contributing to addictive use and behaviors. SMART Recovery is based on scientific knowledge and evolves as scientific knowledge evolves. The 4-Point Program offers specific tools and techniques for each of the program points:

- Point 1: Building and Maintaining Motivation
- Point 2: Coping with Urges
- Point 3: Managing Thoughts, Feelings and Behaviors
- Point 4: Living a Balanced Life

SMART Recovery has a scientific foundation, not a spiritual one. SMART Recovery teaches increasing self-reliance, rather than powerlessness. SMART Recovery encourages attendance for months to years, but probably not a lifetime. There are no sponsors in SMART Recovery. SMART Recovery discourages use of labels such as "alcoholic" or "addict." The program employs a variety of tools and techniques to help individuals gain independence from addiction and addictive behaviors. Participants are encouraged to learn how to use each tool and to practice the tools and techniques as they progress toward Point 4 of the program -- achieving lifestyle balance and leading a fulfilling and healthy life.

Gateway will continue to provide literature and instruction on SMART recovery philosophies and SMART self-help. Additionally, Gateway will provide staff assistance in development and scheduling of client facilitated SMART groups

Rational Recovery. Rational Recovery (RR) differs significantly from AA in a number of important ways including:

- * Alcoholism is not viewed as a disease
- * RR is not a religious/spiritual program
- * The label of *recovering alcoholic* is not used
- * There is far less emphasis on recovery groups
- * Once AVRT (described below) is mastered there is no need for any additional steps
- * Recovery is viewed as an event and not a process

Rational Recovery is similar to AA in that it views lifelong abstinence as the only reliable way to manage addiction.

The key element of Rational Recovery is Addictive Voice Recognition Technique (AVRT). This posits that it is the addictive voice inside the individual's mind that drives them to keep on drinking and/or using drugs. The idea is that by recognizing this voice as the enemy, the individual will be better able to deal with it.

In RR there is the view that people abuse alcohol and/or drugs due to ambivalence. This means that part of their thinking supports the behavior, but a large part of them wants to escape. This ambivalence means that the individual remains trapped until they learn to battle against the addictive voice. People can learn to use AVRT so that they are no longer controlled by the thoughts supporting addiction.

RR puts great emphasis on self-efficacy. The higher a person's self-efficacy the more likely they will be at finding success in a venture. If the individual has low self-efficacy they will be less likely to deal successfully with their alcohol addiction. An important element of Rational Recovery is convincing the individual that they have the capability to defeat their addiction.

While the Rational Recovery approach is not supportive of process groups, the group setting does provide a venue to learn and practice AVRT and to support discussion of rational recovery principles. For some clients, particularly those who define themselves as atheist, Rational Recovery and its dogmatic perspective on self-efficacy and behavioral self-control provides the transcendental component of recovery that might otherwise be missed for these individuals. Gateway will continue to provide literature and instruction on Rational Recovery's recovery philosophies and Rational Recovery self-help. Gateway staff will assist in developing and scheduling client facilitated Rational Recovery learning groups.

Peer Support Groups

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

Gateway at OCC keeps a record of each client's selection of transcendental (relating to spiritual or non-physical dynamics) orientations to ensure that clients receive equal access to recovery services and opportunities regardless of faith or no faith, who are atheist, agnostic or undecided. Currently approximately 60% of the OCC population has selected a mixed track, 25% have selected a secular track, and 15% have selected a faith based track. While the specific opportunities we provide are indicative of these current ratios, Gateway is committed to remaining responsive to the changing needs of the client population and will modify service availability to meet the needs of each client.

2.2.3 The contractor shall also provide secular alternative program materials to any and all offenders in treatment and ensure provision of alternative self-help groups when two or more offenders request an alternative.

In addition to those opportunities presented in the previous section, Gateway has developed and introduced an "Introduction to Self-Help" class presented to all clients during the orientation phase of treatment. In this class, both faith based and secular self-help opportunities are described and discussed. A pre- and post- test are administered to ensure client understanding of their self-help and support group options. As a component of the "Collegiate Model" (to be described later in this narrative) a quarterly catalog is produced and distributed describing all classes and groups available to program clients. Within these class descriptions it is noted if a class has any spirituality based content (e.g. 12 steps or other) or if the class is presented from a purely secular perspective. As noted previously, clients are allowed to participate in alternatives to any class or group in which faith based principles may be disengaging for the client.

Gateway further allows for clients to make proposals (consistent with the Therapeutic Community model) of classes, self-help groups, and support groups they would like to see offered. When such proposals are made, clients work with Gateway staff to design, establish, and schedule such sessions. The opportunity is therefore made available to establish groups and classes mentioned previously, as well as to open the door to self-help and support opportunities not already imagined.

As stated in a previous section, when needed or requested, Gateway will provide staff assistance in development and scheduling of client-facilitated alternative self-help groups upon approval from the Department.

2.2.4 The contractor must begin providing all services on July 1, 2017. This start date is non-negotiable and the contractor accepts full responsibility for compliance. In the event the contractor is unable to provide services by the date specified due to no fault of the contractor, an extension may be considered. A written request for an extension, of up to thirty (30) calendar days beyond the original startup date, must be approved by the Assistant Division Director, DORS, and incorporated into the contract via an amendment.

As the current treatment provider at OCC, Gateway has the necessary staff and program elements currently in place. We are fully prepared to continue delivering services on July 1, 2017 with absolutely NO interruption of services to clients.

2.2.5 Unless otherwise specified, the contractor shall be responsible for furnishing all treatment curricula, and copies of treatment material. Standardized program materials and supplies used for Department required core programming, such as Pathway to Change, Long Distance Dads and Impact of Crime on Victims Class (ICVC), will be provided by the Department.

Gateway will furnish all treatment curricula and copies of treatment material necessary to provide the services described within this proposal. Gateway recognizes that standardized program supplies and materials for required Department core programming will be provided by the Department.

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

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

2.2.7 Unless otherwise specified herein, the contractor shall furnish all materials, labor, equipment and supplies necessary to perform the services required herein. The contractor shall assume all costs for providing services, except as otherwise specified herein:

- a. The contractor shall provide any private telephone lines, fax lines or fax equipment, if required, as well as scanners for implementation of services the contractor shall provide justification in a formal, written request to the Department which maintains sole discretion for approval or rejection. If approved, the contractor shall be*

responsible for the payment directly to the provider of all phone/fax line services and or equipment specified in the request for the remaining duration of the contract.

- b. *The Department shall assume responsibility for the upkeep, maintenance, and repair of the correctional facility, providing office space, furnishings (i.e. desks, chairs, and furniture), and utilities as follows:*
 - 1) *The Department will provide the contractor with classrooms and offices for service implementation as well as furniture needed for offender programming such as chairs, tables, bulletin boards, white boards, easels and electronic equipment required to display DVDs and CDs.*
 - 2) *The Department shall provide and make available all labor, equipment, supplies, and other materials as may be necessary for the upkeep and sanitation of the Department facility.*
 - 3) *DVDs and CDs to be used in connection with Department core curricula.*

Gateway will assume all costs for providing services, including all materials, labor, equipment, and supplies except as otherwise specified herein.

- a. Gateway understands that the Department will not provide private telephone lines, fax lines, or fax equipment. As the current contracted provider, Gateway maintains private phone lines and a fax line at Ozark Correctional Center, as approved by the Department.
- b. Gateway understands that the Department will assume responsibility for the upkeep, maintenance, and repair of the correctional facility, providing office space, furnishings (i.e. desks, chairs, furniture), and utilities except as listed previously.
 - 1) Gateway understands that the Department will provide the contractor with classrooms and offices for service implementation as well as furniture needed for offender programming such as chairs, tables, bulletin boards, white boards, easels and electronic equipment required to display DVDs and CDs.
 - 2) Gateway understands that the Department will provide and make available all labor, equipment, supplies, and other materials as may be necessary for the upkeep and sanitation of the Department facility.
 - 3) Gateway understands that DVDs and CDs to be used in connection with Department core curricula will be provided by the Department.

2.2.8 Writing materials and supplies for offenders that are needed for core curriculum implementation, will be provided by the Department.

Gateway understands that writing materials and supplies for offenders that are needed for core curriculum implementation will be provided by the department.

2.2.9 If deemed necessary, the Department shall provide the contractor with access to the Department's database and to the Missouri Corrections Integrated System (MOCIS). The Department shall provide a limited number of computers to the contractor for on-site services. The contractor, in collaboration with the OCC Warden, will determine the number of computers and printers needed. The actual quantity of computers and printers provided shall

be subject to the Department's approval based upon availability, proposed usage, and proposed location of the computer(s). Computers and equipment that are requested in excess of those provided by the Department shall be obtained by the contractor and be subject to the Department's approval.

As the current provider, the Department has provided Gateway with access to the Department's database and to the MOCIS system. All Gateway staff at OCC has varying degrees of access to the MOCIS system depending on their position and their need to use it. MOCIS is used for all treatment file activities (assessment upload, treatment planning, progress notes, discharge summaries) and for storing information to be later accessed by MODOC personnel (Probation and Parole, e.g. case evaluations, TCU data).

The Department has provided 34 computers to Gateway for on-site services. This is consistent with the number of computers currently needed and that we anticipate needing under the new contract. If additional computers were needed, Gateway would provide the Department with the number of additional computers needed and the proposed use of each computer. We understand that the actual quantity of computers provided will be subject to the Department's approval based upon availability, proposed usage, and proposed location of the computer. Although we do not anticipate a need for an off-site location, for off-site locations, Gateway will be responsible for providing computer hardware, line charges and/or installation costs.

Gateway is requesting permission to retain two Gateway issued computers at OCC for administrative and management purposes. Gateway will continue to provide PCs for the Director and the administrative support personnel. As the Department can provide clinical hardware and software, Gateway will not provide computer equipment for clinical personnel.

2.2.10 Access to Department information systems shall only be provided on a need-to-know basis. Approval for access shall be obtained through the Assistant Division Director, DORS, and the OCC Warden and shall be limited to contract staff that have been approved access by the Client Services Manager, Office of Administration, Information Technology Services Division (hereafter referenced as "Client Services Manager, ITSD").

It is understood that access to Department information systems will only be provided on a need-to-know basis. Approval for access will be obtained through the Assistant Division Director, DORS, and the OCC Warden and will be limited to contractor staff members who have approved access by the Director of Information Systems. As the current contracted provider, this approval has been granted for all current Gateway staff.

a. The Department will provide any computer requiring Department network access.

Gateway agrees that if computers and internet access are requested for use by Gateway, all approvals will be received in advance through the OCC Warden, the Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Services and the Director of Information Systems/Corrections. Currently, appropriate approvals have been granted for all Gateway staff. It is understood that additional staff members will be required to also obtain these approvals.

- b. The contractor understands and agrees that the contractor shall be responsible for the provision of required assessment software and any necessary hardware for the implementation of Department approved assessment(s). All hardware and software placed on the State network must be approved by ITDS and must comply, at minimum, with the following general requirements:*
- 1) All systems must abide by the standards and processes set forth in SDC's (State Data Center) Standard Operating Procedures and Best Practices. Variances from Standard Operating Procedures, processes, and approved standards are dependent upon approval by the SDC Director, in conjunction with appropriate SDC senior management.*
 - 2) For State and vendor managed solutions all software products must be at N or N-1 (current manufacturer supported and fully patched) versions prior to production implementation unless variance is approved. Any variances from requirements must be approved by the Missouri Enterprise Architecture Standards, in conjunction with appropriate ITSD senior management. Variances will be recorded and reviewed annually. The risk associated to the variance should be assumed by the agency.*
 - 3) If the system is a browser-based client, it must be compatible with the current version (N) and the previous two versions (N-2) of Internet Explorer. The public portal must be compatible with N or N-1 versions of the top three browsers.*
 - 4) Production solutions must not include Beta software.*
 - 5) All software components must be on the SDC Technology Stack or approved by the respective area ITSD manager. Software components not approved by the functional area manager may result in the non-support of component.*
 - 6) All software components within the proposed solution must comply with the ITSD's patch management process. This process applies all security and vulnerability patches to production systems quarterly and all test/dev systems monthly. ITSD will apply patches to State managed systems. The vendor must apply patches to non-State managed systems.*
 - 7) All software and solutions must adhere to industry best practices.*
 - 8) All hardware components must be approved by the respective area ITSD manager. Hardware components not approved by the functional area manager may result in the non-support of component.*

Gateway understands that we will provide the necessary assessment software and continue to provide the necessary server to accommodate Department provided computers to operate a networked version of the DENS V. This will accommodate the Department approved assessment(s). If Gateway wishes to install any additional or alternative software, approval from the Department ITSD will be requested and will meet the requirements outlined above.

- c. The contractor agrees that if computers and internet access are requested for use by the contractor, all approvals shall be received in advance through the OCC Warden, the Assistant Division Director, DORS, and the Client Services Manager, ITSD.*

Gateway agrees that if we request computers and/or internet access, all approvals will be received in advance through the OCC Warden, the Assistant Division Director, Offender

Rehabilitative Services for Substance Abuse Services and the Client Services Manager, ITSD. Currently, appropriate approvals have been granted for all Gateway staff. It is understood that additional staff will be required to also obtain these approvals.

- d. Printer toner and ink cartridges required for the operation of Department owned printers will be provided by the Department with the agreement that the contractor will limit printer use to program specific needs and will provide pre-printed materials whenever possible. The contractor shall provide copy paper for program materials and treatment file materials.*

It is understood that the Department will provide toner and ink cartridges required for operation of Department owned printers. Gateway agrees to limit use of such printers to program specific needs and will utilize pre-printed materials whenever possible. Gateway will continue to provide copy paper for program materials and treatment file materials.

2.2.11 The Department shall have the right, at any time, to review and approve all written communications and materials developed and used by the contractor to communicate with offenders or the Department. In addition, the contractor shall coordinate and submit for approval any formats, forms and materials to the Assistant Division Director, DORS, before implementation.

- a. The contractor shall understand and agree that any and all standardized forms used by the contractor that are not official Department forms must be approved (as to content and format) in writing by the OCC Warden and the Assistant Division Director, DORS. The contractor and Department staff will use the same Department approved forms for consistency. If a specific quality assurance format is required by the Division of Offender Rehabilitative Services, the contractor must comply as requested.*

Gateway currently complies with and will continue to comply with these requirements. We will seek Department approval for any form that is not an official Department form or for any form that has not already been approved by the Department; however, we will utilize the same forms as the Department whenever possible for consistency. We will comply with quality assurance measures that require specific formats or forms. We will also make available all written communications and materials used to communicate with offenders. In addition for Departmental approval for new forms, we will also seek approval from the Department for any formats and materials prior to their implementation.

- b. The contractor shall not use the name, logo, or other identifying marks of the State of Missouri or the Department on any materials produced or issued, without the prior written approval of the Department.*

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

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other identifying marks. For example, Gateway agreed to the Department's request to include both the Gateway logo and the Department of Corrections' logo on the Offender Handbook when awarded the current contract. Unless otherwise requested, Gateway will continue to utilize that approved format. **As the incumbent provider, Gateway has already obtained all proper approvals and will be able to continue use of the approved forms without any time lag that would be required for a new vendor to obtain these approvals.**

2.2.12 The contractor shall provide services six (6) days per week (Monday through Saturday).

a. The contractor shall not be required to provide services on state holidays. A list of state holidays may be found on the State of Missouri website <http://oa.mo.gov/pers/hoursofwork.htm>.

1) If the contractor selects not to provide services on State holidays, they shall not bill for those holidays.

Gateway agrees to provide services six (6) days per week (Monday through Saturday). Gateway will not bill the Department for holidays on which no services are provided. We have included a sample weekly schedule of program services on the following page to demonstrate how we intend to comply with this requirement. If services are provided on state holidays, they will be consistent with normal scheduling indicated herein.

GATEWAY OCC TREATMENT SERVICES SCHEDULE (SAMPLE)

Abbreviations:

TC = Therapeutic Community Intervention; Ed = Recovery Education Group; SH = Self-Help Group

MON	TUES	WED	THURS	FRI	SAT
6:30 – MORNING MTING (TC)	6:30 – MORNING MTING (TC)	6:30 – MORNING MTING (TC)	6:30 – MORNING MTING (TC)	6:30 – MORNING MTING (TC)	
7:30 AM	7:30 AM	07:30:00 AM [MAIN] MARCH – JMC	7:30 AM	7:30 AM	7:30 AM
COUNSELING GROUPS	COUNSELING GROUPS	SOCIALIZATION	COUNSELING GROUPS	COUNSELING GROUPS	COUNSELING GROUPS
INDIVIDUAL COUNSELING SESSIONS	INDIVIDUAL COUNSELING SESSIONS	[PB-A] PATHWAY To CHANGE (730- 930)	INDIVIDUAL COUNSELING SESSIONS	INDIVIDUAL COUNSELING SESSIONS	[GARDEN] GROWING FOR RECOVERY (730- 930) (Ed)
	OMT/STAFFING	[PB-B] PATHWAY TO CHANGE (730- 930)			
9:00 AM	9:00 AM	9:00 AM	9:00 AM	9:00 AM	9:00 AM
CRIMINAL & ADDICTIVE THINKING (Ed)	LIVING IN THE BALANCE (Ed)	LIFE SKILLS (Ed)	DUAL DIAGNOSIS (Ed)	TCU SURVEYS	RELAPSE PREVENTION ND (Ed)
OVERCOMING SELF DEFEATING BX (Ed)	RELAPSE PREVENTION ND (Ed)	PATHWAY (730- 930)	INTAKE & ORIENTATION	REINTEGRATION	INSIDE-OUT DAD (Ed)

INTAKE & ORIENTATION - ND (Ed)	SEARCH FOR SIGNIFICANCE (Ed)	PATHWAY (730-930)	INDIVIDUAL COUNSELING SESSIONS	PATHWAY	LIVE BEYOND TRAUMA (Ed)
[GARDEN] GROWING FOR RECOVERY (Ed)	SMART RECOVERY	CONFLICT RESOLUTION	OMT/STAFFING	ROPE GROUP (Ed)	[GARDEN] GROWING FOR RECOVERY (730-930) (Ed)
INDIVIDUAL COUNSELING SESSIONS	INTAKE & ORIENTATION - ND	INDIVIDUAL COUNSELING SESSIONS		INTAKE & ORIENTATION (Ed)	INDIVIDUAL COUNSELING SESSIONS
	INDIVIDUAL COUNSELING SESSIONS			[GARDEN] GROWING FOR RECOVERY (12) (Ed) [GARDEN] FOUNDATIONS FOR EGGCELLENCE (Ed)	
		OMT/STAFFING			
10:00 AM	10:00 AM	10:00 AM	10:00 AM	10:00 AM	10:00 AM
CRIMINAL & ADDICTIVE THINKING (Ed)	RELAPSE PREVENTION N.D. (Ed)	PHASE UP COMM (TC)	RELAPSE/REENTRY JOURNALING (Ed)	R&O ORIENTATION (Ed)	RELAPSE PREVENTION ND (Ed)
DRUG & ALCOHOL ED (Ed)	SEARCH FOR SIGNIFICANCE (Ed)	LIFE SKILLS (Ed)	POSITIVE PARENTING (Ed)	REINTEGRATION (Ed)	MENS WORK (Ed)
[GARDEN] GROWING FOR RECOVERY (Ed)	INDIVIDUAL COUNSELING SESSIONS	PATHWAY to CHANGE	RATIONAL RECOVERY (Ed)	PATHWAY to CHANGE	LIVE BEYOND TRAUMA (Ed)
INDIVIDUAL COUNSELING SESSIONS	OMT/STAFFING	INDIVIDUAL COUNSELING SESSIONS	INDIVIDUAL COUNSELING SESSIONS	ROPE (Ed)	INSIDE/OUT DAD (Ed)

				[GARDEN] GROWING FOR RECOVERY (Ed) [GARDEN] FOUNDATIONS FOR EGGCELLENCE (Ed)	
11:00 AM	11:00 AM	11:00 AM	11:00 AM	11:00 AM	11:00 AM
AFTERNOON MEAL	AFTERNOON MEAL	AFTERNOON MEAL	AFTERNOON MEAL	AFTERNOON MEAL	AFTERNOON MEAL
12:00 PM	12:00 PM	12:00 PM	12:00 PM	12:00 PM	12:00 PM
MANAGEMENT MEETING		TEAM MEETINGS	STAFF SUPPORT MEETING	ALL STAFF MEETING	
1:00 PM	1:00 PM	1:00 PM	1:00 PM	1:00 PM	1:00 PM
COUNSELING GROUPS	COUNSELING GROUPS	PHASE UP COMMITTEE	COUNSELING GROUPS	COUNSELING GROUPS	RELEASE & REINTEGRATION (Ed)
INDIVIDUAL COUNSELING SESSIONS	INDIVIDUAL COUNSELING SESSIONS	PATHWAY TO CHANGE	INDIVIDUAL COUNSELING SESSIONS	INDIVIDUAL COUNSELING SESSIONS	TCU CLASS (Ed)
		SMOKING CESSATION (Ed)			DUAL DIAGNOSIS (Ed)
		PATHWAY TO CHANGE			DRUG & ALCOHOL ED (Ed)
2:00 PM	2:00 PM	2:00 PM	2:00 PM	2:00 PM	2:00 PM
RELAPSE PREVENTION (Ed)	CRIMINAL & ADDICTIVE THINKING (Ed)	THINKING FOR A CHANGE (Ed)	CASTLES HERE & NOW (Ed)	TCU ASSESSMENT ADMINISTRATION	RELEASE & REINTEGRATION (Ed)
TRUTOUGHT	RELAPSE PREVENTION ND (Ed)	MINDFUL RECOVERY (Ed)	INTAKE & ORIENTATION	RELAPSE PREVENTION ND (Ed)	TCU CLASS (Ed)

3:00 PM	3:00 PM	3:00 PM	3:00 PM	3:00 PM	3:00 - 3:30
RELAPSE PREVENTION (Ed)	CRIMINAL & ADDICTIVE THINKING (Ed)	POSITIVE PARENTING (Ed)	CASTLES HERE & NOW (Ed)	RRMAT GROUP (Ed)	TRAILERS CLOSED
TRUTOUGHT	RELAPSE PREVENTION ND (Ed)	SKILLS FOR ANXIETY (Ed)	INDIVIDUAL COUNSELING SESSIONS	RELAPSE PREVENTION ND	
WING REP MEETING 2 ND MONDAY OF EVERY MONTH (TC)	SKILLS FOR ANXIETY (Ed)	AA BOOK STUDY (SH)		DRUG & ALCOHOL ED	
4:00 PM-6:00 PM EVENING MEAL AND COUNT	4:00 PM-6:00 PM EVENING MEAL AND COUNT	4:00 PM-6:00 PM EVENING MEAL AND COUNT	4:00 PM-6:00 PM EVENING MEAL AND COUNT	4:00 PM-6:00 PM EVENING MEAL AND COUNT	
6:00 PM	6:00 PM	6:00 PM	6:00 PM	6:00 PM	
COUNSELING GROUPS	COUNSELING GROUPS	INDIVIDUAL COUNSELING SESSIONS	COUNSELING GROUPS	COUNSELING GROUPS	
INDIVIDUAL COUNSELING SESSIONS	INSIDE/OUT DAD (Ed)		5:30-7:00 ICVC	DWI-SPECIFIC EDUCATION (Ed)	
7:10 - 8:20 PM	7:10 - 8:20 PM	7:10 - 8:20 PM	7:10 - 8:20 PM	7:10 - 8:20 PM	
PEER SUPPORT / WRAP-UP (TC)	PEER SUPPORT / WRAP-UP (TC)	PEER SUPPORT / WRAP-UP (TC)	PEER SUPPORT / WRAP-UP (TC)	COMMUNITY MTING / WRAP-UP (TC)	

2.3 Specific Services Requirements:

2.3.1 The contractor shall provide gender responsive, evidence-based substance use disorders treatment to those offenders referred by the Department as eligible to receive services. Services shall include the following:

Gateway is committed to establishing a gender responsive treatment environment in all of its programs. Gender responsive treatment is often cited for women's treatment programs; however, we believe that men also have unique needs that need to be addressed in treatment. Men often have to face stereotypes of being "tough" and invulnerable, even if they have experienced significant traumas in their life. Views on relationships, parenting, and money, for example, may differ from a woman's experience. The TC model is critical in helping men break down these stereotypes. Furthermore, Gateway's program at OCC includes the following curricula that address issues specific to men:

- Men's Work
- Dual Diagnosis (MH-3)
- Socialization
- Living With Intention
- Positive Parenting
- Living In Balance
- House Of Healing
- A New Direction: Criminal Addictive Thinking
- Communication Skills
- Mapping Your Re-Entry Plan: Heading Home
- Partners in Parenting
- Time Out! For Men: A Communication Skills And Sexuality Workshop For Men
- Manners For Men
- Out of the Ashes
- Prison Break: Breaking Free From Your Mental Prison

A description of each curriculum is included in our response to **Exhibit F, #7**. Gateway will continue to provide gender-responsive, evidence-based substance abuse treatment to eligible offenders that consist of the following services in accordance with all requirements specified in the IFB.

a. Assessment services for offenders at OCC as requested by the Department.

Our comprehensive assessment services are described in detail in a later section of this proposal, but include all required components outlined in the IFB, as well as supplemental assessments that will enhance service delivery according to the Gateway Model. Assessment instruments include: the Initial Classification Analysis-Substance Abuse (ICA-SA), the CJ-Addiction Severity Index (through our DENS application), and the TCU Criminal Justice Client Evaluation of Self and Treatment (CEST), Criminal Thinking Scales, and Trauma assessments

- b. Long Term (12 months) Modified Therapeutic Community Substance Use Disorders Treatment for offenders ordered by the court pursuant to RSMO 217.362, ordered by the court pursuant to RSMO 577.023 and stipulated by the Board of Probation and Parole.*

Gateway's Modified Therapeutic Community model of substance use disorder treatment focuses on creating a "family" structure and atmosphere, as well as peer accountability, positive peer culture, and opportunities for peer leadership. The current treatment program is highly structured and employs a variety of treatment approaches. This enables Gateway clinicians to apply treatment methods and to fashion treatment modalities to match each client's ability to respond. Our treatment programs are flexible and able to adapt freely to the myriad issues of our clients. Gateway will provide curricula that are evidenced-based and compatible with Department goals. Gateway strives to hire counselors who are able to adjust to the ever-changing needs of clients. This type of flexibility is vital for effective treatment.

The ability of each client to respond to Gateway staff is also considered. We recognize that each staff member has a unique personality and cognitive style, and we acknowledge that certain clients may be more responsive to certain personality types. Acknowledging the importance of a strong therapeutic alliance, Gateway clinical/counselor supervisors allow versatility in making staff assignments to ensure that clients interact with staff members to whom they are most responsive.

Counselors and clients collaboratively develop treatment plans to address clients' risk levels and criminogenic needs identified in the assessment process. In addition to substance use, clients' criminogenic needs are addressed in the intermediate treatment goals and objectives. Clients' ongoing progress in meeting these needs determines treatment phase duration and intensity.

Our Cognitive Restructuring/Cognitive Self-Change component addresses criminal attitudes, behaviors and thoughts on a daily basis through a variety of methods, and our treatment model reinforces positive, pro-social behaviors while addressing both substance use and criminal behaviors.

Gateway structures each of its TC programs according to the requirements of the hosting agency and the individual institution. In all of Gateway's treatment programs in correctional facilities, our philosophy has been and remains: "We are a guest in your home." Gateway strives to maintain a positive, cooperative relationship with the Missouri Department of Corrections at OCC. We proceed with care to respect the agency's policies, rules, regulations and procedures. In turn, we foster a sense of mutual respect and camaraderie that we believe translates into the highest quality of service for the agency and for each individual client.

Please see Section 2.5.1 for a detailed description of Gateway's modified TC.

2.3.2 Due to the importance of close collaboration with the Department, the contractor shall submit for pre-approval to the OCC Warden and Assistant Division Director, DORS, an

implementation plan that provides for a seamless integration of program services into the facility's organizational structure and functions. Submission must be no later than ten (10) working days following the Department's authorization to proceed with services.

Gateway is uniquely situated, as the current service provider, to continue the provision of programming with a seamless transition to the current contract. All treatment and administrative support services will continue with absolutely NO interruption! Gateway will provide a specific continuation plan to the OCC Warden and Assistant Division Director, DORS within 10 working days following the Departments authorization to continue services.

Without exception, in all of our correctional treatment programs, our approach to services is an integrated team approach that includes representatives of the Department. Our experience has shown that this type of approach is vital to successful service delivery and improves treatment efficacy. At all our Missouri programs, we have demonstrated that this approach is an essential tenet of the therapeutic milieu to ensure an "integrated" treatment environment. We have employed the same approach to providing services at OCC. As approved by the Department, Gateway has worked with the OCC custody staff to integrate the treatment paradigm into daily operation of the institution. Accordingly, the successful methods we have implemented to integrate our program with the Department's program can be seen throughout this proposal. Continuous integration is one of our highest priorities.

Gateway has collaborated with the Department to develop a detailed plan for system collaboration and integration into the Ozark Correctional Center structure and its delivery of treatment services. Based on our successes in the past, integrating the Department of Corrections into the treatment process has proven to be holistic and effective. We believe that Gateway and the Department must continue to work together closely and as a team for the treatment experience to succeed and that the best in-prison treatment occurs when the institution as a whole, not just the treatment program, comprises the "community".

2.3.3 Services shall be modified to adequately address individualized offender needs. The contractor shall develop and maintain on-going consultative communication with facility staff regarding special considerations pertaining to each offender.

Gateway Foundation and the Department of Corrections at Ozark Correctional Center have partnered in a very intentional fashion to move beyond the constraints of mere cooperation toward full collaboration in operating a Therapeutic Community (TC) within the prison setting. This collaboration is premised on the belief that recovery is a holistic experience and that the best potential for a prison-based TC can be realized only when all stakeholders are committed to providing the environment and processes supported by research as most consistent with best practices. The OCC-Gateway team has implemented collaborative strategies consistent with recommendations made throughout the literature and research on prison-based TCs.

At the Ozark TC, our "team approach" provides a basic tenet in the therapeutic milieu to ensure an "integrated" treatment environment. Gateway staff has worked closely with all Department representatives and with correctional case workers and probation and parole officers to determine

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clients' needs, and to develop a treatment plan and social service linkages that address those needs. Counselors work, and will continue to work, closely with Department staff to develop effective sanctions and treatment strategies. We have provided extensive opportunities for interaction and discussion of client progress (or lack thereof). Gateway is committed to working with the Department to develop a method for including offenders' significant others, as may be deemed appropriate.

The agreement to collaborate and the emphasis on team building have been applied in many ways unique to the OCC setting. **Each Housing Unit Wing is managed by an interdisciplinary team.** This team primarily consists of the counselors assigned to the Wing, the caseworker, the custody staff, the Counselor III, and the TC "Wing Strength." Adjunct members of the team include representatives of the mental health and medical services contracted provider, Probation and Parole, Education departments, and Work Supervisors who participate to the extent possible in all aspects of offenders' treatment.

Primary teams (with the exception of the Wing Strength which is an offender-held position) meet weekly to conduct intake consultations ("staffing's") regarding recently admitted offenders. Each member of the interdisciplinary team is given the opportunity to contribute to this process the information they have regarding new offenders.

The integrated treatment team works together to identify what impact(s) offenders' special needs, including educational deficits, mental health issues, and/or medical issues may have on their ability to comply with normal programming (each of these is discussed in subsequent sections of this proposal). Appropriate accommodations are identified in consultation with the various disciplines to respond to these needs. Assignments and processes will be modified to allow for the challenges these offenders face; however, these are informed modifications based on the input of medical, mental health, or education professionals.

Treatment interventions, such as treatment plan modifications and behavior contracts, are communicated to all OCC staff through secure email so that every member of the staff team will be aware of what is happening with offenders. The objective is to relate to offenders that wherever they go (work, school, medical, mental health, chow hall, or anywhere else), all staff members (DOC and contracted staff) are aware of what is occurring in their treatment and will support their efforts to change. It also reinforces the basic TC tenet that a person is "in treatment" at all times.

Every staff person at Gateway's program at OCC contributes to the overall treatment experience of the offenders. From orientation to treatment and assignment to work details and throughout every aspect of programming, the treatment experience at the OCC-TC is the result of a multidisciplinary, inter-agency, team-centered approach. The evident collaborative effort of the entire community demonstrates that Gateway and DOC have established a model relationship and a unified approach to a joint mission that is not often observed in prison-based treatment programs. The end result is that everyone benefits. The institution is a safer, more satisfying place to work for staff. Offenders receive better treatment services. Treatment is more successful,

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and the community is made safer. Awarding the contract to Gateway would ensure the continuation of this highly effective and beneficial partnership.

2.3.4 The contractor staff shall provide services that meet both Department requirements and institutional needs for timeliness. The contractor shall agree and understand that service needs must be covered consistently during the workweek. Trained back-up staff must be available as needed to administer services and assessments in accordance with established time-lines.

Gateway understands that service needs must be covered consistently during the work week in order to meet both Department requirements and institutional needs for timeliness. We have prepared a staffing pattern with sufficient staff (presented later in this proposal) and a treatment schedule to assure that this occurs. Trained back-up staff is available as needed to administer services and assessments according to the timelines required by the IFB. In the event of periods of staff absences, whether anticipated or unforeseen, each supervisor is prepared to complete the day-to-day tasks necessary to ensure that client services are delivered in accordance with all contractual requirements. If longer disruptions in staffing are experienced, Gateway can utilize staff from other programs to ensure service obligations are met. This provides 150-160 additional staff to assist in periods of need. Additionally, managers at every level are prepared to perform any tasks that are needed to ensure consistent delivery of services.

Gateway's management structure at OCC is designed to ensure that timelines are met and services are delivered consistently and in compliance with our contractual obligations. Under the supervision of the Clinical Supervisor, a team of three (3) Counselor Supervisors monitor timeliness of clinical documentation (Assessments, Treatment Plans and Reviews, Progress Notes, Case Evaluations, and Discharge Summaries). These supervisors monitor daily operations and expedite solutions to staff absences, changes in schedules, Department mandated schedule modifications etc. to ensure that proper coverage is provided and planned sessions are conducted. All staff members are cross-trained in all treatment related curriculum to ensure that service delivery can be provided by back-up personnel if needed.

2.3.5 Within thirty (30) calendar days after the receipt of the Department's authorization to proceed with services, the contractor shall develop and implement a plan to provide emergency/crisis counseling for those offenders in need, and provide the plan to the Department.

The collaborative environment established at Ozark Correctional Center, in which Gateway treatment staff participates, is conducive to effective crisis intervention. The open line of communication already operational as standard procedure enables swift and effective crisis intervention and referral to take place.

Gateway staff counselors are regularly trained in crisis intervention protocols. In the event of a crisis situation, clinicians are directed to first secure the safety of the offender and to maintain constant contact with the offender until control has been transferred to the appropriate Department representative.

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Initial contact is made with the custody supervisor and then with mental health and/or medical personnel as appropriate. All crisis situations are reviewed by the interdisciplinary case management team after initial intervention has secured the safety of the individual(s) in crisis.

Additionally, Gateway treatment counselors will work collaboratively with the Mental Health contractor to determine when a client who may be dealing with a crisis (e.g. death of a family member) should lead to a treatment modification that includes supplemental counseling, by Gateway and/or the mental health contracted staff.

2.4 Assessment Requirements

2.4.1 It is understood and agreed by the contractor that the contractor will be responsible for providing an assessment for the majority of those offenders entering the treatment program at OCC.

Gateway understands that the number of assessments required in this contract may be greater than in previous contracts. Gateway is prepared to respond to this need and will provide Department-required assessments in accordance with the contract. Gateway has maintained and will continue to maintain a high ratio of staff qualified to complete assessments (currently 53%). At Ozark Correctional Center, we have a significant number of licensed professionals to whom assessments for clients designated as MH-3 under the Department's mental health classification system are assigned. The Gateway DENS operating system for conducting ASIs is currently installed on all computers and space is available to allow several assessment interviews to be conducted simultaneously, if needed.

Our current process is to review offender files on the day offenders arrive at the program. Files lacking the required assessment are noted, and a counselor is assigned that day to schedule and complete the assessment within the allotted time frame. This process has been very effective in the past, resulting in a near perfect record of achieving assessment guidelines. In the event Gateway is awarded the contract, this system will remain in place unless directed otherwise by the Department.

2.4.2 The Department approved alcohol and drug use assessment instrument shall be administered and scored by the contractor if one has not been previously completed at a Department Reception and Diagnostic Center during the prior 12 months. The contractor shall utilize the Department approved substance use assessment, the Initial Classification Analysis - Substance Abuse (ICA-SA), and an approved assessment tool for motivation for change.

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

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Treatment (CEST) assessments, which include the Motivation Form currently in use at OCC, the TCU Criminal Thinking Scales (CTS), and the TCU Trauma Form (based on the PTSD Checklist). These assessments collectively provide the basis for comprehensive treatment planning that directs the regimen of services delivered and opportunities provided to offenders within the treatment environment. Specifically, the assessment functions completed within the first week to ten days at the facility include the instruments described below.

Initial Classification Analysis-Substance Abuse (ICA-SA)

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

The Gateway staff will incorporate the substance use disorder needs score identified by the ICA-SA and any pre-existing substance use testing into the assessment summary. Assessment results are compiled and disseminated to the entire treatment team in preparation for treatment plan completion.

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

Criminal Justice Addiction Severity Index (CJ-ASI)

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

- name
- home address
- home and work telephone number
- date of birth
- sex
- race or ethnic origin and/or language preference
- emergency contact
- education
- religion and/or spiritual orientation
- marital status
- type and place of employment

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- physical or mental disability, if any
- social security number , if requested
- driver's license number, county of residence and county of arrest

The ASI also includes items related to health status and risk factors:

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

The ASI instrument is a comprehensive, highly structured clinical interview designed to obtain detailed information about all aspects of a client's life and situation, including, but not limited to, the medical, social, psychological, vocational, legal, family, and alcohol/drug abuse aspects of the person's life. Ratings are based on responses to objective and subjective questions within each area. Because interviewer judgment is critical, only counselors with the appropriate credentials, training, and experience will administer the ASI.

Each completed ASI is signed and dated by the assessing counselor. All ASIs are reviewed and countersigned by Clinical/Counselor Supervisors.

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

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

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

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

TCU Assessment System

One of the key components of Gateway's treatment programs is the internal process evaluation protocol that was developed in conjunction with TCU's Institute of Behavioral Research and Gateway consultant Dr. Kevin Knight. This process evaluation uses the TCU Assessment System standardized instrumentation to provide ongoing assessment of offender risks and needs throughout the treatment episode, rather than simply at intake. This allows Gateway to modify treatment interventions according to the needs as they change throughout the course of treatment. Due to our experience with assisting TCU in the development of the Automated Data Collection (ADC) process, Gateway proposes to utilize the Scantron system for collecting the assessment data at the OCC programs. This enables Gateway clinicians to easily gather assessment data, have it automatically scored, and then use the reports that are generated to hone and direct the treatment service system at the individual client level.

The assessment package that Gateway currently uses and proposes to continue providing during this contract period includes the assessment of **offenders' psychological, social, familial, and environmental needs** and the **criminal thinking patterns** that lead to recidivism of criminal behavior. Gateway will administer a battery of standardized assessments developed by the Texas Christian University (TCU) Institute of Behavioral Research (IBR), which primarily includes recent iterations of the **TCU Drug Screen II (TCUDSH)**, the **Criminal Justice-Client Evaluation of Self and Treatment (CJ-CEST)** and the **Criminal Thinking Scales (CTS)**. Gateway also proposes to continue administration of the **TCU Trauma Form**, which is a version of the PTSD Checklist (Civilian Version) to assess for trauma related risks/needs. TCU has incorporated these instruments into the ADC process, making it readily available for Gateway to implement as a part of our service delivery system. Copies of each of the assessment forms is included in the Appendix.

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

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in press). The results are used to evaluate treatment readiness and engagement needs and to assist with treatment plan development.

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

Treatment Needs and Motivation

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

Psychological Functioning

- *Depression* – feeling depressed, sad, lonely, or hopeless.
- *Anxiety* – feeling anxious, nervous, tense, sleepless, or fearful.
- *Self-Esteem* – having favorable impressions of oneself.
- *Decision Making* – having difficulty making decisions, considering consequences, or planning ahead.
- *Expectancy*- belief about one’s ability to remain sober for the next few months

Social Functioning

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

Treatment Engagement and Process

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

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

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

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

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

As a result of our experience implementing the CTS instrument at Ozark and other institutional programs under contract throughout Missouri, Gateway Foundation proposes to continue use of this instrument to assess clients in need of the *Pathway to Change* curriculum. Gateway shares the Department’s interest in identifying offenders most in need of this intervention; thus, through our use of the CTS, Gateway can ensure that high-risk offenders are identified at Intake. Counselors will then assign participation in *Pathway groups* as a part of the treatment planning process. As evidenced by the important information gleaned from the current use of this instrument, Gateway will continue to provide the Department with “pre/posttest” measurement of improvements resulting from the intervention. **No other vendor can provide this significant and useful information. Thus, retaining the contractual relationship with Gateway through would give continuity to provision of this valuable data.**

In recognition of the relationship between substance use and trauma, as well as the prevalence of trauma among individuals with substance use disorders, Gateway proposes to continue conducting a specific trauma assessment, the **PTSD Check List – Civilian Version (PCL-C)**. This instrument is a 17-item self-administered questionnaire. There are three associated PTSD symptom clusters. They are re-experiencing, numbing/avoidance, and hyper arousal. The participants’ rate items on a 1 to 5 scale based on how they felt over the last month. Therefore, the total response can range from 17 to 85. The general PCL was first created for Vietnam combat veterans, although it now accounts for both genders as well as civilians. With civilians, a score of 50 or higher indicates “probable PTSD” and corresponds to lower sensitivities (0.60 to 0.78) and moderate specificities (0.89 to 0.99). This instrument is included in the TCU Automated Data Collection (ADC) process and is administered during the initial assessments conducted during the Orientation Phase of treatment. The TCU Scantron form is labeled the TRMAFORM and is provided as an attachment to this proposal.

Administration of the TCU assessment instruments is conducted by trained office staff. Evaluation and application of the test data will continue to be completed by a certified, registered, or appropriately licensed Alcohol/Drug Abuse Counselors as defined by the Department of

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Mental Health's Division of Behavioral Health Certification Standards for Substance Use Disorder Programs in Missouri.

As referenced elsewhere in this proposal, Gateway worked with TCU for several years to pilot test the Automated Data Collection system for the CTS and other standardized instruments. Gateway has administered these assessments at OCC throughout the current contract, providing data with application to individualized treatment services, program development, and outcome measurement. **Gateway is therefore the provider of choice to continue this strategy at OCC to effectively identify offenders who are struggling with changing negative thinking patterns and then to develop individualized additional strategies and brief interventions that will address these risks for a return to negative behaviors.** Moreover, Gateway is incorporating the TCU assessment data to both individualize treatment and guide process evaluation that exceeds other providers. As indicated by Dr. Kevin Knight, of TCU/IBR, in a past letter of support:

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

TCU Assessment System—Internal Evaluation Protocol Administration Schedule

Gateway programs implement the **TCU Assessment System** through the Internal Evaluation Protocol (IEP), which uses a dynamic assessment process that identifies client risks and needs throughout the treatment episode. Specifically, the IEP implementation process allows Gateway clinicians to identify the individual risks and needs of each offender at intake, and as they progress through each phase of the program. The intake administration of the established protocol will be completed within the first 10 days of treatment to ensure that the TCU assessment information is incorporated into the treatment plan. Subsequent administrations are completed according to the administration protocol at the initial phase advancement point, just prior to completion of the case evaluation report for Probation and Parole, and prior to discharge.

The following chart outlines the IEP administration schedule.

Gateway Internal Evaluation Protocol—Administration Grid

ASSESSMENTS INCLUDED	ADMIN 1 (Intake)	ADMIN 2 (45-60 days)	ADMIN 3 (≈ 9 months)	ADMIN 4 (DC)	ADMIN 5 (Early DC)
ADMINISTRATION CODES	Code: 01	Code: 02	Code: 03	Code: 04	Code: 05
TCU Drug Screen II	X	--	Copy from Admin 1	--	--
TCU Criminal History Form	X	--	Copy from Admin 1	--	--
TCU Motivation Form	X	X	X	X	X
TCU Psychological Functioning	X	X	X	X	X
TCU Social Functioning	X	X	X	X	X
TCU Treatment Engagement	--	X	X	X	X
TCU Criminal Thinking Scale	X	X	X	X	X
TCU Trauma Form	X	--	--	X	X
IPASS*			X		

*IPASS is a report summary, not an assessment.

Inmate Pre-release Assessment (IPASS) and Transition Planning

As a part of the Internal Evaluation Protocol (IEP) and as described above, all Gateway clients take a series of standardized assessments throughout their treatment episode. As a result of the assessment data collected over the course of treatment, Gateway clinicians are able to provide a discharge recommendation that includes the *Inmate Pre-Release Assessment (IPASS)*. The IPASS includes the Criminal History Form, scores from the TCU Drug Screen, and the Engagement Score from the TCU CJ-Criminal Evaluation of Self and Treatment Form. The composite score is the IPASS score, which determines the level of risk (high, moderate, low) for recidivism and/or relapse. This objective score is then used by clinical staff to ensure the most appropriate continuing care referral is made in preparation for discharge.

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

Additional Assessments as Required

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

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- a. The contractor shall use an assessment administration and scoring format that is approved by the Assistant Division Director, DORS, and the Assistant Client Services Manager, ITSD.*

The assessment administration and scoring process indicated above has been approved previously by the Assistant Division Director, DORS, and the Assistant Client Services Manager, ITSD and is currently in use by Gateway. Gateway will work with the Department to amend this process if the Department so desires.

- b. The assessment instrument and interview must be completed by qualified substance use disorders professional/qualified addictions professional as defined by the Department of Mental Health's Certification Standards for Alcohol and Drug Abuse Programs in Missouri.*

ASI assessments and interviews completed at OCC, without exception, are conducted by qualified substance use disorder treatment professionals/qualified addictions professionals as defined by the Department of Mental Health's Certification Standards for Alcohol and Drug Use Programs in Missouri. Currently Gateway employs 18 staff persons (53% of full staffing) qualified to complete formal client assessments.

- 1) Assessment services shall be provided within ten (10) calendar days after program placement.*

As previously described, Gateway staff have completed Initial Assessments on more than one third of the arriving population with 99.99% compliance with all governing policies and contractual standards, to include the 10 calendar day requirement.

Our current process is to review offender files on the day offenders arrive at the program. Files lacking the required assessment are noted, and a counselor is assigned that day to schedule and complete the assessment within the allotted time frame. This process has been very effective in the past, resulting in a near perfect record of achieving assessment guidelines. In the event Gateway is awarded the contract, this highly effective system will remain in place unless directed otherwise by the Department.

2.4.3 Offenders with special needs shall also be assessed. Those persons will include, but are not limited to, substance abusing offenders with co-occurring mental health disorders, physical disabilities, and learning disabilities and/or cognitive deficits.

Experience has shown us that offenders with diagnosed special needs or multiple diagnoses may be found appropriate to participate in our treatment programs. Offenders with special needs, particularly those offenders with co-occurring substance use and psychiatric disorders, succeed in Gateway's treatment programs because of our ability to integrate all treatment services within the same facility to ensure that all disorders are addressed simultaneously and that all treatment is directed toward the same end. This is true for all of Gateway's programs, not only those programs specifically dedicated for treatment of offenders with special needs.

The use of the CJ-ASI and TCU assessment battery, particularly the Trauma Form, allows Gateway to screen every offender for special needs to include those identified by the Department as well as any offender whose special needs may not have been identified earlier in the Department's Reception and Diagnostic process. Any identified offender special needs, whether identification was made by the Department or implication of need emerged through the Gateway assessment process, are reported to and discussed with the appropriate Department agency to include mental health, medical, and education. Appropriate modifications of treatment are discussed with the entire case management team and are incorporated in the treatment plan. Currently administered screening tools address anxiety, depression, mental health status, and suicide/homicide risk for all offenders entering the OCC program.

When special needs are identified through file review or report prior to the completion of the ASI, the client with these needs is assigned for assessment to staff that have credential, training, and/or past experience in addressing such needs.

Gateway staff members will work collaboratively with the Department and the appropriate personnel (medical, mental health and/or education departments) at OCC to identify offenders with special needs, such as physical disabilities and/or learning disabilities or deficits, in order to address their needs or prepare a referral to a more appropriate environment.

2.4.4 The contractor shall ensure that appropriate releases are signed for the request of previous treatment and assessment records of offenders, as needed.

Gateway assures the Department that appropriate releases are signed for requesting previous treatment and assessment records of offenders, as needed. Gateway will continue to follow all state and federal (42 CFR Part II revised) statutes and regulations when obtaining or releasing any confidential client information.

2.4.5 At a minimum, the written narrative summary of the assessment must comply with the assessment documentation requirements as reflected by the Certification Standards for Alcohol and Drug Abuse Programs, 9 CSR 10-7.010, et al "Core Rules for Psychiatric and Substance Abuse Programs." The standards can be viewed and downloaded from the following website: <http://sos.mo.gov/adrules/csr/current/9csr/9c10-7.pdf>

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

Gateway agrees that a summary report of the assessments findings and recommendation for treatment will be distributed to appropriate classification staff and the Parole Officer within one (1) working day after the completion of the assessment. If treatment stipulations are not consistent with assessment findings, Department staff will determine if the designated Probation and Parole staff should contact the appropriate jurisdiction of authority to revise orders for program placement.

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2.4.6 The contractor shall understand and agree that if the available funding for the programs changes the life of the contract, the Department will work with the contractor to modify the contract to the mutual satisfaction of both the Department and the contractor via an amendment to the contract.

Gateway understands and agrees that if available funding for the programs changes during the life of the contract, the Department will work with the contractor to modify the contract to the mutual satisfaction of both the Department and the contractor via an amendment to the contract.

2.5 Long Term Modified Therapeutic Community Substance Use Disorders Treatment Program Requirements:

2.5.1 The contractor must utilize evidence-based practices for long term modified therapeutic community substance use disorders treatment services within the criminal justice system.

Gateway is well known for successfully implementing the Modified Therapeutic Community (TC) model in correctional institutions. The model includes highly structured work and treatment schedules, a clearly delineated authority structure, and well-defined goals and guidelines. Research on therapeutic communities spanning 30 years has provided empirical support for this methodology's contribution to the following positive outcomes: decreased drug use and criminal behavior, reduction in recidivism, reduced likelihood of re-arrest, delayed time to first re-arrest, reduced criminality, improved psychological functioning, and increased employment. The Substance Abuse and Mental Health Services Administration (SAMHSA) has determined that the modified TC itself has sufficient evidence to support its designation as an evidence-based practice at the program level. This designation was earned through the accumulation of an evidence base for the TC's ability to produce positive clinical outcomes for persons with co-occurring disorders (De Leon, 1993; De Leon et al., 2000; Sacks et al., 1998, 1999).

A key tenet of Gateway's philosophy of substance use disorder treatment is the premise that chemical dependency is a disease of the whole person. It follows logically, then, that treatment must be holistic in nature. In keeping with this philosophy, all of Gateway's **therapeutic community** programs utilize a holistic biopsychosocial approach to chemical dependency and substance abuse treatment. Therapeutic community treatment is uniquely suited to providing a holistic treatment process because the therapeutic community requires participants to be "in treatment" at all times, no matter what activity in which they are engaged.

This process requires participants to consider all of their actions, behaviors, and attitudes; identify the relationship of these factors with their substance use and criminal behavior; identify the changes they must make to live healthy, pro-social, crime-free, and drug-free lives; and make those changes. The therapeutic community helps participants become responsible for their own actions and make good choices.

Consistent with our philosophy of holistic treatment is the premise that correctional facilities should not just be prisons that have drug programs for offenders; rather, they can be therapeutic communities that operate within a prison environment. **The difference between these two par-**

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adigns is what truly separates Gateway programs from any other prison-based substance abuse treatment programs in the country. By adapting Gateway's philosophy into its TC model, optimal outcomes are achieved for inmates with high-level need/risk factors.

Program Design

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

In its review of the evidence supporting the effectiveness of TCs, SAMHSA found that the following components of a TC are significant contributors to their success.

Community Enhancement

Morning Meeting
Concept Seminars
General Interest Seminars
Program-Related Seminars
Orientation Seminars
Evening Meetings
General Meetings

Therapeutic/Educative

Individual Counseling
Psycho-educational Classes
Conflict Resolution Groups
Medication/Medication Monitoring
Gender-Specific Groups
Community and Clinical Management Policies
Social Learning Consequence

Vocational

Peer Work Hierarchy
World of Work
Recovery and World of Work
Peer Advocate Training
Performance Evaluation
Job Selection and Placement

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

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involving mutual responsibility to others at various levels in the program.

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

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

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

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

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

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

Therapeutic Community Modifications for Individuals with Co-Occurring Disorders

Due to the prevalence of persons who have co-occurring substance use and mental health disorders, such as the estimated 10% of offenders at OCC with co-occurring disorders, SAMHSA recommends the following modifications as reasonable accommodations.

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- Treat the whole person.
- Provide a highly structured daily regimen.
- Use peers to help one another.
- Rely on a network or community for both support and healing.
- Regard all interactions as opportunities for change.
- Foster positive growth and development.
- Promote change in behavior, attitudes, values, and lifestyle.
- Teach, honor, and respect cultural values, beliefs, and differences.

The table below lists the modifications that Gateway makes to our TC model to accommodate participants with co-occurring disorders.

Modifications to Structure	Modifications to Process	Modifications to Elements (Interventions)
There is increased flexibility in program activities.	Interventions are fewer with greater opportunity for corrective learning experiences.	Orientation and instruction are emphasized in programming and planning.
Meetings and activities are shorter.	Activities proceed at a slower pace.	Breaks are offered during meetings and work tasks based on attention span.
There is greatly reduced intensity of interpersonal interaction.	Engagement and stabilization receive more time and effort.	The conflict resolution group replaces the encounter group.
More explicit affirmation is given for achievements.	Interventions are fewer with greater opportunity for corrective learning experiences.	Criteria for moving to the next phase are flexible to allow lower-functioning participants to successfully move through program phases
Greater sensitivity is shown to individual differences.	Progression through the program is paced individually, according to participants' rate of learning.	Activities are designed to overlap.
There is greater responsiveness to the special developmental needs of the individual.	Activities are designed to overlap.	Assignments are individualized. Criteria for phase movement are flexible to allow lower functioning participants to move through the phase system.
There is greater staff responsibility to act as role models and guides.	More staff guidance is given in the implementation of activities.	Some activities remain staff assisted for a considerable period of time.

Modifications to Structure	Modifications to Process	Modifications to Elements (Interventions)
Smaller units of information are presented gradually and are fully discussed.	Live-out re-entry (continuing care) is an essential component of the treatment process.	Individual counseling is used to assist in the effective use of the community.
Greater emphasis is placed on assisting individuals.	The conflict resolution group replaces the encounter group.	Individual counseling is provided more frequently, if necessary to enable participants to absorb the TC experience.
Increased emphasis is placed on providing instruction, practice, and assistance.	Participants can return to earlier phases to solidify gains as necessary.	Engagement is emphasized throughout treatment.

The Collegiate Model

Engaging clients in treatment is a challenge for treatment providers in virtually every setting and modality and for a variety of populations. To address this challenge, a unique model of service delivery, the **Collegiate Model**, was created at OCC and has proven extremely successful in facilitating client involvement in their treatment process.

The Collegiate Model was developed, implemented, and evaluated at OCC. Gateway proposes to continue utilizing this service delivery methodology based upon existing approval from the Department. The Therapeutic Community **Collegiate Model** was implemented in 2012 and has proven itself to be a highly effective model of service delivery. Since the introduction of the model, we have identified improvements in a number of measured treatment dynamics, reductions in behavioral infractions, and increased client satisfaction and program completions.

Consistent in both treatment service delivery and adult learner research is the identification of engagement, individualization, and empowerment as key elements in providing the best possible outcomes related to internalization of information being received. The client that is engaged in treatment is more likely to participate in and complete treatment. Clients are more receptive to individualized services that are directly related to assessed and personally identified needs, and that have a clear connection to the individual's life experiences. Finally, when an individual is empowered to make choices and realize some control over their learning experience, they become more invested in that experience.

The experience of attending a university allows an individual to learn and synthesize information at several levels. Not only does the student learn from the didactic structure, but the processes of balancing ones responsibilities, selecting a course of learning, and understanding the interconnections between various concepts all provide for learning experiences that exceed the list of classes taken. The Collegiate Model seeks to replicate, to the extent possible, the processes

associated with university attendance in the community. That is to say, the use of both required courses and elective courses to facilitate completion of a given program. Additionally, courses are planned to accommodate scheduling around other responsibilities in an individual's life. Clients work with counseling staff to register for classes and groups, much as one would if attending college in the community. The client is allowed to register for both core classes and elective classes at various times throughout the day, rather than being locked in to a predesignated "treatment block". The client is held accountable for ensuring that his treatment schedule does not conflict with school, work assignments or other responsibilities and, at the same time, he is empowered to practice responsible living.

Within the model, "required courses" are established to satisfy specific topical requirements of the contract. Beyond that, "elective courses" are designed to provide intervention for unique needs identified through assessment or treatment planning processes, or that are of particular interest to the client. Gateway establishes phase transitions that allow a client to experience increased levels of autonomy in selecting classes and activities as they progress through the program. This process serves to enhance rewards for responsible behavior as well as allowing the client to experience the relationship between increased freedom and increased responsibility in a safe and guided environment.

In conjunction with the scheduling model, services are geared toward holistic recovery. Recognizing that every human being is composed of biological, psychological, social, and spiritual elements, and that one's existence is through the interaction of these varied dynamics, we also recognize that criminality and substance abuse create conditions of "dis-ease" in every area of a person's life. We cannot be truly well in one aspect of life while remaining unwell in another. Therefore, substance abuse and criminality are holistic conditions requiring holistic interventions. In this model, classes and groups are designated as Biological, Psychological, Social, or Transcendental interventions (or as a combination of these). Clients are encouraged to seek out recovery oriented opportunities in a balanced way, completing activities in each of these aspect areas.

The Collegiate Model maximizes the opportunity for engagement, individualization, and empowerment throughout the treatment episode. Such focus allows clients to move beyond simple exposure to information, and to become adept at synthesis and application of information, resulting in greater internalization of the concepts presented.

Additional Evidence-Based Practice to be Used

MOTIVATIONAL INTERVIEWING TECHNIQUES

Because motivation is an integral part of programming in Gateway TCs, offenders must be actively engaged from intake to release. Gateway conducts initial training for new staff counselors and refresher training for existing staff counselors to utilize Motivational Interviewing (MI) at OCC as a primary strategy to engage and encourage offenders' participation in treatment and to remain actively involved through their transition to community continuing

care. The following sections discuss how we have implemented Motivational Interviewing techniques in the OCC treatment program.

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

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

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

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

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

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

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

Gateway employs the Stages of Change model, assessing the client's readiness to change upon admission to the program and throughout treatment, as treatment plans are revised. Gateway clinicians appropriately use the Motivational Interviewing principle "developing discrepancy" for clients in pre-contemplation and contemplation stages. It is notable that research indicates most clients (80%) are in pre-contemplation or contemplation stages of readiness-to-change. The percentage seems to be even greater for populations of coerced-treatment or incarcerated individuals, especially at the onset of treatment. Once clients reach beyond the contemplation stage, developing discrepancy is discontinued, and phase two of Motivational Interviewing (involving action planning and strengthening commitment to change) takes center stage.

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

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

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

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

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

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

Gateway has implemented all of these recommendations as well as all of the components of an evidence-based modified therapeutic community. **We look forward to continuing this proven method of substance use disorder treatment at the Ozark Correctional Center.** (Please note

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that specific evidence based curricula and treatment interventions are described later in this Exhibit.)

2.5.2 The provision of long term modified therapeutic community substance use disorders treatment shall utilize a cognitive restructuring approach to address substance use disorders and criminality. The treatment process shall incorporate both experiential and cognitive learning that targets an individual's values, behaviors, and attitudes.

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

Gateway was a pioneer in integrating the use of cognitive self-change techniques into corrections-based TC treatment and specializes in a form of cognitive intervention known as Cognitive Restructuring/Cognitive Self-Change. Through both experiential and cognitive activities that target values, behaviors, and attitudes, offenders learn the techniques of cognitive self-change, i.e., that our attitudes and behaviors result from how we think. Classes focus on self-change techniques such as thinking reports and journals, and on identifying and changing common thinking errors that lead to criminal thinking and behaviors, and relapse. Gateway's cognitive self-change component directly confronts both criminal and addictive behavior and teaches techniques for producing individual change and supporting pro-social behavior expected in the TC through changing the thinking patterns that have supported past negative behaviors. The cognitive restructuring component of our treatment model is perhaps the most unique and significantly effective modification of traditional treatment services to date.

Cognitive self-change techniques identify and address the criminal thinking that is typical of the corrections involved population and supports the behavior expected in the TC. Through cognitive intervention education, inmates develop strategies to stop, think, and behave differently. Staff and other offenders reinforce these strategies for healthy and responsible thinking to help inmates develop alternatives to criminal thinking and behaviors. The techniques are particularly effective because inmates incorporate the therapeutic techniques into their own repertoire and constantly monitor thoughts and associated behaviors.

Gateway believes that **recovery is a result of cognitive and behavioral change**. This can only be accomplished by skilled counselors working with clients to identify specific needs and developing means of change. Contemporary research suggests that "superior post-release outcomes [are] secured . . . by offenders who had participated in [a] cognitive-behavioral program over those who had participated in a traditional disease-model substance abuse recovery program" (*Corrections Today*, "A Cognitive-Behavioral Approach to Substance Abuse Treatment," October, 1998, p. 103).

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As detailed below, cognitive restructuring directly confronts both criminal and addictive behaviors, is profoundly conducive for producing individual change and creates self-reinforcing therapeutic milieus.

General Principles

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

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

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

- Perfect specific techniques, including self-monitoring of thought patterns and recognizing the connections between thoughts, attitudes and behaviors
- Recognize distorted thinking
- Apply the plan for change

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

Specific program goals for cognitive restructuring include:

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

Thinking Reports and Journals

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

With *thinking reports*, participants:

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

Participants use *journals* to:

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

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

Gateway's comprehensive Cognitive Restructuring Program Structure and Curriculum is described throughout this proposal and in the discussion of the curricula we propose to incorporate.

Experiential Learning

Participant engagement and active involvement in treatment is crucial to a successful treatment episode. Gateway believes that participants should be active in the process and not passively receive treatment. The environment in group therapy should be one that is comfortable and in which the participant feels safe to offer feedback and observations related to the assignment or topic, with an emphasis on participant involvement. In our didactic groups, we use dyads and triads for small group discussions or to work on an assignment that is presented to the group as a whole; topical videos; board work; knowledge competitions; and assign offenders to prepare and present a section of the topic. When facilitators are prepared, engage offenders, and offer interesting activities and varying modes of delivery, participants are more likely to be engaged and motivated to actively learn, and disruptive behaviors are fewer.

Gateway staff will be responsible for engaging and involving program participants to encourage active involvement in all program activities through clinical interventions. One of the most critical tasks during initial treatment is engaging clients and motivating them to remain in treatment. Resistance and denial are typical responses during the early stages of treatment. Staff will be trained to use proven motivational techniques during both formal (e.g., Motivational Interviewing during individual counseling sessions) and informal interactions with participants. The inclusion of TCU's *Getting Motivated to Change* as part of the introduction to treatment will enhance this process.

Process therapy groups require offenders to address deeper-level issues affecting their recovery by developing a group environment that promotes safety and trust that is created when a counselors' communication is genuine and sensitive. This allows the group to develop its own identity and ensures the focus is always on decreasing criminal thinking and increasing positive, pro-social behaviors. It establishes effective and consistent "ground rules" that govern the interactions among offenders so they experience acceptance, support, and encouragement from their peers.

Experiential Activities and Opportunities to Practice New Skills

For clients who prefer more "active" learning than sometimes occurs in didactic sessions, Gateway employs a variety of experiential activities to keep them actively engaged and involved. The following are a few examples of these types of activities:

- *Role Play:* A structured goal-directed, learning activity; an opportunity to act out situations to help learn new behavior
- *Skits:* Short, dramatic performances of a specific situation to help discover the difference between wrong and right behaviors
- *Simulation:* Representing or imitating features of the real world "standing in another's shoes," showing empathy for how the other person feels
- *Charting:* A way to track specific behaviors – a "picture" of whether or not offenders are demonstrating movement and progress in changing behavior
- *Mapping:* A visual representation counseling strategy for improving communication and decision making that can enhance any therapeutic or psycho-educational exercise, either in group or individual settings

2.5.3 The contractor's program must emphasize a stage of change approach to treatment and recovery. The contractor shall incorporate this approach into the program design and identified treatment protocols, curricula, treatment phases, and program materials. In addition, the contractor must also clearly delineate the application of the stage of change approach to the practices of their program.

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

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

- **Pre-contemplation:** Not yet acknowledging that there is a problem behavior that needs to be changed
- **Contemplation:** Acknowledging that there is a problem but not yet ready or sure of wanting to make a change

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- **Preparation/Determination:** Getting ready to change
- **Action/Willpower:** Changing behavior
- **Maintenance:** Maintaining the behavior change

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

Pre-contemplation	<ul style="list-style-type: none"> • No serious thinking about changing; not interested in help • Defensiveness about current behavior in face of pressure to change • Unwillingness to discuss behavior • Don't acknowledge selves as having problems 	Fundamental to Gateway's methodology is the establishment of rapport and raising doubts about the client's substance abuse and criminality. This is accomplished through both counselor and peer involvement in phase-integrated groups, seminars, and psycho-educational classes, as well as in individual counseling sessions.
Contemplation	<ul style="list-style-type: none"> • More awareness of personal consequences of behavior and positive aspects of changing • More openness to receiving information and education • Ambivalence about change • Doubt that the long-term benefits of change outweigh short-term cost of change 	Through the use of interactive cognitive exercises, role playing, journaling and other activities programming is designed to help the client "tip the decisional balance scales" toward change. Phase advancement and increased responsibility to the community provides the opportunity to build self-efficacy and elicit self-motivation.
Preparation/Determination	<ul style="list-style-type: none"> • Commitment to change is made • Identification of strategies and resources to effect change • May try to skip stage and move into action without adequate research of what is needed for major lifestyle change 	Activities directed at strengthening a commitment to change are integral to the Gateway TC model to include peer support and self-help opportunities. The client is encouraged to explore the realities of the change process and to verbalize his intentions to pursue change with understanding that change is indeed a process not an event.
Action/Willpower	<ul style="list-style-type: none"> • Belief in ability and reliance on willpower • Active steps and variety of techniques to change behavior • Development of plans to deal with both personal and external pressures leading to relapse • Use of short-term rewards to sustain motivation • Openness to receiving help and 	Recovery and re-entry strategies become the focus of treatment planning. Journaling, group and peer support continue to contribute to and reinforce the clients decision to change. Individual and group activities are designed to help clients identify high-risk situations through a functional analysis and develop appropriate coping strategies to overcome these.

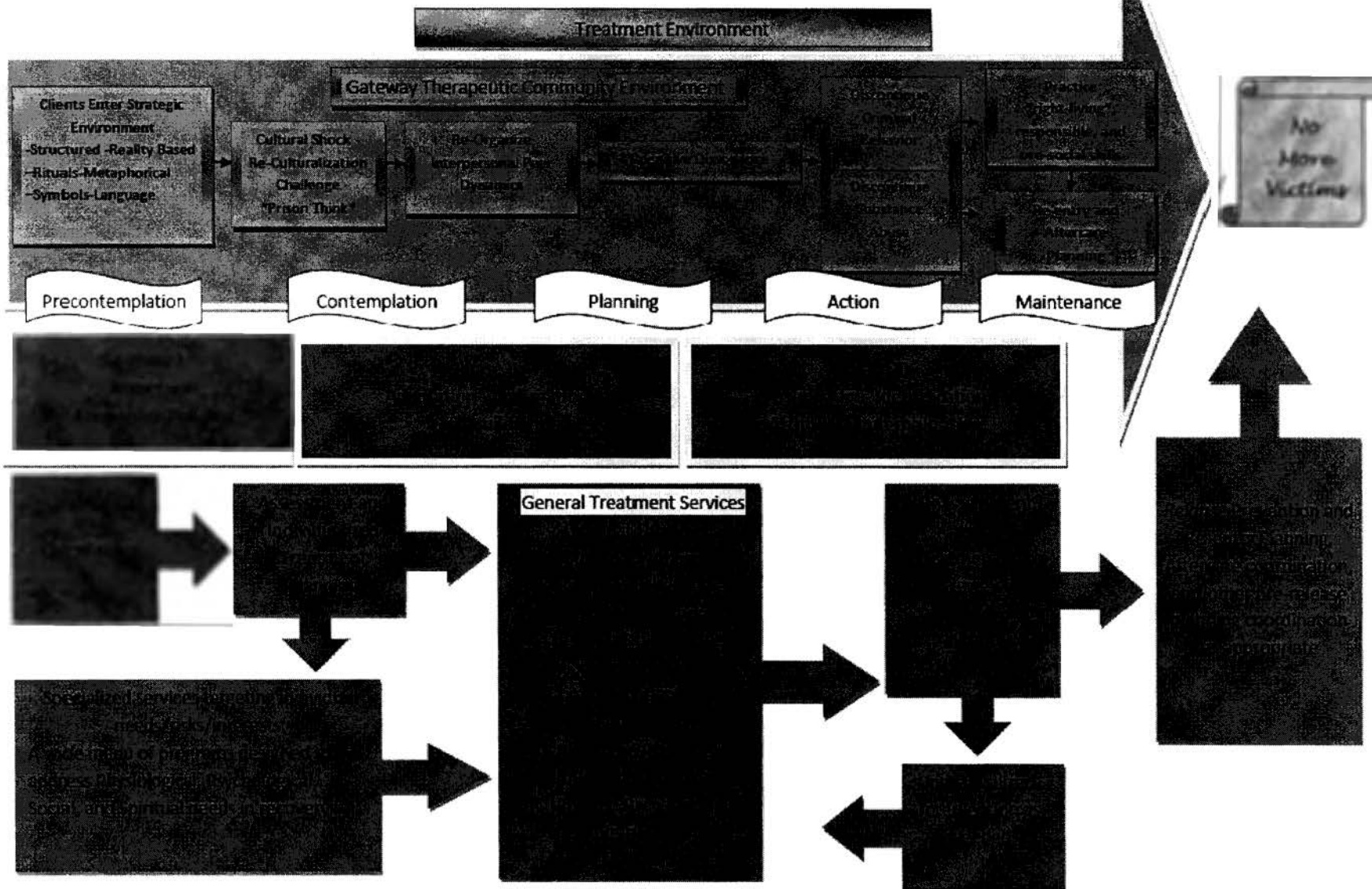
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	seeking support from others	
Maintenance	<ul style="list-style-type: none"> • Successful avoidance of temptations to return to old behavior • Reminders of progress made/advantages of change • Constant reformulation of rules of their lives • Anticipation of relapse situations and preparation of coping strategies 	Activities include work assignments, education, recreation, and personal time to focus on interactive and introspective processing. The client is encouraged to “see himself as he is” and to honestly consider his daily choices as helpful or hindering long range goals. Progress is recognized and celebrated with recognition that every new day presents fresh challenges to his commitment.

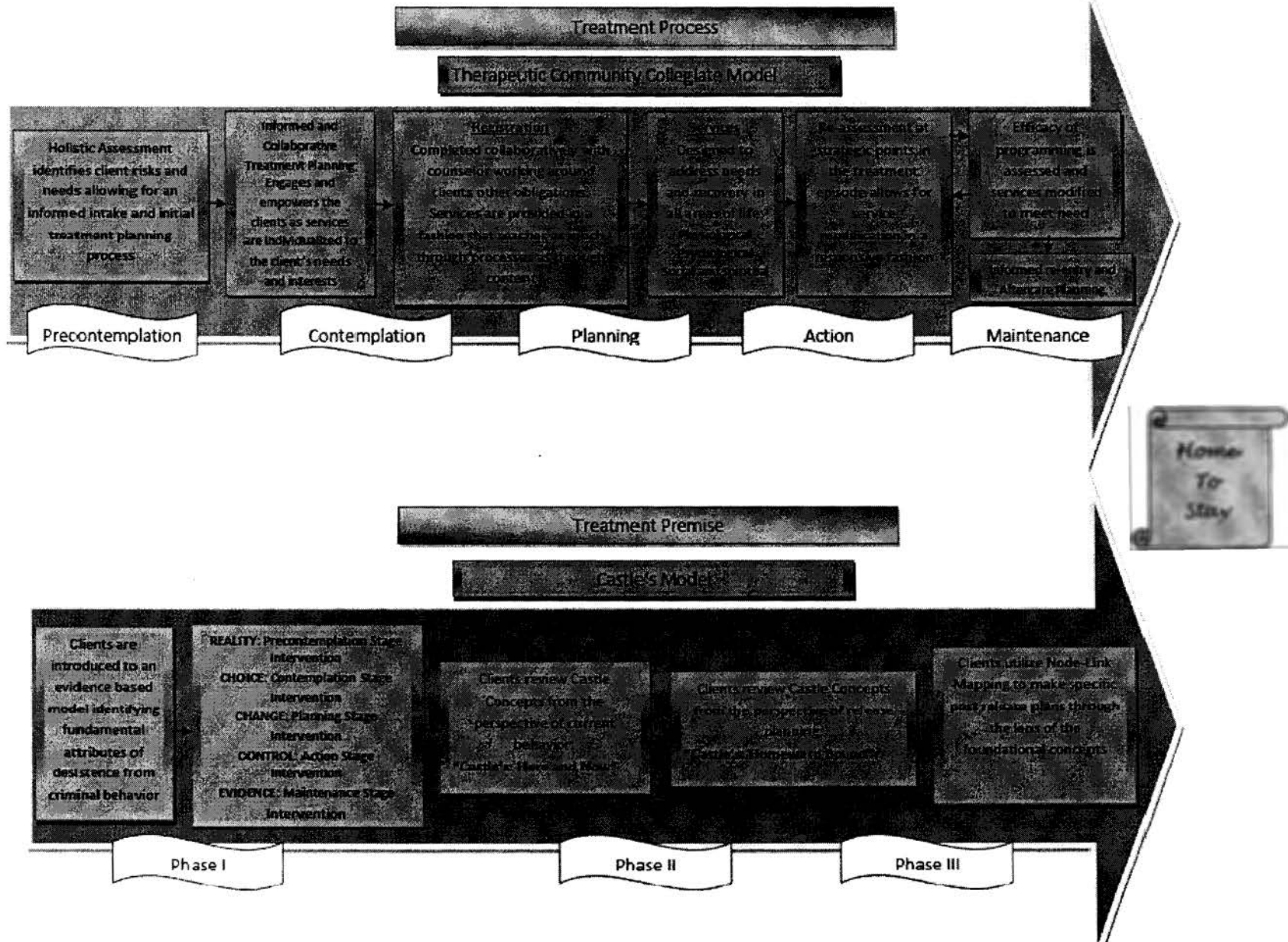
Gateway has incorporated the stage of change approach into its program design and treatment protocols, curricula, treatment phases, and program materials. Gateway clearly delineates the application of the stage of change approach to the practices in the selected treatment model. Please see the following page for a depiction of Gateway’s OCC Synthesis Model.

Gateway Foundation at Ozark Correctional Center- Synthesis Model

Strengths Based [DAVID'S HOPE] - Solution Oriented [CASTLE's] - Motivational Enhancement Programming [TC]



Gateway Foundation at Ozark Correctional Center- Synthesis Model



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2.5.4 Therapeutic activities shall be provided six (6) days per week and shall include wing meetings, facility wide events, offender work responsibilities for the institution (general housekeeping, food services, and other day-to-day tasks) and other specified community responsibilities.

Gateway shall continue to provide services six days per week (Monday through Saturday). In addition to psycho-educational classes, small process groups, facility wide events, and individual sessions, Gateway provides a variety of other treatment activities. These include core TC components and supplemental components described below.

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

- **Recitation of the Gateway Philosophy:** Recitation of the Philosophy in the Morning Meeting is viewed as a bonding mechanism and a means of reaffirming the value of the collective struggle toward recovery and life change.
- **A Concept for the Day:** A well-known maxim or phrase (e.g., "Honesty is the best policy.") is presented with a brief explanation that reflects the residents' perception or personal understanding of it. Thus, individual differences in comprehension in the audience should not be inhibited by criticism, debate, or negation.
- **A Word for the Day:** A single word or phrase (e.g., "serenity") is selected. A resident presents a formal definition and then underscores the word alone, or together with the Concept, as the Thought for the Day. The use of the Word and Concept is to stimulate resident thinking, particularly in relation to positive change, as well as to enhance vocabulary.
- **The Weather Report:** A brief report is generally drawn from newspapers or TV. The use is practical in that it dictates the appropriate dress for those who will be working outside or leaving the facility. It is also a simple, disarming reminder of the "reality" of outside living.
- **Songs:** This includes group songs or songs by presenting residents. The audience is free to join in singing with rhythmic hand clapping or finger-snapping.
- **Skits and Productions:** These include poems, jokes impersonations, or humorous awards (e.g. most positive resident). The theme of various productions is mild, good-natured, fun, and free from serious or pointed criticism.

Wrap-up Meeting: Wrap-up meetings (also known as House Meetings) are the primary vehicle for transacting the business of the TC. Wrap-up meetings convene every night of the week, assembling all residents of the Wing. The main function of the Wrap-up meeting is community

management. The basic purpose of the meeting is to communicate issues and concerns, while ending the day on a positive note. The basic business agenda in a customary sequence as follows:

- Recitation of the Gateway Philosophy
- Introduction of new residents
- Announcement of CDVs, BCs, TPRs, and LEs
- Apologies/Announcements
- Group push-ups and pull-ups
- Announcement of up-coming Encounters
- Announcement of Structure job changes
- Announcement of Phase changes
- Announcement of details of recreation, Structure meetings, self-help meetings, etc.
- Announcement of food service menu for following day
- Identification of residents who are scheduled for TPR or medical appointments
- Special informational announcements
- Staff announcements

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

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

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

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

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Peer Support Meetings: The Peer Support meeting is a Wing Specific meeting that occurs four nights per week. There are several main parts to the peer support meeting including the Pull-up process, the Encounter Group and General Peer Support. It is designed to help clients change negative socialization and antisocial behavior through re-socializing in a living room type setting. This setting is designed to be as close to a living room as possible to allow them a space to practice the tools they are learning in a setting that closely mimics society. The overall process includes peer interactions, sharing of personal experience, and suggestions for improvement as well as instruction and confrontation of negative behaviors that are affecting a peer or the entire wing. Every member of the "family" benefits and learns from this process because they become aware of where each peer is in regard to his program and recovery. This meeting is run by the Conflict Resolution Department and supervised by clinical staff member(s) who have been trained in the Peer Support Process, the "Castles in the Sky" model, and the Encounter Group.

Pull-Up Process: The Pull-Up process consists of public verbal pull-ups using a Castles framework. *(Briefly, this framework entails clients learning how to plan for and confront issues of re-entry into society using key concepts that challenge their current way of thinking, motivate them for change, and prepare them for the challenges they will face when released from prison. The Castles construct is described thoroughly elsewhere in this proposal).* Each part of the Pull-Up process relates to a Castles Concept (to be defined later in this document) to help peers identify the choices they are making to keep them in their criminal lifestyle, what they can do to start practicing right living and how their life will be changed positively by making a change. **This process is designed to help peers learn to communicate their observations and feelings correctly as well as how to respond appropriately to feedback.** A client must let the Conflict Resolution Department Head know if they want to pull-up a peer before the start of the meeting. Client one will then pull-up the pre-identified peer for a negative behavior he displayed. Client two will respond with a reality statement (statement describing the behavior and how it affects his hopes, dreams, and aspirations). Three volunteers will be identified to share information about how this peer's behavior 1) is based on a recidivist pillar 2) violates a non-recidivist pillar and 3) what the key to his change is. The end of the pull-up is followed up with client two identifying which reality check he will follow and what he will do to solve his problem so that he can move forward in achieving his hopes, dreams and aspirations.

Encounter Group: Encounter Groups are conducted four nights per week during the peer support process. Encounter Groups are the hallmark feature of the TC and are a significant component of the TC treatment model. The Encounter process teaches and demonstrates how to identify, manage and express feelings in an assertive non-violent manner. The Encounter is an expression of compassion, empathy, and responsible concern for others. It is necessary for confronting behaviors/attitudes with honesty and self-awareness as steps toward positive change. The effectiveness of the Encounter is dependent upon the community's use of the Encounter tools, encounter stages, as well as the Encounter process. Clients have an opportunity to deal with issues in a direct manner, allowing them time to communicate feelings in a pro-social way. This community forum allows all individuals to learn and grow. The encounter process allows clients a safe place to engage in healthy conflict resolution strategies. All Encounter Groups serve the following therapeutic purposes:

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- Heighten an individual's awareness about specific attitudes or behaviors that should change.
- Express thoughts and feelings toward others in a manner that is expected to result in meaningful resolution.
- Learn how to work on interpersonal problems and issues from an attitude of responsible concern for others.
- Learn how to work through conflicts with others through emotional interactions as opposed to physical interactions.
- Learn how to become more verbally assertive as opposed to physically aggressive.
- Learn how to listen to others. Encounters are a great opportunity to hear and process the information given.

This process allows a client to confront another client about an issue he is having with him. He states the dialogue, "Please sit attentively and listen to what I have because it matters to our recovery" and then begins to describe the problem and his feelings about the situation. After he is finished, client two describes what he heard (summary of the problem and the feelings expressed). He is then asked to share how he sees the situation. If both individuals understand the problem and can find a resolution, the encounter is completed. If there is a disagreement others clients may come in the circle to provide clarification. A resolution will signal the end of the encounter. If a resolution cannot be found then a "relating table" may be called.

Encounters are emotionally based and allow an expression of feelings. The focus is on how clients feel based on their perceptions of the behavior of others. Encounter Groups are not an arena for clients to simply expose others to the group or to retaliate for perceived past wrongs. They are opportunities for clients to express current feelings about interpersonal situations to assist others in changing negative patterns of behavior, thinking, and feeling. The primary goal of the Encounter is to resolve interpersonal problems and to heighten an individual's awareness of specific problematic behavioral patterns.

Relating Table: The Relating Table (known in society as mediation) is a method used by the Therapeutic Community to address conflict. This is an opportunity for individuals to talk about the general problem and the role each person played. The relating table process gives clients a way to learn skills to handle difficult conversations, conflicts, and disputes. The relating table is not a sanction or form of punishment. It is a way for settling conflict before the struggle leads to more serious problems that could result in negative consequences. Any client may request a relating table with any other client regardless of seniority or status in the program structure. Staff and senior structure members (House Coordinator, Conflict Resolution Coordinator, Wing Strength or Elder) may also direct that two or more family members engage in a relating table if the issue is affecting the community. Those involved in this situation must determine how they can put aside their differences and live without the negativity their attitudes have created. Participants are not expected to leave a relating table as good friends. However, they will have a better understanding of another point of view, develop a level of empathy for each other and maintain a positive environment for recovery.

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While the basis for this tool is to help the client resolve conflict, he learns that communicating assertively means clearly and calmly expressing what you want and/or need without either being too passive or too aggressive. Learning to communicate assertively can lead to getting one's needs met and can improve one's relationships with other people.

General Peer Support: This part of the process is designed to allow the wing to address issues that are affecting the family as a whole and to challenge client family members to take responsibility for their actions. During the first portion of General Peer Support the wing members who are willing to take accountability for behaviors they have displayed stand up during the "Broken Window" portion and admit to a behavior they have displayed. This is based on the theory of Broken Window, when a "problem" goes unaddressed or unfixed other issues begin to arise. In the second portion they are allowed time to confront a peer, whose negative behavior has been affecting the entire wing, to share with the peer how his behaviors affect others, not just himself. This is also used as a solution focused time to help the peer and the family develop ideas to help each other deal with changing negative behaviors. The final portion of the General Peer Support meeting focuses on individuals who have been confronted during peer support in the past and have made a real effort to change those behaviors he was addressed for. This is a celebratory time when a peer's positive changes are recognized and commended.

Community Meetings: Community Meetings are the last business meeting of the week (Friday evening). A weekly report that summarizes the condition of the Wing, the number of Encounters, Pull-Ups, CDVs, Behavior Contracts, phase-ups and recycles for the week is provided by the Wing Strength. The Family Member of the Week is announced and asked to share something about himself, his treatment progress, and his recovery. Assigned seminars from staff and Behavior Contracts are processed. Positive Affirmations are read to affirm a community member. Time is allowed for discussion of Wing concerns, including problems that have occurred and need to be addressed. Each structure department head gives a summary of what has happened in his department for the week, challenges they are facing, new hires and upcoming events that effect their department.

Brief Intervention Groups (Targeted Groups): Targeted groups are small, closed, directed groups held over a period of 4 to 6 weeks. Assignment to these groups is made based upon needs identified through TCU assessments and/or counselor observation. The group's intent is to address a specific individual need through the group process and is based upon short (4-6 session) evidence based curriculum developed by Texas Christian University. Topics include the following (these are described in detail in our response to **Exhibit F, #7**):

- **Getting Motivated to Change**
- **Understanding and Reducing Angry Feelings**
- **Unlock Your Thinking Open Your Mind**
- **Ideas for Better Communication**
- **Mapping Your Reentry Plan**
- **Mapping the Twelve Steps**

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Work Assignments: As a self-contained dedicated treatment institution, OCC requires the availability of offender clients to conduct daily operational tasks needed to maintain and service the institution. Gateway has worked to incorporate job duties into the therapeutic fabric of the program to emphasize the holistic character of the TC. All non-student offenders are assigned to an institutional job in addition to the expectation that they will also contribute to the community by accomplishing services to the community (structure job) that exceed this institutional job assignment. Work ethic, work attitude, and work performance are all an extension of the community and the individuals within the community. Therefore, these assignments are a part of the therapeutic process and are integrated into the program activities. Work performance is a part of the general discussion of offenders' progress and is processed with individuals becoming part of the treatment plan and progress review.

Daily Structured Programming and Client Education

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

A detailed description of Client Education topics is set forth in **Section 2.8 Recovery Centered Education** as well as in our response to **Exhibit F, #7**. Our Client Education program addresses all topics required by the IFB. Gateway understands that any modifications to material presented and utilized, including video and audio presentations, must be first approved by the Department.

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

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

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

2.5.5 Therapeutic assignments shall consist of, but not be limited to, homework assignments, program specific job assignments, and adjunctive activities that are therapeutic in nature such as program health and wellness activities, community meetings and peer recovery support groups.

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Gateway provides a Collegiate Model (described in **Section 2.5.1**) of service delivery at OCC. Within this model classes and activities are constructed to mimic attendance at a university or college in the community. This construct includes a wide range of group interventions that are therapeutic in nature and that provide health and wellness activities, peer recovery support opportunities, homework, and self-study assignments such as: reflective journaling assignments, mapping assignments, and peer interview assignments to name a few.

2.5.6 In addition to the curricula provided to all program participants, the contractor's program shall provide a targeted curriculum with increased emphasis on: the effects of driving under the influence of alcohol and/or drugs, victims and the community at large, victim's rights issues, and advanced alcohol use issues. Final approval by the Assistant Division Director, DORS, shall be required before implementation of the curriculum.

Gateway utilizes a psychoeducational curriculum developed by the Change Companies, *Responsible Decision, Impaired Driving Program*. This cognitive-behavioral curriculum is an interactive program designed to help make positive changes to high-risk driving behaviors. The curriculum includes a comprehensive look at the facts about how alcohol affects driving ability as well as the impacts on thoughts and decision making prior to getting behind the wheel. This is a Department approved 12 week curriculum that Gateway will continue to incorporate, unless the Department wishes otherwise, into the treatment of each client who has been designated as a chronic DWI offender.

Additionally, within the Castles model construct, Gateway will offer classes targeting the effects of **driving under the influence of alcohol and/or other drugs, victims and the community at large, victim's rights issues, and advanced alcohol use issues**. This practice will continue and be enhanced throughout the life of this contract as Gateway consistently seeks to develop new materials based on the latest research and evidence in the field. In such cases Gateway, will always obtain authorization to introduce new materials from the Assistant Division Director, DORS. It is Gateways understanding that if awarded this contract current curriculum, already approved under the previous contract, will continue to be allowed.

2.5.7 The program shall be provided in a three phase modality. If the contractor establishes additional phases, the provision of all services identified herein must be ensured.

Gateway uses a three phase TC treatment modality. The average treatment length of stay in the Gateway treatment program at OCC is approximately 12 months based on behavior, progress, and sentencing stipulations. Extended programming is available for offenders who have been adjudicated a Chronic Offender under RSMo 557.023 Public Safety Offenses, have completed all three basic phases of treatment, and remain beyond the twelve-month program.

The Treatment Team assesses the offenders through all three phases of treatment and determines the length of stay in each phase, while using the guidelines for each phase length described in this IFB. While time in each phase is considered for advancement to the next phase, the primary determination is based on the offenders' progress in a given phase, their ability to meet the

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phase-up criteria for the next phase, and the extent to which they have become a role model for the phase they are in.

Each phase is described in detail in the following section.

2.5.8 Services for the programs shall be provided in the following phases:

- a. *Phase I: During this phase, each offender not assessed within the past twelve (12) months shall receive a substance use disorders assessment and every offender shall receive orientation to Department rules, regulations, the treatment center and the treatment process. During this phase, each offender shall receive a minimum of thirty (30) hours of therapeutic activity per week.*

- 1) *The length of Phase I shall be approximately four (4) weeks.*

Phase I (Orientation): Gateway's program at OCC currently meets each of the stipulations in the IFB to include appropriate assessment, orientation to Department rules, regulations, program expectations, the treatment center and the treatment process. Gateway assures the Department that we will continue to meet each of the phase length requirements for Phase I which is approximately four weeks.

With Department approval Gateway has recently modified Phase I under the current contract, based on observed opportunities for program improvement. Phase I clients are now housed together in a specific wing where the focus on intake can be maximized without distraction. The Phase I activities are primarily provided by advanced level clients (Phase III) under close staff supervision. Current review of TCU data for the Phase I to Phase II administration indicates that these changes have been highly successful in effecting targeted areas of client motivation and engagement. Additionally, improvements have been observed in all other measured domains. These indicators of improved programming are further supported by reductions in conduct violation reports for Phase I clients and improved efficiency as observed by Classification and Administrative staff. Under the new construct, observation of new client compliance and transition to the Therapeutic Community is less chaotic and more easily monitored, and resources are better utilized. Additionally, the physical move from the intake wing to the general population wings infers accomplishment and increased privileges. It is Gateway's intent, with Department approval, to continue to utilize the current methodology in provision of the orientation phase of the program.

Phase I typically lasts around 4 weeks, or a minimum of 28 days from a client's placement into treatment. As clients are assigned to treatment by the Department, all clients will initially be placed in available beds in the Orientation/Intervention wing (HU1C). A team of four (4) full-time counselors specially designated as the "Phase I Team", is assigned as the treatment team and primary counselors for all clients in Phase I of the treatment program. Clients shall remain assigned to the Orientation/Intervention wing for the duration of their time in Phase I, with exceptions for those clients who require special accommodations (e.g. medical needs).

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All client's must pass a phase up examination, consisting of written and verbal components, in order to be approved by the "phase up committee" to progress and move into Phase II of treatment. Clients working toward obtaining their GED may request a tutor to assist with the phase up examination. Client's passing this exam, are approved by the Phase I team and phase up committee to move from the Orientation/Intervention wing into a different treatment wing and are given a schedule of collegiate model classes, which they may begin attending.

All Phase I clients are assessed by Gateway treatment staff within 10 calendar days of placement, if one has not been previously completed at a Department Reception and Diagnostic Center during the prior 12 months. The Individual Treatment Plan is completed by the Phase I team within 10 calendars and ensures that the treatment plan includes goals, objectives, and specific interventions to address recovery from substance use disorders and criminality. The Phase I team also ensures that the client's treatment plan includes goals and objectives related to mental health and chronic DWI offender status, if applicable, based on initial screenings of individual clients.

While in Phase I, clients receive a minimum of 30 hours of therapeutic activity per week. Phase I clients receive:

- Individual Counseling – 1 hour/month
- Group Counseling – 2 hours/week
- Phase I/Orientation Class –16 hours/week
- Phase I/Orientation Class (for clients without a GED or HSE and attending school)—10 hours/week

Additional treatment opportunities include:

- TC meetings – am/pm 5 days/week (These include peer-support, community and wrap-up)
- Recreation – 2 hours, 2 days/week
- Recreation (for clients without GED or HSE and attending school)—2 hours/week

While in Phase I, clients are eligible for assignment as Food Service Utility workers, unless otherwise restricted from work or enrolled in education. The Department Administration/Classification staff member determines all Phase I client work assignments.

In instances where an offender transfers from another institution, Phase I is still required. The Department identifies clients eligible for transfer from other institutional treatment programs and refers these clients to Gateway's Assistant Director. Gateway's Assistant Director evaluates the time remaining on their sentence and enrolls the offender into the appropriate phase based on their time credits. All clients, however, are required to complete four (4) weeks of Phase I prior to entering the assigned phase. Upon satisfactory completion of the Phase I, clients with time credit are provided with a collegiate model recovery class schedule and begin attending collegiate model classes/education groups.

Upon assignment to Phase I and admission to the program, clients are provided an initial intake to include explanation of all required intake documents, explanation of the treatment program.

rights and responsibilities associated with their time in Phase I, explanation of the treatment tracks available to them and of self-help options currently provided.

While in Phase I, and in addition to Therapeutic Community activities, small groups and individual counseling sessions, clients will participate in didactic educational group sessions that explore:

- Living in a Therapeutic Community
- Introduction to “Thinking about your Thinking”: Criminal/Addictive Thinking and Tactics
- Addiction Offender Cycle/ Thinking Reports and Mapping
- Therapeutic Community Tools and Meetings
- Therapeutic Community Structure and Terms
- The Collegiate Model
- An Introduction to Self-Help Recovery Options
- Right Living Concepts and Community Standards
- Staff Intervention Strategies
- The TCU Assessment Battery
- Castle's in the Sky
- David's Hope
- Gateway's RR-MAT project services

TC Model

Clients learn that the Therapeutic Community Model provides the treatment environment; the efficacy and success of this model is explained as are the elements of the model to include its core principles:

- Treat the whole person.
- Provide a highly structured daily regimen.
- Use peers to help one another.
- Rely on a network or community for both support and healing.
- Regard all interactions as opportunities for change.
- Foster positive growth and development.
- Promote change in behavior, attitudes, values, and lifestyle.
- Teach, honor, and respect cultural values, beliefs, and differences.

David's Hope

An important element throughout these classes are clarification and discussion of the philosophies and constructs that comprise the basis for the Gateway-OCC Therapeutic Community. Clients learn the philosophical principle driving our model. This principle is illustrated in a concept we have designated as “David's Hope.” David's Hope utilizes a metaphor borrowed from a quote from Michelangelo:

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“In every block of marble I see a statue as plain as though it stood before me, shaped and perfect in attitude and action. I have only to hew away the rough walls that imprison the lovely apparition to reveal it to the other eyes as mine see it.”

Clients learn that the philosophical assumption of “David’s Hope” is that despite current circumstances there is within each individual the ability to become something more than they have ever been.

Castle’s Model

The “Castles Model” is explained as the consistent theoretical framework around which everything else learned should be interpreted. This model was developed from original research conducted over a decade by Dr. Duane Cummins, Gateway’s Program Director at Ozark Correctional Center and a former Corrections Officer. Dr. Cummins’ qualitative study of non-recidivating and recidivating former offenders identified consistencies among non-recidivists that stood in contrast to consistent attitudes and beliefs among recidivating offenders. This research has been transitioned to a formal curriculum that is being utilized in jails, prisons, half-way houses, Probation and Parole Offices, and Treatment centers (both in-prison and in the community) across the United States. The materials have also been implemented in the largest jail in the world, Tihar Jail in New Delhi, India, and have been presented at the Eurasia Directors Conference in Istanbul Turkey for distribution throughout European and Asian programs provided by the Teen Challenge organization. The materials have been adapted to meet the needs of both male and female participants and in both adult and juvenile settings. Additionally, the materials have been modified to meet the needs of a variety of issues to include criminality, substance use, couple’s and family therapy, prevention, and organizational change.

The research support for the materials presented in the *Castles* curriculum is based on research conducted from a rather unique perspective. Much of the information available regarding recidivism has been gathered by looking at offenders who have returned to prison and evaluating what social factors such individuals commonly encounter. It is notable, however, that many non-recidivating offenders are faced with the same challenges, roadblocks, and set-backs as those who return to prison, but navigate those challenges differently. The research base for this curriculum explored the lived experience of former offenders who have overcome their past and have gone on to live sober, social lives in the community. Rather than asking, “Why do they come back?” the researcher asked the more important question, “How do they stay out?”

The adaptability of the material is due to the simplicity of presentation and core principles that can be understood and presented across a variety of disciplines and perspectives, (e.g. custody, classification, administration, treatment, faith based services, etc.). Of even greater value than the curriculum itself, is the application of the principles as philosophical supports to just about any other topic or program construct being utilized. The concepts are easy to learn, easy to remember, and easy to apply in various context.

In the original format, five recurrent themes in the experience of those offenders who do not return to substance use and prison included the dynamics of:

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- Choice - Who I am and what I am are the results of the choices I have made.
- Change - If I keep on doing what I've always done I will keep on getting what I've always got. To be someone different, I must change the way I am making choices.
- Control - I am in absolute control of the changes in my choices.
- Evidence - Who I am and what I am is proven by what I consistently do.
- Acceptance of Non-negotiable Realities – Reality is that which simply is. Reality will be navigated well or navigated poorly, but it will be dealt with.

These principles are explored and presented in a metaphorical fashion that can be replicated in presentations and other interventions involving criminal justice involved individuals. In addition, consistent cognition among recidivating offenders are identified and contrasted with those of non-recidivists. These “recidivist principles” include:

- Excuses
- Compromise
- Blame
- Denial
- Disregard for absolutes

The operational framework introduced to the clients is the “Collegiate Model” described previously in this document. It is further explained that the TCU Battery of Assessments (previously explained in this document) along with other measures are utilized to establish if the program design is working. Generalized outcomes are shared with the clients to promote the understanding that the model works, the program works, the staff are here to help them succeed. The choice to take the opportunity at hand will be theirs to make.

b. Phase II: During this phase, each offender shall receive an intensive level of treatment. During this phase, each offender shall receive a minimum of thirty (30) hours per week of therapeutic activity which shall include, but not limited to the following:

- ***Individual counseling as required in the Institutional Corrections Programs Standards as reflected in the Missouri Department of Mental Health standards. The standards can be downloaded from the following website: <http://s1.sos.mo.gov/cmsimages/adrules/csr/current/9csr/9c30-3.pdf>***
- ***Group counseling***
- ***Recovery focused substance use disorders education***
- ***Therapeutic community meetings***
- ***Self-help recovery support groups***

Phase II is approximately 28 weeks in length and consists of a minimum of 30 hours of therapeutic activity per week. Clients receive:

- Individual Counseling--1 hour/per month
- Group Counseling--2 hours/per week
- Psychoeducational Classes-- 5 hours/week

Additional interventions include:

- General TC sessions
- Self-help meetings
- Special assignments based on assessed needs
- Work assignments (both institutional and program related)

Individualized needs identified in Phase I and documented in the Master Treatment Plan are addressed through individual counseling, education, group counseling/process, participation in self-help (12-step or alternative) groups, and the treatment environment. Clients are taught to identify and to begin making specific changes necessary to lead a drug, alcohol, and crime-free life. This is accomplished through classes, seminars, and groups on Chemical Dependency Education, Problem Solving Skills, and Criminal Thinking Errors. During Phase II, activities remain highly structured; however, greater freedom is offered to self-monitor and more privileges are granted as the client learns to utilize his tools for responsible living through compliance with the social norms and program expectations as published in the program handbook. It is at phase-up to Phase II that clients move from the prescribed highly structured environment of the Orientation period to participation in the collegiate model. Client empowerment is increased in proportion to expectations and responsibilities.

In Phase II, clients are expected to become more self-directed in meeting their responsibilities to contribute to the community as a whole. Clients begin to participate in the selection of peer leadership (structure) and to evolve into positions of leadership themselves. Peer leadership is selected through the use of a voting system closely monitored by Gateway staff as the rational authority.

Voting Process: The voting process includes the wings voting on structure positions at the level of Department Head or higher. The voting takes place within the wing during either morning or wrap-up/community meetings. House Coordinator positions are voted on in wrap-up during the week and the elected choice is announced on Friday evening. This process is congruent with the TC Model and encourages each wing member to take an active role in the leadership for their wing as well as to learn to take responsibility for the choices they are making.

Wing Structure: Wing structure members who are department heads or higher have their applications reviewed by Gateway Counselors and the business department to insure all requirements are met. The wing votes on each position in morning meeting or wrap-up/community meeting. The applicants are given time to speak about what they hope to accomplish for their wing, their qualifications, and areas of improvement they would like to focus on in the position. Each member of the wing is allowed a vote. The person elected is announced when all the votes have been counted.

House Structure: Clients are required to turn their applications in to the business department head for their wing. All applications are screened by business department and staff to insure that each applicant meets the requirements for each position. The Business Coordinator for that house attends each wing meeting throughout the week (one meeting per night) for the voting process

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during wrap-up. Each applicant gives a speech in the wing evening meeting and is asked questions about what he will do in his position and how he will handle his job duties as well as what his qualifications are. After the vote has taken place in each wing for that house, a formula is used to determine the winner (due to different wing sizes).

Collegiate Model in Phase II

In Phase II, clients begin to participate in selection of classes through the collegiate model.

Registration Process: The registration process for classes occurs four times a year for the Spring, Summer, Fall and Winter quarters. Each client's treatment counselor discusses recommended classes and required classes with clients before the scheduling process. Clients submit their selections to the client-operated Cognitive Department who organize client selections according to established protocols and present suggested class rosters to Gateway staff. The Cognitive Department then assigns clients to courses based on their Phase and staff approval. Clients are responsible for completing their schedule and are registered for classes by treatment staff. They are given a final copy of their schedule/transcript before the start of each quarter.

The utilization of the Therapeutic Community construct of the "Cognitive Department" enhances TC fidelity and emphasizes the community as the agent of change. The goal of the Cognitive Department is to help community members understand the thinking component of recovery. The mechanics of the Gateway program rests on correct use of its concepts, philosophy, goals and tools. Basic understanding of the Therapeutic Community promotes a higher acceptance of change and better participation in treatment. Through the guidance of staff and ongoing training, the Cognitive Department helps to maintain fidelity to the concepts and goals of our mission.

This process mirrors an academic registration process with the primary counselor and cognitive crew acting in an advisory capacity in the process. Clients make group or class selections that address areas of their treatment plan, including required and elective groups or classes, while also indicating the track (secular, spiritual, transcendental) of their choosing. This process focuses on the key principles of engagement, empowerment, and individualization of treatment, and allows clients to have an active role in their treatment. Through their participation in researching and selection of courses pertinent to them and their treatment issues, clients learn responsibility, self-identify personal issues, and choose classes that will help them address those issues. Clients who are planning to attend college or a trade school also benefit by learning about the registration process for college prior to their release from the OCC program.

- 1) A continuing care/aftercare plan shall be initiated during this phase. This plan shall follow a structured and holistic approach for on-going recovery that will include, but not be limited to a relapse prevention plan.*

Included among "required courses" in the collegiate model is **relapse prevention**. Within the general area of relapse prevention, several alternative classes are offered to include *Gorski Relapse Prevention*, *New Directions Relapse Prevention*, and *Mindful Recovery*. A client may take as many of these classes as they desire; however, they are required to complete one quarter (12 weeks) of relapse prevention prior to entering Phase III. A component of every relapse

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prevention group is the Relapse Prevention Lab in which a Department approved continuing care/aftercare plan is initiated, addressing both relapse prevention and re-entry challenges. In the Relapse Prevention Lab, clients are assisted with the development and construction of their continuing care/aftercare plan utilizing principles learned in the relapse prevention class sessions. This allows for greater internalization of concepts presented and increases opportunity for critical application of those concepts.

The Continuing Care Plan includes the client's aftercare provider, who he will be living with and who he will be employed by (if known). The client is responsible for also noting the names of two people who will always be able to contact him, and their contact information. Each client includes a list of six things he will do each day and each week to support his recovery, three principles of recovery that he will focus on after his release, three feelings he has the most difficult time identifying and sharing, and what steps he will take when he feels those feelings. The client is also responsible for identifying a plan to find a job if he is unemployed as well as some of his education and careers goals. He identifies three personal issues he will continue to address in his recovery process, three goals he plans to meet 6 months after release and his plans to reach each goal. The client is encouraged to identify how he will involve his family and friends in his recovery process, how he can improve communication with his family and friends, and how he will handle it if his family and friends are using. The client focuses on different ways he will spend his free time and lists his hobbies. He also identifies five sober friends and family members who will help to support him in his recovery by name and their relationship to him.

The client is encouraged to identify triggers and high risk situations including self-defeating behaviors, how he can control each behavior, his three most dangerous relapse triggers, a plan for dealing with each trigger, his three highest risk situations, how he can manage these high risk situations, three stressors in his life, and stress management techniques he can use to help cope with each stressor he identified. The client then identifies previous circumstances that he was most vulnerable to relapse in, what tools he can use to help during these circumstances, how to develop a relapse prevention network, and what drugs he has used when he has relapsed. The client is responsible for signing and dating his plan. His primary counselor reviews his plan with him and co-signs after his plan is reviewed.

Additionally, as part of the Relapse Prevention Lab clients will be encouraged to role play different high risk scenarios they have noted on their Continuing Care Plan and to receive feedback from both others in the class as well as staff.

2) The length of Phase II shall be approximately twenty-eight (28) weeks.

As previously stated, Phase II is approximately 28 weeks in length.

c. Phase III: During this phase, treatment services must be primarily focused on appropriate pre-release and re-entry planning. The contractor shall provide a minimum fifteen (15) hours of therapeutic activity per week, per offender that do not conflict with an offender's work schedule. Offenders not participating in work release shall receive additional services deemed appropriate for reentry preparation by the

contractor in cooperation with the Department. Therapeutic activity shall include, but be limited to:

- *Individual counseling/contacts as required in the revised Institutional Corrections Programs Standards as reflected by the Missouri Department of Mental Health (See Certification Standards for Alcohol and Drug Abuse Programs). The standards can be viewed and downloaded from the following website: <http://s1.sos.mo.gov/cmsimages/adrules/csr/current/9csr/9c30-3.pdf>*
- *Group counseling*
- *Recovery focused substance use disorders education*
- *Therapeutic community meetings*
- *Self-help recovery support groups*
- *Continuing care/aftercare plan*

The focus in Phase III shifts to creating a bridge from the present treatment environment to living successfully in the outside community. Community referrals are identified and made during this time. Clients complete a Relapse Prevention Plan that includes their identified relapse warning signs and relapse triggers, and specific methods and supportive people to assist the client to avoid and/or cope with identified relapse triggers. A comprehensive Continuing Care Plan is completed that includes self-help meeting times and locations, employment plans, education goals, a home plan, and aftercare provider information. Other tasks in preparation for reentry are also completed, based on individual need and support. This may include mapping exercises and role play to simulate expected re-entry challenges. Phase III clients will also participate in individual and group counseling, recovery focused substance use disorders education, TC meetings, and self-help recovery support groups.

Phase III consists of approximately 20 weeks and includes a minimum of 15 hours of therapeutic activity per week. Clients receive:

- Individual Counseling - 1 hour/per month
- Group Counseling -- 2 hours/per week
- Psycho-educational Classes -- 3 hour group/ 1 time/week

Additional treatment opportunities include:

- General TC sessions
- Self-help recovery support meetings
- Continuing/Aftercare Plan

During Phase III, clients are expected to be proficient in structuring their own time in a responsible way. All available privileges are allowed during this phase. During the later weeks of Phase III and approximately 12 weeks prior to release clients enter into a highly focused, intensive re-entry track as discussed in #3 of this section.

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Re-entry Track ("12-4-12")

As the current substance use disorder treatment provider at OCC, Gateway, in conjunction with Department site administration, members of Probation and Parole, and the Education and Classification departments, has developed a concentrated re-entry track ("12-4-12"). The focus of this intervention is to allow clients to focus during their final 12 weeks in the treatment program on their first 12 weeks after release.

Twelve weeks prior to release, clients are assigned to the "12-4-12" treatment intervention. This assignment is initiated by the primary counselor and is discussed with the client during an individual counseling session, in which the client is provided a pre-release assessment of needs and assets for successful re-entry. The re-entry team is composed of Gateway Counselors and Department staff members who provide resources and assistance to aid the client in preparation for a smooth transition to the community. This assistance may include, but is not limited to, assistance with home plans/housing, student loan information including the FAFSA application process, child support assistance resources, vocational rehabilitation resources, career center support, employment support, and identification of health and/or mental health resources in the community that may assist the client post release. Every possible effort will be made to assist the client to make connections with community resources prior to the client's release.

Clients enrolled in the "12-4-12" intervention will participate in approximately two (2) hours per week of transition classes focused on the dynamics of release. Sustained motivation for recovery, anxiety management, and other areas of transition will be explored during these sessions. Department administration at OCC has agreed to accommodate work release opportunities for clients to provide voluntary services in the community, pre-release exposure to various community settings, and to participate in on-site family groups to re-establish familial connections prior to release, supporting a smooth transition back to the family. Each of these experiences will be processed with clients for the potentials for relapse and development of plans to manage relapse triggers. Additionally, each client will participate in a "re-entry simulation" prior to release and will be given the opportunity to process the frustrations, fears, concerns, and solutions related to the re-entry experience.

All re-entry efforts are coordinated by Gateway Counseling staff in conjunction with volunteers from the Department and from the community.

- 1) The contractor shall ensure that every offender has an individualized, structured plan for recovery prior to release that will be forwarded to the appropriate field Probation and Parole Officer and community provider by the date of the offender's discharge, if identified.*

The continuing care/aftercare plan and Relapse Prevention plan compose an individualized, informed plan for continued recovery. The client will complete their plans as a component of relapse prevention education and re-entry education and will finalize their plan with assistance from their primary counselor. The plan is forwarded to the appropriate field Probation and Parole Officer and community provider through the Department Case Manager and Institutional Parole

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Officer. For clients identified as high risk, these plans are forwarded by the selected counselor supervisor.

- 2) *The contractor should facilitate one (1) family support group activity per week. The activity should be at least two (2) hours in length whenever possible. The activity will include family visitors or approved visitors who are non-family significant others in order to assist the offender with integration into the community upon release.*

Gateway understands that **substance abuse involves the entire family**. The addicted person's dysfunctional attitudes and behaviors typically adversely affect each member of the family. Likewise, family members' understanding of the client's addiction and recovery activities the client must involve himself in to succeed can be crucial to the client's ability to sustain recovery. Hence, Gateway places an emphasis on assisting clients with understanding and healing damaged family relationships.

Gateway is aware that the disease of chemical dependency is a family disease. Family members and those close to the substance abuser are negatively affected by an individual's substance abuse, and these negative effects can endure long after the individual enters sobriety. Additionally, offenders tend to participate more meaningfully in recovery when family members and friends support the recovery effort by participating in family education and recovery.

We also recognize that sometimes the family environment is not a healthy one for the individual to return to, for example, when family members use drugs or alcohol or are involved in a criminal lifestyle. In addition to discussing family support, we will also address when the family might not provide a healthy support system and how to navigate this.

In addition to the structured programming that focuses on family dynamics that is provided to the offenders, Gateway will work with the institutional and departmental staff to identify a mechanism for providing family support activities during this phase. Gateway is prepared to offer a minimum two-hour activity to approved family and/or significant other visitors, as allowed by the institutional leadership. Gateway's Director will continue to provide family programming options to the Department to address this need.

- 3) *The length of Phase III shall be approximately twenty (20) weeks.*

Phase III lasts approximately 20 weeks and includes a minimum of 15 hours of therapeutic activity per week.

THE COLLEGIATE MODEL BY PHASE

Intake and Orientation (Phase I)

As previously described, Gateway utilizes the Collegiate Model for service delivery at OCC (see Section 2.5.1). Developed over the past five years, "The Collegiate Model" mimics an individual's experience in higher education and process learning found in a university or college

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experience. "Collegiate" implies a sense of achievement, solution orientation, and strength based approach to our clients. The higher expectations of critical thinking, synthesis of information, and implication of achievement in pro-social living are new concepts to many of our clients. We have found this process to benefit learning and change through cognitive re-structuring and mapping principles in ways that far exceed the limits of classroom learning or group process alone.

A client entering treatment at Gateway-OCC will initially be assigned to a Phase I designated wing. Assessment and treatment planning are conducted with the clients by a Phase I Counselor. Clients receive orientation information to include: Introduction to Treatment Services, Therapeutic Community Processes (tools, definitions, and operations), Castle Concepts, Introduction to Self-Help Options, Introduction to Mind Mapping Techniques, and Introduction to the Concepts of the Collegiate Model. Clients are provided the opportunity to develop skills by living in the Therapeutic Community environment with a team of peers selected from the Phase III population and functioning as the "Wing Strength" in the Phase I Wing. Although segregated in living quarters and classes, Phase I clients interact with other TC clients through small group processes, meals, recreation, work assignments, and free time.

In the final week of Phase I activity, the client meets with their assigned primary counselor to review and modify the treatment plan as needed. Goals and objectives related to the client's assessed needs are updated from the initial treatment plan.

The client will meet with his primary counselor to discuss the classes available at OCC and which opportunities are beneficial to the client's treatment plan and recovery. The Phase I process reflects the orientation and guidance provided to a freshman student by a guidance counselor in the university setting. The intent is to inform, engage, and empower the client as he begins to take responsibility for his own progress.

Intense Services (Phase II)

The process of transition from Phase I to Phase II is designed to mimic college registration and participation in collegiate activities. Based upon the client's assessed needs and personal choice, he is registered to attend classes sufficient to meet the prescribed minimum treatment hours. With instruction from the primary Counselor, the client is informed of what classes are required for successful completion (e.g. Relapse Prevention Plan, Re-Entry Plan, Castle's), what classes are available, but not required (electives, such as Growing in Recovery), and what areas of study can be pursued through a variety of elective offerings (e.g. Relapse Prevention, Criminal Thinking). Working together, the client and primary counselor develop a long-term plan for participation and an immediate plan (class registration) for the remainder of the quarter.

The Collegiate Model divides the year of treatment into distinct quarters (12 weeks each). This process mimics the freshman-sophomore-junior-senior status of college attendance. Through increased status, clients realize greater freedom and responsibility in managing their own recovery. The quarterly designations are static and clients may enter at any point in the quarter. The primary counselor will assist the client to ensure he is registered for the sufficient hours of

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classes and, if possible, that he completes the required classes in his first quarter.

Clients are required to complete five hours of classes weekly while in Phase II. This is in addition to all Therapeutic Community related meetings and activities, small process group participation, Self-Help group attendance, and both Therapeutic Community and institutional job assignments. The client is held accountable for scheduling his treatment activities around job assignments and other responsibilities. This empowers the client to plan treatment activities in a way that will work best for him (e.g. the selection of early, mid-day, or evening classes). The primary counselor serves as both "registrar" and "guidance counselor" to ensure these requirements are met. A monthly review is conducted during the individual session to ensure the client is on track to complete all required activities by the end of the one year program.

Required classes include:

- Castle's
- Relapse Prevention Lab
- Self-Help

Required topics are determined through the treatment planning process and are individualized to the client. These may include:

- Stages of Change
- Disease Concept of Addictions
- Influence of Trauma on Substance Use
- Criminal Thinking (required for all clients)
- Gender Specific Courses (required for all clients)
- Relapse Prevention for Substance Use and Criminality (required for all clients)
- Effective Approaches to Recovery (required for all clients)
- Emotions Management
- Stress Reduction Techniques
- Co-Dependency and Enabling
- Victim's Impact
- DWI Specific
- Medication Assisted Treatment (MAT)
- Smoking Cessation
- Recreational/Leisure Skills Development
- HIV and STD Prevention
- Domestic and Family Violence
- Family and Social Relationships in Recovery

Clients are allowed to select additional electives related to the above topics. They are encouraged to explore recovery as it applies to the diverse human dynamics of: physical recovery, psychological recovery, social recovery, and transcendental recovery. Gateway provides a methodology to utilize clients' deeply held beliefs to enhance the treatment process by allowing for a spiritually informed, exclusively secular, or mixed course of study.

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The registration process continues through the client's treatment until 12 weeks prior to release. Each quarter, a new catalog/schedule is presented with a listing of all courses for the next year. Client registration is maintained in the Gateway Registry file to produce class rosters. Attendance is monitored at each session and verified by client signature. In the event of an absence from class, the incident is reported to the primary counselor who provides follow-up and an appropriate response to the absence.

Phase III (Re-entry)

Twelve (12) weeks prior to anticipated program completion, the client is transferred to an intensified re-entry track. Designated as "12-4-12", the client focuses attention on the first 12 weeks of re-entry while completing the final 12 weeks of programming. This intervention includes re-entry focused process groups, re-entry focused education, mind-mapping exercises, and activities conducive to a successful re-entry experience. This track includes an intense review of the client's third TCU assessment and counselor/client collaboration in exploring the meaning and significance of identified strengths and challenges.

Upon completion of the treatment episode, the client's success is celebrated through a graduation ceremony. Utilizing the client's treatment schedule records results in the production of a "transcript" that the client will be able to use after release as a reference and validation of his work in treatment.

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

Gateway has established clear and distinct criteria for movement from one treatment phase to the next. The criteria reflect treatment progress and are listed in the offender handbook. Decisions regarding phase movement are made through a formal clinical staffing/consultation process that includes input from Department staff.

Advancement through each phase is determined not only by compliance with the treatment schedule, but also through clients' demonstration of progressively more responsible behaviors. Advancement is earned through action measured on a 24-hour-a-day basis by all persons within the environment. There are expected objectives to meet in each phase of treatment. Upon completion of the objectives, clients must clearly demonstrate that they have achieved all of the objectives using the "Phase-Up Recommendation" form. This form is reviewed by staff.

Clients are evaluated in terms of participation, attitude, behavior, and responsibility. A satisfactory recommendation is required for phase-up. If clients fail to phase-up, they are provided with clearly defined objectives to complete prior to re-submission. The Clinical Supervisor serves as the final authority in all phase-ups.

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Phase I: To move from Phase I to Phase II the following objectives are required to be met:

1. Attendance of 4 weeks (from admission date) of Phase I Orientation classes, including one full week of Castles in the Sky orientation and a passing score on the related test.
2. Submission of application for phase-up one week prior to expected completion of Phase I, requesting a meeting with the Phase-Up Committee.
3. Submission of all required administrative and clinical documents to Phase-Up Committee (e.g. application, autobiography) and received approval.
4. Successful completion of the **written** and **verbal** section of the Phase I test with a score of 80% or above.
5. Completion of individual treatment plan goals and objectives as scheduled for Phase I.
6. Compliance with Phase I level limitations.
7. Completion of a draft for Phase II schedule.
8. No unexcused absences to classes, groups or other treatment functions. Unexcused absences may result in delay in a client's phase-up.

Phase II: To move from Phase II to Phase III the client must do the following:

1. Complete a minimum of 28 weeks of treatment from their admission date.
2. Show measurable evidence of completion of most, if not all, Phase II individual treatment plan objectives.
3. Submit a "Line of Communication" (LOC) request to the primary counselor before last goal objective is completed and be prepared to discuss additional goals and objectives.
4. Exhibit compliance with Phase II limitations
5. Exhibit effort to learn time and self-management skills through appropriate attendance at all classes, groups, and appointments
6. Exhibit effort in learning how to apply recovery concepts to daily life while still in treatment through compliance with social absolutes, norms, and expectations listed in the handbook
7. Exhibit effort in using all TC tools consistently and correctly to improve your communication and social skills, through active participation in peer support groups.
8. Participate in the community through leadership roles
9. Exhibit effort to reduce criminal thinking by setting personal boundaries and respecting the boundaries of others.

A **Comprehensive Case Evaluation** summarizing clients' treatment progress and achievement of their treatment goals is prepared by their Primary Counselor approximately two months before their anticipated program completion date (at approximately ten months into the program absent any time extensions). This typically occurs at the end of Phase II but is always done prior to the client's 10th month which could place him in the early part of Phase III. Information from this case evaluation is sent to the judge or parole board.

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

1. Submit a letter to Probation and Parole from a family member or another housing resource indicating one's intended home plan and have identified a legitimate aftercare provider (12 Step meetings do not qualify). Probation and Parole will be required to sign the phase-up sheet before advancement to Phase III.
2. Complete a minimum of 28 weeks in the program.
3. Complete treatment plan goals and objectives on time.
4. Attend at least 7 hours of scheduled classes weekly
5. Have no unexcused absences to classes, groups or other treatment services.
6. Submit an LOC one week prior to the prospective test week requesting to meet with the Phase-Up Committee.
7. Successfully pass the verbal and written sections of the Phase III test.
8. Obtain the approval of the phase-up committee to advance to Phase III.
9. Complete 12 sessions of Pathway To Change groups, if not exempt.
10. Complete or be enrolled in a qualified Relapse Prevention Class. This includes completed Continuing Care and Relapse Prevention Plans with an identified acceptable aftercare provider and an approved home plan.

Phase III: In Phase III, clients focus on applying job skills through involvement in work release (when and if eligible) or institutional employment, balancing that with treatment groups and responsibilities. Clients also complete such tasks as the continuing care plan (home plan, employment, aftercare, etc.), a relapse prevention plan (identifying relapse warning signs and triggers, coping skills, etc.), and a Comprehensive Case Evaluation. There is continuing emphasis on self-help meeting attendance and addressing re-entry issues. Clients also may apply for leadership positions within the TC Structure and serve as role models within the community.

To qualify for a **satisfactory program completion**, clients must do the following:

1. Complete twelve months in the program with a successful case evaluation.
2. Continue to participate fully in all required Phase III treatment activities; display positive role model behavior, and comply with staff directives and program/institutional rules.
3. "Give back" to the community through active participation in community activities, classes, and leadership roles and demonstrate a positive work ethic in all areas of treatment
4. Complete all re-entry interventions as assigned.

Phase III members who fail to fully participate in treatment or meet expectations as senior members of the community after their Case Evaluations have been completed may be receive additional treatment interventions and/or referral to the Offender Management Team. A supplemental report may be forwarded to the court or parole board for reconsideration of release. Offenders are expected to fully participate in all aspects of the program until the court or parole board releases them.

2.6 Individual Counseling

2.6.1 Each offender shall receive a minimum total of one (1) hour of individual counseling per month during all phases.

Upon admission, clients are assigned to a primary counselor. Counselors meet with clients individually on a regular basis or as needed and as indicated by the clients' treatment plans. Individual counseling is a goal-oriented, face-to-face session between the client and his primary counselor to address individualized treatment issues. Emphasis in the individual session is to review the treatment plan to determine client's progress in reaching treatment goals. Individual counseling sessions may also provide a forum for clients to address problems that they are not yet willing to discuss in a group setting. Additionally, counselors help clients make connections between their problems and the information presented in group education and group counseling sessions.

Individual counseling techniques focus on positive role modeling, personal sharing, redirecting members to the TC process and didactic approaches. Upon admission, clients are assigned to a primary counselor, who will facilitate assessment, treatment planning, group counseling, education, family services and individual counseling to clients assigned to their caseloads. Our staff is well-trained in the concepts of cognitive restructuring and motivational enhancement, and clinicians introduce these concepts in each interaction with their clients.

Counselors meet with clients individually on a regular basis as indicated by the client's treatment plan. Individual counseling sessions occur twice during the first month of treatment to complete the assessment and develop the treatment plan, and once per month thereafter.

During individual counseling sessions, counselors also help clients recognize that they are chemically dependent; identify behaviors, including criminal activity, related to their addiction; develop strategies for changing these behaviors; and identify people and activities that can help them attain and maintain recovery. As clients begin to build a crime-free and drug-free life, individual counseling sessions provide the opportunity to address issues identified in the client's treatment plan, and to revise the treatment plan to address new issues. The counselor may help the client to understand how what he has learned in didactic and group sessions applies in a particular case. Throughout treatment, the counselor helps the client make the connections between the problems he is experiencing and the materials presented in group education and group counseling sessions.

Each offender shall receive a minimum of one (1) hour of individual counseling per month during all phases.

2.7 Group Counseling

2.7.1 The contractor shall provide group counseling designed to promote an offender's self-understanding insight into the addictive process, and resolution of personal problems through personal disclosure and interaction among group members.

Gateway Foundation, Inc., dba GFI Services, Inc.

Contact Person: Gregg Dockins

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- a. *Group counseling sessions shall be limited to a maximum of twelve (12) offenders per group.*
- b. *Each offender shall receive a minimum of two (2) one (1) hour sessions of group counseling each week.*

Group counseling sessions are designed to actively involve clients in exploring their unique involvement in substance use and criminal activity. In contrast to group education, group counseling requires clients to examine issues in their lives that led to substance use and/or criminal behavior, such as traumatic events, personal loss, low self-esteem, physical or sexual abuse, gang involvement, etc. Group counseling may also provide opportunities for clients to engage in role playing new ways of interacting that will support their recovery processes. Counseling in a group setting encourages mutual support and universality (a realization that "I'm not the only person with these experiences") and also allows for appropriate challenges and confrontation of maladaptive thoughts and/or behavior by fellow group members.

Group counseling is a means to assist chemically dependent clients to identify and address the issues connected to their substance use and to accomplish the goals and objectives in their individualized treatment plans. The group setting is used to elicit peer feedback, foster trust, and practice social skills, enhance communication, and teach by example. Many clients are pre-contemplative, resistant to treatment or in denial, and/or will not understand the connections between their substance abuse and the difficulties they have faced and continue to face in their family, social, legal, financial and medical relationships. Gateway group counselors utilize the appropriate motivational interviewing and enhancement techniques to "meet the client where they are at," while not reinforcing maladaptive thoughts or behavior.

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

Gateway's current treatment structure at OCC utilizes a case management model in which the primary counselor facilitates clients' treatment experience and draws upon the strengths of a treatment team to provide the best services to clients and to reinforce the concept of "community as method." While the primary counselor does provide individual services such as individual counseling, treatment planning, and psycho-educational classes, various other large and small group activities may be facilitated by another member of the counseling team in close communication and collaboration with the primary counselor.

Group counseling sessions are facilitated by a member of the counseling team. Assignment to a specific process group is decided based on clients' DOC jobs or school schedules. Additional consideration is given to ideal client-counselor "fit." This aspect is especially considered when a client is struggling to engage in the program. These groups are conducted according to traditional group therapy principles and are structured to encourage each client to process his unique treatment issues as identified in his treatment plan. Process groups are smaller in size than family meetings and educational groups in general and allow clients to establish trust and

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

Training on group counseling at OCC focuses on the following principles of group facilitation:

- Orient the group toward a positive focus and control any urge to provide "guidance or direction" simply seek to spin reflections in a motivational (not necessarily educational) direction.
- Keep in mind that you are the facilitator not the controller of the group.
- Allow the group to discover the answers. Never provide the answers.
- Find the opportunity to praise. Withhold criticism (that can be processed in the individual sessions if needed).
- If a client must be challenged, do so at the end of group, or even better, after group. Obviously, immediate security concerns would be an exception.
- Force conversations linking the TC to life after prison. Search out the metaphors and help the clients to make the connections through positive feedback.
- Seek out a solution orientated process. Lead the group in the direction of solution conversations, not problem conversations.
- Never ask, "How do you feel about that?" in counseling group. Shift to behavior focused groups. Instead ask, "What can you do?" or "What are you doing?" (without judgment).
- Seek every opportunity to ask "How is that working for you?"

Group counseling sessions will be limited to a maximum of twelve (12) offenders per group. Each offender will receive a minimum of two (2) one- (1) hour sessions of group counseling each week.

2.8 Recovery Centered Education

2.8.1 Before the implementation of services for Recovery Centered Education, the contractor shall provide the chosen curricula to the Assistant Division Director, DORS, for final approval. Curriculum changes must be submitted for approval before implementation.

As the current contracted substance use disorder treatment provider, Gateway provides a wide range of groups and classes addressing the topics identified below to men incarcerated at OCC. Per the contract, these topics and curricula have all been approved through the prescribed process. Gateway will always obtain authorization to introduce new materials from the Assistant Division Director, DORS. It is Gateways understanding that if awarded this contract current curriculum, already approved under the previous contract, will continue to be allowed.

- a. Recovery centered education sessions shall be limited to a maximum of forty (40) offenders per group session.*

Gateway assures the Department that recovery-centered education sessions will be limited to a maximum of forty (40) offenders per group session.

b. Recovery centered education topics shall include, but are not limited to, the following

- *Stage of Change Approach*
- *Disease Concept of Addictions*
- *Influence of Trauma on Substance Use*
- *Criminal Thinking*
- *Gender Issues in Recovery*
- *Relapse Prevention for Substance Use and Criminality*
- *Review of Effective Approaches to Recovery*
- *Emotions Management*
- *Stress Management Techniques*
- *Family and Social Relationships in Recovery*
- *Domestic/Family Violence*
- *HIV and Other STD Prevention*
- *Recreational/Leisure Skills Development*
- *Smoking Cessation and Nicotine Addiction*
- *Medication Assisted Treatment (RR-MAT)*
- *Driving under the Influence*
- *Victims' Impacts*
- *Co-dependency & Enabling*

Gateway provides information and education addressing many aspects of substance use disorders and criminal attitudes and behaviors. Offenders need information regarding the nature and effects of substance use and dependency and their relationship to criminal thinking, attitudes, and behaviors. Furthermore, as we believe substance use disorders are a disease of the whole person, services are geared toward holistic recovery. Gateway provides this information in a variety of modalities, which may include lectures, educational groups, films, videotapes, and handouts. As described in **Section 2.5.1**, Gateway has developed a novel and unique service delivery system for clients at OCC—The Collegiate Model.

The Collegiate Model seeks to replicate, to the extent possible, the processes associated with university attendance in the community. That is to say, the use of both required courses and elective courses to facilitate completion of a given program. Clients work with counseling staff to register for classes and groups, much as one would if attending college in the community. The client is allowed to register for both core classes and elective classes at various times throughout the day, rather than being locked in to a predesignated "treatment block". The client is held accountable for ensuring that his treatment schedule does not conflict with school, work assignments or other responsibilities and, at the same time, he is empowered to practice responsible living.

Within the model, "required courses" are established to satisfy specific topical requirements of the contract. Beyond that, "elective courses" are designed to provide intervention for unique

needs identified through assessment or treatment planning processes, or that are of particular interest to the client.

Gateway Foundation offers the following courses as a part of its Collegiate Model. Mandatory course tracks and courses are listed in **bold**, are marked as (Required) and are required for all clients. All other courses are considered elective and are chosen based on assessments and client/counselor collaboration. Evidence based practices are listed in *italics*. Evidence-based refers to any concept or strategy that is derived from or informed by objective evidence. Items denoted as evidence based within this narrative will be consistent with established theoretical models and theories, supported either directly or indirectly by published research, and evaluated internally through diverse methods (pre/post-test, quantitative survey analysis, and/or qualitative focus group feedback for efficacy, validity, and reliability).

Recovery Centered Education Topic	Curriculum/Group Options
Stage of Change Approach	<ul style="list-style-type: none"> • Castles In The Sky (Required) • <i>Mindful Recovery (Relapse Prevention)</i> • <i>A New Direction: Criminal And Addictive Thinking</i> • <i>A New Direction: Drug And Alcohol Education</i> • <i>A New Direction: Relapse Prevention</i> • <i>Stages of Change</i> • <i>Conflict Resolution Skills</i> • <i>A New Direction: Socialization</i> • <i>Relapse Prevention (Gorski)</i> • <i>House Of Healing</i> • <i>Living In Balance</i> • <i>Mapping Your Re-Entry Plan: Heading Home</i> • <i>Mediation</i> • <i>Manners For Men</i>
Disease Concept of Addictions	<ul style="list-style-type: none"> • <i>A New Direction: Drug And Alcohol Education</i> • <i>Drugs And The Brain</i> • <i>A New Direction: Relapse Prevention</i> • <i>A New Direction: Criminal And Addictive Thinking</i> • <i>Mindful Recovery (Relapse Prevention)</i> • <i>Thinking For A Change</i> • <i>Dual Diagnosis (MI-3)</i> • <i>Living In The Balance</i> • <i>Relapse Prevention (Gorski)</i> • SMART Recovery Concepts

Recovery Centered Education Topic	Curriculum/Group Options
	<ul style="list-style-type: none"> • Self-Help Options • Targeting Negative Thinking • Rational Recovery / SOS • AA/NA Book Study
<p>Influence of Trauma on Substance Use (Required)</p>	<ul style="list-style-type: none"> • <i>Life Beyond Trauma</i> • <i>Using REBT In Recovery</i> • <i>Dual Diagnosis (MH-3)</i> • <i>Meditation</i> • <i>Living With Intention</i> • <i>The Children Are Watching</i> • <i>House Of Healing</i> • <i>Castles In The Sky (all versions)</i> • <i>Communication Skills</i> • <i>Conflict Resolution Skills</i> • <i>Living In Balance</i> • <i>Broken Past, Brighter Future</i> • <i>DBT Skills</i>
<p>Criminal Thinking (Required)</p>	<ul style="list-style-type: none"> • <i>A New Direction: Criminal Addictive Thinking</i> • <i>A New Direction: Drug And Alcohol Education</i> • <i>Mindful Recovery (Relapse Prevention)</i> • <i>Conflict Resolution Skills</i> • <i>A New Direction: Relapse Prevention</i> • <i>Thinking For A Change</i> • <i>Mapping Your Re-Entry Plan: Heading Home</i> • <i>Castles In The Sky (all versions)</i> • <i>Targeting Negative Thinking</i>

Recovery Centered Education Topic	Curriculum/Group Options
<p>Gender Issues in Recovery (Required)</p>	<ul style="list-style-type: none"> • <i>Men's Work</i> • <i>Dual Diagnosis (MH-3)</i> • <i>Socialization</i> • <i>Living With Intention</i> • <i>Positive Parenting</i> • <i>Living In Balance</i> • <i>House Of Healing</i> • <i>A New Direction: Criminal Addictive Thinking</i> • <i>Communication Skills</i> • <i>Mapping Your Re-Entry Plan: Heading Home</i> • <i>Partners in Parenting</i> • <i>Time Out! For Men: A Communication Skills And Sexuality Workshop For Men</i> • <i>Manners For Men</i> • <i>Out of the Ashes</i> • <i>Prison Break: Breaking Free From Your Mental Prison</i>
<p>Relapse Prevention for Substance Use and Criminality (Required)</p>	<ul style="list-style-type: none"> • <i>Mindful Recovery (Relapse Prevention)</i> • <i>A New Direction: Drug And Alcohol Education</i> • <i>Thinking For A Change</i> • <i>A New Direction: Release & Reintegration Preparation</i> • <i>A New Direction: Relapse Prevention</i> • <i>Relapse Prevention (Gorski)</i> • <i>House Of Healing</i> • <i>Mapping Your Re-Entry Plan: Heading Home</i> • <i>A New Direction: Criminal Addictive Thinking</i> • <i>Conflict Resolution Skills</i> • <i>Living With Intention</i> • <i>Castles In The Sky (all versions)</i> • <i>Living In Balance</i> • Relapse Prevention Lab (Required) • <i>Targeting Negative Thinking</i> • <i>AA/NA Book Study</i> • <i>Prison Break: Breaking Free From Your Mental Prison</i>
<p>Review of Effective Approaches to Recovery (Required)</p>	<ul style="list-style-type: none"> • <i>Mapping Your Re-Entry Plan: Heading Home</i> • <i>Castles In The Sky (all versions)</i>

Recovery Centered Education Topic	Curriculum/Group Options
	<ul style="list-style-type: none"> • <i>Broken Past, Brighter Future</i> • <i>The Children Are Watching</i> • <i>Using REBT In Recovery</i> • <i>A New Direction: Relapse Prevention</i> • <i>A New Direction: Release & Reintegration Preparation</i> • <i>Relapse Prevention (Gorski)</i> • <i>House Of Healing</i> • <i>Skills For Coping with Anxiety</i> • <i>Nutritional Healing</i> • <i>Meditation</i> • <i>Living In Balance</i> • <i>A New Direction: Criminal Addictive Thinking</i> • <i>Mindful Recovery (Relapse Prevention)</i> • <i>Conflict Resolution Skills</i> • <i>Socialization</i> • <i>Communication Skills</i> • <i>Targeting Negative Thinking</i> • <i>Addiction: The Family Disease</i> • <i>Pursuit of Happiness</i> • <i>SMART Recovery Concepts</i> • <i>Growing For Recovery</i> • <i>Self-Help Options</i> • <i>Living With Intention</i> • <i>AA/NA Book Study</i> • <i>Out of the Ashes</i> • <i>Rational Recovery / SOS</i> • <i>Prison Break: Breaking Free From Your Mental Prison</i>

Recovery Centered Education Topic	Curriculum/Group Options
Emotions Management	<ul style="list-style-type: none"> • <i>Castles In The Sky (all versions)</i> • <i>Mindful Recovery (Relapse Prevention)</i> • <i>Skills For Coping with Anxiety</i> • <i>Meditation</i> • <i>Communication Skills</i> • <i>Conflict Resolution Skills</i> • <i>Using REBT In Recovery</i> • <i>A New Direction: Criminal Addictive Thinking</i> • <i>DBT Skills</i> • <i>Pursuit of Happiness</i> • <i>Living With Intention</i> • <i>Targeting Negative Thinking</i>
Stress Management Techniques	<ul style="list-style-type: none"> • <i>Mindful Recovery</i> • <i>Using REBT In Recovery</i> • <i>Meditation</i> • <i>Living In Balance</i> • <i>House Of Healing</i> • <i>Conflict Resolution Skills</i> • <i>Communication Skills</i> • <i>Broken Past, Brighter Future</i> • <i>Socialization</i> • <i>DBT Skills</i> • <i>Self-Help Options</i> • <i>Growing For Recovery</i> • <i>Addiction: The Family Disease</i> • <i>Foundations For Eggcellance</i> • <i>Living With Intention</i> • <i>Targeting Negative Thinking</i> • <i>SMART Recovery Concepts</i> • <i>Pursuit of Happiness</i> • <i>Rational Recovery / SOS</i> • <i>AA/NA Book Study</i>

Recovery Centered Education Topic	Curriculum/Group Options
Co-dependency & Enabling	<ul style="list-style-type: none"> • <i>Broken Past, Brighter Future</i> • <i>Conflict Resolution Skills</i> • <i>The Children Are Watching</i> • <i>House Of Healing</i> • <i>Mindful Recovery</i> • <i>Communication Skills</i> • <i>Addiction: The Family Disease</i> • <i>AA/NA Book Study</i> • <i>Living With Intention</i>
Victims' Impacts	<ul style="list-style-type: none"> • <i>A New Direction: Criminal Addictive Thinking</i> • <i>Castles In The Sky (all versions)</i> • <i>Broken Past, Brighter Future</i> • <i>Partners in Parenting</i> • <i>The Children Are Watching</i> • <i>House Of Healing</i> • <i>DWI Specific Education (CHRONIC)</i> • <i>Socialization</i> • <i>AA/NA Book Study</i> • <i>Out of the Ashes</i> • <i>Addiction: The Family Disease</i>
Driving under the Influence	<ul style="list-style-type: none"> • <i>Mapping Your Re-Entry Plan: Heading Home</i> • <i>A New Direction: Criminal Addictive Thinking</i> • <i>Castles In The Sky (all versions)</i> • <i>DWI Specific Education (CHRONIC)</i> • <i>A New Direction: Relapse Prevention</i> • <i>AA/NA Book Study</i>
Medication Assisted Treatment	<ul style="list-style-type: none"> • <i>RRMAT</i> • <i>12-4-12</i> • <i>Mapping Your Re-Entry Plan: Heading Home</i> • <i>Mindful Recovery</i> • <i>A New Direction: Release & Reintegration Preparation</i>
Smoking Cessation and Nicotine Addiction	<ul style="list-style-type: none"> • <i>Smoking Cessation</i> • <i>Mindful Recovery</i> • <i>A New Direction: Criminal Addictive Thinking</i> • <i>Castles In The Sky (all versions)</i> • <i>Self-Help Options</i>

Recovery Centered Education Topic	Curriculum/Group Options
Recreational/Leisure Skills Development	<ul style="list-style-type: none"> • <i>Meditation</i> • <i>A New Direction: Criminal Addictive Thinking</i> • <i>A New Direction: Relapse Prevention</i> • <i>Nutritional Healing</i> • <i>Living In Balance</i> • <i>Socialization</i> • <i>Foundations For Eggcellance</i> • <i>Growing For Recovery</i>
HIV and Other STD Prevention	<ul style="list-style-type: none"> • <i>Time Out! For Men: A Communication Skills And Sexuality Workshop For Men</i>
Domestic/Family Violence	<ul style="list-style-type: none"> • <i>Conflict Resolution Skills</i> • <i>Meditation</i> • <i>Mindful Recovery</i> • <i>Communication Skills</i> • <i>The Children Are Watching</i> • <i>Positive Parenting</i> • <i>House Of Healing</i> • <i>A New Direction: Criminal Addictive Thinking</i> • <i>Broken Past, Brighter Future</i> • <i>DBT Skills</i> • <i>Castles In The Sky (all versions)</i> • <i>AA/NA Book Study</i> • <i>Targeting Negative Thinking</i> • <i>Manners For Men</i> • <i>Prison Break: Breaking Free From Your Mental Prison</i> • <i>Living With Intention</i> • <i>Addiction: The Family Disease</i>
Family and Social Relationships in Recovery	<ul style="list-style-type: none"> • <i>Mapping Your Re-Entry Plan: Heading Home</i> • <i>The Children Are Watching</i> • <i>Partners in Parenting</i> • <i>A New Direction: Release & Reintegration Preparation</i> • <i>A New Direction: Relapse Prevention</i> • <i>Mindful Recovery</i> • <i>House Of Healing</i> • <i>Positive Parenting</i>

Recovery Centered Education Topic	Curriculum/Group Options
	<ul style="list-style-type: none"> • <i>Castles In The Sky (all versions)</i> • <i>Communication Skills</i> • <i>Conflict Resolution Skills</i> • <i>Nutritional Healing</i> • <i>Socialization</i> • <i>Broken Past, Brighter Future</i> • <i>DBT Skills</i> • <i>Living In Balance</i> • <i>Addiction: The Family Disease</i> • <i>AA/NA Book Study</i> • <i>Prison Break: Breaking Free From Your Mental Prison</i> • <i>Pursuit of Happiness</i> • <i>Out of the Ashes</i> • <i>Manners For Men</i> • <i>Living With Intention</i> • <i>Foundations For Eggcellance</i> • <i>SMART Recovery Concepts</i> • <i>Self-Help Options</i> • <i>Growing For Recovery</i>

All curricula and groups topics are described in detail in our response to **Exhibit F, #7**.

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

2.9.1 Including those on psychotropic medications, offenders shall receive services as indicated herein if they have been classified as moderately (MH-3) impaired (See Attachment #1).

Offenders with co-occurring substance use and mental health disorders, as indicated by their mental health classification scores, will be served in the long-term modified therapeutic community substance abuse treatment program. Currently, approximately 10% of clients assigned to OCC are designated MH-3 and are receiving specialized services.

2.9.2 The contractor shall develop and submit a plan within ten (10) calendar days of the Department's authority to proceed with services for the integration of substance use and mental health services to offenders with Co-Occurring Disorders. The plan shall include any modifications to the treatment model that are deemed necessary and appropriate for these offenders as well as rationale for those modifications.

- a. The contractor shall obtain the approval from the Assistant Division Director, DORS, prior to implementation of curricula and services provided.*

As the current contracted SUD treatment provider, Gateway has developed a successful program plan for integrating offenders with a substance use disorder and a co-occurring diagnosis. Although this current plan was approved by the Department at the inception of the current contract, Gateway understands the necessity to develop and submit a plan that will address the requirements under this IFB. The plan will contain the modifications to the substance use disorder treatment services that will accommodate the mental health needs of individuals with co-occurring disorders to ensure that the offender's multiple needs are met. This will include any appropriate modifications made to the treatment model, along with justification for those modifications. **Gateway is the provider of choice for this contract having already created a program at OCC under the current contract that accomplishes the Department's and Gateway's goal for fully integrating offenders with co-occurring disorders into the program with positive outcomes.**

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

Recognizing that offenders who have co-occurring substance use and mental health disorders require specific attention to both disorders, Gateway bases its approach to treating these offenders on the following guidelines recommended by the National Institute on Drug Abuse (NIDA) as the best practices for this population:

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

In NIDA's *Approaches to Drug Abuse Counseling* (2000), Daley discusses a specific approach to treatment for this group of offenders known as dual disorders recovery counseling (DDRC):

Dual disorders recovery counseling (DDRC) is an integrated approach to treatment of patients with drug use disorders and co-morbid psychiatric disorders. The DDRC model, which integrates individual and group addiction counseling approaches with psychiatric

interventions, attempts to balance the focus of treatment so that both the patients' addiction and psychiatric issues are addressed. Daley's discussion of the DDRC counseling approach recommends a broad range of interventions, including the following:

- Educating [offenders] about psychiatric illness, addictive illness, treatment, and the recovery process.
- Supporting [offenders'] efforts at recovery and providing a sense of hope regarding positive change
- Efforts at recovery and providing a sense of hope regarding positive change.
- Referring [offenders`] for other needed services (case management, medical, social, vocational, economic needs).
- Helping [offenders`] increase self-awareness so that information regarding dual disorders can be personalized.
- Helping [offenders`] identify problems and areas of change.
- Helping [offenders`] develop and improve problem solving ability and develop recovery coping skills.
- Facilitating pharamaco-therapy evaluation and compliance. (This requires close collaboration with the team psychiatrist.)

Gateway clinicians have basic knowledge of both substance use disorders and mental health disorders, including knowledge of diagnostic procedures, medications and therapeutic approaches. The Clinical Supervisor has a thorough knowledge of diagnoses and related issues, along with advanced expertise in dealing with substance use disorders.

The integration of substance use and mental health treatment services at times requires modifications to the modified therapeutic community such as those previously described in this proposal. In all cases when these modifications were necessary, Gateway's clinical supervisors collaborated with the Assistant Division Director, Division of Offender Rehabilitative Services for Substance Abuse Services and the mental health contractor to ensure that the diverse and unique needs of individuals with co-occurring substance abuse and mental health disorders are met by the program. Gateway provided justification and obtained Department approval for them prior to implementing these modifications. We will continue to follow this process under the new contract.

2.9.3 The contractor's program director, working in cooperation with the Assistant Division Director, DORS, and the OCC Warden, shall ensure that program rules, structure, procedures, interventions and policies are modified as needed to serve offenders with Co-Occurring Disorders.

All treatment planning and interventions for designated MH-3 clients are conducted through the collaborative efforts of Gateway's Co-Occurring Disorder Team, led by the Clinical Supervisor and Master's level Counselor III in cooperation with the Chief of Mental Health at OCC. This specifically designated team consults with and informs both the Gateway Program Director and the Warden of needed modifications. All efforts are made to allow clients to be successful in the

program, including allowance for modification of program rules, structure, procedures, interventions, and policies as appropriate.

2.9.4 The contractor's program director shall collaborate with the Assistant Division Director, DORS, and the institutional Mental Health services provider to ensure that the diverse needs of individuals with Co-Occurring Substance Use and Mental Health Disorders are met by the program services.

Clients with special needs, particularly those clients with co-occurring substance use and mental health disorders, succeed in Gateway's treatment programs because of our ability to integrate all treatment services within the same facility to ensure that all disorders are addressed simultaneously and that all treatment is directed toward the same end. Gateway staff members all have a basic knowledge of both substance use disorders as well as mental health disorders.

We adhere to recent clinical literature which demonstrates that clients with co-occurring diagnoses "are best served in treatment settings which are Clinical Case Management (CCM) oriented, rather than based on treatment episodes and client participation in those episodes" (Robels, Bishop, Association House of Chicago, the Illinois *MISA Newsletter*, "Best Practice in Clinical Case Management," June 2001). According to experts in the treatment of individuals with substance use disorders with mental illnesses, CCM consists of providing special attention toward identifying and addressing the full nature of the client's and family's needs, enrolling the client in the appropriate level of care and coordinating treatment regimen components according to the client's assessed needs and treatment environment. Gateway is committed to providing effective integration of services for clients with special needs. We will assure that our staff will be specifically attuned to the special needs of offenders, and will carefully integrate services to meet each client's special needs.

The table below lists the modifications that Gateway makes to our TC model to accommodate participants with co-occurring disorders.

There is increased flexibility in program activities.	Interventions are fewer with greater opportunity for corrective learning experiences.	Orientation and instruction are emphasized in programming and planning.
Meetings and activities are shorter.	Activities proceed at a slower pace.	Breaks are offered during meetings and work tasks based on attention span.
There is greatly reduced intensity of interpersonal interaction.	Engagement and stabilization receive more time and effort.	The conflict resolution group replaces the encounter group.

More explicit affirmation is given for achievements.	Interventions are fewer with greater opportunity for corrective learning experiences.	Criteria for moving to the next phase are flexible to allow lower-functioning participants to successfully move through program phases
Greater sensitivity is shown to individual differences.	Progression through the program is paced individually, according to participants' rate of learning.	Activities are designed to overlap.
There is greater responsiveness to the special developmental needs of the individual.	Activities are designed to overlap.	Assignments are individualized. Criteria for phase movement are flexible to allow lower functioning participants to move through the phase system.
There is greater staff responsibility to act as role models and guides.	More staff guidance is given in the implementation of activities.	Some activities remain staff assisted for a considerable period of time.
Smaller units of information are presented gradually and are fully discussed.	Live-out re-entry (continuing care) is an essential component of the treatment process.	Individual counseling is used to assist in the effective use of the community.
Greater emphasis is placed on assisting individuals.	The conflict resolution group replaces the encounter group.	Individual counseling is provided more frequently, if necessary to enable participants to absorb the TC experience.
Increased emphasis is placed on providing instruction, practice, and assistance.	Participants can return to earlier phases to solidify gains as necessary.	Engagement is emphasized throughout treatment.

Other modifications implemented by Gateway include the following:

Additionally, specific emphasis is placed on training staff to educate clients about prescribed psychotropic medications. Clients are taught about the following:

- The therapeutic benefits of their medications;
- Side effects and ways to deal with these effects in healthy ways;
- The importance of frequent communication with a psychiatrist, particularly when attitudes or behaviors change, indicating a need to readjust dosage;
- The interactive effects that their mental health diagnoses has on their substance use disorder, and vice versa;
- The need to comply with medication regimens;
- Common misconceptions that lead to non-compliance and ways to avoid these pitfalls;

- Approaches that mitigate the intensity of confrontation in group processes, while still confronting dysfunctional attitudes, thought processes and behaviors; and,
- Use of more structured approaches in group settings than might be found in traditional therapeutic communities.

2.9.5 The contractor shall incorporate the following psycho-educational topics in Phase II:

- *Types of mental illness/special needs;*
- *Effects of various mental illnesses on perceptions and behaviors;*
- *An introductory discussion of the biochemical bases of mental health disorders including the physiological effects of psychological trauma;*
- *Basic concepts in understanding the relationship between mental illness and substance use;*
- *Managing and coping with symptoms of mental health and substance use disorders;*
- *Interplay between the effects of co-occurring substance abuse and mental health disorders with interpersonal relationship issues;*
- *Interplay of psychological trauma and psychiatric illness in men; SDA931411-066 17*
- *Family relationships and co-occurring disorders;*
- *Role and importance of medication management and compliance in recovery from mental illness and addiction;*
- *Coping with judgments and stereotypes and overcoming obstacles;*
- *Role of desirable health habits and sound nutrition in recovery;*
- *Psychosocial influences in men's recovery from mental illness and substance abuse; and,*
- *Relapse management and prevention.*

In addition to the classes addressing the issue of co-occurring disorders, Gateway provides specialized psycho-educational and semi-structured process groups that consist of MH3 clients only. These groups are limited to 10-15 clients and are facilitated by a Licensed or Co-Occurring Disorder Certified professional for one hour per week. The *Co-occurring Disorder Treatment Manual* from the University of South Florida currently provides the foundation for the psycho-educational portion of these groups. The following topics are covered:

- The connection between substance use and mental health
- Depression and substance use
- Bipolar Disorder and substance use
- Anxiety Disorder and substance use
- Schizophrenia and schizoaffective disorder and substance use
- Substance Use: Motives and consequences
- Principles of treatment
- Relapse prevention
- Resources in the community

The modules explore risk factors (biological, relational, and environmental), medication and compliance, therapies and support groups, warning signs, risky situations, relapse prevention planning, and a variety of case histories.

Gateway also incorporates the following psycho-educational topics:

a. Types of mental illness/special needs

The *Co-occurring Disorder Treatment Manual* from the University of South Florida addresses the relationship between substance use disorders and other mental health issues. The types of mental disorders addressed include depression, bipolar disorder, anxiety disorder, schizophrenia and schizoaffective disorder as well as some discussion of personality disorders. The curriculum further explores how risk factors and protective factors interact to make one more or less likely to experience mental health and substance use issues.

b. The effects of various mental health disorders on perceptions and behavior

The effects of a mental health disorder on perception and behavior are explored in dedicated sections of the *Co-occurring Disorder Treatment Manual* as they relate to the specific mental illness discussed in that section. Licensed Counselors also provide additional information to clients on an individual basis and through client case staffing/consultation in collaboration with clients' primary counselors and the contracted Chief of Mental Health Services at OCC.

c. An introductory discussion of the biochemical bases of mental health disorders including the physiological effects of psychological trauma

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

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

This topic is explored in depth in "The Connection between Substance use and Mental Health" section of the *Co-occurring Disorder Treatment Manual* and is a recurring theme throughout all co-occurring sessions.

e. Managing and coping with symptoms of mental health disorders and chemical dependency

This topic is at the core of the general idea being conveyed in each psycho-educational session and is explored in detail through the *Co-occurring Disorder Treatment Manual* curriculum for Depression, Bipolar Disorder, Anxiety Disorder Schizophrenia and Schizoaffective Disorder.

f. Interplay between the effects of co-occurring substance use and mental health disorders with interpersonal relationship issues

The effect of co-occurring substance use and mental health disorders is explored in classes focused on family dynamics as well as in the co-occurring groups.

g. Interplay of psychological trauma and psychiatric illness in men

Research has firmly established that incarcerated populations have experienced traumatic events and PTSD at a much higher rate than the general population.¹ The rate of current PTSD among male adult prisoners ranges from 4% to 21%.² Moreover, people with substance use disorders and co-occurring PTSD have poorer treatment outcomes than those without PTSD,³ suggesting that treatment providers must be mindful of the effects of trauma on recovery.³ Therefore, we believe it is essential to assist clients in understanding the relationship between their substance use and mental health, including trauma, issues. If this dimension is ignored, relapse moves from a possibility to a probability. Through use of resources such as Finding Life Beyond Trauma: Using Acceptance and Commitment Therapy to Heal from Post-Traumatic Stress and Trauma-Related Problems, Gateway addresses the interplay of trauma and psychiatric illness both with clients and in training with staff.

h. Family relationships and co-occurring disorders

These discussions become part of family issue discussions for both those individuals who may themselves be struggling with co-occurring disorders as well as those who may have family members who suffer from mental illness.

i. The role and importance of medication management and compliance in recovery from mental illness and chemical dependency

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

j. Coping with judgments and stereotypes and overcoming obstacles

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

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

The Gateway curriculum discusses the importance of hygiene and nutrition in recovery. Gateway has been a supportive participant in OCC medical department’s recent Healthy Living Initiative, “Waist Watchers,” by incorporating client participation into treatment planning and following up on client progress. Classes on Smoking Cessation, Nutritional Healing and fitness are held each quarter to facilitate healthy living habits. Several of these courses have been in collaboration with Medical and Recreational staff in an effort to enhance the quality of support.

l. Psycho-social influences in men’s recovery from mental illness and substance abuse

¹ Scott, C. L. (Ed.) (2010). *Handbook of correctional mental health*. Washington, DC: American Psychiatric Publishing.

² Brink, J. H., Doherty D., & Boer, A. (2001). Mental disorder in federal offenders: a Canadian prevalence study. *International Journal of Law and Psychiatry*, 24, 339–356; Butler, T., & Allnut, S. (2003). *Mental illness among New South Wales’ prisoners*. NSW Corrections Health Service.

³ Quimette, P. C., Finney, J. W., & Moos, R. H. (1999). Two-year post-treatment functioning and coping of substance abuse patients with posttraumatic stress disorder. *Psychology of Addictive Behaviors*, 13, 105-114. doi:10.1037/0893-164X.13.2.105

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The importance of understanding the environmental factors affecting recovery is essential. The process of defining that environment accurately can reveal the risk factors that may impact the likelihood of relapse. By addressing these risk factors, clients can reduce chances of developing or worsening substance use and mental health issues. However, this must involve developing new skills that will assist the client in coping effectively with life stressors. The processes inherent in the Therapeutic Community, combined with informed modifications as needed, allow our clients to navigate psycho-social stressors associated with both recovery and incarceration. Additional socialization topics are offered utilizing the TCU *Building Your Social Networks* material and geared toward clients with a dual diagnosis.

m. Relapse management and prevention

Relapse Prevention curriculum assists clients in exploring their most common high-risk situations and triggers that can lead to a return to substance use. For clients with co-occurring disorders, their mental health plays a major role in relapse prevention. Every effort is made to work with the mental health services provider at OCC to assist these clients with appropriate aftercare to include continuation of medications and mental health counseling.

In addition to the previously mentioned areas that are being addressed in the *Co-occurring Disorder Treatment Manual* curriculum, the following classes have been offered to our dual-diagnosis clients to provide more in-depth exploration of mental health issues and the coping skills specific to those diagnosis. Gateway has submitted curricula for the psycho-educational topics to the Assistant Division Director, Division of Offender Rehabilitative Services for Substance Abuse Services for approval prior to its use in the current contract and we will continue to do so under the new contract. All programming specific to individuals with co-occurring diagnoses is coordinated with the OCC Chief of Mental Health Services to avoid duplication of services. These services are supervised by the Gateway Clinical Supervisor (an LPC) and the Gateway Counselor III (PLPC) and are primarily facilitated by the Counselor III. In addition to the licensed staff, a designated Dual Diagnosis Team working closely with licensed staff and who are primarily Masters level counselors assist with all dual diagnosis programming.

Cognitive Behavioral Skills For Problems With Attention, Disorganization, Impulsiveness And/or Procrastination is a group/course that helps those who struggle with these concerns and teaches skills for organization and planning, reduction of distraction, adaptive thinking, and reducing procrastination. Clients will learn how to understand their initial symptoms as a basis for tracking progress, setting realistic goals, and staying motivated to stick with the process. Problem-solving and managing overwhelming tasks aids participants prioritize and complete projects successfully. The basis of this class is transcendental in nature and incorporates elements of physiology, psychology, spirituality and sociology.

Living and Managing Bipolar is a specialty group for clients with a current documented diagnosis of Bipolar Disorder and classified as MH-3. Clients learn skills for coping with and effectively managing Bipolar Disorder without use of *non-prescribed* substances. This includes recording types and frequency of mood swings, identifying triggers and how to effectively cope with the temptation to self-medicate. Clients must be able to understand how their mental health, substance use and criminal thinking are entwined and can lead to relapse.

The basis of this class is secular in nature and incorporates elements of physiology, psychology and sociology.

Skills for Coping with Anxiety is based on The Anxiety & Phobia Workbook, Fifth Edition, Edmund J. Bourne, PhD, 2010. Clients who experience anxiety-based disorders such as Obsessive-Compulsive disorder (OCD), Generalized Anxiety Disorder (GAD), PTSD and Panic attacks learn holistic ways to take charge of their thoughts. This evidenced-based approach helps clients develop understanding about and use of skills in the areas of Cognitive Behavioral Therapy (CBT), mindfulness training, nutrition, role play and exercise. This class is listed on the transcendental track due to the possibility that spiritual elements of recovery may be discussed with the biological, psychological, sociological components.

Improving Depression is for clients who have been diagnosed with a depressive disorder. This disorder can interfere with daily life, normal functioning and causes pain for both the person with the condition and those who care about him. This class will examine types of depression and how substance use co-occurs with it. Various treatment options and effective coping techniques will also be covered. This class is on the secular track, using biological, psychological, sociological components.

Life beyond Trauma is based on Finding Life Beyond Trauma: Using Acceptance and Commitment Therapy to Heal from Post-Traumatic Stress and Trauma-Related Problems (New Harbinger Self-Help Workbook Paperback – July 1, 2007 by Victoria M. Follette , Jacqueline Pistorello, Steven C. Hayes.) This class will cover ways to live life well after a traumatic event. It uses the powerful techniques of acceptance and commitment therapy (ACT) to help clients take a different approach to painful feelings and chart a new course for a rich and meaningful life. Safety and safe coping skills for trauma will be covered to prevent the use of drugs or alcohol to self-medicate. This class is on the secular track, using biological, psychological, sociological components.

DBT Series: Dialectical Behavior Therapy (DBT) is based on the book The Expanded Dialectical Behavior Therapy Skills Training Manual, Lane Pederson, PsyD, LP, DBTC (2012) and has proven effective as treatment for a range of mental health problems, especially for those characterized by overwhelming emotions. Research shows that DBT can improve your ability to handle distress without losing control and acting destructively. In order to make use of these techniques, you need to build skills in four key areas-distress tolerance, mindfulness, emotion regulation, and interpersonal effectiveness. The DBT Series Skills Group will benefit clients who feel their feelings too intensely (i.e., anger issues, high anxiety, on mood stabilizers, history of self-harm, worried about urges), do not manage feelings well (either through avoidance or over-reacting), do not manage relationships well, and/or do not handle distress well. These classes are offered to clients who are diagnosed through the mental health system. These classes are transcendental in nature and incorporate elements of physiology, psychology, spirituality and sociology.

- **DBT Skills Series 1: Dialectics** particularly helps clients who tend to operate in the extremes through “black and white,” “all or nothing” thinking and helps them to move into the grays to create options for change.

- **DBT Skills, Series 2: Emotional Regulation** is for clients who feel their feelings too intensely (i.e., anger issues, high anxiety, on mood stabilizers, history of self-harm, worried about urges), do not manage feelings well (either through avoidance or over-reacting), do not manage relationships well, and/or do not handle distress well.
- **DBT Skills, Series 3: Mindfulness** helps clients gain awareness of feelings, thoughts, behaviors, relationships, and environment. The goal is for clients to make more informed and effective choices and build a satisfying life.
- **DBT Skills, Series 4: Distress Tolerance** assists clients with coping skills for those times when resolving a problem is not possible - at the moment - without making it worse. Clients will learn how to effectively manage crisis and safety issues.

2.9.6 Curricula for the psycho-educational topics listed in 2.9.5 must be submitted to the Assistant Division Director, DORS, for approval before implementation.

- a. The Department's medical contractor currently provides one session on medication issues.*
- b. The contractor shall coordinate programming in the above areas with the OCC Chief of Mental Health Services to avoid duplication of services.*

Gateway has submitted curricula for the psycho-educational topics listed in 2.9.5 to the Assistant Division Director, Division of Offender Rehabilitative Services for Substance Abuse Services for approval prior to its use in the current contract and we will continue to do so. Programming specific to individuals with co-occurring diagnoses is coordinated with the OCC Chief of Mental Health Services to avoid duplication of services. In addition, the Department's medical contractor provides a session on medication to co-occurring clients.

2.10 Treatment Plan

2.10.1 The contractor shall ensure that the treatment plan includes goals, objectives, and specific interventions to address recovery from substance use disorders, criminality and additional assessed mental health disorders as appropriate. Other special needs necessitating adaptations of the treatment process and interventions shall also be addressed in the offender's individualized treatment plan.

The screening and comprehensive bio-psychosocial assessment data collected during Phase I are designed to guide the development of an individualized treatment plan. Gateway understands that the treatment plan to be utilized at the program is the client treatment plan contained in the MOCIS system and is to be completed within 10 calendar days of admission. The information gleaned from the array of clinical, behavioral and educational assessments is collated into an integrated service delivery plan. This information is assimilated into an individualized treatment plan.

Treatment plans reflect offenders' needs and treatment goals identified during the assessment process and modified and updated throughout the treatment process. The plans are reviewed with offenders in an effort to structure their participation in therapeutic and institutional activities as they proceed into Phase II of the program.

Research has demonstrated that treatment outcomes improve when services are matched to the needs of participants. Therefore, collaboratively establishing treatment plans with clients with a focus on unique and individualized treatment needs is a high priority. Information gleaned from clients during the assessment process provides the means to determine each individual client's unique treatment needs. This treatment planning process actively involves each client and functions to engage them in the treatment and recovery process. Within the Collegiate Model, quarterly registration for groups and classes is coordinated with treatment planning and updating as the Counselor and client work together to formulate an individualized and engaging treatment plan.

The plans outline specific short- and long-term goals, measurable objectives and the specific interventions and activities in which participants will be involved to meet or accomplish the mutually agreed upon treatment objectives. Clients actively assist in developing the treatment plan which is stated in language that the client understands and provides. The following criteria are used in establishing individualized treatment plans:

- A clear statement of client problems as identified during comprehensive intake and assessment processes
- Short- and long-term goals stated terms to correct the identified problems
- Clearly stated action plan(s), stated in measurable terms for each objective, with realistic time frames for achievement
- Specified manner in which treatment services will be coordinated with the client's other institutional, educational and work commitments to insure that there are no conflicts
- Service supports and actions/interventions to accomplish each goal/outcome and the staff member responsible as well as action steps for the offender and supports, including family, if appropriate
- Dates for treatment plan reviews and updates
- Estimated discharge/completion date
- Documented evidence of the client's participation with the treatment plan's development, including signatures by both counselor and participant

Gateway's Treatment Planning Process

Gateway will develop an individualized treatment plan for each offender client within 10 calendar days of the admission to the program. The plans will be reflective of the significant problems identified in the assessment and will be modified as needed throughout the treatment process, with reviews and updates occurring, at minimum, every 90 days. Revisions will be made as additional information occurs through the TCU assessment process. The plans will be reviewed and signed by a supervisor or qualified professional.

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Assessment, diagnosis and treatment planning are seen as ongoing processes. As clients progress through treatment, treatment needs often change. For example, clients with psychiatric symptoms may improve dramatically through participation in treatment. Clients who require medication often find that their psychiatric symptoms dissipate, and dosages may be stabilized, reduced or even discontinued. Clients' treatment needs also change in terms of behavior or attitudes. As clients experience longer periods of abstinence coupled with the structure of the treatment program, treatment issues previously hidden may come to the surface.

Because of this dynamic treatment process, staff members continue to assess clients in terms of knowledge, skills, attitudes and behavior and identify measurable, identifiable and reachable treatment goals and objectives for each participant, which are modified as the client progresses. The description of Gateway's treatment program that follows describes specific criteria which must be achieved before a client will move from one stage to another, and is based on a client's acquired knowledge, skills he has attained and client attitudes toward the treatment process and specific treatment goals and objectives.

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

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

Each counselor is assigned to a Clinical Supervisor or Counselor Supervisor who meets with counselors routinely to provide clinical supervision. Supervision may occur via case staffing's, group supervision sessions, and/or individual meetings. Client progress, appropriateness of the treatment plan, and effectiveness of the counselor's approach are all discussed in detail and recorded by the Supervisor in counselors' development files.

- a. At a minimum, the contractor shall provide the departmental-approved substance abuse and motivation for change assessment(s) that identifies needs, problems and assets. The assessment(s) will be used to develop an initial individualized treatment plan for each offender as described in the above paragraph.*

Gateway currently administers and will continue to administer the **Texas Christian University Treatment Needs and Motivation** assessment (TCU MOTFORM) approximately three weeks after the offender arrival, as part of the battery of TCU assessments. Through the use of this

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instrument, we are able to effectively measure client motivation. The TCU-MOTFORM assesses motivation as indicated by five factors:

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

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

Gateway utilizes the **Criminal Justice Addiction Severity Index (CJ-ASI)** to assess all offenders. The CJ-ASI assesses the nature and extent of offenders’ substance abuse history, treatment history, offenders’ strengths and recovery capabilities, and specific treatment needs. The CJ-ASI was described at length previously in this proposal (please see section 2.4.2).

Through our collaboration with DORS management staff and the DAI administration, Gateway currently uses its computerized version of the ASI (DENS) and has expanded this pc-based application into a network version with a single data base accessible to each clinical staff member from any desktop on the network. This allows the Gateway to aggregate data more readily for external reporting requirements, including for Department information requests.

Information gleaned from all assessment instruments are utilized in the creation of an initial individualized treatment plan.

- b. The contractor shall complete an initial individualized treatment plan within ten (10) calendar days of program admission.*

Gateway will continue to complete initial individualized treatment plans within ten (10) days of program admission for each offender.

- c. The contractor shall complete a treatment plan review and update on each offender at a minimum of every ninety (90) days.*

Gateway will continue to complete a treatment plan review and update with each client at a minimum of every ninety (90) days. Treatment plans can be updated more frequently if clinically indicated.

- d. The contractor shall invite the OCC Warden and a designated Probation and Parole representative to all treatment team meetings.*

As has been our practice throughout our contractual relationship with MODOC, we will continue to invite the OCC Warden and a designated Probation and Parole representative to all treatment team meetings.

- e. Treatment plan reviews shall include input from all treatment team members. Each offender shall participate in his treatment plan review.*

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

Treatment plan reviews and updates are conducted by counselors with their assigned clients and are based on input and feedback from the treatment team and Department staff. Gathering information from all disciplines within the facility allows the team to gain a holistic picture of each client. The information is important in aiding the clinical staff in making effective treatment recommendations and decisions.

Information compiled includes the following: 1) basic information on clients who have progressed through treatment; 2) the client-driven social perspective of the client's progress; 3) assignment and performance as a positive role model within the TC; and 4) overall activity in the living quarters. This information is taken quite seriously by clinicians as indicators of progress or for evaluating the need for intervention.

Additional feedback is collected from various departments at the facility that support treatment. This information includes incidents such as security/rule violations; appointments missed; or participants missing a session without proper notice; and similar information from available sources. Positive feedback is also sought as we believe it is equally important to recognize (and reinforce) when a participant is doing well. Gateway staff pursues specific knowledge on *any issue* pertaining to the participants' treatment needs from various departments and disciplines as needed for treatment planning purposes.

Gateway recommends that our clinicians and on-site Department representatives meet jointly at least once each week to discuss program issues and individual client progress. This joint staffing goes far to ensure that Gateway and the Department continue to communicate and provide services in a consolidated manner. We are proud of the joint clinical staffing process we have developed and utilized at OCC and intend to continue and to improve on that practice.

The mechanism developed to assure that significant members of the treatment team meet to evaluate the appropriateness of the treatment plan and goals, and to discuss the client's progress, includes weekly treatment team meetings, or "staffing's." Staffing's allow members of the treatment team to meet to discuss the treatment plans and progress of each client. Interventions and treatment strategies are identified and discussed thoroughly.

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

- f. The contractor shall ensure that all assigned treatment team members, as well as the offender, sign the treatment plan reviews and updates.*

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

2.10.2 Prior to discharge, the contractor shall address within the treatment plan continuing care needs as discussed with the offender. The plan must detail continuing substance use and mental health service needs. The contractor should consult with the OCC Chief of Mental Health Services to determine appropriate referral(s) for offenders with diagnosed mental health problems.

- a. The contractor shall review the continuing care and recovery plan with the supervising institutional Probation and Parole Officer and consult with field Probation and Parole staff regarding appropriate referrals.*

Counselors ensure that offenders' continuing care needs are addressed within their treatment plans. **Aftercare plans** focus on linking each offender to community resources for continuing care for both substance use and mental health disorder treatment services required by the offender to continue recovery efforts as identified by assessments and monitoring during treatment. Additional needs are also addressed as applicable (e.g., child care, transportation, document retrieval, etc.).

Staff consults with the OCC Chief of Mental Health Services to determine appropriate referral(s) for clients with diagnosed mental health issues. Additionally, Gateway Counselors review the continuing care and recovery plan with the supervising institutional Probation and Parole Officer and consult with field Probation and Parole in accordance with Department policy.

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Planning includes identifying and orchestrating for each client the referrals for services and resources both inside and outside the prison system. Clients' needs are outlined according to priority; an organized plan to meet those needs is developed by the Counselor in conjunction with the client, the correctional case manager and Probation-Parole Officers. Close attention is paid to the continuing care needs of clients based on their individualized special needs.

Draft aftercare plans are completed by clients in conjunction with their primary counselors just prior to completion of the case evaluation report (at about the 10th month). These are discussed with appropriate staff to include, at minimum, the primary counselor and corrections caseworker. Gateway Counselors consult with the OCC Chief of Mental Health Services to determine appropriate referral(s) for offenders with diagnosed mental health problems. Plans are focused on linking each offender to community resources for continuing care for both substance use and mental health services required by the offender to continue recovery efforts as identified by assessments and monitoring during treatment.

The continuing care plan is *finalized* by the counselor and client in collaboration with the DOC Case Managers prior to completion of the case evaluation. At that point, continuing care needs have been identified and resources to provide after care services have been selected by clients in conjunction with their counselors. This information is forwarded to Probation and Parole for approval. The information is sent to the Corrections Case Manager by Probation and Parole. The DOC Case Manager then makes contact with the service providers in the community to make or verify appointments (to the extent possible).

Transcripts

Gateway has developed a transcript documenting titles of classes (education groups) taken, applicable track work, and description of the completed classes. The transcript, given at discharge, provides clients with a record of their education groups completed, and consistent with the collegiate model concept. An example follows:

Class #	Class Title	S=SECULAR F=FAITH-BASED T=TRANSCENDENTAL	DESCRIPTION + class category as Biological (B), Psychological (P), Social (S), Spiritual (SP)
QC 6	Criminal Addictive Thinking - (ND)	Secular	Criminal & Addictive Thinking teaches participants how to begin changing what and how they think by understanding that (1) thinking greatly influences one's feelings and behavior; (2) we can learn to monitor our thinking (to think about our thinking) and change it; and (3) feelings and behavior patterns will change based upon the changes in thinking patterns. (B/P/S)

This documentation serves two important purposes. First, having a record of the "classroom" work one has completed can validate the client's effort to change. This can be worth review

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when available to the Probation and Parole office, the court, or the aftercare provider, potential housing providers, or family. Second, when the client reviews his work, the document shows that he was successful in following through with a commitment to invest in his well-being and his future. Many offenders have had few opportunities to experience success and this is proof that they are capable of meeting expectations, following rules and staying focused on positive outcomes.

2.10.3 The contractor shall complete a discharge summary preferably by the day of treatment discharge, but no later than three (3) working days of the offender's discharge from the program. The treatment plan with applicable continuing care recommendations and the discharge summary, must be completed in the Department computer system and made available to Probation and Parole and Classification staff in accordance with Department policy.

Gateway agrees to complete a discharge summary and forward it to the probation and parole officer with notification of completion of the TAP/Treatment Plan. By the day of release, but no later than three (3) working days of offenders' discharge from the program, the Treatment Plan, including the continuing care recommendations and discharge summary, will be completed and submitted for inclusion in the Continuing Care Packet in accordance with Department policy. Gateway is able to assure the Department of meeting this requirement through our offender discharge planning group process.

Discharge Summaries

As detailed previously, the Gateway treatment team assists offenders in developing continuing care plans that include specific actions and referrals for continuing recovery. Upon completion, the plans will be forwarded to the institutional probation and parole officer and will contain the following information:

- Admission and discharge dates
- Reasons for admission and referral source
- Assessment summary, including statement of the problem, screening and substance abuse classification analysis scores
- Description of services provided, progress, and outcomes achieved
- Medical status and any needs that require ongoing monitoring or support, including prescribed medication
- Reason for and type of discharge
- Aftercare/continuing recovery recommendations and relapse prevention plans for substance abuse and criminality

TCU assessment summaries and scores are made available to DOC, aftercare providers, and field probation/parole officers in compliance with applicable law including provisions of the federal regulation of Confidentiality of Drug Abuse Patient Records, 42 CFR Part 2, and the Health Insurance Portability and Accountability Act as amended (HIPAA).

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A copy of each of the four (4) administration summaries of the TCU battery of assessments is placed in the client's treatment file. The discharge summary will include a statement of the relevant assessment scores that are indicative of or pertinent to the client's progress, strengths and weaknesses, risk assessment, treatment readiness and engagement issues, or social and psychological functioning. A Final TCU Report includes all available TCU report summary scores, as well as graphical representations of the client's TCU scores.

All relevant data derived from the TCU report summaries available at the time of the client's case evaluation is included within the case evaluation report that is provided to the Department's on-site probation and parole office. The client's TCU report summaries are made available to the client's aftercare provider via the Authorization for Disclosure of Consumer Medical/Health Information form that is to be completed and signed by the client prior to client's discharge in compliance with the aforementioned applicable laws. A completed TCU summary report is forwarded to Gateway's St. Louis Free & Clean program for clients who discharge to continuing care at this facility.

Gateway understands that the inclusion of the TCU assessment reports and summaries are supplemental to the information required in the discharge summary. This process has been approved for the current contract and will be re-submitted for approval to Assistant Division Director, Substance Abuse Services prior to continuation under the new contract.

2.10.4 The contractor shall ensure that the offender signs the Department approved Release of Information form to facilitate the release of the documents contained within the Continuing Care Packet, to the designated community resource and referral agencies for clients designated high risk and those receiving medication assisted treatment. The contractor shall work with Department staff to ensure that the documents are forwarded immediately to the referral agencies as requested.

Gateway routinely ensures that offenders sign the Department-approved Release of Information form to facilitate the release of the documents contained within the Continuing Care Packet to the designated community resources and referral agencies.

2.10.5 The contractor shall collaborate with interdivisional institutional staff to provide the assessment information necessary to assist in the development of an effective Transition Accountability Plan (TAP) and to ensure that, in accordance with Department policy, information pertaining to appropriate continuing care and recovery support services are provided to Department staff for inclusion in the transitional components of the TAP.

Gateway understands that a Department Transition Accountability Plan (TAP) for each offender is developed by Department staff to identify and address individualized re-entry needs.

Our closely developed relationships with the interdivisional institutional staff allows consistent collaboration to provide the assessment information necessary to assist in the development of an effective TAP and to ensure that, in accordance with Department policy, appropriate continuing care and recovery support services are included in the transitional components of the TAP. We

further understand and agree that the TAP development and implementation may require collaboration with field Probation and Parole staff and partnering agencies in the community, particularly when a client is screen as a "high-risk" client referred to community based SUD treatment.

Gateway staff at OCC and the St. Louis Outpatient (Free and Clean) Treatment Program as well as Probation and Parole staff, began to identify offenders who would be released to the St. Louis area and determined who the post-release Probation and Parole Officer and the Gateway Counselor would be once the client was released. We have found that this process has improved communications between the institution, offenders, and post-release staff. With approval and support from the Department, Gateway would be eager to continue and improve upon this process or adopt additional ideas. Gateway, the Department, and Probation and Parole have initiated a more intensive process for all clients receiving RR-MAT services, particularly for those who receive pre-release medication assisted treatment (Vivitrol), and we have found this measure to increase client engagement in community based treatment.

2.11 Clinical Records and Documentation

2.11.1 The contractor shall ensure that the clinical records contain the following documentation:

- *Initial screening and assessment interview, substance use assessment, and ICA-SA*
- *Summary report/narrative of initial assessment*
- *Treatment contract (See Attachment #4), offender orientation to program services and rules, offender's rights to confidentiality statement, and offender's rights to grievance procedures*
- *Verification of Program Options Form*
- *Requests, receipts, or releases of information signed by offender*
- *Initial individualized treatment plan, updated treatment plan(s) and treatment plan review*
- *Discharge summary*
- *Program completion forms*
- *Substance Abuse Traffic Offender Program (SATOP) Comparable Program Form if appropriate*

Gateway records, developed and approved for the current contract, contain each of the documents listed above. We will re-submit these forms, if requested and required, for approval under the new contract. All of our clinical forms are subject to revision based on the preferences and needs of the Department. We have included a copy of our Clinical File Index in the Appendix. The Index lists the various forms we utilize and the time frames within which each clinical document is completed. We believe that these time frames are appropriate for purposes of treatment programs at OCC. However, Gateway will modify them as needed to comply with the Departments requirements. Our counselors complete all clinical documentation for their

assigned client caseload, and clinical/counselor supervisors ensure that Gateway documentation standards are met.

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

2.11.2 Documentation of the assessment must include, but is not limited to:

- *Demographic and identifying information*
- *Statement of needs and treatment expectations from the offender*
- *Presenting problem/situation and referral source*
- *History of previous substance use and/or psychiatric treatment including number and type of admissions as well as any current psychiatric symptoms*
- *A brief summary of health/medical history, if available*
- *Current medications and identification of any medication allergies and adverse reactions*
- *Alcohol and drug use for the thirty (30) days prior to incarceration and a substance abuse history that includes type of drug, patterns of use, duration and consequences of use*
- *Family, social, vocational, educational, legal, and recreational/leisure status and functioning (the collection and assessment of historical data is required in addition to the current status)*
- *Personal and social resources and strengths, including the availability and use of family, social, peer, and other natural support systems*
- *The offender's assessed readiness for change for both substance use and criminality*

We agree that documentation of the assessment will continue to include, but will not be limited to, the assessment components listed above. A detailed discussion regarding assessments is included in **Section 2.4 Assessment Requirements**. In order to avoid redundancy, we have not repeated that information here.

However, we would like to reiterate that Gateway's DENS-based ASI is a computerized version of the ASI that assists in collecting client information and generates reports in an efficient manner. The computerized version allows Gateway to quickly formulate and document individualized treatment plans based on information obtained from the ASI. It is important to note that use of a computerized version does not detract from the counselor-client interview process and produces treatment plans that are unique and individualized according to each client's treatment needs. Through this process Gateway ensures that treatment plans are comprehensive and address all of the information obtained during the assessment process.

2.11.3 Individualized Treatment Plan shall include the following information:

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

All treatment plans are individualized based on the client's assessment as well as the client's input. Gateway agrees that the individualized treatment plan will include the required information listed above. Please see **Section 2.10 Treatment Plan** for a full description of treatment plans.

The screening and comprehensive bio-psychosocial assessment data collected during Phase I are designed to guide the development of an individualized treatment plan. Gateway understands that the treatment plan to be utilized at the program is the client treatment plan contained in the MOCIS system and is to be completed within 10 calendar days of admission. The information gleaned from the array of clinical, behavioral and educational assessments is collated into an integrated service delivery plan. This information is assimilated into an individualized treatment plan.

The plans outline specific short- and long-term goals, measurable objectives and the specific interventions and activities in which participants will be involved to meet or accomplish the mutually agreed upon treatment objectives. Clients actively assist in developing the treatment plan which is stated in language that the client understands and provides. The following criteria are used in establishing individualized treatment plans:

- A clear statement of client problems as identified during comprehensive intake and assessment processes
- Short- and long-term goals stated terms to correct the identified problems
- Clearly stated action plan(s), stated in measurable terms for each objective, with realistic time frames for achievement
- Specified manner in which treatment services will be coordinated with the client's other institutional, educational and work commitments to insure that there are no conflicts
- Service supports and actions/interventions to accomplish each goal/outcome and the staff member responsible as well as action steps for the offender and supports, including family, if appropriate
- Dates for treatment plan reviews and updates
- Estimated discharge/completion date
- Documented evidence of the client's participation with the treatment plan's development, including signatures by both counselor and participant

2.11.4 Progress Notes shall include the following information:

- *Description of the specific service provided*
- *Date and actual time (beginning and ending times) for the service was rendered*
- *Legible signature and title of staff rendering services*
- *Relationship of services to the individualized treatment plan, with references to specific goals, objectives and interventions*
- *Description of offender's participation and response to services provided*
- *A brief summary of important information shared by the offender during the session*
- *Planned future action by offender and/or staff*

Gateway assures the Department that progress notes will include the required information highlighted above. All individual sessions and clinical notes are documented in narrative progress notes in participants' files. Individual session notes include the date and time of client contact, type of session, designation of Master Treatment Plan problem addressed in the session, and a narrative description of the session. Clinical notes are done in DAP format (D = Data, A = Assessment, P = Plan) to ensure that notes are specific, targeted and individualized. Staff receives ongoing training in the DAP process, as well as all other areas of documentation.

2.11.5 Discharge Summary shall include, regardless of discharge status, the following information:

- *Admission and discharge dates*
- *Reasons for admission and referral source*
- *Statement of the problem*
- *Assessment summary completed in accordance to specifications herein*
- *Description of services provided, progress, and outcomes achieved*
- *Medical status and any needs that require ongoing monitoring or support, including prescribed medications*
- *Reason for and type of discharge*
- *Continuing care/aftercare plan and a structured plan of recovery including relapse prevention guidelines for substance use and criminality*

Gateway agrees that discharge summaries will include the required information, regardless of discharge status. As detailed in **Section 2.10.3**, the Gateway treatment team assists offenders in developing continuing care plans that include specific actions and referrals for continuing recovery. Upon completion, the plans will be forwarded to the institutional probation and parole officer and will contain the following information:

- Admission and discharge dates
- Reasons for admission and referral source
- Assessment summary, including statement of the problem, screening and substance abuse classification analysis scores
- Description of services provided, progress, and outcomes achieved

- Medical status and any needs that require ongoing monitoring or support, including prescribed medication
- Reason for and type of discharge
- Aftercare/continuing recovery recommendations and relapse prevention plans for substance abuse and criminality

TCU assessment summaries and scores are made available to DOC, aftercare providers, and field probation/parole officers in compliance with applicable law including provisions of the federal regulation of Confidentiality of Drug Abuse Patient Records, 42 CFR Part 2, and the Health Insurance Portability and Accountability Act as amended (HIPAA).

2.12 Certification Requirements

2.12.1 The contractor shall comply with and continuously meet the certification requirements set forth by the Missouri Department of Mental Health, Division of Alcohol and Drug Abuse as may be applicable. (See Certification Standards for Alcohol and Drug Abuse Programs 9CSR 10 Chapter 7 Core Rules for Psychiatric and Substance Abuse Programs.) The standards can be viewed and downloaded from the following website: <http://s1.sos.mo.gov/cmsimages/adrules/csr/current/9csr/9c10-7.pdf>

Gateway is currently certified by the Missouri Department of Mental Health, Division of Behavioral Health. Our certification is effective through March 21, 2018. We will proceed with the application process at the time of renewal, as directed by the Department of Mental Health. **Awarding Gateway this contract again ensures that there is no lapse in certification, thus no lapse in client care.**

JEREMIAH W. (JAY) NIXON
GOVERNOR



KEITH SCHAFER, Ed.D.
DIRECTOR

MARK STRINGER
DIRECTOR
DIVISION OF
BEHAVIORAL HEALTH
(573) 751-9499
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STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH

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P.O. BOX 687
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(573) 751-4122
(573) 751-8224 FAX
www.dmh.mo.gov

May 6, 2015

Michael Darcy, Chief Administrative Officer
Gateway Foundation, Inc. dba GFI Services, Inc.
55 E. Jackson Blvd. Suite 1500
Chicago, IL 60604

Dear Mr. Darcy:

The plan of correction submitted by your agency in response to Deficiency 1, 9 CSR 10-7.110 **Personnel (2) Qualified and Trained Staff. (A)**, cited during the March 17, 2015 certification survey has been reviewed and approved. Deficiency 2, 9 CSR 10-5.190 **Background Screening for Employees and Volunteers (7) (B)**, was rescinded based on review of supporting documentation from your agency verifying the personnel in question did not have disqualifying crimes. The enclosed certificate verifies Ozark Correctional Center is certified to provide Institutional Corrections Program Treatment.

The certificate is effective April 1, 2015 - March 31, 2018. You will be contacted prior to the expiration date regarding the next full certification survey.

Thank you for your cooperation during the certification process.

Sincerely,

A handwritten signature in cursive script that reads "Nora K. Bock".

Nora K. Bock, MS, LPC
Director of Adult Community Treatment

Enclosure

ec: Rhonda Turner
Gail Black
Greg Apperson
Marta Nolin
Anita Salisbury
Steve Doherty
Duane Cummins
Glenn Baer Hubner



Having demonstrated compliance with certification standards for organizations providing substance abuse treatment,



**Gateway Foundation, Inc. dba GFI Services,
Inc.
Ozark Correctional Center**

is fully certified by

**The Department of Mental Health
Division of Behavioral Health**

to provide the following services:

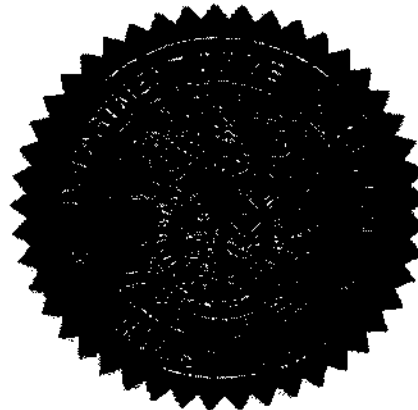
Institutional Corrections Treatment

2045

Certificate Number

April 1, 2015—March 31, 2018

Date



A handwritten signature in black ink, appearing to read "John A. ...".

Deputy Director

Gateway Foundation, Inc., dba GFI Services, Inc.

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2.12.2 The contractor shall obtain certification from the Missouri Department of Mental Health, Division of Alcohol and Drug Abuse within one (1) calendar year of service implementation, unless granted written permission by the Assistant Division Director, DORS, and the Division of Behavioral Health/DMH to delay full certification.

As demonstrated in **Section 2.12.1**, Gateway is the currently certified by the Missouri Department of Mental Health, Division of Behavioral Health. Awarding this contract to Gateway Foundation would allow no interruption DMH-DBH certified services.

- a. The contractor accepts and understands that when the collaboratively developed, revised institutional standards are approved by the Department of Mental Health, the contractor is expected to transition to those revised standards.*

Gateway staff at OCC have been privileged to participate as contributors in the collaborative development of the revised institutional standards, and will quickly and efficiently transition practices, as needed, to mirror these revised standards once approved by the Department of Mental Health.

2.13 Security

2.13.1 The Department shall provide and be entirely responsible for the security of the contractor's staff while in the Department facility. The level of security provided shall be consistent with and according to the same standards of security afforded to Department personnel.

Gateway understands that **the first priority in a correctional facility is safety and security.** In all of Gateway's correctional treatment programs, our philosophy has been: "We are a guest in your home." Our treatment programming has been designed to accommodate myriad established rules, regulations, policies, procedures, and schedules designed to enhance security. Gateway will continue to ensure that effective substance use disorder treatment is implemented without compromising the safety and security of staff, offenders, or the facility and that internal policies, procedures and rules required to operate the program in conformity with the Department's regulations are strictly followed.

Gateway strives to maintain **positive, cooperative** relationships with contracting corrections agencies and proceeds with care to respect each agency's laws, rules, regulations, and procedures. In turn, we hope to foster a sense of mutual respect and camaraderie that translates into the highest quality of service for the agency and for each individual participant.

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

2.13.2 The Department shall provide security and security procedures to protect the contractor's equipment as well as Department equipment. The contractor shall ensure that its

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own staff adheres to all Department policies and procedures regarding security, custody, and control of offenders.

Gateway has invested substantial time and funds to properly train staff on security protocols and procedures under the current contract and will continue this practice.

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

2.14 Training Requirements

2.14.1 The contractor shall cooperate with the Department regarding orientation and training efforts as may be required herein. The contractor understands and agrees that expenses incurred on behalf of its employed or contracted staff members, including, but not necessarily limited to meals, mileage, lodging and displacement, shall be its own responsibility for payment. The contractor shall not be obligated nor be allowed to pay any expenses incurred by the Department in such instances.

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

Orientation and training shall include the following:

- a. Completion of the Department's three (3) day Basic Training prior to initiation of services.*

Gateway staff will complete the Department of Corrections' three (3) day Basic Training prior to initiation of services.

- 1) At the discretion of the Department and upon the Department's authorization to proceed with services, the contractor's staff members attending basic training may be staggered over a period of time to be mutually agreed upon by the Department and the contractor.*

Gateway understands that, at the discretion of the Department, upon initial contract award, Gateway's staff members attending basic training may be spread over a period of time to be mutually agreed upon by the Department and Gateway.

- b. Completion of host institution orientation as required by the OCC Warden*

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- 1) *The contractor shall also require all full time, part time, backup or substitute personnel to complete the host institution orientation prior to initiation of services.*
- 2) *Backup or substitute personnel shall meet the three (3) week Basic Training requirement if they will provide services in the institution for sixty (60) consecutive working days or longer.*

All Gateway program staff members who provide services within the institution will comply with the training requirements. Gateway requires all full-time, part-time, back-up or substitute personnel to complete the host institution orientation prior to initiation of services. Backup or substitute personnel will meet the 3-Week requirement if they will be providing services in the institution for 60 consecutive days or longer.

- c. *A minimum of up to thirty (30) hours of professional development/Department of Corrections training annually, which shall include:*
 - *Training on the MOCIS Healthcare Module (confidentiality/treatment documentation), as required;*
 - *Harassment, Discrimination and Retaliation*
 - *Prison Rape Elimination Act (PREA)*
 - *Maintaining Appropriate Professional Boundaries*
 - *Security Mentor and other cyber security training*

Gateway currently complies with this requirement and will continue to do so under the new contract. As noted throughout this section, Gateway has an extensive training program and in-service process. Gateway has been compliant with specific Department generated training in all previous contracts, having achieved 100% compliance with required Department training, and will continue to do so. Gateway far exceeds the required 30 hours of professional development training annually and is compliant with Department requirements to include:

- All new staff is required to complete MOCIS training within their first 4 weeks of employment and prior to assignment to direct client services. As development of the MOCIS system is ongoing, updated in-services are provided with each new change or modification to the system.
- Gateway staff completes Harassment, Discrimination, and Retaliation training twice each year in addition to initial orientation training in these areas. Gateway staff are required to complete both the Departments web-based training as well as the Gateway Relias based training annually.
- Gateway staff completes initial PREA training upon hire, and prior to client contact. Additionally Gateway staff complete annual re-training as required by the Department.
- Gateway conducts extensive training in Professional Boundaries annually. This includes several 8 hour trainings (totaling 24 hours) on the following topics: Ethics and Boundaries in the Criminal Justice Environment, The Culture of Corrections, and Games Criminals Play. Additionally, Gateway is compliant with all directions from the Department to complete Department web-based training as prescribed.

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- Gateway staff completes extensive and ongoing cyber-security training prescribed by the Department to include Security Mentor web-based in-services monthly, and assigned additional cyber-security training released through the Department Training Division.

2.14.2 In addition to Department required trainings, the contractor shall ensure that staff receive a minimum of twenty (20) hours of professional development and in-service training.

Gateway is committed to ongoing and extensive efforts to increase professional development and advancement, as has been indicated by our performance under the current contract. The following is an example of Gateway provided in-service trainings over the past year. Gateway consistently opens these training opportunities to Department staff, and participates in Department provided training to ensure that important cross-training and inter-disciplinary perspectives are maintained.

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Official Gateway Trainings Offered – 2016-2017

Training Date	Training Topic	Hours
01-07-2016	How to Manage Priorities & Projects	1
01-14-2016	Communication Skills That Make A Difference	1
01-21-2016	Correct Problem Behavior	1
01-26-2016	Ethics	3
01-26-2016	Castles in the Sky	5
02-04-2016	Supervisor Manage Thyself & Control Conflict in the Workplace	1
02-12-2016	Team Building	8
03-22-2016	From the Client's Perspective	1
04-05-2016	TCU Survey Experiential Training	3
04-07-2016	RRMAT Education	1
04-12-2016	Applying TCU in Tx Planning	2
04-19-2016	From the Client's Perspective	1
04-25-2016	Castles in the Sky	3
04-26-2016	Castles in the Sky	3
05-31-2016	From the Clients Perspective	1
06-17-2016	RR Mat-Education	1
06-24-2016	Wasted Time	1
07-22-2016	Peer Support	1
08-30-2016	Boundaries and Ethical Reflections	8
08-31-2016	Castles in the Sky	5
08-31-2016	Why, What, When of Intervention	3
08-29-2016	Therapeutic Community; This Thing We Do	8
09-01-2016	Tight House	4
09-01-2016	TCU Assessment and Treatment Planning	4
09-02-2016	TC 101	8
11-01-2016	Self-Care; What Is It and Why Is It	1
11-08-2016	Self-Care Compassion Satisfaction	1
11-15-2016	Self-Care – Holistic Health	1
11-22-2016	Self-Care – Disconnection from Work	1
11-29-2016	Self-Care – Laughter Best Medicine	1
12-05-2016	Corizon – Mental Health and Suicide Prevention	4
01-10-2017	HIPPA	1
01-12-2017	Conversations in Leadership	1
01-31-2017	Conversations in Leadership	1
02-07-2017	Conversations in Leadership	1
02-14-2017	Security Check List	1
02-28-2017	Conversations in Leadership	1
03-14-2017	Securing Yourself	1
03-21-2017	Conversations in Leadership	1
03-28-2017	Conversations in Leadership	1
04-04-2017	Conversations in Leadership	1
04-06-2017	Castles in the Sky	2.5
04-18-2017	Security – Broken Window	1

2.14.3 The contractor shall agree to participate in additional training as deemed necessary by the Department to ensure successful compliance of the contract.

a. Training in the OCC model of modified therapeutic community shall be included

Gateway agrees to participate in additional specialized training as necessary by the Department to ensure successful compliance with the contract, including annual training in the OCC Modified Therapeutic Community Model.

2.14.4 The contractor shall provide on-going in-service training to clinical staff.

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

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

In-service trainings may be conducted by Gateway staff members or by non-Gateway professionals when necessary. The Program Director will ensure that all trainers selected to provide in-service training have the proper credentials and experience.

2.14.5 The contractor shall provide cross-training to department staff on an annual basis.

We have found over the years that our cross-training efforts have gone far to develop positive, mutually beneficial relationships between our staff and Department representatives and contribute to quality treatment services in Corrections arenas.

In consultation with the Department and the OCC Warden, Gateway will provide cross-training to Department staff to orient them to new services and to identify and address staff concerns. Gateway will attempt to provide cross-training on an ongoing basis and at various times of the year to accommodate the training needs of newly hired Corrections personnel as needed. It is vital that all staff working within the OCC program understand the key principles and operations of the OCC Modified Therapeutic Community.

All Department training experiences will be evaluated on a regular basis, and Gateway will solicit feedback from Department staff. The evaluations and feedback will be utilized to adapt training efforts to better meet Department needs, including the need to expand training for certain topics or to provide education in additional areas.

2.14.6 Pathway to Change Facilitator Training: The three (3) day facilitator training is required for all staff who facilitate Pathway to Change groups prior to assuming that role.

Gateway agrees to and understands the importance of participating in *Pathway to Change* Training for all staff and ensures that only trained staff will be utilized in the delivery of the *Pathway* classes. Additionally, Gateway has requested *Pathway* Master Facilitator Training for a number of Gateway employees. If allowed, this will expedite the training of new facilitators at OCC and will increase the quality and frequency of fidelity oversight. If allowed to obtain the Master Facilitator Training, Gateway recognizes that all cost associated with its delivery for Gateway staff will be the responsibility of Gateway.

2.14.7 Participation in and attendance at training shall be documented in staff training records.

Training Records

A training record is completed for each employee. The training record is maintained as an on-going document and includes the New Employment Orientation Checklist, In-service Checklist - Mandatory Training, and In-service Checklist - Additional Training. Training records are kept by the unit administrative support staff and updated as training opportunities are offered. Certificates of completion are kept with each employee's training record as verification of course completion.

New Employee Orientation

The following orientation items must be reviewed prior to any new employee working without immediate supervision. Each session includes presentation of materials and group discussion during 1 - 1.5 hour training sessions. The New Employee Orientation includes the following:

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

New employees are oriented to clinical activities based on a "Watch-Do-Teach" model. New employees observe a given task or activity; they perform that activity in conjunction with a mentor, and then perform the activity under the observation of the assigned mentor. The mentor provides feedback and additional instruction repeating the "Watch-Do-Teach" process until the

trainee exhibits competence in the task or function. Clinical/Counselor Supervisors provide a final review of proficiency and additional feedback to the new employee. Normally, this initial orientation to clinical activity follows a four week schedule as follows:

Initial Orientation for New Counselors

Week I: Watch

- **Day 1 Work Schedule:** 8:00 a.m. – 4:30 p.m.
- **Day 1 Activities:** spent with the office manager completing all intake paperwork and HR required tasks
- **Day 2 Activities:** spent with a primary mentor; focused on routine therapeutic activities. The Initial Training Log will be completed as activities are observed.
- **Day 3 Activities:** continue observing activities and tasks from the Initial Training Log
- **Day 4 Activities:** continue observing activities and tasks from the Initial Training Log
- **Day 5 Activities:** meet with Clinical/Counselor Supervisor to review the previous week activities; review Initial Training Log; create schedule for week II that ensures all general and day shift activities not yet observed will be observed.

Week II: Do

- **Days 1 & 2 Work Schedule:** 6:15 a.m. - 2:45 p.m.
- **Days 1 & 2 Activities:** follow the schedule previously established to ensure that all day shift activities have been observed.
- **Days 3 & 4 Activities:** co-facilitate activities and tasks; complete the “Performed With” section of the Initial Training Log for all general and day shift activities and tasks.
- **Day 5 Activities:** meet with Clinical/Counselor Supervisor to review the previous week activities; review Initial Training Log; create schedule for week III that ensures all general and evening shift activities not yet observed will be observed; any activities previously observed will be performed with a mentor.

Week III: Teach

- **Days 1 & 2 Work Schedule:** 6:15 a.m. – 2:45 p.m.
- **Days 1 & 2 Work Schedule:** facilitate day shift activities under the observation of an assigned mentor.
- **Day 3 Work Schedule:** 8:00 a.m. - 4:30 p.m.
- **Day 3 Activities:** complete clinical tasks from the Initial Training Log checklist under the observation of the Clinical/Counselor Supervisor or an assigned mentor
- **Day 4 Work Schedule:** 1:00 p.m. - 9:30 p.m.
- **Day 5 Activities:** Observe evening activities
- **Day 5 Work Schedule:** 12:00 p.m. -8:30 p.m.
- **Day 5 Activities:** meet with Clinical/Counselor Supervisor to review the previous week activities; review Initial Training Log; Create schedule for week IV that will ensure all general

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and evening shift activities not yet observed will be observed; those not yet performed with a mentor will be assigned, and those not yet performed under observation will be performed.

Week IV: WRAP UP

- **Days 1 & 2 Work Schedule:** 1:00 p.m. - 9:30 p.m.
- **Day 1 & 2 Activities:** co-facilitate evening activities with mentor
- **Days 3 & 4 Work Schedule:** 1:00 p.m. - 9:30 p.m.
- **Days 3 & 4 Activities:** facilitate evening activities under the observation of mentor
- **Day 5 Work Schedule:** 12:00 p.m. -8:30 p.m.
- **Day 5 Activities:** meet with Clinical Supervisor to review the previous week activities; review Initial Training Log; schedule any incomplete activities. Initial Caseload will be assigned and primary mentor identified for transitioning to full performance.

Mandatory Training

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

- HIV/AIDS training
- Tuberculosis training and Sexually Transmitted Diseases
- Non-Violent Crisis Intervention
- Therapeutic Community Philosophy and Treatment Methods
- Cognitive Restructuring— *Pathways to Change* curriculum for staff in the TC program
- Treating Clients with Special Needs
- Abuse, Neglect, Exploitation, Illegal, Unprofessional and Unethical Conduct

Supervisory Expectations and Related Training for Supervisors

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

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

STAFF TRAINING SCHEDULE

Timeframe	Topic	Trainers
Week 1	Pre-Service Orientation (see narrative following schedule)	Gateway management staff
Week 2	<ul style="list-style-type: none"> • Gateway Employee Guide • Policy & Procedures • Confidentiality • Emergency Procedures • Organization • Security & Safety • HIV • Clinical Policy Review 	Program Director; Clinical Supervisors; Administrative Assistants
Weeks 3-6 (45 days post-implementation)	<ul style="list-style-type: none"> • Therapeutic Communities • Clinical Documentation • Special Needs • Quality Management/Performance Issues • Motivational Interviewing • Cognitive Self-Change • Program Curricula (Relapse Prevention/ Life Skills/ Criminal Thinking Errors/Thinking Reports/Moral Reasoning) 	Gateway staff and/or external presenter
Weeks 7-12	<ul style="list-style-type: none"> • Continuation of Program Topic Training • Quality Management Plan • Unusual Incident Reporting • Non-Violent Crisis Intervention • Clinical Documentation & Processes 	Program Director; Clinical Supervisors; Administrative Assistants
Monthly	<ul style="list-style-type: none"> • Topical Training; may include one of the above topics and/or additional topics required for certification/re-certification. 	Gateway staff and/or external presenter
At least annually	<ul style="list-style-type: none"> • HIV/AIDS; Tuberculosis and STDs • Non-Violent Crisis Intervention • Therapeutic Community Philosophy and Substance Abuse Treatment Methods • Treating clients with Special Needs • Abuse, Neglect, Exploitation, Illegal, Unprofessional and Unethical Conduct; • Screening and Assessment • Cognitive Self-Change • 12 Core Functions 	Gateway staff and/or external presenter

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PRE-SERVICE TRAINING

New Gateway employees participate in 40 hours of pre-service training. This orientation to Gateway and OCC will be presented by Gateway management staff and occurs in the first week of employment. New Gateway staff will be oriented to specific Gateway procedures and processes, including:

Gateway Employee Guide:

- Policy and Procedures
- Attendance policy
- Kronos time clock; paid time off
- Code of Conduct/Corporate Compliance Program
- Gateway mission, vision & history overview
- Job description; Performance Evaluation and review process
- Benefits overview
- Smoking; visitors; solicitation;
- Dress Code
- Gateway property; computers/voice mail; use and reporting problems
- Orientation to Working in a Correctional Environment
- Client Rights
- Client Grievance Procedure
- Client Abuse, Neglect and Exploitation
- Requirements for Reporting Abuse, Neglect, and other Critical Incidents
- Standards of Conduct and Practice (Ethics Policy)
- Specific Job Duties

Confidentiality:

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

Emergency Procedures

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

Organization:

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

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Security & Safety:

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

HIV:

- Etiology, transmission, symptomology, and testing

Clinical Policy Review:

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

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

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

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

- Billing requirements & procedures
- Mail

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

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

These topics, among others, will be presented as ongoing training in seminar format in addition to daily practical experience guided by, initially, seasoned Gateway transition team members.

Gateway's practice is to ensure that certified staff annually receives the required 40 hours of continuing education hours. This education is presented monthly and includes three (6) hours of Ethics and three (3) hours of HIV training. In addition, the topics listed above will be included

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in these seminars and provided by either Gateway staff with expertise in these topics (from other Gateway facilities) and/or by persons contracted with Gateway.

2.14.8 The contractor shall maintain an ongoing counselor clinical supervision plan for staff trainees who are not certified, or qualified counselors as referenced in the Missouri Credentialing Board requirements.

Gateway is dedicated to providing the best services possible and believes that well trained staff is critical to a successful treatment program. Staff receives ongoing supervision from our Missouri Credentialing Board (MCB) qualified supervisors. Through this process, effective and confident practice can be confirmed, enhanced, and developed through proper supervision.

- ✦ MCB Qualified Supervisors include an individual who holds a CRADC, CRAADC, CCJP, CCDP, CCDP-D, RADC, RADC-P, LPC, LCSW, or Licensed Psychologist and who has completed the MCB Clinical Supervision Training.
- ✦ Counselors I, II and III are observed weekly in their activities to ensure competent practices according to the Gateway Therapeutic Community norms and expectations. This includes, but is not limited to:
 - Therapeutic use of the TC as the agent of change (Line of communication, holding clients accountable, etc.)
 - Understanding and use of the holistic approach to recovery
 - Understanding of the criminal personality and the antisocial lifestyle
 - Ethical boundaries
- ✦ To promote proficiency of skills, all counselors receive ongoing supervision through observation and one to one feedback. Each counselor receives an annual Performance Evaluation Process (PEP) on the anniversary of their hire date. The annual Counselor Development Plan is also completed to establish his/her personal goals for improvement during the year ahead. The goals are clearly defined so the counselor can attain proficiency in his/her skills. Knowledge, skills and attitude are the three areas of focus in the four domains of counselor development.
- ✦ Those domains are established by the International Certification and Reciprocity Consortium (IC&RC) and are followed by the Missouri Credentialing Board for the purpose of providing a recognized credential for qualified professionals working in the field of substance use disorder treatment. The domains are:
 - Domain I: Screening, Assessment, and Engagement
 - Domain II: Treatment Planning, Collaboration, and Referral
 - Domain III: Counseling
 - Domain IV: Professional and Ethical Responsibilities
- ✦ Gateway has three Counselor designations: Counselor I, Counselor II and Counselor III. Practitioners who have a qualified certification (Counselors II & III) will be monitored as they engage in their daily tasks and receive supervision monthly. However, those who are designated as Counselor I (MAADC I & II) will receive more frequent supervision and feedback due to their developmental needs. Each Counselor and Associate Counselor will include specifics as to the frequency and methods and objectives of clinical

- supervision, which is to be monthly at a minimum and more frequent for developing Counselors.
- ✦ Counselors who hold an MAADC I or II will be assessed for:
 - Treatment Knowledge
 - Application to Practice
 - Professional Readiness
 - Clinical Evaluation (screening, assessment, treatment planning & implementation)
 - Individual & Group Counseling
 - Documentation
 - Classroom Management
 - Professional & Ethical Responsibilities
 - ✦ The Counselor Development Plan is completed to establish his/her personal goals for improvement during the year ahead.
 - ✦ Supervisors are responsible to be “gatekeepers” for the profession. This entails maintaining professional standards, recognizing and addressing impairment, safeguarding the welfare of clients, and protecting the integrity of the Program, the Department and Gateway as an agency.
 - Develop & build counselor skills and competence
 - Meet counselor expectations in development of professional goals and personal goals to advance career
 - Ensure ethical standards are maintained
 - Individual supervisory sessions
 - Observations of individual and group sessions
 - File and documentation review
 - Monitor knowledge, skills and attitudes of all counselors for issues and concerns and when identified, address the problem appropriately according to policy and procedures.

2.14.9 The contractor shall agree that no staff person shall work unsupervised prior to completing basic training.

Gateway assures the Department that all clinical staff will receive clinical supervision by the Program Director or the Clinical Supervisor who will possess the requirements for a Clinical Supervisor according to the Missouri standards. As required, all staff will receive daily on-job oversight and mentoring and documented supervision. Gateway will ensure that all staff persons will complete basic training prior to working with offenders, unless the Department approves the staff person to complete their basic training at a time subsequent to practicing their direct care responsibilities.

Gateway’s Program Directors will strictly adhere to the principles presented in the *Participant Manual: Clinical Supervision I, Building Chemical Dependency Counselor Skills*, published by the Addiction Technology Transfer Center Network. Additionally, the Program Director will

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

The following section describes the many ways Gateway provides clinical supervision of counselors and evaluates service delivery. Supervisory measures include the following:

- Ongoing and regular clinical supervision of counselors consisting of daily on-job oversight and monitoring
- Monthly staff meetings involving the entire staff conducted by the Program Director.
- Program Director meetings with individual counselors and weekly team meetings/clinical staffing to discuss participant progress;
- Problem-solving sessions to discuss and resolve issues pertaining to participants with behavioral or attitudinal concerns, and other clinical issues;
- Consistent supervisory monitoring and direct observation of staff by sitting in on didactic and therapy groups and on individual counseling sessions;
- Annual written performance evaluations conducted by Program Directors to identify strengths and areas for growth, as well as means by which staff members can improve their performance;
- Ongoing clinical record review for all staff providing direct participant services;
- Periodic in-service/cross training addressing topics identified through supervision, record review and feedback from outside entities;
- Quarterly review of each staff person's professional staff development plan, outlining specific learning areas and interventions to address these.

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

Gateway has constructed guidelines for acceptable work performance in the various areas of responsibility. The instrument used for evaluating staff job performance, administered monthly, is the "Staff Supervision Form," which is used for all staff, including managers/supervisors, clinical, and administrative staff. The Form offers an opportunity for managers/supervisors to give feedback, including high performing areas, as well as those areas in which the staff person has not met standards. In those cases, managers/supervisors develop a plan for improvement with goals and target dates, including resources provided to assist staff to improve or correct the task or behavior. Areas reviewed include the following:

- Customer Service
- Sharing Knowledge
- Helping Others
- Team Communication

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- Documentation
- Personal Qualities
- Human Relations Skills
- Job Requirement/Performance Standards
- Clinical Observation
- Ethics
- Boundaries

A copy of the Staff Supervision form is included below.

2.15 Personnel Requirements

2.15.1 *The contractor shall comply with the following personnel requirements:*

- a. *All contractor and subcontractor employees who provide services in the facility must be at least 21 years of age and must submit to and pass a background investigation conducted by the Department or its designee. Such investigation shall be equivalent to investigations required of all personnel employed by the Department.*

Gateway agrees to comply with this requirement.

- b. *All contractor and subcontractor employees must submit to and pass a pre-employment drug-screening test and thereafter random drug testing pursuant to the Department policy and procedures on employee drug testing.*

Gateway agrees to comply with this requirement.

- c. *Any Department employee utilized by the contractor to perform services under the contract, either compensated or volunteer, must comply with Department policy regarding Secondary Employment/Volunteer work.*

Gateway agrees to comply with this requirement.

- d. *Offenders under active Federal or State felony or misdemeanor supervision must receive written Division Director approval prior to becoming a contractor/employee in an agency contract. Contractors/employees with prior felony convictions and not under active supervision must receive written approval in advance from the Director, Division of Offender Rehabilitative Services or designee.*

Gateway agrees to comply with this requirement.

- e. *The contractor shall comply with applicable state licensure/certification regulations and requirements regarding performance of services pursuant to all applicable Revised Statutes of Missouri that address the provisions of professional services in the State of Missouri. Any and all licensure and certifications held by the contractor's personnel must be current.*

Gateway agrees to comply with this requirement.

- f. *The contractor shall be responsible for the "licensing/certification supervision" of members of the contractor's staff that require the supervision of a Missouri Licensed or Certified Professional because of a professional standard or statutory regulation.*

Gateway agrees to comply with this requirement.

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g. The contractor shall provide the Department with current curriculum vitae information and evidence of licensure and/or certification of any member of the contractor's staff prior to the employment of the person for on-site delivery of services. The Department reserves the right to approve all personnel prior to the hiring, actual employment, and placement of any staff member. Therefore, the OCC Warden and the Assistant Division Director, DORS, or designee must approve all staff suggested for placement at OCC.

1) The contractor shall keep on file all licenses/certifications of any member of the contractor's staff, and have them immediately available upon request from the Department at all times during the life of the contract.

Gateway agrees to comply with this requirement. Please see the Appendix for a copy of all certification/licenses for current staff. Exhibit D includes the expertise of all key personnel for this contract.

h. The contractor shall establish a goal for the employment of a diversified staff, which reflects the ethnicity, and cultural diversity of the target population. The goal and plan to meet this objective must be included in the contractor's policy and procedure manual.

Gateway Foundation works diligently to develop viable recruitment sources, partnerships, and networks in addition to creating robust retention and professional development activities for every program in which we operate. As a result, we have developed a recruitment strategy which includes a description of our recruitment and selection process as well as a timeline for filling all positions.

We start by identifying the possible challenges with recruiting and retaining staff: corrections environments, remote/rural areas, work hours, limited talent and so forth, and carefully established salary ranges for the various positions, taking all these factors into account. Through our lengthy experience, we have identified a variety of successful methods to recruit and retain qualified employees, based on long-term analysis of our employee retention rates, employee engagement surveys, and location-specific analyses of competitive salary/benefits packages. We believe that the resulting salaries reflected in our budget for this proposal will allow us to hire and retain qualified staff, and will be cost effective in the long term.

To ensure that our recruitment and retention plans remain current with contemporary best practices, we employ a variety of materials to support our methods. For example, the best practices detailed in SAMHSA's **Recruitment and Retention Toolkit: Building Blocks for Behavioral Health Recruitment and Retention** (Gateway was one of the Pilot Participants in this SAMHSA project). The Recruitment and Retention Toolkit includes guidance on the following topics specific to Behavioral Health staff employment issues:

- Building a Recruitment and Retention Plan
- Recruitment Intervention Strategies
- Selection Intervention Strategies
- Orientation/Onboarding Intervention Strategies

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- Supervision Intervention Strategies
- Recognition Intervention Strategies
- Training Intervention Strategies
- Career Development Intervention Strategies
- Support Topics for Staff Retention

Gateway has developed recruitment policies and procedures that include industry standard best practices to recruit qualified candidates to assure the success of our programs. We have experienced staff in our Human Resources (HR) Department dedicated to recruit and hire employees for Gateway Corrections programs. Gateway managers and HR professionals are trained in and familiar with recruitment efforts directed at attracting and retaining qualified individuals.

We also encourage our managers to practice “continuous recruiting,” i.e., actively seeking potential candidates on an ongoing basis so that when openings occur, they are able to quickly fill the positions with pre-screened and qualified candidates.

Recruitment Plan and Timeline

As the incumbent provider for each of these contracts, Gateway already has staff in place. However, if there are any vacancies at the time of the new contract award or implementation, our recruitment plan will be utilized. This is described in detail below.

Upon notice of the award, we will post any new positions included in the contract on our website (www.GatewayCorrections.org/Careers). The positions are updated electronically on a daily basis and are available to all Gateway employees throughout the country to apply for. We will also recruit and hire talent from the local communities for remaining positions using various external strategies. Our Talent Acquisition team has already researched viable recruiting sources in Missouri to attract qualified candidates. The contract implementation team will begin the interview and selection process and will continue their efforts until all positions are filled. In addition to the implementation team, Gateway employees from other corrections-based programs may assist in start-up efforts; those individuals may also choose to apply for permanent positions.

Gateway Foundation is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, age, religion, national origin, sexual orientation, gender or disability. Our managers commit to utilizing sound and consistent practices when screening and hiring staff, including both internal and external candidates.

Methods of Advertising Job Opportunities

Gateway uses both internal and external recruiting strategies to advertise our vacancies and promote Gateway as an employer of choice. Internal strategies include offering development opportunities for employees and an employee referral program. All job vacancies are posted and internal staff members are encouraged to apply to positions for which they are qualified. External

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sources include relevant professional associations' membership, internet job boards, newspaper advertisement, employment agencies, career programs at colleges and universities, professional organizations and networking, and prompt follow-up of unsolicited inquiries. Our advertisements highlight the benefits of working at Gateway, a national provider, including the opportunity for professional development and advancement within the organization.

Internet Job Postings

Gateway recruits successfully through internet job postings on mainstream and industry-specific websites, with postings emphasizing the benefits of working with a program with national focus. This has been an increasing source of referrals for us. We plan to advertise open positions on the following websites:

- www.Careerbuilder.com
- wwwIndeed.com
- www.LinkedIn.com
- www.SimplyHired.com
- www.Socialservice.com
- www.iHireMentalHealth.com
- www.Jobs.MO.gov
- www.Craigslist.org

Advertising in local community newspapers can be particularly effective and economical for recruiting motivated, career-oriented candidates who may be located outside of metropolitan areas. We have used this method successfully in many states. Other external sources for recruitment include use of employment agencies, access to substance abuse counselor training programs and other social service career programs at colleges, universities and professional organizations.

In addition to the advertisements at colleges and universities and in media publications, our Talent Acquisition team quickly performs follow-up contacts with unsolicited inquiries. We also periodically obtain lists of credentialed counselors in the state for targeted mailing of advertisements for job opportunities. We will work with the state licensing and certification boards and professional associations to obtain lists of credentialed professionals to contact through a direct mailing.

Diversity Initiatives

Gateway is an Equal Opportunity Employer and makes all employment decisions without regard to age, sex, race, color, national origin, disability status, or any other protected characteristic. Gateway has long recognized the value of diversity in the work environment and with respect to service provision. As part of our recruitment strategy, our goal is to focus on the recruitment and hiring of minorities and individuals who represent our client population. Our Talent Acquisition team posts available positions with local agencies that serve the needs of various ethnic groups that reflect the demographics of our client population, such as Missouri Career Source. In

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addition, we have a partnership with www.localjobnetworks.com that provides us with a national database of community and diversity organizations that we share our job opportunities with. These diversity initiatives are to ensure that notice of vacant positions reaches qualified individuals from a variety of ethnic groups and to increase our opportunities for hiring employees with diverse backgrounds and experiences.

Gateway has developed Affirmative Action Programs (AAP) for each geographic region in the United States in which we provide services. Each AAP is structured as required by the Office of Federal Contract Compliance Programs (OFCCP) and conforms to all guidelines and requirements both in letter and spirit. Our commitment is to conduct an annual analysis of our workforce and applicant pool to devise strategies to attract individuals in less represented demographic groups.

Gateway's goal and plan for a diverse workforce will be included in our policy and procedure manual.

Process for Screening and Verifying Candidates' Qualifications and Credentials

- All applicants (internal and external) must complete an online application for employment that is reviewed by the talent acquisition team to ensure applicants meet the experience, education, and certification requirements. The application and resume of candidates approved by talent acquisition will be forwarded to the hiring manager, and only those candidates may be interviewed.
- Gateway's HR Department recommends that viable candidates undergo a telephone pre-screen to determine their suitability for a position. Conducting an effective pre-screen saves time as it helps to eliminate those candidates who either do not qualify or those who are not a good fit for the open position. The telephone pre-screen is conducted by the manager.
- Once candidates' eligibility and interest are assessed, managers follow established guidelines for conducting a successful interview. Before commencing the interview, managers carefully review the Application for Employment to ensure that all information is complete and that the application has an electronic signature.
- We conduct team-based interviews using behavioral-based interview questions. We have identified key competencies for each job and developed interview questions to further assess candidates.
- After an interview has been completed, managers review their interview notes and complete the Candidate Assessment Form, rating the candidate in each identified competency. Using the form, the interviewers enter a score ranging from 1 -3 that evaluates the candidate's ability to successfully perform the job duties based on the information gathered in the interview. As a team, the individuals involved in the interview discuss their rankings and work toward a consensus.

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- The top candidate(s) are selected and notified that the next step is to obtain previous employer references. After the references are completed, managers may extend a contingent offer pending successful completion of pre-employment background checks and a drug screening. A contingent offer letter is sent to the candidate by HR confirming the job title, rate of pay and a tentative start date.
- Upon acceptance of the job offer, Gateway will initiate the pre-employment background check process by asking candidates to complete a Notice of Authorization form and other consent forms required by the Department of Corrections. The drug screening must be completed within 48 hours of offer acceptance. If the candidate fails the drug screen, HR will send a letter to the candidate rescinding the offer of employment.
- The pre-employment checks include immediately verifying the candidate's education, certification, or license. If the education, certification, licensure, and criminal background checks are acceptable by Gateway and the Department's standards, the candidate is cleared to begin employment. As a multi-state employer, Gateway has identified pre-employment background checks and screenings following individual state guidelines.
- Newly hired employees' certifications and licenses are entered in our HR/Payroll Information System to maintain a record. A report is sent monthly to managers to inform them of employees with upcoming expiring credentials. All employees required to maintain a credential to perform his/her job duties must maintain the credential for continued employment.

New Employee Training and Orientation

Employees new to Gateway will participate in an orientation to the organization, including a review of our expectations for conduct and behavior as well as our key policies, procedures, and other pertinent important information. Employees will also receive a copy of our Employee Guide that captures some of the same information and provides greater detail for future reference. Employees who have not worked in the institution before will also be oriented in accordance with the State or Department's requirements. Additionally, Gateway often deploys experienced employees throughout our organization to assist with training new employees during the start-up period. This not only provides new employees with formal training, but on-the-job training with employees who are familiar with Gateway policies and procedures.

Employee Retention

Gateway believes high employee turnover and minimally qualified employees adversely affect the quality of the treatment program. Therefore, employee retention is a goal and focus for the entire organization. We have partnered with Press Ganey to conduct periodic employee engagement surveys. The survey results are shared with our employees and managers throughout the organization who work closely with their teams to solicit feedback, identify opportunities for improvement and develop action plans. Gateway also invites employees who voluntarily leave our organization to participate in an exit interview to share feedback about their employment

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experience. This provides another opportunity to gather specific feedback on how to foster a positive work environment and continue to take strives to make Gateway and *Employer of Choice* and retain our top talent. Programs experiencing low employee engagement scores or retention are offered additional support from Gateway's management team and Human Resources.

We have found that employee development is essential for employee engagement and delivering the highest quality of service to our clients. To that end, we provide employees with multiple methods to improve their education and qualifications during the course of their employment. Employees who are hired without certification or licensing credentials are expected to acquire these credentials as soon as possible, and will be supervised by employees holding a supervisory level credential (certification or licensure) or the appropriate credential to provide the required supervision. Entry level, or non-credentialed, counselors receive a Development Plan that addresses topics required for credentialing and that are related to developing their counseling knowledge and skills. Gateway develops and delivers, at its own expense, in-service trainings for direct care staff and all employees have access to our Learning Management System that provides an online depository of trainings that offer continuing education hours and skills development. Trainings may be conducted by Gateway employees or by non-Gateway professionals when necessary.

i. The contractor shall agree and understand that the Department's award of this contract is predicated, in part, on the utilization of the specific individual(s) and/or personnel qualifications as identified and/or described in the contractor's bid. Therefore, the contractor agrees that no substitution of such specific individual(s) and/or personnel qualification(s) may be made without the prior written approval of the Department. The contractor further agrees that any substitution made pursuant to this paragraph shall be equal or better than that originally proposed, and that the Department's approval of a substitution shall not be construed as an acceptance of the substitution's performance potential. The Department agrees that an approval of a substitution will not be reasonably withheld. In such instances, an amendment may be required.

1) Contracted staff providing substance abuse services shall be approved by the Department as indicated in section 2.15.1 f.

Gateway agrees to comply with this requirement.

2) The preferred counselor-to-offender ratio for direct services treatment staff shall be one (1) counselor to twenty-two (22) offenders.

Gateway understands that the preferred counselor-to-offender ratio for direct services is one (1) counselor to twenty two (22) offenders. While we are prepared to comply with this ratio, we would ask the Department to consider a counselor-to-offender ratio of one (1) counselor to twenty five (25) offenders. The 1:25 ratio is consistent with the recently revised DOC institutional program standards (yet to be approved by DMH), and with the contracted ratios at Gateway's programs at Maryville Treatment Center and Western Reception and Diagnostic

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Correctional Center. We have successfully met all contractual obligations with positive outcomes at MTC and WRDCC employing the 1:25 counselor to client ratio, and are confident that we will meet all of the treatment service requirements and standards at OCC as described in this narrative. Furthermore, Gateway believes that a 1:25 counselor to client ratio will allow us to invest in more competitive salaries thereby improving the quality of staff recruitment and improving retention.

Our experience delivering nearly 50 years of treatment services in the context of a prison-based modified Therapeutic Community modality has demonstrated that the more clients depend on the community of their peers rather than the counselor as the change agent, the more likely the client is to internalize the learning and gain confidence in their ability to make positive behavior changes and create better outcomes for themselves. Certainly, our almost ten years of providing treatment services to offenders in OCC's Therapeutic Community has led to the development of a mature, well-functioning TC environment in which OCC clients learn, practice, change, and maintain new skills and behaviors, thus providing optimal opportunity for success after discharge from incarceration. Based on these factors, we believe that requesting Department approval for a 1:25 counselor to client ratio to be clinically appropriate and historically sound.

If the Department determines that it requires a 1:22 counselor to client ratio, Gateway will adjust its staffing pattern and comply with this contract requirement.

3) The contractor understands and agrees that the award of the contract does not exempt the contractor from the requirement to obtain approval of all staff proposed for employment prior to contract implementation.

Gateway agrees to comply with this requirement.

4) For the purposes of this contract, minimum staffing shall be defined as all the individual positions listed in the contractor's Exhibit M, Personnel Control Listing, included with their bid at the time of submission. The contractor shall maintain minimum staffing levels throughout all periods of this contract. Additions of staff members following contract award will be considered as an increase to the contractor's minimum staffing levels.

Gateway has included all *current* positions as Exhibit M; however, as we have proposed an alternate staffing pattern in response to this IFB, we have identified positions that would be eliminated under the new contract with an asterisk. If permitted to utilize a 1:25 counselor to offender ratio, our proposed staffing pattern includes the elimination of two (2) Counselor I's and one (1) Office Assistant. Exhibit L is reflective of this proposed staffing pattern. Again, we believe the 1:25 ratio is sufficient to meet the needs of the program and the Department and also allows for Gateway to invest in staff salaries. If the Department decides it wants us to continue to utilize a 1:22 ratio, our staffing pattern will be consistent with all positions listed in Exhibit M. Please see our proposed staffing plan on the following page that reflects a 1:25 counselor to offender ratio.

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Additionally, we would like to point out that we are proposing to change the title of the Clinical Director to Assistant Director. Although no specification for the position of Clinical Director is included in the current IFB, Gateway is requesting the transition of the current Clinical Director position to an Assistant Director position.

The responsibilities currently performed by the Clinical Director include a substantial administrative component. For example:

- In the absence of the Program Director, the current Clinical Director performs all duties as acting Program Director and is responsible for the operations of Gateway programming and personnel at all times.
- The Clinical Director is instrumental in all collaborative activities with the Department and other contracted agencies (Mental Health and Medical).
- The Clinical Director either assists or performs support for all administrative functions within the program to include Human Resources, Payroll, Budgeting, and other administrative duties.

For these reasons, we believe a change of title to Assistant Director is more accurate and expressive of the duties and responsibilities involved in this position. Gateway employ's one Clinical Supervisor, three Counselor Supervisors, and one Co-Occurring Counselor (Counselor III), all of whom provide supervision to our clinical staff.

**Proposed Staffing Plan
(assuming 1:25 ratio)**

Position Title	Number of Staff
Program Director	1.0
Assistant Program Director	1.0
Office Manager	1.0
Clinical Supervisor	1.0
Counselor Supervisor	3.0
Counselor III	1.0
Counselor II	8.0
Counselor I	15.5
Total	31.5

Please note that we have included job descriptions for all staff positions in the Appendix.

5) The contractor must notify in writing the Assistant Division Director, DORS, if staffing falls below the minimum levels guaranteed in Exhibit M, Personnel Control Listing, for a period in excess of two weeks.

Gateway agrees to comply with this requirement.

6) In the absence of a contractor's staff member, other qualified contractor staff may provide duties on a temporary basis as agreed to by the Department; however, said staff may not be assigned to more than one (1) duty at a given time and said duties shall not conflict with each other.

Gateway agrees to comply with this requirement.

7) The contractor shall consult with the OCC Warden and Assistant Division Director, DORS, when any personnel performing under the terms of the contract are terminated for disciplinary reasons within forty-eight (48) hours of the termination. The Assistant Division Director, DORS, and OCC Warden shall be consulted and/or informed prior to staff terminations.

Gateway agrees to inform the OCC Warden and Assistant Division Director, DORS in the event of a termination of employment for a Gateway staff person, within 48 hours of employee's release or as soon as possible for terminations due to extenuating circumstances (i.e. issue at the program involving a staff person; emergency of staff circumstances, etc.)

j. If the Department is dissatisfied with any member of the contractor's staff, the contractor must resolve the problem to the Department's sole satisfaction. If circumstances exist which prevent resolution to the satisfaction of the Department, the contractor shall replace the staff member with appropriate part-time or overtime staff until a full-time replacement meeting the Department's approval can be employed. In such instances, the contractor must maintain the number of Full Time Equivalent (FTE) in the staffing plan included with the contractor's awarded bid.

1) For the purposes of the contract, an FTE shall be defined as a contractor position working 2080 hours annually, with all salary, benefits, and compensation paid for by the contractor.

Gateway agrees to comply with these requirements.

k. The contractor shall not bind any members of the contractor's staff to an agreement that would inhibit, impede, prohibit, restrain, or in any manner restrict the members of the contractor's staff in or from accepting employment with other providers similarly situated.

Gateway agrees to comply with this requirement.

l. The contractor, its employees, and others acting under the contractor's control, shall at all times observe and comply with all applicable state statutes, Department rules, regulations, guidelines, internal management policy and procedures, and general orders of the Department that are applicable, regarding operations and activities in and about all Department property. The contractor and the contractor's staff shall assist the Department in enforcing offender rules by reporting violations to the Department or its designee. The Department has a zero tolerance policy for offender abuse, including sex abuse. Furthermore, the contractor shall not obstruct the Department or any of its designated officials from performing their duties in

response to court orders or in the maintenance of a secure and safe correctional environment. The contractor shall comply with the Department's policy and procedures relating to employee conduct.

Gateway agrees to comply with this requirement. Gateway maintains several internal policies regarding Gateway's Code of Ethics as well as any violation of codes of ethics. These include *HR Policy 242: Employee Ethical and Professional Boundaries, HR Policy 244: Corrective Action, Administrative Policy 04: Corporate Compliance Investigation and Response, and Administrative Policy 05: Corporate Compliance Employee Reporting*. Each of these policies is included in Appendix.

HR Policy 242

As a provider of correctional treatment services for over forty years, Gateway is experienced in managing the unique requirements of providing services within secure institutions, and the necessity for observation of high ethical standards and observation of boundaries by staff. Gateway's HR Policy 242: Employee Ethical and Professional Boundaries details instruction to staff on these issues, noting not only the definition of, and prohibition on inappropriate behavior, but also the importance of the impression of impropriety occasioned by specific behaviors. In addition, Gateway's employee guide is mandatory reading for each new employee. After reading, he or she signs a statement acknowledging review of and agreement to adhere to the employee code of conduct. Gateway's policy covers:

- *Social Contact /Relationships* (prohibitions on any relationships with clients, former clients, relatives or significant others of clients; prohibition on correspondence through social media, accepting or soliciting donations, gifts, tips, prohibition on any discussion of the staff person's personal life, and specific policy and instruction on inadvertent contact with a client or former client in public places, self-help groups, etc. In the event of a staff coming into contact with a former offender/client, s/he must notify their supervisor in writing.
- *Physical Contact* (specific guidance and instruction on how to respond to a client-initiated contact)
- *Multiple Relationships* – Outlines staff responsibility for reporting and requesting re-assignment, if their work brings them into contact with a client or client's family member, with whom the staff person may have worked, socialized with, attended the same church or social club)
- *Reporting and Investigation* outlines Gateway's process for staff who suspect or become aware of a breach of professional boundaries, mandated reporting of child abuse/neglect, and ethics breach reporting (including state-specific requirements), investigation process and actions to be taken.
- *Training*: Ethics/boundaries training requirements, staff supervision requirements, annual policy review and sign off, etc.

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HR Policy 244

Gateway addresses staff performance deficiencies immediately, and takes specific actions in pre-determined steps based on the issues involved. (For example, inappropriate workplace conduct, insubordination, or breaches of ethics/boundaries are dealt with immediately). Our Corrective Action Policy (HR 244) details steps to be taken, with the first being documented verbal notification of the Human Resources Business Partner followed by written notification to the DOC HR designee about the issue.

Administrative Policy 04

Administrative Policy 04: Corporate Compliance Investigation and Response describes Gateway's Corporate Compliance Program investigation and response policy. Corporate compliance investigations into concerns, allegations or inquiries received include issues related to regulatory compliance, privacy, discrimination in the treatment program, and ethical conduct. Upon receipt of a report of noncompliance from any source, the Compliance Officer or her designee will initiate an internal investigation or triage the issue to the appropriate business area for further review and response. The purpose of the compliance investigation is to determine whether the alleged incident occurred, assess the impact, identify individual who may have knowingly or inadvertently caused violations, and to recommend any changes to future practices. The Compliance Officer will coordinate with HR to engage the appropriate manager to initiate any action in response to a substantiated compliance violation. The precise corrective or disciplinary action employed will be determined by HR and Gateway management.

Administrative Policy 05

Administrative Policy 05: Corporate Compliance Employee Reporting states that each Gateway employee has a responsibility to report any activity that violates Codes of Conduct and applicable laws, statues, ordinances, rules and regulations. Ethics and boundaries scheduled training, monitoring, documentation, reporting and supervision are part of the annual plan for each treatment contract, with outcomes reported to HR and Gateway clinical leadership.

m. The contractor shall be responsible for supervising its employees. The unique nature of working within the Department, including safety and security issues, requires the Department to carefully monitor the contractor's employees when they are working at a Department facility. Any concerns a Department employee has regarding a contract employee, their job performance, or the conditions of their employment shall be reported through the chain of command to the OCC Warden or designee of the facility, and to the Assistant Division Director, DORS, in order that proper communications can occur with the contractor.

1) The contractor shall be responsible for the conditions of employment, work environment, and employee rights of the contractor's staff. The contractor must provide a means, and orient the staff members to such means, of resolving complaints or problems regarding the staff members' work at a Department facility. Because of the unique nature of the work, close cooperation between the contractor's staff and Department employees shall be required. However, the contractor is responsible that contractor's staff work the correct hours, receive correct pay, have the tools they need

to do their work, receive additional job training as needed, and have adequate supervision. Adequate supervision shall include access to supervisory personnel for staff problems, including but not limited to, complaints about working conditions, harassment, discrimination, or any other matters. The contractor shall provide written communications to the Department regarding any action requested of the Department based on a complaint from a member of the contractor's staff.

Gateway recognizes it is our responsibility to supervise all Gateway employees. The unique environment of corrections based treatment services requires training that exceeds clinical practice and must be informed by safety and security concerns related to work within a correctional facility. As a component of Gateway training provided at OCC, we have included specific attention to the inmate culture, safety of self, safety of environment, and situational awareness. Additionally, all ethics training provided includes substantial emphasis on boundaries and recognizes the dichotomous aspects of the substance use/criminal dynamic as distinct from either issue in and of itself.

Gateway supervisors complete weekly security checks of the Gateway office and class areas, and regularly monitor staff behaviors for security and safety related concerns. In the event that the Department personnel voice concerns related to Gateway staff, Gateway managers respond immediately to these concerns. At times, the Department requests that we take no action as investigations by the Department may be affected. In these instances, we report such activities and concerns to Gateway Human Resources and cooperate in any way the Department requires, taking no action until the Department has approved us to do so.

If the Department voices concerns and requests that we address these concerns, we do so promptly through investigation, intervention and correction as required by Gateway policies and safety and security concerns.

In the event Gateway managers become aware of a security concern unknown to the Department, these concerns are immediately communicated in writing to the Department Administration to include the OCC Warden, The Departments Area Treatment Coordinator, and the Assistant Division Director, DORS. Gateway has been compliant and cooperative with all Department concerns throughout our history at OCC and will continue to cooperate on safety and security issues in the future.

2) The contractor shall be responsible for submitting a Personnel Control Listing, Exhibit M, Personnel Control Listing, to the OCC Warden and the Assistant Division Director, DORS, on a monthly basis, and a copy to the assigned Area Treatment Coordinator, within the first five (5) working days of each month. Exhibit M, Personnel Control Listing, must be thoroughly completed and up to date in its entirety including name, positions, and qualifications (including licensure, certification, and registration numbers) of all persons associated with the provision of services under the contract. On the Exhibit M, Personnel Control Listing, the contractor shall identify the staff member responsible for staff supervision and what percentage of FTE is devoted to supervision.

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Gateway will continue to provide a current and complete Personnel Control Listing (Exhibit M) to the OCC Warden and the Assistant Division Director, DORS, on a monthly basis, and a copy to the assigned Area Treatment Coordinator, within the first five (5) working days of each month.

n. The contractor shall provide a full time, on-site program administrator responsible for organizing and delivering treatment services in cooperation with the OCC Warden and the Assistant Division Director, DORS.

Duane Cummins, Ph.D. is the full time, on site program administrator responsible for organizing and delivering treatment services in cooperation with the OCC Warden and the Assistant Division Director, DORS. He has been in the Program Director at OCC for the past 8 years. Dr. Cummins' extensive experience in both corrections (Dr. Cummins was a former Corrections Officer) and substance use disorder treatment has offered the OCC treatment program a balanced understanding of the dynamics of each of these disciplines.

o. The program administrator should possess a Master's degree in a mental health related discipline or in the field of criminal justice, plus a minimum of three (3) years' experience in treatment of substance abuse and/or mental health disorders, and related experience in the supervision and management of substance use disorders professionals, as well as completion of Missouri Credentialing Board (MCB) Clinical Supervision Training. The program administrator shall also hold Missouri licensure, certification, or registration, or be eligible for same within one year of assuming the position.

1) While a master's degree is strongly preferred, the following qualifications may be considered upon review and prior approval of the Assistant Division Director, DORS:

- A bachelor's degree in an appropriate field, plus a minimum of five (5) years' experience in treatment of substance use, plus certification as a Certified Reciprocal Alcohol Drug Counselor or a Certified Reciprocal Advanced Alcohol Drug Counselor, Certified Criminal Justice Professional, or Co-Occurring Disorders Professional holding current licensure or certification through the Missouri Board of Professional Registration as a substance abuse counselor, plus documented supervisory and managerial experience in a closely related substance abuse or mental health program.*

As described above, Gateway's current on-site program administrator at OCC is Duane Cummins, Ph.D. Dr. Cummins has been primarily responsible for the development and implementation of the numerous program innovations and enhancements currently in place at OCC. Dr. Cummins has a Ph. D in Criminology and Public Safety and holds both Certified Criminal Justice Addictions Professional (CCJP) and Substance Abuse Traffic Offender Program (SATOP) certifications. Dr. Cummins has worked in the Corrections field for 28 years, including the past 8 years as the Gateway Program Director at OCC.

2.16 Co-Occurring Mental Health and Substance Use Disorders:

2.16.1 Due to the significant percentage of offenders with diagnosed co-occurring substance use and mental health disorders in the program, the Department requires that a minimum of

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one full time on-site senior clinical supervisor shall hold state licensure as a mental health professional (i.e., LPC, LCSW or licensure as a psychologist). Missouri certification as a Co-Occurring Disorders Professional and a Master's Degree in a mental health related discipline is also desirable. The appointment of a supervisor to this role shall be approved by the Assistant Division Director, DORS.

Gateway currently employs Ms. Thresa Miller, LPC as our Clinical Supervisor. Ms. Thresa Miller is a Licensed Professional Counselor and holds two separate alcohol and drug abuse credentials. Additionally, Gateway provides a Counselor III who is a Provisionally Licensed Professional Counselor and certified as an alcohol and drug abuse counselor. Combined, these providers of supervision, service deliver and oversight of our co-occurring service represent over 40 years of experience.

Ms. Miller has provided the necessary expertise to lead and instruct clinical staff to competently address these issues.

- a. The senior clinical supervisor shall be responsible for facilitating on-going communication with the Department and any applicable contractors regarding the delivery of substance use and co-occurring mental health and substance use services.*

The Dual-Diagnosis Team described earlier in this document, led by the licensed Clinical Supervisor and Master's degree level Counselor III currently maintain daily communication with the OCC Chief of Mental Health and the Department regarding delivery of substance use and co-occurring mental health services at OCC. Such communication is open and occurs regularly, with formal interdisciplinary meetings held monthly. Gateway will continue to maintain this practice as standard.

2.16.2 The Department prefers that co-occurring disorder offenders are assigned to primary counselor(s) with training, education, and experience in working with individuals with co-occurring disorders. The training and experience must be documented and reviewed by the Assistant Division Director, DORS, prior to employment

As the current contracted provider, Gateway has successfully developed a strong working relationship with the Mental Health Services contractor at OCC. This relationship has included the development of interdisciplinary staffing's, consultations related to clients co-occurring disorder related treatment needs and collaborative treatment planning. The Clinical Supervisor at OCC directly monitors the treatment planning and interventions for clients designated as MH-3 as well as any client for whom the Mental Health contractor has expressed concerns related to mental health issues. The Clinical Supervisor, Counselor III, and Dual Diagnosis Team work together to ensure that clients with co-occurring disorders receive treatment consistent with their needs and that appropriate treatment modifications are applied when, and where, necessary.

The Clinical Supervisor and Counselor III closely monitor the treatment services provided to clients with co-occurring substance use and mental health disorders. Additionally, they work closely with a designated team of counselors who have education and or experience in working

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with individuals who have a mental health diagnosis. It is our intent, with the approval of the Department, to continue our current efforts and practices if awarded this contract.

Gateway hires candidates for Counselor positions who meet the needs of this therapeutic community. One full time on-site clinical supervisor will hold state licensure as a mental health professional (LPC or LCSW).

- The clinical supervisor collaborates with the education, mental health, medical disciplines, and other interdisciplinary staff to achieve appropriate levels of care and to promote success for the offenders.
- Gateway assigns clients with co-occurring disorders to a primary counselor(s) with training, education, and experience in working with individuals with co-occurring disorders, when possible. Clients with the most severe co-occurring mental health disorder are assigned to a master's level provisionally licensed Counselor.
- The program currently has a Dual Diagnosis Team led by the Counselor III to assist our staff with the needs of MH-3 classified clients such as individualized treatment planning, addressing behavioral concerns and implementing appropriate interventions. The Co-Occurring Disorder Team meets weekly to review client progress and is available for staff consultation.
- Under the supervision of the Clinical Supervisor and the lead of the Counselor III, the Co-Occurring Disorder Team provides staff training on topics concerning co-occurring disorders to promote appropriate level of care to the MH-3 clients. This will include, but is not limited to:
 - Basic concepts in understanding the relationship between mental illness and substance use disorders
 - Types of Co-occurring Disorders
 - Impacts of trauma and abuse on psychiatric illness in survivors and unique challenges for abuse and trauma survivors during recovery from substance use disorders
 - Psycho-social influences in men's recovery from mental illness and substance use disorders
 - Managing and coping with symptoms of mental illness and substance use disorders
 - Relapse management and prevention for individuals with co-occurring substance use and mental health disorders

Clients identified as MH-3 at OCC shall attend all treatment activities as required by the Gateway program. While there are standard class requirements all clients must complete, **MH-3 clients also have available specialized classes to support their recovery efforts concerning substance use, criminality and mental health.** Each MH-3 client will attend the co-occurring disorder group each week where they receive education on topics they need for their Relapse Prevention / Continuing Care Plan. These include:

- What is the connection between substance use and mental health?
- Biological Factors

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- Environmental Factors
- Risk Factors
- Protective Factors
- Types of co-occurring disorders relevant to the Dual Diagnosis Group
- Substance use: motives and consequences
- Relapse Prevention
- Role of medication management and compliance in recovery from mental illness and chemical dependency
- Coping with judgments, stereotypes and overcoming obstacles
- Managing symptoms in a healthy manner to minimize impacts on relationships
- Triggers
- Resources

2.16.3 If the contractor has made a documented good faith effort to employ counselors with the background listed above, counselors who do not possess previous experience and training in co-occurring disorders may be approved if the contractor submits a plan for supervision by senior counselors with experience and education in working with individuals with co-occurring disorders.

Gateway understands and appreciates the Department's recognition of our good faith efforts to employ clinicians who meet and/or exceed the required qualifications, but occasionally, must fill the position with a competent counselor who may not have all the necessary required experience and/or training. We can assure the Department that in every case, Gateway will employ the most qualified, educated, and competent staff person from the pool of candidates available to us. All Gateway counselors have a supervision and/or development plan and participate in regular supervision, observation, and training to ensure advancement in their knowledge and skills in working with offenders with co-occurring disorders.

2.16.4 The contractor shall anticipate and be prepared to meet a range of individual needs related to the offenders' individual assets and challenges. Therefore, services must be individualized on a continuous basis. Offenders identified as MH-3 at OCC shall be served with other treatment offenders, provided their needs can be adequately addressed.

Gateway has a long history of providing substance use disorder treatment services, including dedicated special needs facilities, lending to our expertise and ability to provide specialized services and programming to accommodate the clients' distinctive needs. Gateway is committed to the philosophy that each client is unique and deserves a treatment approach that accommodates his/her personal treatment needs. We seek to provide the most effective treatment experience possible. This philosophy is particularly relevant for clients who have "special needs" that must specifically be addressed and accommodated if the clients are to succeed in treatment. "Special needs" may include physical disabilities, mental illness, cognitive impairments, learning disabilities, illiteracy, language deficits, and/or other permanent disabilities.

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

At OCC, consideration is always given to the special needs that many of our clients have. Over the course of the current contract we have developed effective processes that have successfully addressed the needs of these clients. Educational deficits, mental health issues, and medical issues often require special accommodations and are made for offenders to benefit from and successfully complete the treatment program. The integrated treatment team works together to identify what impact offenders' special needs may have on their ability to comply with normal programming. Appropriate accommodations are identified in consultation with the various disciplines to respond to these needs. Assignments and processes are modified to allow for the challenges these offenders face; however, these are informed modifications based on the input of medical, mental health, and/or education professionals. Modifications are based on extensive interdisciplinary staffing to protect offenders and the integrity of the program from reactive or unfounded assumptions related to the offenders' abilities. Furthermore, when the need for a Program Review Committee to evaluate offenders' behavior or progress becomes evident, such review is attended by the appropriate department representative (mental health, medical, or education) that can best evaluate the impact of the offenders' special needs on their overall performance.

Accommodations themselves can be therapeutic in nature, not only for a client with special needs, but also for other clients and the therapeutic milieu as a whole. By observing staff interacting with clients with special needs, clients learn to approach other individuals with the same willingness to tolerate individual differences and consider supportive, alternative approaches. In fact, one mechanism to accommodate clients with special needs involves assigning other clients to assist clients with challenges, e.g., reading print recovery material to visually impaired clients or those with reading difficulties. Helping another person has positive benefits for the helper as well as for those who receive help.

The following table summarizes the accommodations that Gateway currently utilizes and will continue to employ as needed to assure that the special needs of clients are met.

GATEWAY'S TREATMENT MODIFICATIONS /ACCOMMODATIONS FOR CLIENTS WITH SPECIAL NEEDS
CLIENT POPULATION
Clients with Physical Disabilities (e.g., non-ambulatory clients, amputees, etc.)
Clients with Cognitive Disabilities (e.g., brain injury, learning disabilities, retardation, etc.)
Clients with Sensory Disabilities (e.g., visual impairment/blindness, hearing impairment/deafness, etc.)
Clients with Reading Deficits
Clients with Deficits in Written, Spoken, or Receptive Language
Clients with Co-occurring mental illness

EXPERTISE IN THE TREATMENT OF CO-OCCURRING DISORDERS

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

- **Emphasis on staff and client education pertaining to psychotropic medication.** Specific emphasis is placed on training staff to educate clients about prescribed psychotropic medications. These clients are taught the following:
 - the therapeutic benefits of their medications;
 - side effects and ways to deal with these effects in healthy ways;
 - the importance of frequent communication with a psychiatrist or mental health professional particularly when attitudes or behaviors change, indicating a need to readjust dosage;
 - the effect their mental health diagnoses has on their substance use disorder and vice versa;
 - the need to comply with medication regimens;
 - common misconceptions which lead to non-compliance and means to avoid these pitfalls;
 - specific medication doses and the times for taking medications;
 - approaches which mitigate the intensity of confrontation in group processes, while still confronting dysfunctional attitudes, thought processes and behaviors;
 - use of more structured approaches in group settings than might be found in traditional therapeutic communities.

2.16.5 The contractor shall collaborate with education, mental health, medical, and other interdisciplinary staff to achieve appropriate levels of care and to promote success for the offenders.

As described above, the integrated treatment team works together to identify what impact offenders' special needs may have on their ability to comply with normal programming. Appropriate accommodations are identified in consultation with the various disciplines to respond to these needs. Assignments and processes are modified to allow for the challenges these offenders face; however, these are informed modifications based on the input of medical, mental health, and/or education professionals. Modifications are based on extensive interdisciplinary staffing to protect offenders and the integrity of the program from reactive or unfounded assumptions related to the offenders' abilities. Furthermore, when the need for a Program Review Committee to evaluate offenders' behavior or progress becomes evident, such review is attended by the appropriate department representative (mental health, medical, or education) that can best evaluate the impact of the offenders' special needs on their overall performance.

2.16.6 Offenders identified as eligible for these services must receive a minimum of one additional psycho-educational group per week.

Clients identified for dual diagnosis services are provided an additional psycho-educational group per week. This group is exclusive to designated MH-3 clients. The dual purpose of the Dual Diagnosis group is both educational and process as clients are informed of links between their mental health status and substance use, as well as how to manage mental health stressors in the context of the substance use program and corrections environment.

2.16.7 The contractor shall incorporate the following topics into programming for eligible offenders:

- **Basic concepts in understanding the relationship between mental illness and substance use disorders**
- **Types of Co-occurring Disorders**
- **Introduction to biochemical bases of mental health disorders and substance use disorders**
- **Impacts of trauma and abuse on psychiatric illness in survivors and unique challenges for abuse and trauma survivors during recovery from substance use disorders**
- **Psychosocial influences in men's recovery from mental illness and substance use disorders**
- **Role of medication management and compliance in recovery from mental illness and chemical dependency**
- **Coping with judgments, stereotypes and overcoming obstacles**
- **Managing and coping with symptoms of mental illness and substance use disorders**
- **Managing symptoms in a healthy manner to minimize impacts on relationships**
- **Role of desirable health habits and sound nutrition recovery**
- **Relapse management and prevention for individuals with co-occurring substance use and mental health disorders**

Gateway offers a number of classes and curricula from which a client with co-occurring disorders can choose and that meet the requirements listed above. Mental Health Classes are provided to address specific areas of concern for clients who have a dual diagnosis. While they have first priority for these classes, any resident who expresses a desire to learn more about a topic can apply to take the class.

- ✦ **Dual Diagnosis Class** utilizes the *Co-occurring Disorders Treatment Workbook* as well as *Living in Balance*, both of which are appropriate for addiction treatment clients who meet the DSM diagnostic criteria for substance use disorder.
- ✦ **Skills for Coping with Anxiety** is based on The Anxiety & Phobia Workbook, Fifth Edition, Edmund J. Bourne, PhD, 2010. Clients who experience anxiety-based disorders such as Obsessive-Compulsive disorder (OCD), Generalized Anxiety Disorder (GAD), PTSD and Panic attacks learn holistic ways to take charge of their thoughts. This

evidenced-based approach helps clients develop understanding about and use of skills in the areas of Cognitive Behavioral Therapy (CBT), mindfulness training, nutrition, role play and exercise.

- ✦ **Life beyond Trauma** is based on the book Finding Life Beyond Trauma: Using Acceptance and Commitment Therapy to Heal from Post-Traumatic Stress and Trauma-Related Problems (New Harbinger Self-Help Workbook) Paperback – July 1, 2007 by Victoria M. Follette , Jacqueline Pistorello, Steven C. Haycs. This class will cover ways to live life well after a traumatic event. It uses the powerful techniques of acceptance and commitment therapy (ACT) to help clients take a different approach to painful feelings and chart a new course for a rich and meaningful life. Safety and safe coping skills for trauma will be covered to prevent the use of drugs or alcohol to self-medicate.
- ✦ **DBT Series: Dialectical Behavior Therapy (DBT)** is based on the book The Expanded Dialectical Behavior Therapy Skills Training Manual, Lane Pederson, PsyD, LP, DBTC, 2012 and has proven effective as treatment for a range of mental health problems, especially for those characterized by overwhelming emotions. Research shows that DBT can improve your ability to handle distress without losing control and acting destructively. In order to make use of these techniques, you need to build skills in four key areas- distress tolerance, mindfulness, emotion regulation, and interpersonal effectiveness. The DBT Series Skills Group will benefit clients who feel their feelings too intensely (i.e., anger issues, high anxiety, on mood stabilizers, history of self-harm, worried about urges), do not manage feelings well (either through avoidance or over-reacting), do not manage relationships well, and/or do not handle distress well. These classes are offered to clients who are diagnosed through the mental health system.

2.17 Interpretive/Translation Services:

2.17.1 The Department shall determine whether an offender requires Interpretive/Translation services due to an offender's physical impairment or language barrier. The Department will obtain and bear the financial responsibility for such services.

- a. *The contractor shall consult with the Assistant Division Director, DORS, regarding which specific treatment services will be assisted by an interpreter.*

Gateway understands that the Department will determine whether an offender requires Interpretive/Translation services due to an offender's physical impairment or language barrier and that the Department will obtain and will bear the financial responsibility for such services. Gateway will consult with Department Assistant Division Director, Division of Offender Rehabilitative Services for Substance Abuse Services regarding which specific treatment services will be assisted by an interpreter.

2.18 Meeting and Other Requirements

2.18.1 Meeting Requirements:

- a. The contractor shall meet with the Department on an as needed basis after the contractor has fully implemented services. If acceptable to the Department, such meetings may be conducted via telephone call.*

In addition to the current interactions Gateway has with Department officials, Gateway will meet with the Department as frequently as requested in relation to issues and/or decisions regarding the new contract. Gateway is willing to meet in person or by phone, whichever manner the Department recommends.

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

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

- c. The OCC Warden/designee will meet at least weekly with the contractor's on-site program administrator to discuss pertinent program/Department issues.*

Gateway's Program Director currently meets *almost daily* with the Warden and designated OCC managers; we believe that these brief meetings are essential to the collaborative working relationship with the Department and the various disciplines within the institution. We will continue to do so as requested.

- d. The contractor shall actively participate in monthly contract/program oversight meetings, chaired by the OCC Warden/designee. When full contract implementation is achieved, meetings will be conducted, at a minimum, on a quarterly basis.*

Gateway will continue to actively participate in monthly contract/program oversight meetings, chaired by the OCC Warden/designee. We understand that at the discretion of the Warden, and/or when full contract implementation is achieved, meetings will be conducted at a minimum, on a quarterly basis. Gateway will continue to report performance measure during these contract oversight meetings, and make modifications to programming when mutually determined necessary.

2.18.2 The contractor shall design and implement monthly quality assurance (QA) activities to ensure appropriate contract compliance and service quality. A report summarizing the monthly QA activities shall be forwarded to the Assistant Division Director, DORS, and the OCC Warden/designee on a quarterly basis according to the following schedule: October 15 (for the

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months of July, August, September), January 15 (for the months of October, November, December), April 15 (for the months of January, February, March), and July 15 (for the months of April, May, and June).

Gateway agrees to continue to provide quarterly quality assurance reports. We are open to modifying this report at the request of the Department to ensure that all measures of quality are captured and reported. A sample of our QA report is included in the Appendix.

- a. Upon award of the contract, but no later than July 1, 2017, the contractor shall provide to the OCC Warden, and the Assistant Division Director, DORS an initial quality assurance plan.*

Gateway agrees to provide a plan to the OCC Warden and the Assistant Division Director, DORS a plan for measuring quality indicators that are agreed upon by the Department and Gateway. Our current quality assurance plan is included below.

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**Gateway Foundation MISSOURI CORRECTIONS DIVISION
BY 2017 QUALITY ASSURANCE PERFORMANCE PLAN**

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

Gateway has established a **Quality Assurance Committee** to oversee the treatment program at each of Gateway's contracted institutional treatment programs. The Quality Assurance Committee meets on a monthly basis in compliance with ADA standards 9 CSR 10-7.040 Quality Improvement. The committee meets to review service quality and to discuss quality enhancements; to identify, discuss and resolve problems or issues pertaining to treatment services; and to review various outcome data, including exit surveys, population trends, and behavioral trends within the institution. DOC representatives from Classification, Custody, Probation and Parole, Food Service, Canteen and Education have regularly attended. Contracted personnel from both Medical and Mental Health have regularly attended.

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

Programs/Sites for which this plan applies:

WERDCC- Vandalia Women's program
NECC – Bowling Green Men's program
Maryville Treatment Center Men's program
Ozark Correctional Center Men's program
WRDCC- St. Joseph Men's program
CCC- Chillicothe Correctional Center Women's program

**St. Louis Corrections Outpatient falls under Gateway's Community Services Division Quality Management Plan for Joint Commission accreditation purposes.*

The following measures apply to all of the programs listed above, and include the purpose and method for measurement of each:

1. **Clinical documentation audits:** **Purpose:** To assure quality documentation of client clinical services, meeting state certification and funder standards as well as Gateway

Foundation policies. **How measured:** Monthly clinical documentation audit forms which are completed at each program and results are submitted to the Assistant Division Director of the Division of Offender Rehabilitative Services (DORS), and to Gateway administration. A monthly clinical record audit report is also submitted to the Department of Corrections, Assistant Division Director of Substance Abuse Services and to Gateway's Administration. Each clinical documentation measure has an established threshold that must be met, and if not, a corrective action plan submitted to those named above.

2. **Client satisfaction survey: Purpose:** To assess on an ongoing basis the level of satisfaction clients have with Gateway Foundation services. **How measured:** Clients who are scheduled to complete treatment are provided the Texas Christian University (TCU) Client Engagement form to complete and submit to an office administrative assistant, who scans and forward the data to a TCU representative who develops a monthly and quarterly summary. The quarterly summaries are completed at each program and submitted to the Program and Regional Director for review and submission to Gateway's senior management and to the Board of Directors. Modifications in treatment services may be recommended based on data derived from this process.
3. **Program completion status: Purpose:** Ongoing review of the successful program completion rate allows the program staff to consider the efficacy of treatment interventions and to make adaptations as necessary. **How measured:** The program director compiles an aggregate list of discharged clients and their discharge status, successful, unsuccessful and "other," is reviewed and reported in monthly and quarterly reports submitted to the Assistant Division Director of DOC-DORS, Gateway's Program and Regional Director for quarterly submission to the Program Services Committee of the Board of Directors.# 3 above, however this measure does a breakdown of the reasons that a client is either terminated or withdraws from treatment prior to completion. This report is submitted to the Department of Corrections to be reviewed by the DOC committee tasked with reviewing terminations for all DOC institutional treatment programs.
4. **Employee retention: Purpose:** This measure is to assess variables at each Program/Site which affect employee retention/turnover, and in turn may affect client treatment outcomes. **How measured:** A monthly report is compiled by Gateway Foundation Human Resources Department which measures the retention (vs. turnover) of each program/location. This report is sent to each Program Director, to the Division Vice President and the President/CEO for review. Action plans are developed when a program falls below the agency threshold of 70%.
5. **Individualized client treatment outcomes: Purpose:** To assess the efficacy of individual treatment interventions administered to clients and to make modifications in treatment when data indicates the need to do so. **How Measured:** TCU Individual Evaluation Protocol (IEP) assessment instruments are administered to all clients at admission and at specific intervals throughout treatment. Changes in individual scores will dictate specific treatment interventions to be added (e.g. a group addressing anger management), or modifications to address a client's lack of treatment readiness as measured by the TCU

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MOTFORM (motivation assessment). Ultimately, these assessments, administered throughout a client's treatment will indicate the changes which occur that meet the clients,' DOC and Gateway's objectives.

6. **Kaizen- Opportunities for continuous improvements: Purpose:** The Kaizen process is intended to engage the entire Gateway workforce in identifying areas, items or process that could be improved, and including various levels of employees in the improvement planning and implementation process. Each Gateway Corrections program has been trained on the Kaizen process, and is encouraged to submit recommendations for activating a Kaizen to their Program Director. From these recommendations the Program Director delegates the Kaizen planning and implantation process to a multi-disciplinary team that may include representation from the Department of Corrections. Upon completion of a Kaizen, the planning and implementation process is documented on a prescribed Kaizen form, while updates to the process are given in various forums (staff meetings, Kaizen bulletin board) to the programs staff. A final version of the completed Kaizen form is submitted to Gateway's Director of Quality Improvement and posted to a public shared drive for other programs, allowing other Gateway programs to review and replicate the Kaizen process as applicable.

- b. The contractor will collaborate with the OCC Warden/designee to submit required monthly treatment center information reports to the Assistant Division Director, DORS.*

Gateway agrees to provide monthly treatment center/program reports to the OCC Warden and the Assistant Division Director, DORS. These reports will include both quantitative and qualitative information including client demographics, numbers of offenders completing the program, client population statistics, numbers of clients assessed, as well as qualitative information including clinical record documentation quality and compliance and training that Gateway staff received.

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

Gateway and the Department have developed a quarterly quality measurement and reporting process that provides assurance of the quality of Gateway's program and services at OCC. Included in this report are such metrics as staff positions filled/vacant, clinical documentation compliance rates, client engagement/satisfaction rates and client program completion rates, to name a few. Gateway will continue to apply a comprehensive quality assurance process and we will seek guidance from the OCC Warden and the Assistant Division Director, DORS, regarding the most salient metrics to include in these quarterly reports.

Under the current contract Gateway Foundation is in compliance with the noted practices and agrees to continue compliance with these expectations.

Missouri Department of Corrections

May 31, 2017

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Contact Person: Gregg Dockins
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2.19 through 2.20.11

NOTE: SECTIONS 2.19 THROUGH 2.20.11 CONTAIN GENERAL CONTRACTUAL REQUIREMENTS. GATEWAY UNDERSTANDS THESE REQUIREMENTS AND AGREES TO COMPLY WITH ALL ITEMS STIPULATED IN THOSE SECTIONS AND SUBSECTIONS.

Gateway Foundation, Inc., dba GFI Services, Inc.

Contact Person: Gregg Dockins

Response to IFB #SDA931411-066

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

Gateway currently has two waivers or exceptions in place with the Missouri Department of Mental Health regarding institutional program standards. These two standards are: the requirement to maintain a majority of Counseling staff credentialed at the DMH "QSAP" level (letter dated October 25, 2013); and the requirement to provide a minimum of one (1) hour of individual counseling per client per month (letter dated April 6, 2015). Copies of these waivers are included on the following pages.

JEREMIAH W. (JAY) NIXON
GOVERNOR



KEITH SCHAFER, Ed.D.
DIRECTOR

MARK STRINGER
DIRECTOR
DIVISION OF
BEHAVIORAL HEALTH
(573) 751-8199
(573) 751-7814 FAX

STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH

1700 EAST ELM STREET
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(573) 751-8224 FAX
www.dmh.mo.gov

October 25, 2013

Rebecca H. Douglas, LPC
Regional Director
Gateway Foundation
18719 Norfolk Ridge Way
Richmond, TX 77407

Dear Ms. Douglas:

Division of Behavioral Health staff carefully considered 9 CSR 30-3.110 (13) as it relates to Institutional Treatment Center (ITC) programs. This standard states that the "majority of the program's staff who provide individual and group counseling shall be qualified substance abuse professionals."

Given the unique characteristics of institutional substance abuse treatment programs, compliance with this standard is waived. ITC programs can vary significantly in size, making the ratio standard somewhat arbitrary. In addition, as these treatment programs exist solely within governmental correctional facilities, they may experience unexpected and uncontrollable fluctuations in programmatic resources based on external factors.

It is expected that the ITC programs fully comply with all other personnel-related standards. These regulations clearly require that qualified staff must be available in sufficient numbers to ensure effective service delivery. Additionally, requirements related to supervisory responsibilities and staff training reinforce the importance of professional oversight and the delivery of services by well-prepared counselors. Therefore, it is DBH's expectation that Gateway Foundation will continue to direct those staff not currently credentialed to work steadily towards certification and/or licensure.

A response to your plans of correction for other deficiencies identified during the certification surveys at the Maryville and Chillicothe locations will be sent under separate cover. Please let me know if you have any questions.

Sincerely,

Nath K. Buck, MS, LPC
Director of Adult Community Treatment
Division of Behavioral Health

NB:ldn

cc: Rhonda Turner, Certification Manager
Marta Nolin, Assistant Director, Substance Abuse Services, Division of Offender Rehabilitation Services,
Department of Corrections
Michael Darcy, Chief Administrative Officer, Gateway Foundation
Gregg Dockins, Director of Corrections Initiatives, Gateway Foundation

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JEREMIAH W. (JAY) NIXON
GOVERNOR



KEITH SCHAFER, Ed.D.
DIRECTOR

STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH

1708 EAST ELM STREET, P.O. BOX 687
JEFFERSON CITY, MISSOURI 65102
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www.dmh.mo.gov

April 6, 2015

Stephen Doherty, LPC, CRADC, CCJP
Regional Director
Gateway Foundation
1430 Olive St., Suite 300
St. Louis, MO 63103

Re: *Gateway Foundation – Request for Waiver*

Dear Mr. Doherty:

On April 6, 2015, the Department of Mental Health Exceptions Committee ("Committee") reviewed your request for a waiver to provide one hour of counseling per client per month, in the treatment programs for which your agency is contracted with the Department of Corrections. After careful consideration of the information you submitted, the Committee decided to approve your request for a waiver.

This waiver becomes effective as of the date of this letter. I encourage you to maintain a copy of this letter in your files, in the event any questions arise about whether a waiver has been granted.

If you have any questions, please contact me at 573-751-8202.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Limbach".

Lisa Limbach
Paralegal
Department of Mental Health

/ll

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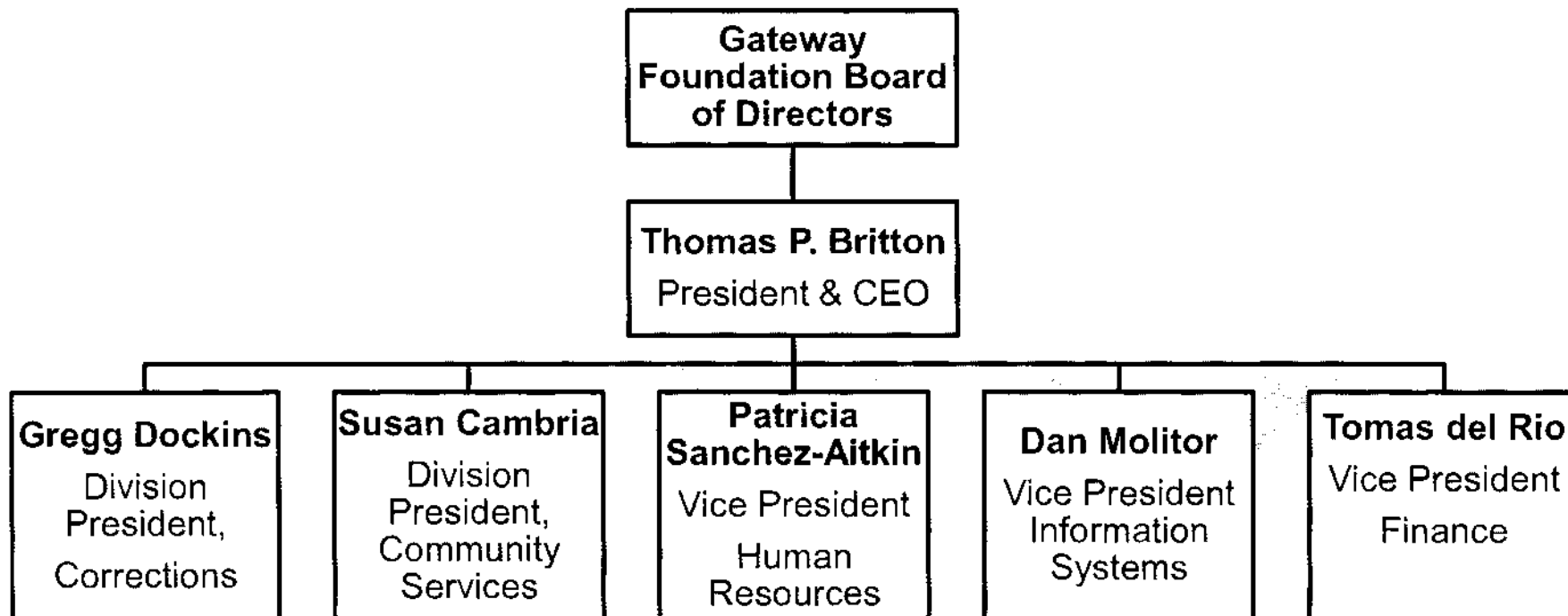
3. Organizational Chart- The bidder should provide an organizational chart for each program location and one organizational chart that conveys the overall management responsibilities which show the staffing and lines of authority for the key personnel to be used in each program. The organizational chart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

On the following pages, please find the following organizational charts:

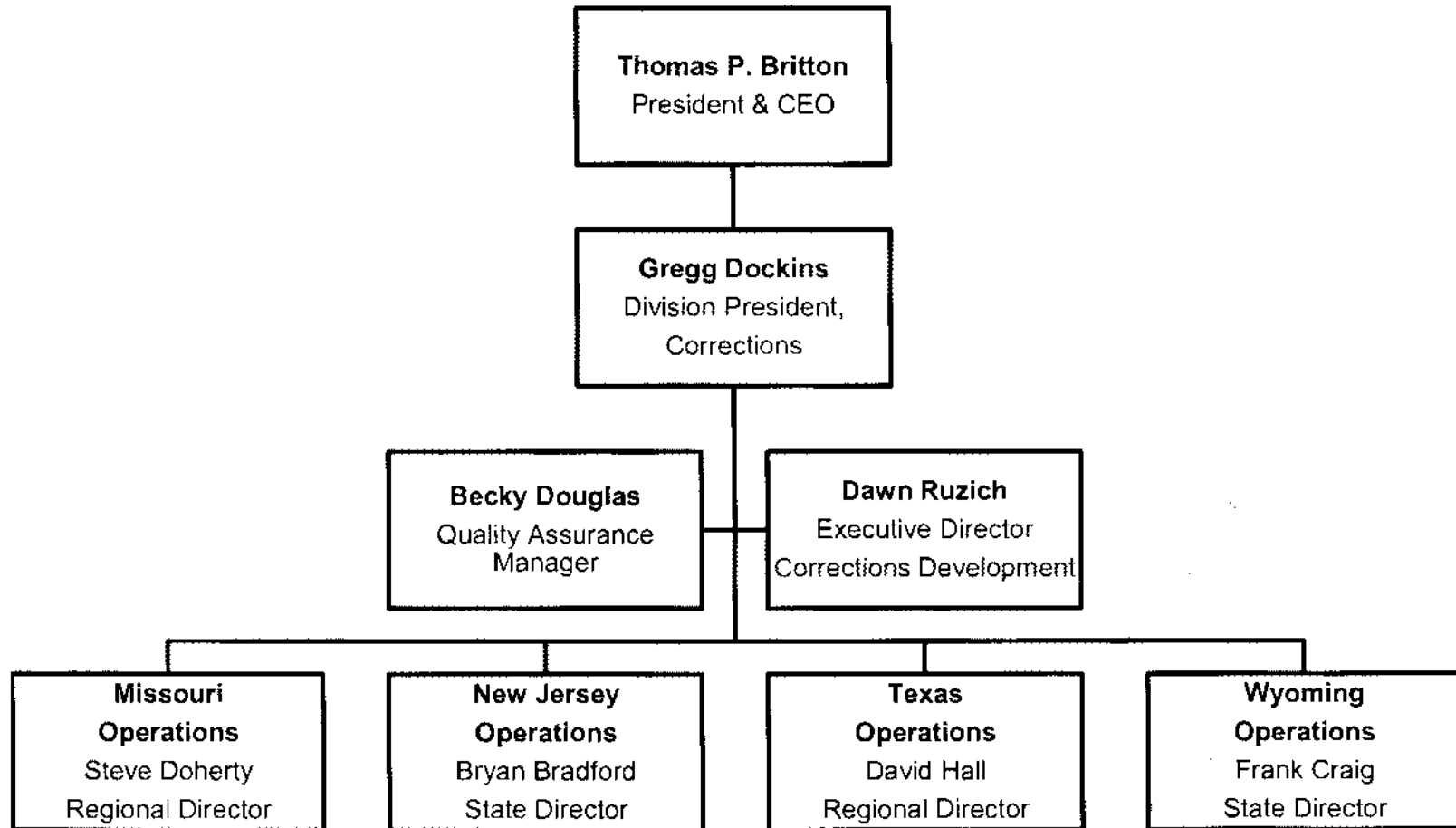
- Gateway Foundation, Inc. Executive Management Team
- Gateway Foundation, Inc. Corrections Division Management Team
- GFI Services, Inc. Ozark Correctional Center Organizational Chart

Gateway is not proposing to use any subcontractors.

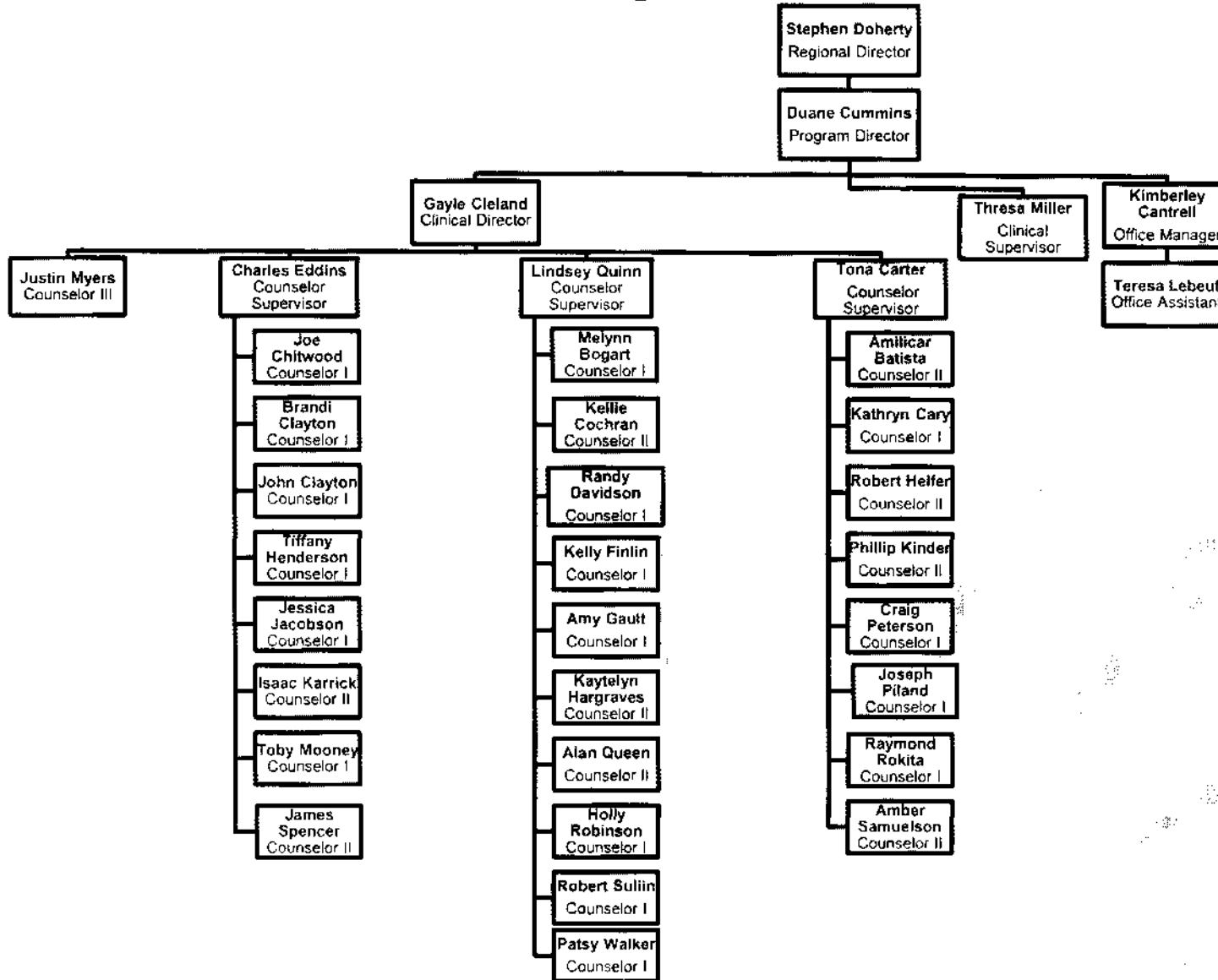
**Gateway Foundation, Inc.
Executive Management Team
Current Organizational Structure**



Corrections Division Management Current Organizational Structure: FY17



OCC Organizational Chart



Gateway Foundation, Inc., dba GFI Services, Inc.

Contact Person: Gregg Dockins

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

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

Gateway Foundation, Inc., dba GFI Services, Inc.

Contact Person: Gregg Dockins

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

Gateway has a long history of providing substance use disorder treatment services in dedicated special needs facilities leading to our expertise and ability to provide specialized services and programming to accommodate the clients' disabilities for treatment to be most successful. Gateway is committed to the philosophy that each client is unique and deserves a treatment approach that accommodates his distinct treatment needs. We seek to provide the most effective treatment experience possible. This philosophy is particularly relevant for clients who have "special needs" that must specifically be addressed and accommodated if the clients are to succeed in treatment. "Special needs" may include physical disabilities, mental illness, cognitive impairments, learning disabilities, illiteracy, language deficits, and/or other permanent disabilities.

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

At OCC, consideration is always given to the special needs that many of our clients have. Over the course of the current contract we have developed effective processes that have successfully addressed the needs of these clients. Educational deficits, mental health issues, and medical issues often require special accommodations and are made for offenders to benefit from and successfully complete the treatment program. The integrated treatment team works together to identify what impact offenders' special needs may have on their ability to comply with normal programming. Appropriate accommodations are identified in consultation with the various disciplines to respond to these needs. Assignments and processes are modified to allow for the challenges these offenders face; however, these are informed modifications based on the input of medical, mental health, and/or education professionals. Modifications are based on extensive interdisciplinary staffing to protect offenders and the integrity of the program from reactive or unfounded assumptions related to the offenders' abilities. Furthermore, when the need for a Program Review Committee to evaluate offenders behavior or progress becomes evident, such review is attended by the appropriate department representative (mental health, medical, or education) that can best evaluate the impact of the offenders' special needs on their overall performance.

Accommodations themselves can be therapeutic in nature, not only for a client with special needs, but also for other clients and the therapeutic milieu as a whole. By observing staff interacting with clients with special needs, clients learn to approach other individuals with the same willingness to tolerate individual differences and consider supportive, alternative approaches. In fact, one mechanism to accommodate clients with special needs involves assigning other clients to assist clients with challenges, e.g., reading print recovery material to visually impaired clients or those with reading difficulties. Helping another person has positive benefits for the helper as well as for those who receive help.

Missouri Department of Corrections

May 31, 2017

The following table summarizes the accommodations that Gateway currently utilizes and will continue to employ as needed to assure that the special needs of clients are met.

GATEWAY'S TREATMENT MODIFICATIONS /ACCOMMODATIONS FOR CLIENTS WITH SPECIAL NEEDS
Client Population
Clients with Physical Disabilities (e.g., non-ambulatory clients, amputees, etc.)
Clients with Cognitive Disabilities (e.g., brain injury, learning disabilities, retardation, etc.)
Clients with Sensory Disabilities (e.g., visual impairment/blindness, hearing impairment/deafness, etc.)
Clients with Reading Deficits
Clients with Deficits in Written, Spoken, or Receptive Language
Clients with Co-occurring disorders

EXPERTISE IN THE TREATMENT OF CO-OCCURRING DISORDERS

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

- **Emphasis on staff and client education pertaining to psychotropic medication.** Specific emphasis is placed on training staff to educate clients about prescribed psychotropic medications. These clients are taught the following:
 - the therapeutic benefits of their medications;
 - side effects and ways to deal with these effects in healthy ways;
 - the importance of frequent communication with a psychiatrist or mental health professional particularly when attitudes or behaviors change, indicating a need to readjust dosage;
 - the effect their mental health diagnoses has on their substance use disorder and vice versa.
 - the need to comply with medication regimens
 - common misconceptions which lead to non-compliance and means to avoid these pitfalls.
 - specific medication doses and the times for taking medications
 - approaches which mitigate the intensity of confrontation in group processes, while still confronting dysfunctional attitudes, thought processes and behaviors
 - use of more structured approaches in group settings than might be found in traditional therapeutic communities.

Please see Sections 2.16.5, 2.16.6, and 2.16.7 for further discussion.

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

Gateway will meet or exceed all group education requirements. In Phase I, we offer 35.25 therapeutic activity hours per week (a minimum of 30 hours is required). In Phase II, 32.25 therapeutic activity hours per week are provided (a minimum of 30 hours is required) and up to 37 therapeutic activity hours are offered per week for individuals in Phase III (a minimum of 15 hours is required). Group sizes for each of the three phases are limited to 40 clients for psycho-educational sessions and 12 for small process groups. The specifications for each of the services in each of the three phases are included in the table below.

Services per week/month	PHASE I	PHASE II	PHASE III
Hours of group education	Five (5) hours per week	Five (5) hours per week	One (1) hour per week
Hours of group counseling	Two (2) hours per week	Two (2) hours per week	Two (2) hours per week
Individual Counseling	One (1) hour per month, (1/4 hr./week)	One (1) hour per month, (1/4 hr./week)	One (1) hour per month, (1/4 hr./week)
TC interventions and other treatment related work and/or assignments	28 hours per week: 11.5 hours of TC and 16.5 hours of treatment related work or assignments	10 hours of TC and 15 hours of other treatment related work or assignments	11.5 hours of TC and up to 20 hours of treatment related work or assignments
Total service hours	35.25 hours/week	32.25 hours/week	15-37 hours/week

Gateway Foundation, Inc., dba GFI Services, Inc.
Contact Person: Gregg Dockins
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7. The bidder should submit a program schedule and curriculum for each program requirement.

On the following page, please find Gateway's proposed program schedule for IFB #SDA931411-066. This is immediately followed by a full description of all of Gateway's curriculum and group offerings. Gateway incorporates a unique and novel service delivery model, the **Collegiate Model**, at OCC. Please refer to our response to **Exhibit F, #1**, particularly **Sections 2.5.1** and **2.8.1**, for a detailed description of the Collegiate Model and program/curricula offerings.

GATEWAY OCC TREATMENT SERVICES SCHEDULE (SAMPLE)

Abbreviations:

TC = Therapeutic Community Intervention; Ed = Recovery Education Group; SH = Self-Help Group

MON	TUES	WED	THURS	FRI	SAT
6:30 – MORNING MTING (TC)	6:30 – MORNING MTING (TC)	6:30 – MORNING MTING (TC)	6:30 – MORNING MTING (TC)	6:30 – MORNING MTING (TC)	
7:30 AM	7:30 AM	07:30:00 AM [MAIN] MARCH – JMC	7:30 AM	7:30 AM	7:30 AM
COUNSELING GROUPS	COUNSELING GROUPS	SOCIALIZATION	COUNSELING GROUPS	COUNSELING GROUPS	COUNSELING GROUPS
INDIVIDUAL COUNSELING SESSIONS	INDIVIDUAL COUNSELING SESSIONS	[PB-A] PATHWAY To CHANGE (730- 930)	INDIVIDUAL COUNSELING SESSIONS	INDIVIDUAL COUNSELING SESSIONS	[GARDEN] GROWING FOR RECOVERY (730- 930) (Ed)
	OMT/STAFFING	[PB-B] PATHWAY TO CHANGE (730- 930)			
9:00 AM	9:00 AM	9:00 AM	9:00 AM	9:00 AM	9:00 AM
CRIMINAL & ADDICTIVE THINKING (Ed)	LIVING IN THE BALANCE (Ed)	LIFE SKILLS (Ed)	DUAL DIAGNOSIS (Ed)	TCU SURVEYS	RELAPSE PREVENTION ND (Ed)
OVERCOMING SELF DEFEATING BX (Ed)	RELAPSE PREVENTION ND (Ed)	PATHWAY (730- 930)	INTAKE & ORIENTATION	REINTEGRATION	INSIDE-OUT DAD (Ed)

INTAKE & ORIENTATION - ND (Ed)	SEARCH FOR SIGNIFICANCE (Ed)	PATHWAY (730-930)	INDIVIDUAL COUNSELING SESSIONS	PATHWAY	LIVE BEYOND TRAUMA (Ed)
[GARDEN] GROWING FOR RECOVERY (Ed)	SMART RECOVERY	CONFLICT RESOLUTION	OMT/STAFFING	ROPE GROUP (Ed)	[GARDEN] GROWING FOR RECOVERY (730-930) (Ed)
INDIVIDUAL COUNSELING SESSIONS	INTAKE & ORIENTATION - ND	INDIVIDUAL COUNSELING SESSIONS		INTAKE & ORIENTATION (Ed)	INDIVIDUAL COUNSELING SESSIONS
	INDIVIDUAL COUNSELING SESSIONS	OMT/STAFFING		[GARDEN] GROWING FOR RECOVERY (12) (Ed) [GARDEN] FOUNDATIONS FOR EGCELLENCE (Ed)	
10:00 AM	10:00 AM	10:00 AM	10:00 AM	10:00 AM	10:00 AM
CRIMINAL & ADDICTIVE THINKING (Ed)	RELAPSE PREVENTION N.D. (Ed)	PHASE UP COMM (TC)	RELAPSE/REENTRY JOURNALING (Ed)	R&O ORIENTATION (Ed)	RELAPSE PREVENTION ND (Ed)
DRUG & ALCOHOL ED (Ed)	SEARCH FOR SIGNIFICANCE (Ed)	LIFE SKILLS (Ed)	POSITIVE PARENTING (Ed)	REINTEGRATION (Ed)	MENS WORK (Ed)
[GARDEN] GROWING FOR RECOVERY (Ed)	INDIVIDUAL COUNSELING SESSIONS	PATHWAY to CHANGE	RATIONAL RECOVERY (Ed)	PATHWAY to CHANGE	LIVE BEYOND TRAUMA (Ed)
INDIVIDUAL COUNSELING SESSIONS	OMT/STAFFING	INDIVIDUAL COUNSELING SESSIONS	INDIVIDUAL COUNSELING SESSIONS	ROPE (Ed)	INSIDE/OUT DAD (Ed)

				[GARDEN] GROWING FOR RECOVERY (Ed) [GARDEN] FOUNDATIONS FOR EGGCELLENCE (Ed)	
		OMT/STAFFING	OMT/STAFFING		
11:00 AM	11:00 AM	11:00 AM	11:00 AM	11:00 AM	11:00 AM
AFTERNOON MEAL	AFTERNOON MEAL	AFTERNOON MEAL	AFTERNOON MEAL	AFTERNOON MEAL	AFTERNOON MEAL
12:00 PM	12:00 PM	12:00 PM	12:00 PM	12:00 PM	12:00 PM
MANAGEMENT MEETING		TEAM MEETINGS	STAFF SUPPORT MEETING	ALL STAFF MEETING	
1:00 PM	1:00 PM	1:00 PM	1:00 PM	1:00 PM	1:00 PM
COUNSELING GROUPS	COUNSELING GROUPS	PHASE UP COMMITTEE	COUNSELING GROUPS	COUNSELING GROUPS	RELEASE & REINTEGRATION (Ed)
INDIVIDUAL COUNSELING SESSIONS	INDIVIDUAL COUNSELING SESSIONS	PATHWAY TO CHANGE	INDIVIDUAL COUNSELING SESSIONS	INDIVIDUAL COUNSELING SESSIONS	TCU CLASS (Ed)
		SMOKING CESSATION (Ed)			DUAL DIAGNOSIS (Ed)
		PATHWAY TO CHANGE			DRUG & ALCOHOL ED (Ed)
2:00 PM	2:00 PM	2:00 PM	2:00 PM	2:00 PM	2:00 PM
RELAPSE PREVENTION (Ed)	CRIMINAL & ADDICTIVE THINKING (Ed)	THINKING FOR A CHANGE (Ed)	CASTLES HERE & NOW (Ed)	TCU ASSESSMENT ADMINISTRATION	RELEASE & REINTEGRATION (Ed)
TRUTOUGHT	RELAPSE PREVENTION ND (Ed)	MINDFUL RECOVERY (Ed)	INTAKE & ORIENTATION	RELAPSE PREVENTION ND (Ed)	TCU CLASS (Ed)

3:00 PM	3:00 PM	3:00 PM	3:00 PM	3:00 PM	3:00 - 3:30
RELAPSE PREVENTION (Ed)	CRIMINAL & ADDICTIVE THINKING (Ed)	POSITIVE PARENTING (Ed)	CASTLES HERE & NOW (Ed)	RRMAT GROUP (Ed)	TRAILERS CLOSED
TRUTOUGHT	RELAPSE PREVENTION ND (Ed)	SKILLS FOR ANXIETY (Ed)	INDIVIDUAL COUNSELING SESSIONS	RELAPSE PREVENTION ND	
WING REP MEETING 2 ND MONDAY OF EVERY MONTH (TC)	SKILLS FOR ANXIETY (Ed)	AA BOOK STUDY (SH)		DRUG & ALCOHOL ED	
4:00 PM-6:00 PM EVENING MEAL AND COUNT	4:00 PM-6:00 PM EVENING MEAL AND COUNT	4:00 PM-6:00 PM EVENING MEAL AND COUNT	4:00 PM-6:00 PM EVENING MEAL AND COUNT	4:00 PM-6:00 PM EVENING MEAL AND COUNT	
6:00 PM	6:00 PM	6:00 PM	6:00 PM	6:00 PM	
COUNSELING GROUPS	COUNSELING GROUPS	INDIVIDUAL COUNSELING SESSIONS	COUNSELING GROUPS	COUNSELING GROUPS	
INDIVIDUAL COUNSELING SESSIONS	INSIDE/OUT DAD (Ed)		5:30-7:00 ICVC	DWI-SPECIFIC EDUCATION (Ed)	
7:10 - 8:20 PM	7:10 - 8:20 PM	7:10 - 8:20 PM	7:10 - 8:20 PM	7:10 - 8:20 PM	
PEER SUPPORT / WRAP-UP (TC)	PEER SUPPORT / WRAP-UP (TC)	PEER SUPPORT / WRAP-UP (TC)	PEER SUPPORT / WRAP-UP (TC)	COMMUNITY MTING / WRAP-UP (TC)	

Gateway Foundation Suggested Curricula and Other Group Descriptions

Gateway has developed a comprehensive set of program curricula for implementation at the Ozark Correctional Center. These curricula provide the instructional basis for all interventions, which are delivered within the context of the Therapeutic Community methodology. Through cognitive intervention education, participants learn to develop strategies to stop, think, and behave differently. This is the core concept of every class in this program. Staff and other participants reinforce these strategies for healthy and responsible thinking to help each participant develop alternatives to criminal thinking and behaviors. Current classes utilized by Gateway at OCC and already approved by the Department include:

AA and NA Book Study

These classes offer thorough studies of the primary books of these popular self-help groups. AA and NA offers a supportive addiction recovery program that is free, readily available and effective to those who are committed to the philosophy. While neither AA nor NA "has no rules on religion or spirituality; what a higher power means to each person will vary." For this reason, these classes are on the Transcendental Track. Likewise, these courses address the areas of biological, psychological, sociological and spiritual concerns. These classes are a valuable source of information concerning addiction, recovery, and relapse and offers valuable insights to failure and success of recovery efforts. AA is the oldest and best known 12-Step mutual support group. *Alcoholics Anonymous, Fourth edition (2001)* is the basic text of A.A. Since the first edition appeared, in 1939, it has helped millions of men and women recover from alcoholism. *Narcotics Anonymous* is the *Big Book* version that describes the N.A. program and how it works. It includes the N.A. Twelve Steps and Twelve Traditions, as well as many personal stories of men and women who have found freedom from addiction through Narcotics Anonymous. These are the basis for this book study.

Addiction: The Family Disease

This class helps each client understand how his struggle with substances and criminality impacts the family. The class will examine how addiction affects children, relationships, and the mental health of those involved and overall family dynamics. While learning to identify dysfunctional behaviors such as enabling and codependency, clients will acquire skills to replace them with healthier responses that can help *break the chain of addiction* in one's family. This is a secular class that addresses biological, psychological and sociological elements of recovery. *Substance Abuse Treatment and Family Therapy – A Treatment Improvement Protocol (TIP 39) by the U.S. Department of Health And Human Services* presents evidence-based information and is the foundation of this course.

Broken Past, Brighter Future

This class uncovers the effects of dysfunctional families on children. As an Adult Child of Alcoholic/Addict, clients learn to recognize through role play, self-disclosure, and journaling how these dynamics have impacted their lives, particularly in how they see themselves. To break the chain of addiction, these personality traits must be confronted and understood and then one must develop the skills to identify and change the thoughts and behaviors associated with these problems. The end result desired is self-understanding of how personal attitudes, beliefs, and thinking patterns lead to criminal behavior and how to control and change them. When clients learn their motivation to change behaviors is based on a conscious choice, they realize that alternative ways of thinking and behaving are within

their control. Consequently, criminal behaviors are reduced by application of cognitive self-change principles. Due to its use of 12-Step information, this class is considered transcendental and addresses the areas of biology, psychology, sociology, and spirituality. *The ACA Fellowship Text (Big Red Book)* and *The Twelve Steps of Adult Children Workbook*, and *Recovery: A Guide for Adult Children of Alcoholics* by Herbert L. Gravit and Julie Bowden provide the foundational information for this class.

Castles In The Sky

This course is based on Dr. Cummins ground-breaking research that explored the experience of former inmates who had participated in a prison-based Therapeutic Community and stayed out of prison and free of drugs for a minimum of 3 years. Instead of asking, "Why do they come back?" the researcher asked the more important question, "How do they stay out?" This course teaches clients how to plan for and confront issues of re-entry into society. Over the course of 4 sessions during Phase I, participants learn key concepts that will challenge their current way of thinking, motivate them for change, and prepare them for the challenges they will face when they are released from prison. As H.D. Thoreau stated, "If you have built castles in the sky that is good. That is where castles belong. Now is the time to place foundations beneath them." The components used in this secular course are psychological and sociological.

Castles- Here & Now

This course continues the lessons started in "Castles in the Sky." In the first course, clients were confronted with the behaviors and attitudes that led them to a life of crime and, ultimately, time behind bars. Through hearing the stories of men who were able to desist from crime and stay out of prison, they learned what it will take to make this time in prison the last time. The focus of the original material was, "Where have you been?" In this class, clients will hear the stories of men who are in the midst of change while learning how to apply the "Castles in the Sky" concepts. For that reason, the focus of this class is the "Here and Now". The clients will not stay focused on their past; they have already been there. Instead they will explore the application of "Castles in the Sky" to their lives right now. They will develop a *Reality* base in their lives that will allow them to filter their experiences through the pillars of *Choice, Change, Control, and Evidence* rather than *excuses, compromise, someone to blame, and denial*. Primarily, clients will focus on *Evidence* and how they are affecting the daily *Evidence* of their lives. The components used in this secular course continue to be psychological and sociological.

Communication Skills

This is a basic course designed to help improve communication skills by examining the components of effective communication that include "I" statements, active listening, reflection, and nonverbal expression. Clients will learn how culture influences expectations of body language, voice inflection, and eye contact. The different styles of communication are reviewed and clients determine their own style of responses that include passive, aggressive, passive-aggressive, manipulative, and assertive. Good communication is at the heart of recovery and the support of healthy relationships is nurtured through effective conversations. This is a secular class that includes sociological and psychological information. *The Handbook of Communication Skills (3rd Edition)* edited by Owen Hargie provides a compilation of evidence-based information to develop understanding of "skilled behavior in all its complexities."

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Conflict Resolution Skills

This course teaches specific communication skills – how to listen, ask questions to clarify, defuse conflict, and identify root problems and their solutions. It also teaches basic negotiation skills used in resolving conflict. Areas covered include conflict coaching, developing empathy, and listening skills to name a few. Once this course is completed, clients are able to guide their Wing in Peer Support meetings. The skills learned are applicable in family situations at home. This is on the secular track and addresses psychological and sociological elements of recovery. First and foremost, *The Therapeutic Community; Theory, Model and Method* by **George De Leon** is the standard authority of the OCC Gateway Therapeutic Community tools for conflict resolution. In addition to the work of this leading authority on research in therapeutic communities, *A Toolkit of Motivational Skills Encouraging and Supporting Change in Individuals (2nd Edition)* by **Catherine Fuller and Phil Taylor** is incorporated to give clients the language skills conducive to encouraging change in their peers.

Drugs and the Brain

This class explains scientific research that supports the concept that addiction is a disease that affects both the brain and behavior. We have identified many of the biological and environmental factors and are beginning to search for the genetic variations that contribute to the development and progression of the disease. Scientists use this knowledge to develop effective prevention and treatment approaches that reduce the toll drug abuse takes on individuals, families, and communities. This is a secular class that addresses biological, psychological, and sociological elements of recovery. *Drugs, Brains, and Behavior: The Science of Addiction* provides scientific information for this class about the disease of drug and is published by the **National Institute on Drug Abuse (NIDA)**.

DWI Class

This class takes a look at social attitudes, expectations, and the laws surrounding the use of alcohol. This class is mandatory for all participants assigned as CHRONIC by the court and each client must complete one full quarter of this class. This is a secular class that focuses on psychological and sociological components.

Growing for Recovery

This course was developed with the cooperation of the **Department Of Corrections Restorative Garden Program**. Clients learn life lessons like *giving back* to others. Produce from the garden is donated and helps several food pantries with vegetables and fruits. This fresh food gives a steady supply of health and hope to a segment of our community that would not otherwise have that opportunity. Clients also learn powerful ways to understand life through gardening. Some of those lessons include the importance of having a vision and having a good foundation for that vision, how to prioritize, the importance of being aware of one's environment, setting appropriate boundaries, actions have consequences (you reap what you sow), and that it's easier to work with nature than against it, making constant assessment and flexibility a must. Most importantly, one must be patient, keep weeding, and trust the process! Paying attention to these essential life issues will result in a bountiful harvest of good relationships, healthy lifestyle, and security. This class is considered transcendental and includes biological, psychological, spiritual, and sociological elements of recovery.

House of Healing

This course is based on the popular book, *Houses of Healing: A Prisoner's Guide to Inner Power and*

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Freedom by Robin Casarjian. It examines emotional skill-building based on a belief in the intrinsic dignity and worth of each person. In this class, clients will learn emotional regulation techniques, experience emotional and spiritual growth, and assume responsibility and accountability for oneself and toward others. It draws stress management techniques, cognitive reframing, acknowledging and healing from childhood trauma, transforming anger and resentments into forgiveness, working with grief, and nurturing spiritual growth. It is a very intense class that requires courage & dedication. Clients must be committed to spending time outside of class on reading and writing assignments, meditating, completing “emotional weather reports”, and other activities. This class is considered transcendental and includes biological, psychological, spiritual, and sociological elements of recovery.

Living in Balance: Moving from a Life of Addiction to a Life of Recovery

This course teaches the basics of substance use disorder and the process of addiction to the stages of recovery. This includes identifying ways to avoid relapse, planning for sobriety, addressing legal drugs – alcohol & tobacco, stress, and emotional well-being, skills for reducing stress, negative emotions, anger and communication and more. ***Living in Balance: Moving from a Life of Addiction to a Life of Recovery by Hoffman, Landry, and Caudill*** takes a biopsychosocial-spiritual approach to treatment and rests on a foundation of evidence-based addiction treatment approaches. These include Motivational Enhancement Therapy and Cognitive Behavioral Therapy.

Living with Intention

This course focuses on the power of the mind and its belief systems in creating your individual reality. “Manifesting” is a deeply human experience that occurs through thoughts, words, and emotions. “The Law of Attraction” can be harnessed and directed toward a much better future for those who recognize its power and choose to utilize it wisely. Participants will perform “thought experiments” designed to prove the existence of this power and help them to practice using it. They will also learn manifesting tools like vision boards, affirmations, and gratitude. This class has a strong spiritual, but not religious, component. Therefore, this class is considered transcendental and includes biological, psychological, spiritual, and sociological elements of recovery.

Meditation

This class utilizes **Guided Journey's Ideal Meditation Sequence (2009)** and **Learning to Live in the Now by Ruth Fishel (1988)** for meditation. It offers comprehensive meditation exercises designed as a stress reduction, life-enhancing experience. Participants will be taught how to utilize their own hidden potential and strengths to focus on developing a greater sense of creativity, empathy, focus, and a healthier attitude towards nurturing themselves. Through practice, each lesson becomes a tool for stress-reduction to enhance mental clarity, focus, empathy, self-awareness, and a healthier attitude; major contributors to preventing relapse. This is a transcendental class that focuses on biological, psychological, spiritual, and sociological components.

Men's Work

This course takes a deeper look at common problems for men such as expression of anger, understanding cultural and gender differences, domestic violence, and relationships. Because gender-responsive curricula must address gender issues appropriate for men, Gateway will incorporate the ***Men's Work Workbook Series (1992) by Paul Kivel*** and published by Hazelden Publishing and Educational Services. The series of three workbooks is designed to help offenders understand and

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personalize how and why they have been violent and how they can become capable of controlling their anger. Gateway clinicians will use these texts as the basis for leading group counseling interventions.

Mindful Recovery

This course teaches mindfulness - a process of being in the present moment. "One simply observes and is made aware of what is going on by utilizing all senses (taste, touch, smell, hearing and vision) versus living in one's mind and missing out on what is in the moment. Mindfulness is not thinking, deliberating, conceptualizing, strategizing, or multitasking. Mindfulness is experiencing what is in the here and now." Gateway utilizes *Mindful Recovery -Clinical Manual and Curriculum* for this course of study.

Relapse Prevention Therapy: An Acceptance-Based Approach

This course was developed by the Gateway Foundation as an open-group that takes a multi-level, secular approach to relapse prevention. Through the use of Motivational Interviewing techniques guided by the Stages of Change, clients experience an intense journey that addresses lifestyle balance, skill-building, and self-awareness. During this course, the Relapse Prevention / Continuing Care Plan is developed and completed to accompany the resident's case evaluation. The basis of this class is secular in nature and incorporates elements of physiology, psychology, and sociology. This curriculum is the result of integrating the following evidence-based practices to promote addiction recovery:

- Relapse Prevention Therapy (RPT)
- Acceptance and Commitment Therapy (ACT), and
- Motivational Interviewing (MI)

RPT, ACT, and MI are all listed on the Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence-Based Programs and Practices (NREPP).

Nutritional Healing

This is a course that looks at the role of nutrition, sleep, sun exposure, grounding, and exercise in obtaining optimal health. It is based on the movies "Forks over Knives" and "Sweet Suicide" as well as Dr. Joseph Mercola's book *Effortless Healing*. Clients will learn about the 4 building blocks of nutrition, gut health, detoxification, repairing the body, reversing diseases, and weight management. Cooking methods, smart shopping, supplements, and making healthy food choices will also be discussed. This is in the transcendental category and focuses on psychological, biological, sociological, and spiritual aspects of recovery.

Out of the Ashes

This is a process group where clients explore their relationships with their children and how incarceration has affected that relationship. Through the use of a video and group discussion, clients will learn how to begin to repair these broken relationships. This is on the secular track and addresses psychological and sociological elements of recovery.

Pathways to Change

This course explores thinking patterns and personality traits that contribute to the decisions we make in most areas of our lives. This includes how we develop relationships, communicate with others, practice

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patience, and more. These skills are valuable in one's professional life as well as personal relationships. Pathways to Change is an essential element of the offender management approach utilized by the Missouri Department of Corrections. Research shows that building cognitive skills has been the single most effective intervention technique that can be employed by corrections and is congruent with Gateway philosophy and experience with the change process. The curriculum addresses issues related to criminal behavior and recidivism such as factors that lead to criminal behavior, responsible decision making, examination of values and attitudes, successful relationships, identifying and correcting thinking errors. The basis of this class is secular in nature and incorporates elements of physiology, psychology, and sociology.

Positive Parenting

In this course, clients will read and discuss children's books and engage in group discussion about the message of the books. How it relates to recovery and treatment will also be included in lessons about positive parenting. Clients will complete weekly assignments and prepare their own books for their final project. This is on the transcendental track and looks at psychological, spiritual and sociological issues.

Prison Break: Breaking Free from Your Mental Prison

This class will teach clients how to escape their mental prison and learn the difference between taking a BRAKE and taking a BREAK from being incarcerated. Clients will learn to recognize thoughts and behaviors that have been holding them prisoner. Prison Break is designed to enhance one's life, increase social support, and afford clients more control. Learn to break free from traits that have held you prisoner prior to your incarceration. Creative exercises will be part of this course along with drawing, making Shield & Life masks, and Life wheels, movies and much more to help clients confront ego and find the inner persona that finally can BREAK FREE and STAY FREE. This is in the transcendental category and focuses on psychological, biological, sociological, and spiritual aspects of recovery.

Pursuit of Happiness

This course is based on the Positive Psychology movement, Martin Seligman's book "Flourish", and the movie "Happy." This course will explore the foundations for happiness, contentment, and fulfillment. Clients will look at rewards linked to these emotional states including, money, possessions, status/image, emotions, relationships, meaning, and "flow." They will complete a comprehensive "Character Strengths Inventory" to assist them in using their own gifts to cultivate well-being. This is an important journey for those clients that have been involved with making fast money and addicted to the lifestyle of drugs, gangs and crime. This is a transcendental class that addresses biological, psychological, spiritual and sociological elements of recovery.

Reintegration or 12-4-12

This course was designed for the client's last 12 weeks of treatment to focus on his first 12 weeks out. Participants will leave prepared to complete their court ordered obligations as well as maintain their day to day life. Successful "Non- Recidivating Former Offenders" have proven that the ability to navigate "the system" may be a primary factor in the relationship between resiliency and recidivism. This class includes completing a Re-Entry Action Plan to help maximize personal goals and efforts of making the "No-Return Investment" back into society. The Re-Entry Action Plan will be a compilation

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of all written assignments from the class. This course is on the secular track and addresses biological, psychological, and sociological elements of recovery.

Rational Recovery / SOS

This course provides insight into alternatives to the classic 12-Step programs - Rational Recovery and SOS. SOS takes a reasonable, secular approach to recovery and maintains that sobriety is a separate issue from religion or spirituality. SOS credits the individual for achieving and maintaining his or her own sobriety, without reliance on a "Higher Power." Rational Recovery is a comprehensive remedy for addiction that places total focus on the thinking process and commitment of the individual. This is on the secular track and addresses biological, psychological, and sociological elements of recovery and is based on *AVRT-Based Recovery in a Nutshell* by Jack Trimpey, Founder, Rational Recovery® and *Rational Recovery: The New Cure for Substance Addiction* by the same author.

Relapse Prevention (Gorski)

This is a comprehensive model of chemical dependency treatment that effectively combines the best of the medical and social/behavioral treatment models. It is based upon the idea that recovery is a process that takes place over time and in specific stages. Each stage has tasks to be accomplished and skills to be developed. If a recovering person is unaware of this progression, unable to accomplish the tasks and gain the skills, or lacks adequate treatment, he will relapse. This class guides clients in how to assess lifestyle patterns regarding their effort to prevent relapse by completing a comprehensive self-assessment of their life, addiction, and relapse history. Through various steps, each individual will construct a personalized list of relapse warning signs that led him to use substances. The clients will learn management strategies for the critical warning signs. This is followed by clients developing a relapse early intervention plan that will provide the client and significant others with step-by-step instructions to interrupt alcohol and other drug use should it recur. Each resident will complete his own Relapse Prevention and Continuing Care Plan and submit the final product to his primary counselor. This class can be used as an individual study. This course references 12-Step self-help information, and therefore classified for the transcendental track. This class utilizes the *Counselor's Manual for Relapse Prevention With Chemically Dependent Criminal Offenders* by Terence T. Gorski, M.A., and John M. Kelley, M.A., C.S.W.

Self-Help Options

This course is designed to introduce clients to a variety of self-help options available to them in the community. No specific option is promoted, but the need for clients to seek out a social support opportunity or group of their choosing to enhance their recovery experience is emphasized. The key to staying in recovery is the ability to find help and support when one experiences the urge to use. This class offers alternative resources to AA and NA, is secular in nature and addresses the biological, psychological, and sociological aspects of recovery. This course was developed by Dr. Cummins to answer a need for a comprehensive overview of self-help and voluntary recovery options. His sources are based on a literary review of the major publications supporting Smart Recovery, AA/NA, SOS, LifeRing, and Rational Recovery.

SMART Recovery Concepts

This class is for those who have chosen to abstain, or are considering abstinence, from any type of addictive behaviors (substances or activities). Clients will learn how to change self-defeating thinking,

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emotions, and actions; and to work towards long-term satisfactions and quality of life. This is on the secular track and addresses biological, psychological, and sociological elements of recovery.

Smoking Cessation

This class is designed to give an extra boost to those who want to stop using tobacco. Clients will learn about harmful ways tobacco impacts the user and people around the user. This class includes strategies on how to quit using tobacco. This is on the secular track and addresses biological, psychological, and sociological elements of recovery.

The Children Are Watching

This class examines the effects of parental substance abuse on children. Clients are taught strategies to break the cycle of negative behaviors, set healthy boundaries, and becoming a positive influence in his child's life. This is on the transcendental track and will include spiritual, biological, psychological, and sociological elements of recovery.

Thinking for a Change

This course was developed by the National Institute of Corrections to explore the dynamics of criminal and addictive thinking. Clients are taught to re-structure their thoughts through role play, discussion, and various other exercises. This is on the transcendental track and will include spiritual, biological, psychological, and sociological elements of recovery. This curriculum is an integrated cognitive behavior change program reflected by the contributions of Aaron Beck, Albert Ellis, Stanton Samenow, Samuel Yochelson, Robert Ross, Elizabeth Fabiano, and Jack Bush.

Tobacco Cessation

This course provides information, strategies & encouragement for quitting use of tobacco. Clients will learn how to manage cravings, understand the benefits of quitting and how to cope with emotions throughout the process. This class is facilitated by staff from both the Medical Department and Gateway staff. It is secular-based education that explores biological, psychological, and sociological elements of recovery.

Using Rational Emotive Behavior Therapy (REBT) in Recovery

This course focuses on working through the common thinking errors that prevent clients from maintaining long-term recovery. This will include concepts such as awfulizing, acceptance of self and others, procrastination, accepting ambiguity and uncertainty, low frustration tolerance, acceptance of reality, and appropriate calculated risk taking. This is on the secular track and will include biological, psychological, and sociological elements of recovery. *Rational Emotive Behavior Therapy For Addictions with Albert Ellis, PHD and by Deb Hammels, MA, MFT & Victor Yalom ,PhD* provides the ABC framework that is the cornerstone of REBT practice. Rational-Emotive Behavior Therapy (REBT) is a form of cognitive behavioral psychotherapy (CBT) and psycho-education based on the premise that by changing patterns of thinking, one can achieve dramatic improvements in emotional and behavioral health. Ellis (1994) characterizes REBT's approach and goals by saying that REBT is not, "...primarily interested in helping people ventilate emotion and feel better, but in showing them how they can truly get better, and lead to happier, non-self-defeating, self-actualized lives."

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Mental Health Class

This course are provided to address specific areas of concern for clients who have a dual diagnosis. While they have first priority for these classes, any resident who expresses a desire to learn more about this topic can apply to take the class.

Dual Diagnosis Class

This course utilizes the *Co-occurring Disorders Treatment Workbook* as well as *Living in Balance* which is appropriate for addiction treatment clients who meet the DSM diagnostic criteria for substance use disorder.

Skills for Coping with Anxiety

This course is based on *The Anxiety & Phobia Workbook, Fifth Edition, Edmund J. Bourne, PhD, 2010*. Clients who experience anxiety-based disorders such as Obsessive-Compulsive disorder (OCD), Generalized Anxiety Disorder (GAD), PTSD and Panic attacks learn holistic ways to take charge of their thoughts. This evidenced-based approach helps clients develop understanding about and use of skills in the areas of Cognitive Behavioral Therapy (CBT), mindfulness training, nutrition, role play and exercise. This class is listed on the transcendental track due to the possibility that spiritual elements of recovery may be discussed with the biological, psychological, and sociological components.

Life Beyond Trauma

This class is based on the book *Finding Life Beyond Trauma: Using Acceptance and Commitment Therapy to Heal from Post-Traumatic Stress and Trauma-Related Problems (New Harbinger Self-Help Workbook) Paperback – July 1, 2007 by Victoria M. Follette , Jacqueline Pistorello, Steven C. Hayes*. This class will cover ways to live life well after a traumatic event. It uses the powerful techniques of Acceptance and Commitment Therapy (ACT) to help clients take a different approach to painful feelings and chart a new course for a rich and meaningful life. Safety and safe coping skills for trauma will be covered to prevent the use of drugs or alcohol to self-medicate. This class is on the secular track, using biological, psychological, and sociological components.

DBT Series: Dialectical Behavior Therapy (DBT)

This course is based on the book *The Expanded Dialectical Behavior Therapy Skills Training Manual, Lane Pederson, PsyD, LP, DBTC, 2012* and has proven effective as treatment for a range of mental health problems, but especially for those characterized by overwhelming emotions. Research shows that DBT can improve your ability to handle distress without losing control and acting destructively. In order to make use of these techniques, you need to build skills in four key areas—distress tolerance, mindfulness, emotion regulation, and interpersonal effectiveness. The DBT Series Skills Group will benefit clients who feel their feelings too intensely (i.e., anger issues, high anxiety, history of self-harm, worried about urges), do not manage feelings well (either through avoidance or over-reacting), do not manage relationships well, and/or do not handle distress well. These classes are offered to clients who are diagnosed through the mental health system. These classes are transcendental in nature and incorporate elements of physiology, psychology, spirituality, and sociology.

- **DBT Skills Series 1: Dialectics** particularly helps clients who tend to operate in the extremes through “black and white,” “all or nothing” thinking and helps them to move into the grays to create options for change.

- **DBT Skills, Series 2: Emotional Regulation** is for clients who feel their feelings too intensely (i.e., anger issues, high anxiety, on mood stabilizers, history of self-harm, worried about urges), do not manage feelings well (either through avoidance or over-reacting), do not manage relationships well, and/or do not handle distress well.
- **DBT Skills, Series 3: Mindfulness** helps clients gain awareness of feelings, thoughts, behaviors, relationships, and environment. The goal is for clients to make more informed and effective choices and build a satisfying life.
- **DBT Skills, Series 4: Distress Tolerance** assists clients with coping skills for those times when resolving a problem is not possible - at the moment - without making it worse. Clients will learn how to effectively manage crisis and safety issues.

Stage of Change Approach to Recovery

The Stage of Change approach to recovery is interwoven throughout the treatment process, from counseling assessments to treatment interventions to classes. This is specifically covered in our Stages of Change class based on the book *Changing for Good: A Revolutionary Six-Stage Program for Overcoming Bad Habits and Moving Your Life Positively Forward* by James O. Prochaska, John Norcross, and Carlo DiClemente.

Disease Concept of Chemical Dependency

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

Criminal Thinking

Gateway's cognitive restructuring component directly deals with the identification of "criminal thinking" and "thinking errors" that make up the offender lifestyle and encourage use of substances. Offenders confront each other on a daily basis in education groups or group counseling sessions or during other therapeutic activities regarding any occurrence of criminal thinking or behaviors. Individual's process thinking errors by writing thinking reports that they discuss with other participants. Healthy, alternative ways of thinking are identified and practiced.

Relapse Prevention for Substance Use and Criminality

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

Emotions Management

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

Stress Management Techniques

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

Family and Social Relationships in Recovery

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

Influence of Trauma on Substance Use

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

Domestic/Family Violence

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

HIV and Other STD Prevention

Statistics about and mechanisms for the increased risk of infectious diseases among alcoholics and drug users are reviewed, as are the specific modes of infection, symptoms, and prognoses of HIV/AIDS/ TB, Hepatitis B & C, and STIs. Preventive measures and current treatment for these diseases are emphasized.

Recreational/Leisure Skills Development

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

recreation.

Gender Related Issues in Recovery

Because gender-responsive curricula must address gender issues appropriate for men as well as for women, Gateway will incorporate the *Men's Work Workbook Series* (1992) by Paul Kivel and published by Hazelden Publishing and Educational Services. The series of three workbooks is designed to help offenders understand and personalize how and why they have been violent and how they can become capable of controlling their anger. Gateway clinicians will use these texts as the basis for leading group counseling interventions with the male populations in the programs.

Review of Accepted Recovery Models

Addiction and its related problems can be treated successfully, but **no single treatment works for all substances, or for all substance users**. Psychoeducational sessions explain how substance use treatment may be based on one of several traditional approaches: the **Medical Model**, which focuses on the recognition of addiction as a bio/psycho/social disease, the need for life-long abstinence, and the use of an ongoing recovery program to maintain abstinence; the **Social Model**, which focuses more on the need for long-term abstinence and the need for self-help recovery groups to maintain sobriety; and the **Behavioral Model**, which focuses more on diagnosis and treatment of other problems or conditions that can interfere with recovery. The **Twelve Step/Disease Model/Minnesota Model** is a comprehensive, multi-disciplinary approach to the treatment of addictions which is abstinence-oriented and based on the principles of Alcoholics Anonymous. The **Cognitive-Behavioral Model** involves individuals learning how their thoughts, feelings, and behaviors (especially drinking/using behaviors) are connected and how to break those connections. The counselor helps clients analyze their environment and ways of responding to cues to use alcohol or drugs and establish new patterns of response to those cues. The **Bio-Psycho-Social Model** is an experiential, peer-oriented process that represents a much less expensive alternative to medically-oriented substance use treatment delivered by clinicians. **Harm reduction** is a public health approach to dealing with drug-related issues that places first priority on reducing the negative consequences of drug use rather than on eliminating drug use or ensuring abstinence.

Medication-Assisted Treatment (MAT)

Gateway has incorporated the use of FDA-approved and research-endorsed medications in the continuum of treatment and recovery of those suffering from psychoactive substance use disorders. Specifically, Gateway believes that by introducing the value of Medication-Assisted Treatment (MAT) while offenders are receiving institutional treatment and educating these clients about MAT's potential benefits, engagement and retention in community-based treatment is improved as is long term treatment and recovery outcomes.

Gateway has espoused the benefits of MAT, an evidence-based treatment approach, particularly in the treatment of alcohol and opiate dependence, which represents 42% of those who receive treatment at Ozark Correctional Center. Gateway also understands that MAT is not to be considered a stand-alone treatment approach or panacea, but is incorporated into the treatment continuum from institutional to community-based treatment. To that end, Gateway has forged a partnership with our St. Louis Free and Clean Program and with its subcontracted MAT provider, Assisted Recovery Centers of America, to provide ongoing education and professional development for the clinical staff of Ozark Correctional

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Center.

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

Driving Under the Influence

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

Victims' Impacts

The "butterfly effect" of drug and alcohol use is explored as the impact on others is processed over an ever-increasing sphere. Sessions are focused on exposing offenders to the trauma, physical pain, emotional suffering and devastation, financial loss, anger, and frustration that is commonly experienced by innocent victims and their family members resulting from a DUI-related crash. Representatives from the community who have been impacted by drug and alcohol use are included when possible to allow offenders first-hand testimony from lives touched by alcohol and other substance use.

Anger Management

Anger management is an important adjunct to substance use treatment in corrections environments, as it teaches clients to manage anger in positive ways. The anger management component presents education by use of information dissemination, homework, anger logs, questionnaires, and discussions. Staff facilitate the program and use effective modeling behavior, guided role plays, debriefing, and effective feedback and reinforcement as important education and group process techniques.

"A New Direction" Series

- *A New Direction: Criminal Addictive Thinking*

This course teaches participants how to begin to change what and how they think. Three ideas sum up its approach: (1) thinking greatly influences one's feelings and behavior; (2) we can learn to monitor our thinking (to think about our thinking) and change it; and (3) feelings and behavior patterns Criminal Addictive Thinking - will change based upon the changes in thinking patterns. This is on the secular track and addresses psychological, and sociological elements of recovery. This class is part of the *New Direction Cognitive-Behavioral Treatment Curriculum by the*

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Minnesota Department of Corrections and the Hazelden Foundation.

- ***A New Direction: Drug And Alcohol Education***
This module teaches participants what addiction is and its effects on mind, body, and spirit. They explore the criminal code, the connection between crime and drugs, and the similarities in criminal and addictive thinking. They look at the consequences of addiction in their own lives and begin the process of establishing sober thinking and a sober lifestyle. This class includes an examination of AA & NA as a resource of support in recovery. It should be noted that AA & NA has a spiritual component which makes this a transcendental class that addresses biological, psychological, spiritual and sociological elements of recovery.
- ***A New Direction: Relapse Prevention***
In this course, participants learn what relapse is, identify and avoid situations that place them at high risk for relapse, make an effective relapse prevention plan, and begin building a positive support network. They also learn what steps to take if they do relapse. The connection between alcohol and other drug use and criminal behavior (and visa verse) is a big focus. The *Relapse Prevention and Continuing Care Plan* will be completed in this class. This class includes an examination of AA & NA as a resource of support in recovery. It should be noted that AA & NA has a spiritual component.
- ***A New Direction: Release & Reintegration Preparation***
This module gives participants straight talk about what to expect after their release. It provides tools they need to stay drug and crime free. They explore areas such as budgeting, securing housing, finding a job, time management, and sustaining a positive support network. This class includes discussion of spirituality as a component of your recovery.
- ***A New Direction: Socialization***
This course helps participants examine where they've been, what works and what doesn't in their lives, and how they need to change. Learning how to get along with others is the focus of this module. Relationships, behavior patterns, anger management skills, establishing healthy boundaries, problem solving, communication skills, grief and loss, victim impact, and empathy will be examined here. This is a transcendental class that addresses psychological, spiritual and sociological elements of recovery.

TCU Class Descriptions

Gateway utilizes TCU Mapping-Enhanced Counseling manuals to provide evidence-based guides for adaptive treatment services (National Registry of Evidence-based Programs and Practices, NREPP, 2008). They are derived from cognitive-behavioral models designed particularly for counselors and group facilitators working in substance abuse treatment programs. Counselors use these classes in response to TCU scores as well as to target specific client needs. The following classes are utilized in the Gateway – OCC program.

- ***Getting Motivated to Change***
This course helps clients begin to think about aspects of motivation that govern decisions to

change behavior. It utilizes node-link mapping and related cognitive strategies to engage clients in discussions of motivation.

- ***Understanding and Reducing Angry Feelings***

This class encourages clients to think about and respond to anger in new ways. Unlike traditional anger management classes, this brief intervention guides clients through discussions, group work and written assignments to discover the *reasons* for their anger.

- ***Unlock Your Thinking Open Your Mind***

This course invites clients to think about the difference between what they are feeling and thinking, and how feeling-based distortions can get in the way of productive communication.

- ***Ideas for Better Communication***

This class invites clients to think about things they do and are aware of in others that get in the way of effective communication. This class refers to the 12 Steps, therefore it is listed on the transcendental track and deals with spiritual, sociological and psychological concepts.

Additional TCU classes utilized in the Gateway – OCC program:

- ***Straight Ahead: Transition Skills for Recovery***

This intervention provides substance abuse treatment professionals with a step-by-step curriculum for leading a 10-session workshop designed to reinforce key recovery concepts. The emphasis is on building and enhancing support networks for recovery in the community (12-step, family, friends) and on helping clients improve social skills, problem-solving, and perceptions of self-efficacy that foster recovery maintenance. The intervention provides an easy-to-follow format for leading each 2-hour group session, including lecture notes, exercises and activities, discussion questions, and handouts. Topics covered include:

- Maintaining recovery efforts
- Social networks and recovery
- Finding a support group
- Family issues
- Communication and coping skills
- Managing stress and anger
- Planning for the future

This class is listed on the transcendental track and deals with spiritual, sociological, and psychological concepts.

- ***Mapping Your Re-Entry Plan: Heading Home***

This class introduces the basics of structured maps for reentry planning and the use of feedback from peers to help guide planning. This type of reentry planning provides realistic and measurable goals that help focus on a more hopeful tomorrow. This is a transcendental class that focuses on biological, psychological, spiritual and sociological components.

- ***Time Out! For Men: A Communication Skills and Sexuality Workshop for Men***

This series consists of separate interventions for leading men-only workshops that address the sensitive topics of relationships, sexuality, and intimacy. It provides substance abuse counselors or case workers with guidelines for leading an 8-session workshop for men who are interested in improving their intimate relationships. Communication skills, self-esteem, sexual health, and conflict resolution skills are presented as a foundation for helping men find solutions to relationship difficulties. In addition, men are encouraged to explore gender stereotypes, sexual myths, and societal pressures on men and women. A reference section on human sexuality, a resource directory, and handout materials for participants also are included. The following topics are included:

- A new outlook on relationships
- An assertive attitude
- Listening
- Talk it over: Feelings and needs
- Talk it over: Conflict resolution
- Man talk: It's more than plumbing
- Loving relationships
- Making relationships work

This class is listed on the secular track and deals with biological, sociological, and psychological concepts.

- ***Partners in Parenting***

This course focuses on the identified concerns of recovering parents and encourages learning and skill-building in key areas such as parent-child communication, developmental expectancies, guidance and discipline, problem solving, and self-care. The intervention contains materials for an 8-session structured workshop that allows participants to practice parenting strategies and discuss their experiences with others. The comprehensive outlines for each session provide lecture notes, discussion questions, exercises and activities, and handouts. This class is listed on the secular track and deals with biological, sociological and psychological concepts.

- ***Mapping Your Steps: "Twelve Step" Guide Maps***

This class provides mapping templates for helping clients work their 12-step program and contemplate deeper, personal relevance of each step. The intervention also includes maps to explore popular AA slogans, the Twelve Traditions, and the Serenity Prayer. This intervention is an excellent resource for counselors who want to assist clients interested in immersing themselves in the steps and traditions of groups like Alcoholics Anonymous, Narcotics Anonymous, or Cocaine Anonymous. The approach is suitable for both "old-timers" and for clients who are new to 12-step work. The maps encourage reflection and serious consideration of the foundational ideas of 12-step programs such as powerlessness, concepts of a Higher Power, moral inventories, making amends, and helping others. This class is listed on the transcendental track and deals with spiritual, sociological and psychological concepts.

- **“Review Opportunity for Personal Engagement” (R.O.P.E.)**
 - In addition to established curriculum, process group based interventions have also been designed to meet the needs of clients who would benefit from enhanced intervention. One example of such an effort is the R.O.P.E. Group.
 - This group was developed as an intervention tool for clients that have continued to struggle with significant criminal thinking errors after other interventions have been utilized. Clients that attend PRC due to Cardinal Rule Violations and are allowed to remain in the program are referred to the R.O.P.E. group. Clients that are placed on Phase Recycle due to continued negative patterns of behavior or have been identified through their TCU scores are also candidates to be placed in this intervention group.
 - The R.O.P.E. Track includes three, separate one hour sessions each week that are above and beyond their regular required treatment participation hours.
 - “Straight Talk” is one of the hours that the client will attend. During this group clients are encouraged to be open and honest about their past behaviors and how their continued criminal thinking errors continue to affect them at this point in their treatment. During this process other clients in the group offer feedback to one another and assist each other with identifying criminal thinking patterns. By using this approach clients will be able to identify how their criminality affected not only themselves but how it affects others.
 - “Self-Defeating Thoughts” is another 1 hour portion to the R.O.P.E. group that a client is required to attend during the intense intervention. Based on *Samenow's “Inside the Criminal Mind”* clients receive a copy of the book to read as well as a Behavior Contract that states the client will keep the book in good condition and will attend all required ROPE groups. Clients process the book by discussing each chapter and what the chapter means to their personal criminal thought process. Clients again participate by offering feedback to their peers and addressing any criminal thought processes or behaviors that are recognizable in one another. Focus is also on the belief that “if you keep doing what you have always done you will keep getting what you have always gotten”.
 - The final R.O.P.E. group is “What's the Point” - A one hour process group designed to explore the value of life beyond the fences and to establish why change is worth the effort. Clients set short term and long term goals that will help them succeed in all aspects upon their release and re-integration back into the community. It focuses on the positive life that they will have if they begin to decrease their criminality and increase their awareness of the possibilities of never having to return to prison again.
 - The desired outcome for clients that participate in the R.O.P.E. group is a decrease in criminal thinking scores on the TCU as well as observations of progress in their treatment participation. Clients complete a TCU at the beginning of their placement in the R.O.P.E. group to identify clients current Criminal Thinking. At 4-6 weeks of attendance another TCU is administered to review progress the client has made by attending the group. When a client has made progress the R.O.P.E. team of counselors will acknowledge the accomplishment by all attending one of the groups that the client is attending and present a certificate of achievement to the client identifying the completion of the intense intervention of R.O.P.E. group.

Gateway Proprietary Curriculum

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

Groups and Other Offerings

Independent Study

This is a process exercise that is completed through independent research on the part of the client and monthly discussion with the counselor. It has been made available for clients that want to research specific issues for their recovery. To successfully complete an Independent Study, the client will choose a topic related to his life change and personal improvement and find a library book related to the subject. The client will complete a series of papers as determined by the client's primary counselor. This continues to give clients control of their learning process while meeting other responsibilities, much like taking an on-line college course.

Advanced Community Service

This is a process learning exercise in which clients participate in any given class in preparation to serve as a "Teaching Aid" in the following quarter. It gives clients practical experience in *giving back* to the community by assisting staff in classes and groups as an aide. Clients learn how to prepare for class topics, classroom management (time, class arrangement, role model behaviors, etc.), setting and pursuing goals and personal as well as class progress assessment. Clients gain confidence in their knowledge while improving their abilities to communicate effectively. This real and valid experience can be applicable to all types of life situations, particularly those that conjured threatening feelings of frustration and fear of failure. The focus of this opportunity is to provide clients with positive, successful experiences that will support positive choices as opposed to giving in to unhealthy, fearful thoughts and eventually relapse. This program can be used for any track.

Foundations For Eggcellance

This program was developed with the cooperation of the **Department Of Corrections Restorative Justice Program**. Raising chickens provides eggs to food pantries in our area. This food will give a steady supply of fresh food to a segment of our community that would not otherwise have access. Clients will also learn about the powerful ways to understand life, teamwork and personal growth through raising chickens. This class is considered transcendental and includes biological, psychological, spiritual and sociological elements of recovery.

Targeting Negative Thinking

This program assists clients in looking at negative thinking & finding balance when experiencing frequent change in moods. This is on the secular track and addresses biological, psychological, and sociological elements of recovery.

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In addition to the Gateway Curriculum and as a component of the Collegiate Model, Gateway has developed a substantial number of classes and groups designed to address the aforementioned topics and many topics not mentioned. In many cases, these materials have been developed to provide engaging aspects that will interest the client in ways beyond the clear purposes of criminality and substance use intervention, but once engaged will allow the client to explore the metaphors and parallels between the class and such behaviors.

As is clear in the class descriptions, these classes have been organized as bio-psycho-socio or transcendental interventions to facilitate the opportunity for a holistic approach to recovery. Additionally, many of the classes have been developed to not only meet the obvious therapeutic objective, but also to provide the client the opportunity to give back to the community at large (outside the facility) and by doing so, to internalize experiences that can serve to reduce cold-heartedness.

8. The bidder should detail what training topics are provided to new staff and the number of hours of training staff receive before providing services in an institution.

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

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

New employees are oriented to clinical activities based on a "Watch-Do-Teach" model. New employees observe a given task or activity; they perform that activity in conjunction with a mentor, then perform the activity under the observation of the assigned mentor. The mentor provides feedback and additional instruction repeating the "Watch-Do-Teach" process until the trainee exhibits competence in the task or function. Clinical/Counselor Supervisors provide a final review of proficiency and additional feedback to the new employee. Normally, this initial orientation to clinical activity follows a four week schedule as follows:

Initial Orientation for New Counselors

Week I: Watch

- **Day 1 Work Schedule:** 8:00 a.m. – 4:30 p.m.
- **Day 1 Activities:** spent with the office manager completing all intake paperwork and HR required tasks
- **Day 2 Activities:** spent with a primary mentor; focused on routine therapeutic activities. The Initial Training Log will be completed as activities are observed.
- **Day 3 Activities:** continue observing activities and tasks from the Initial Training Log
- **Day 4 Activities:** continue observing activities and tasks from the Initial Training Log
- **Day 5 Activities:** meet with Clinical/Counselor Supervisor to review the previous week activities; review Initial Training Log; create schedule for week II that ensures all general and day shift activities not yet observed will be observed.

Week II: Do

- Days 1 & 2 Work Schedule: 6:15 a.m. - 2:45 p.m.
- Days 1 & 2 Activities: follow the schedule previously established to ensure that all day shift activities have been observed.
- Days 3 & 4 Activities: co-facilitate activities and tasks; complete the "Performed With" section of the Initial Training Log for all general and day shift activities and tasks.
- Day 5 Activities: meet with Clinical/Counselor Supervisor to review the previous week activities; review Initial Training Log: create schedule for week III that ensures all general and evening shift activities not yet observed will be observed; any activities previously observed will be performed with a mentor.

Week III: Teach

- Days 1 & 2 Work Schedule: 6:15 a.m. - 2:45 p.m.
- Days 1 & 2 Work Schedule: facilitate day shift activities under the observation of an assigned mentor.
- Day 3 Work Schedule: 8:00 a.m. - 4:30 p.m.
- Day 3 Activities: complete clinical tasks from the Initial Training Log checklist under the observation of the Clinical/Counselor Supervisor or an assigned mentor
- Day 4 Work Schedule: 1:00 p.m. - 9:30 p.m.
- Day 5 Activities: Observe evening activities
- Day 5 Work Schedule: 12:00 p.m. -8:30 p.m.
- Day 5 Activities: meet with Clinical/Counselor Supervisor to review the previous week activities: review Initial Training Log: Create schedule for week IV that will ensure all general and evening shift activities not yet observed will be observed; those not yet performed with a mentor will be assigned, and those not yet performed under observation will be performed.

Week IV: WRAP UP

- Days 1 & 2 Work Schedule: 1:00 p.m. - 9:30 p.m.
- Day 1 & 2 Activities: co-facilitate evening activities with mentor
- Days 3 & 4 Work Schedule: 1:00 p.m. - 9:30 p.m.
- Days 3 & 4 Activities: facilitate evening activities under the observation of mentor
- Day 5 Work Schedule: 12:00 p.m. -8:30 p.m.
- Day 5 Activities: meet with Clinical Supervisor to review the previous week activities; review Initial Training Log; schedule any incomplete activities. Initial Caseload will be assigned and primary mentor identified for transitioning to full performance.

Mandatory Training

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

- HIV/AIDS training
- Tuberculosis training and Sexually Transmitted Diseases
- Non-Violent Crisis Intervention
- Therapeutic Community Philosophy and Treatment Methods
- Cognitive Restructuring—*12 Pathways to Change* curriculum for staff in the TC program
- Treating Clients with Special Needs
- Abuse, Neglect, Exploitation, Illegal, Unprofessional and Unethical Conduct

Supervisory Expectations and Related Training for Supervisors

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

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

STAFF TRAINING SCHEDULE

Timeframe	Topic	Trainers
Week 1	Pre-Service Orientation (see narrative following schedule)	Gateway management staff
Week 2	<ul style="list-style-type: none"> • Gateway Employee Guide • Policy & Procedures • Confidentiality • Emergency Procedures • Organization • Security & Safety • HIV • Clinical Policy Review 	Program Director; Clinical Supervisors; Administrative Assistants

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Weeks 3-6 (45 days post-implementation)	<ul style="list-style-type: none"> • Therapeutic Communities • Clinical Documentation • Special Needs • Quality Management/Performance Issues • Motivational Interviewing • Cognitive Self-Change • Program Curricula (Relapse Prevention/ Life Skills/ Criminal Thinking Errors/Thinking Reports/Moral Reasoning) 	Gateway staff and/or external presenter
Weeks 7-12	<ul style="list-style-type: none"> • Continuation of Program Topic Training • Quality Management Plan • Unusual Incident Reporting • Non-Violent Crisis Intervention • Clinical Documentation & Processes 	Program Director; Clinical Supervisors; Administrative Assistants
Monthly	<ul style="list-style-type: none"> • Topical Training; may include one of the above topics and/or additional topics required for certification/re-certification. 	Gateway staff and/or external presenter
At least annually	<ul style="list-style-type: none"> • HIV/AIDS; Tuberculosis and STDs • Non-Violent Crisis Intervention • Therapeutic Community Philosophy and Substance Abuse Treatment Methods • Treating clients with Special Needs • Abuse, Neglect, Exploitation, Illegal, Unprofessional and Unethical Conduct; • Screening and Assessment • Cognitive Self-Change • 12 Core Functions 	Gateway staff and/or external presenter

PRE-SERVICE TRAINING

New Gateway employees will participate in 40 hours of pre-service training. This orientation to Gateway and OCC will be presented by Gateway management staff and occur in the first week of employment. New Gateway staff will be oriented to specific Gateway procedures and processes, including:

Gateway Employee Guide:

- Policy and Procedures
- Attendance policy
- Kronos time clock; paid time off
- Code of Conduct/Corporate Compliance Program
- Gateway mission, vision & history overview
- Job description; Performance Evaluation and review process

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- Benefits overview
- Smoking; visitors; solicitation;
- Dress Code
- Gateway property; computers/voice mail; use and reporting problems
- Orientation to Working in a Correctional Environment
- Client Rights
- Client Grievance Procedure
- Client Abuse, Neglect and Exploitation
- Requirements for Reporting Abuse, Neglect, and other Critical Incidents
- Standards of Conduct and Practice (Ethics Policy)
- Specific Job Duties

Confidentiality:

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

Emergency Procedures

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

Organization:

- Site tour & introduction to site personnel
- Organization chart (Gateway & site / department)
- Description of Program Safety

Security & Safety:

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

HIV:

- Etiology, transmission, symptomology, and testing

Clinical Policy Review:

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

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

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following areas:

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

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

- Billing requirements & procedures
- Mail

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

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

These topics, among others, will be presented as ongoing training in seminar format in addition to daily practical experience guided by, initially, seasoned Gateway transition team members.

Gateway's practice is to ensure that certified staff annually receives the required 40 hours of continuing education hours. This education is presented monthly and includes three (6) hours of Ethics and three (3) hours of HIV training. In addition, the topics listed above will be included in these seminars and provided by either Gateway staff with expertise in these topics (from other Gateway facilities) and/or by persons contracted with Gateway.

**SECTION 4.6: ORGANIZATIONS FOR THE BLIND
AND
SHELTERED WORKSHOP PREFERENCES
&
SECTION 4.7: MISSOURI SERVICE-DISABLED
VETERAN BUSINESS ENTERPRISE PREFERENCE**

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EXHIBIT G: PARTICIPATION COMMITMENT

Background and Overview of Assumptions

Gateway Foundation, Inc. dba GFI Services, Inc. is a national not for profit substance use disorder treatment service provider and is responding to the Missouri Department of Corrections' IFB SDA931411-066 for Assessment and Long Term Substance Use Disorders Treatment Program for Ozark Correctional Center, located in the State of Missouri. The program focuses on changing the patterns of substance abuse and addiction and associated criminality. Gateway will provide these services directly through their employees and does not subcontract its core services to other agencies. Approximately 80% of the total budget for this contract accounts for salaries and fringe benefits for the Gateway employees, as well as indirect overhead expenses.

The following documents contain Gateway's effort to include Blind/Sheltered Workshop vendors in those areas identified as business not directly provided by Gateway staff that would provide a meaningful contribution through the sale of needed goods for the fulfillment of the program. We carried out a review of all possible opportunities and we were able to identify one area where Gateway could utilize a Blind/Sheltered Workshop vendor. Gateway Supply Management staff carried out the vendor engagement activities as prescribed in IFB SDA931411-066 and had the necessary Exhibit G and Exhibit H documents completed for our proposal for services.

Gateway utilized the resource references contained in IFB SDA931411-066 and located Alphapointe to fulfill the office supply needs for this program. All supplies purchased from Alphapointe under this contract will be used exclusively for the program located in the Ozark Correctional Center. We expect to spend \$5,000 annually on office supplies. While Gateway is not eligible to qualify for the ten bonus points, we recognize the importance of utilizing this vendor.

Exhibit G, Exhibit H, and the Certificate of Authority for Alphapointe are included in the following pages.

EXHIBIT G

PARTICIPATION COMMITMENT

Organization for the Blind/Sheltered Workshop and/or Service-Disabled Veteran Business Enterprise (SDVE) Participation Commitment – If the bidder is committing to participation by or if the bidder is a qualified organization for the blind/sheltered workshop and/or a qualified SDVE, the bidder must provide the required information in the appropriate table(s) below for the organization proposed and must submit the completed exhibit with the bid.

Organization for the Blind/Sheltered Workshop Commitment Table		
<i>(The services performed or the products provided by the listed Organization for the Blind/Sheltered Workshop must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.)</i>		
Name of Organization for the Blind or Sheltered Workshop Proposed	Committed Participation (\$ amount or % of total value of contract)	Description of Products/Services to be Provided by Listed Organization for the Blind/Sheltered Workshop <i>The bidder should also include the paragraph number(s) from the IFB which requires the product/service the organization for the blind/sheltered workshop is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.</i>
1. Alphapointe	\$5,000	Product/Service(s) proposed: Miscellaneous office supplies and copy paper IFB Paragraph References: 2.2.7 Page 10
2.		Product/Service(s) proposed: IFB Paragraph References:

SDVE Participation Commitment Table		
<i>(The services performed or the products provided by the listed SDVE must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.)</i>		
Name of Each Qualified Service-Disabled Veteran Business Enterprise (SDVE) Proposed	Committed Percentage of Participation for Each SDVE (% of the Actual Total Contract Value)	Description of Products/Services to be Provided by Listed SDVE <i>The bidder should also include the paragraph number(s) from the IFB which requires the product/service the SDVE is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.</i>
1.	%	Product/Service(s) proposed: IFB Paragraph References:
2.	%	Product/Service(s) proposed: IFB Paragraph References:
Total SDVE Percentage:	%	

Gateway Foundation, Inc., dba GFI Services, Inc.
Contact Person: Gregg Dockins
Response to IFB #SDA931411-066

EXHIBIT H: DOCUMENTATION OF INTENT TO PARTICIPATE

EXHIBIT H

DOCUMENTATION OF INTENT TO PARTICIPATE

If the bidder is proposing to include the participation of an Organization for the Blind/Sheltered Workshop and/or qualified Service-Disabled Veteran Business Enterprise (SDVE) in the provision of the products/services required in the IFB, the bidder must either provide a recently dated letter of intent, signed and dated no earlier than the IFB issuance date, from each organization documenting the following information, or complete and provide this Exhibit with the bidder's bid.

~ Copy This Form For Each Organization Proposed ~

Bidder Name: GFI Services, Inc.

This Section To Be Completed by Participating Organization:

By completing and signing this form, the undersigned hereby confirms the intent of the named participating organization to provide the products/services identified herein for the bidder identified above.

Indicate appropriate business classification(s):

Organization for the Blind Sheltered Workshop SDVE

Name of Organization: ALPHA POINTE

(Name of Organization for the Blind, Sheltered Workshop, or SDVE)

Contact Name: Dustin Altic Email: daltic@alphapointe.org

Address (If SDVE, provide MO Address): 7501 Prospect Phone #: 816-237-2038

City: KC Fax #: 816-237-2017

State/Zip: MO 64132 Certification # See attached *

SDVE's Website Certification (or attach copy of certification)

Address: alphapointe.org Expiration Date: See attached *

Service-Disabled Veteran's (SDV) Name: N/A SDV's Signature: N/A
(Please Print)

PRODUCTS/SERVICES PARTICIPATING ORGANIZATION AGREED TO PROVIDE

Describe the products/services you (as the participating organization) have agreed to provide:

GFI Services has been working with Alphapointe to procure office supplies, office electronics and furniture that will be used in fulfillment of their contract.

Authorized Signature:

Dustin J. Altic - NAT'L SALES MGR
Authorized Signature of Participating Organization
(Organization for the Blind, Sheltered Workshop, or SDVE)

5/15/17
Date
(Dated no earlier than the IFB issuance date)

THE MISSOURI DEPARTMENT OF ELEMENTARY
AND SECONDARY EDUCATION'S

Certificate of Authority

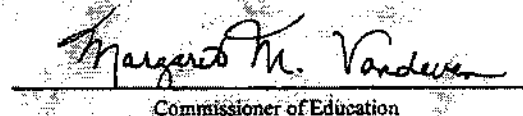
to establish and operate an
Extended Employment Sheltered Workshop



This certifies that
Alphapointe Association for the Blind
has satisfied all requirements set forth in Missouri statutes and
is hereby entitled to receive this certificate of authority.

This certificate becomes effective *February 1, 2017*, and expires *January 31, 2018*,
unless revoked for cause prior to that date.


Director, Extended Employment Sheltered Workshops


Commissioner of Education

Gateway Foundation, Inc., dba GFI Services, Inc.
Contact Person: Gregg Dockins
Response to IFB #SDA931411-066

SECTION 4.8: OTHER BID SUBMISSION REQUIREMENTS

Gateway Foundation, Inc., dba GFI Services, Inc.
Contact Person: Gregg Dockins
Response to IFB #SDA931411-066

**EXHIBIT I: BUSINESS ENTITY CERTIFICATION,
ENROLLMENT DOCUMENTATION, AND AFFIDAVIT
OF WORK AUTHORIZATION**

EXHIBIT I

**BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION,
AND AFFIDAVIT OF WORK AUTHORIZATION**

BUSINESS ENTITY CERTIFICATION:

The bidder must certify their current business status by completing either Box A or Box B or Box C on this Exhibit.

- | |
|---|
| <p>BOX A: To be completed by a non-business entity as defined below.</p> <p>BOX B: To be completed by a business entity who has not yet completed and submitted documentation pertaining to the federal work authorization program as described at http://www.dhs.gov/files/programs/gc_1185221678150.shtm.</p> <p>BOX C: To be completed by a business entity who has current work authorization documentation on file with a Missouri Department including Department.</p> |
|---|

Business entity, as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term "business entity" shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term "business entity" shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit. The term "business entity" shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

Note: Regarding governmental entities, business entity includes Missouri schools, Missouri universities (other than stated in Box C), out of state agencies, out of state schools, out of state universities, and political subdivisions. A business entity does not include Missouri state agencies and federal government entities.

BOX A - CURRENTLY NOT A BUSINESS ENTITY

I certify that _____ (Company/Individual Name) **DOES NOT CURRENTLY MEET** the definition of a business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above, because: (check the applicable business status that applies below)

- - I am a self-employed individual with no employees; **OR**
- - The company that I represent employs the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

I certify that I am not an alien unlawfully present in the United States and if _____ (Company/Individual Name) is awarded a contract for the services requested herein under _____ (IFB Number) and if the business status changes during the life of the contract to become a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo then, prior to the performance of any services as a business entity, _____ (Company/Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide the Department with all documentation required in Box B of this exhibit.

Authorized Representative's Name (Please Print)

Authorized Representative's Signature

Company Name (if applicable)

Date



(Complete the following if you DO NOT have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box B, do not complete Box C.)

BOX B – CURRENT BUSINESS ENTITY STATUS

I certify that _____ (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530.

Authorized Business Entity Representative's Name (Please Print)

Authorized Business Entity Representative's Signature

Business Entity Name

Date

E-Mail Address

As a business entity, the bidder must perform/provide each of the following. The bidder should check each to verify completion/submission of all of the following:

- - Enroll and participate in the E-Verify federal work authorization program (Website: http://www.dhs.gov/files/programs/gc_1185221678150.shtm; Phone: 888-464-4218; Email: e-verify@dhs.gov) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;
AND
- - Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include EITHER the E-Verify Employment Eligibility Verification page listing the bidder's name and company ID OR a page from the E-Verify Memorandum of Understanding (MOU) listing the bidder's name and the MOU signature page completed and signed, at minimum, by the bidder and the Department of Homeland Security – Verification Division. If the signature page of the MOU lists the bidder's name and company ID, then no additional pages of the MOU must be submitted;
AND
- - Submit a completed, notarized Affidavit of Work Authorization provided on the next page of this Exhibit.



AFFIDAVIT OF WORK AUTHORIZATION:

The bidder who meets the section 285.525, RSMo, definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now Patricia Aitken (Name of Business Entity Authorized Representative) as VP, Human Resources (Position/Title) first being duly sworn on my oath, affirm Gateway Foundation, Inc. (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that Gateway Foundation (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)

Patricia Aitken
Patricia Aitken

Authorized Representative's Signature

Patricia Aitken

Printed Name

Vice President, Human Resources

Title

May 24, 2017

Date

Paitken@gatewayfoundation.org

E-Mail Address

386492

E-Verify Company ID Number

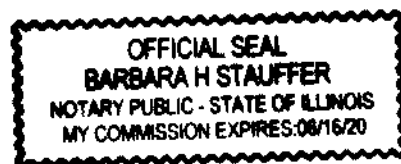
Subscribed and sworn to before me this 24th of May, 2017. I am
(DAY) (MONTH, YEAR)

commissioned as a notary public within the County of Cook, State of
(NAME OF COUNTY)

Illinois, and my commission expires on 6/16/2020.
(NAME OF STATE) (DATE)

Barbara H Stauffer
Barbara H Stauffer
Signature of Notary

May 24, 2017
Date



BARBARA M. STAUFFER
1017 1/2 W. 10th St.
Wichita, Kansas 67202

(Complete the following if you have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box C, do not complete Box B.)

BOX C – AFFIDAVIT ON FILE - CURRENT BUSINESS ENTITY STATUS

I certify that Gateway Foundation, Inc., dba, GFI Services, Inc. (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo and have enrolled and currently participates in the E-Verify federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri. We have previously provided documentation to a Missouri Department or public university that affirms enrollment and participation in the E-Verify federal work authorization program. The documentation that was previously provided included the following.

- ✓ The E-Verify Employment Eligibility Verification page OR a page from the E-Verify Memorandum of Understanding (MOU) listing the bidder's name and the MOU signature page completed and signed by the bidder and the Department of Homeland Security – Verification Division
- ✓ A current, notarized Affidavit of Work Authorization (must be completed, signed, and notarized within the past twelve months).

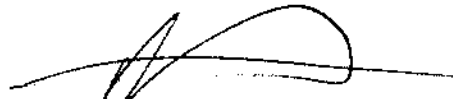
Name of Missouri Department or Public University* to Which Previous E-Verify Documentation Submitted: **Office of Administration Division of Purchasing and Materials Management**

(*Public University includes the following five schools under chapter 34, RSMo: Harris-Stowe State University – St. Louis; Missouri Southern State University – Joplin; Missouri Western State University – St. Joseph; Northwest Missouri State University – Maryville; Southeast Missouri State University – Cape Girardeau.)

Date of Previous E-Verify Documentation Submission: June 13, 2016

Previous Bid/Contract Number for Which Previous E-Verify Documentation Submitted: _____ (if known)

Thomas P. Britton



Authorized Business Entity Representative's Name (Please Print)

Authorized Business Entity Representative's Signature

Gateway Foundation, Inc., dba, GFI Services,
Business Entity Name

May 24, 2017
Date

tbritton@gatewayfoundation.org
E-Mail Address

386492
E-Verify MOU Company ID Number

FOR STATE OF MISSOURI USE ONLY

Documentation Verification Completed By:

Buyer

Date

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Gateway Foundation, Inc., dba GFI Services, Inc.
Contact Person: Gregg Dockins
Response to IFB #SDA931411-066

**EXHIBIT J: CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, INELIGIBILITY AND
VOLUNTARY EXCLUSION LOWER TIER COVERED
TRANSACTIONS**

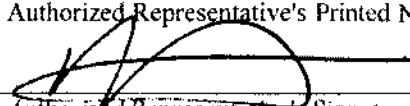


EXHIBIT JCertification Regarding
Debarment, Suspension, (Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this bid, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or Department.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this bid.

Gateway Foundation, Inc. dba, GFI Services, Inc.	0408837790000
Company Name	DUNS# (if known)
Dr. Thomas P. Britton	President and CEO
Authorized Representative's Printed Name	Authorized Representative's Title
	5/25/2017
Authorized Representative's Signature	Date

Instructions for Certification

1. By signing and submitting this bid, the prospective recipient of Federal assistance funds is providing the certification as set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to which this bid is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "bid," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this bid is submitted for assistance in obtaining a copy of those regulations.
5. The prospective recipient of Federal assistance funds agrees by submitting this bid that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
6. The prospective recipient of Federal assistance funds further agrees by submitting this bid that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the Excluded Parties List System (EPLS) of Parties Excluded from Procurement or Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 or these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.



Gateway Foundation, Inc., dba GFI Services, Inc.
Contact Person: Gregg Dockins
Response to IFB #SDA931411-066

EXHIBIT K: MISCELLANEOUS INFORMATION

EXHIBIT K

MISCELLANEOUS INFORMATION

If any products and/or services offered under this IFB are being manufactured or performed at sites outside the United States, the bidder MUST disclose such fact and provide details in the space below or on an attached page.

Are any of the bidder's proposed products and/or services being manufactured or performed at sites outside the United States?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, do the proposed products/services satisfy the conditions described in section 4 1., 2., 3., or 4. of Executive Order 04-09? (see the following web link: http://www.sos.mo.gov/library/reference/orders/2004/eo04_009.asp)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, mark the appropriate exemption below, and provide the requested details: ___ 1. Unique good or service. • EXPLAIN: _____ ___ 2. Foreign firm hired to market Missouri services/products to a foreign country. • Identify foreign country: _____ ___ 3. Economic cost factor exists • EXPLAIN: _____ ___ 4. Vendor/subcontractor maintains significant business presence in the United States and only performs trivial portion of contract work outside US. • Identify maximum percentage of the overall value of the contract, for any contract period, attributed to the value of the products and/or services being manufactured or performed at sites outside the United States: ___% • Specify what contract work would be performed outside the United States: _____		

Employee Bidding/Conflict of Interest:

Bidders who are elected or appointed officials or employees of the State of Missouri or any political subdivision thereof, serving in an executive or administrative capacity, must comply with sections 105.450 to 105.458, RSMo, regarding conflict of interest. If the bidder or any owner of the bidder's organization is currently an elected or appointed official or an employee of the State of Missouri or any political subdivision thereof, please provide the following information:	
Name and title of elected or appointed official or employee of the State of Missouri or any political subdivision thereof:	
If employee of the State of Missouri or political subdivision thereof, provide name of Department or political subdivision where employed:	
Percentage of ownership interest in bidder's organization held by elected or appointed official or employee of the State of Missouri or political subdivision thereof:	_____%

Exhibit K continued on next page

EXHIBIT K continued

Missouri Secretary of State/Authorization to Transact Business

<p>In accordance with section 351.572.1, RSMo, the Department is precluded from contracting with a vendor or its affiliate who is not authorized to transact business in the State of Missouri. Bidders must either be registered with the Missouri Secretary of State, or exempt per a specific exemption stated in section 351.572.1, RSMo. (http://www.moga.mo.gov/mostatutes/stathtml/35100005721.html)</p>	
<p>If the bidder is registered with the Missouri Secretary of State, the bidder shall state legal name or charter number assigned to business entity</p>	<p>Legal Name <u>Gateway Foundation, Inc., dba, GPI Services, Inc.</u> Missouri State Charter # _____</p>
<p>If the bidder is not required to be registered with the Missouri Secretary of State, the bidder shall state the specific exemption stated per section 351.572.1, RSMo.</p>	<p>State specific exemption _____ (List section and paragraph number) Stated in section 351.572.1 RSMo, _____ (State Legal Business Name)</p>

Gateway Foundation, Inc., dba GFI Services, Inc.
Contact Person: Gregg Dockins
Response to IFB #SDA931411-066

**EXHIBIT L: EMPLOYEE EXPENSE CHARGED TO
CONTRACT**

EXHIBIT L – Ozark Correctional Center

EMPLOYEE EXPENSE CHARGED TO CONTRACT

Complete the following table for each and every employee AND administrative person whose time will be chargeable to the contract, if awarded.

A. NAME OF EMPLOYEE OR JOB DESCRIPTION IF VACANT	B. TOTAL ANNUAL SALARY OF THAT POSITION*	C. % OF TIME CHARGED TO THE CONTRACT	D. TOTAL DOLLAR CHARGED TO THE CONTRACT
Program Director	\$65,000	100%	\$65,000
Assistant Director	\$48,000	100%	\$48,000
Office Manager	\$40,000	100%	\$40,000
Clinical Supervisor	\$42,500	100%	\$42,500
Counselor Supervisor	\$37,500	100%	\$37,500
Counselor Supervisor	\$37,500	100%	\$37,500
Counselor Supervisor	\$37,500	100%	\$37,500
Counselor III	\$40,000	100%	\$40,000
Counselor II	\$33,000	100%	\$33,000
Counselor II	\$33,000	100%	\$33,000
Counselor II	\$33,000	100%	\$33,000
Counselor II	\$33,000	100%	\$33,000
Counselor II	\$33,000	100%	\$33,000
Counselor II	\$33,000	100%	\$33,000
Counselor II	\$33,000	100%	\$33,000
Counselor II	\$33,000	100%	\$33,000
Counselor I	\$33,000	100%	\$33,000
Counselor I	\$28,000	100%	\$28,000
Counselor I	\$28,000	100%	\$28,000
Counselor I	\$28,000	100%	\$28,000
Counselor I	\$28,000	100%	\$28,000
Counselor I	\$28,000	100%	\$28,000
Counselor I	\$28,000	100%	\$28,000
Counselor I	\$28,000	100%	\$28,000

Gateway Foundation, Inc., dba GFI Services, Inc.
 Contact Person: Gregg Dockins
 Response to IFB #SDA931411-066

Counselor I	\$28,000	100%	\$28,000
Counselor I	\$28,000	100%	\$28,000
Counselor I	\$28,000	100%	\$28,000
Counselor I	\$28,000	100%	\$28,000
Counselor I	\$28,000	100%	\$28,000
Counselor I	\$28,000	100%	\$28,000
Counselor I	\$28,000	100%	\$28,000
.25 FTE Part-time Counselor I	\$6,500	100%	\$6,500
.25 FTE Part-time Counselor	\$6,500	100%	\$6,500

***NOTE: All salaries are "averaged" by the position type. Some actual variances may occur due to experience, credentials, etc.**

Gateway Foundation, Inc., dba GFI Services, Inc.
Contact Person: Gregg Dockins
Response to IFB #SDA931411-066

EXHIBIT M: PERSONNEL CONTROL LISTING

EXHIBIT M**PERSONNEL CONTROL LISTING**

Contractor Name: Gateway Foundation

Location: Ozark Correctional Center, Fordland MO

Date: 04/24/2017

(MONTH, DAY, YEAR)

4.9 Staff Name	Position	Location	Hours/ Week	Certification Number	License Number	4.10 AD A/QSAC Yes / NO	Degree/ Field of Study	Date Employed
Batista, Amilicar	Counselor II	OCC	40	CADC #8717 SQI #9399		YES	BA/Criminal Justice	05/11/15
Bogart, Melynn	Counselor I*	OCC	40	MAADC I #9564		NO	AS/Applied Science	08/01/16
Cantrell, Kimberly	Office Manager	OCC	40	None Obtained		NO	None Obtained	11/05/12
Carter, Tona	Counselor Supervisor	OCC	40	CCJP #8013		YES	None Obtained	05/05/14
Cary, Kathryn	Counselor I*	OCC	40	MAADC II #9577		YES	MA/Arts Education	08/15/16
Chitwood, Joe	Counselor I*	OCC	40	MAADC II #6892		YES	BS/Psych	07/23/12
Clayton, Brandi	Counselor I*	OCC	40	MAADC II #7430		YES	None Obtained	03/25/13
Clayton, John	Counselor I*	OCC	40	MAADC II #8860		YES	None Obtained	08/31/15
Cleland, Gayle	Clinical Director	OCC	40	CCJP #3688		YES	BA/Criminal Justice	09/18/08
Cochran, Kelly	Counselor II	OCC	40	CRADC #8331		YES	BS/Psych	04/17/17
Cummins, Duane	Program Director	OCC	40	CCJP #3365 SQP #5197		YES	PHD Public Safety MS Criminal Justice	07/13/09
Davidson, Randy	Counselor I*	OCC	20	None Obtained		NO	AS/Applied Science	02/04/16
Eddins, Charles	Counselor Supervisor	OCC	40	CADC #8600		YES	BS/Psych	05/04/15
Finlin, Kelly	Counselor I*	OCC	40	MAADC II #5880		YES	BS/Social Work	06/14/10
Gault, Amy	Counselor I*	OCC	40	MAADC I pend		NO	None Obtained	03/06/17
Hargraves, Katelyn	Counselor II	OCC	40	CRADC #8258		YES	BS/Criminal Justice	09/15/14

Helfer, Robert	Counselor II	OCC	40	CADC #8369		YES	AA/ Bible/Biblical Major	01/29/15
Henderson, Tiffany	Counselor I*	OCC	40	MAADC I #9391		NO	None Obtained	05/23/16
Jacobson, Jessica	Counselor I*	OCC	40	MAADC II #8750		YES	None Obtained	07/06/15
Karrick, Isaac	Counselor II	OCC	40	CRADC #8215		YES	BA/Psych	06/16/14
Kimball, Aaron	Counselor I*	OCC	40	MAADC I pend		NO	BA/Arts	03/13/17
Kinder, Phillip	Counselor II	OCC	40	CRADC #6274		YES	AS/ Arts & studies	06/13/16
Lebeuf, Teresa	Office Assistant*	OCC	40	None Obtained		NO	None Obtained	06/27/16
Mooney, Toby	Counselor I*	OCC	40	MAADC II #8881		YES	BS/Science/Crim	10/08/15
Miller, Thresa	Clinical Supervisor	OCC	40	RADC #3832 CCJP #4577	LPC # 20011029355	YES	MA/Counseling	09/18/08
Myers, Justin	Counselor III	OCC	40	CADC #7372		YES	MA/Arts	04/29/13
Peterson, Craig	Counselor I*	OCC	40	MAADC II #9806		YES	BA/Police Science	10/24/16
Piland, Joseph	Counselor I*	OCC	20	None Obtained		NO	None Obtained	11/11/16
Queen, Alan	Counselor II	OCC	40	CRADC #8792		YES	AA/Applied Science	01/25/16
Quinn, Lindsey	Counselor Supervisor	OCC	40	CRADC #7673		YES	MA/Psych	09/11/13
Robinson, Holly	Counselor I*	OCC	40	MAADC II #9669		YES	MS/Education	02/21/17
Rokita, Raymond	Counselor I*	OCC	40	MAADC I #9588		NO	None Obtained	08/29/16
Samuelson, Amber	Counselor II	OCC	40	CRADC #5989		YES	BS/Science	07/17/13
Spencer, James	Counselor II	OCC	40	CRADC #3092 CCJP #4210 SQP #5840 CGDC #7167		YES	AS/Applied Science	09/18/08
Suliin, Robert	Counselor I*	OCC	40	MAADC I #9985		NO	None Obtained	02/21/17
Walker, Patsy	Counselor I*	OCC	40	MAADC I pend		NO	BS/Science	03/27/17

Signature

Date

*NOTE: As part of this contract bid, Gateway is proposing to reduce its current staffing pattern by three (3) positions. If permitted to unfile a 1:25

counselor to offender ratio, our proposed staffing pattern includes the elimination of two (2) Counselor I's and one (1) Office Assistant. We have identified each these positions with an asterisk (*) to indicate that they could be eliminated. If our proposed change in counselor to client ratio is approved, Gateway will work with its HR Department to identify which staff will be let go.

Gateway Foundation, Inc., dba GFI Services, Inc.
Contact Person: Gregg Dockins
Response to IFB #SDA931411-066

APPENDIX

Gateway Foundation, Inc., dba GFI Services, Inc.
Contact Person: Gregg Dockins
Response to IFB #SDA931411-066

JOB DESCRIPTIONS

GATEWAY FOUNDATION, INC.

JOB DESCRIPTION

JOB TITLE: Corrections Director

FLSA STATUS: Exempt

GENERAL SUMMARY:

Responsible for planning, organizing, directing and controlling the management and delivery of quality client services and related administrative and support activities, within a defined substance abuse treatment program. In doing so, reviews clinical treatment activities, results and documentation; and ensures compliance with program and Foundation standards and objectives, and applicable contracts and regulations. Participates in developing program budgets, goals, and policies; and ensures effective implementation and administration of same.

PRINCIPAL DUTIES AND RESPONSIBILITIES: (The following duties and responsibilities are all essential job functions, as defined by the ADA, except for those that begin with the word "May.")

1. Plans and directs through subordinate supervisory personnel, the effective management and delivery of quality clinical services for a defined residential, corrections, or outpatient substance abuse treatment program.
2. Oversees and directs program activities and staff related to administrative support, record keeping, billing and financial reporting. May oversee and direct service and maintenance.
3. Interviews, hires, oversees the training and development of, schedules, assigns work to, evaluates the performance of and, when necessary, disciplines and discharges subordinate supervisors. Approves recommendations of subordinate managers and supervisors in evaluating and disciplining employees, and ensures continued compliance with established personnel policies and achievement of objectives for professional growth and development of staff. Responsible for verifying credentials and qualifications of independent contractors.
4. Establishes and implements appropriate service delivery system for treatment program. Promotes continuous improvement in methods of delivery of treatment and services, by revising and developing program standards, implementing appropriate corrective actions to resolve discrepancies, and ensuring adherence to contracts, regulations and license requirements.
5. Develops program budget projections; monitors and approves expenditures; and initiates corrective actions to resolve variances. Reviews financial reports including contract utilization and income and expenses to ensure accuracy and budgetary and contractual compliance.
6. Prepares regular and special reports or analyses on financial status and program results and activities, for review and use by managers and executives in planning and evaluating program activities, services, and results.
7. Participates in developing program goals and objectives, and designs and implements appropriate plans to meet agreed-upon goals. Assists subordinate supervisors in developing and meeting appropriate goals and objectives for their areas of responsibility.
8. Conducts meetings with program staff to review goals, objectives, routine and special activities, and short- and long-term plans. Participates in regional meetings with other directors to exchange ideas, evaluate operations, and develop policies.

First Draft: 06/02/08
Approved: 12/08/08
Revised: 12/08/08

JOB DESCRIPTION: Corrections Director

9. Periodically reviews client treatment plans with subordinate managers and supervisors to ensure quality and continuity of care. Ensures level and quantity of services provided adhere to applicable contractual obligations. Randomly audits client documentation to ensure record-keeping system complies with all governmental regulations and standards.
10. Maintains and fosters positive public relations by attending local meetings and participating in community functions. Serves as program liaison, and reinforces sound working relationships with funding agency representatives, local agencies and organizations. Where applicable, supports community outreach through such activities as conducting tours and speaking at events.
11. Serves as professional resource to subordinates in resolving clinical treatment or administrative problems. Investigates problems and concerns, and initiates appropriate corrective actions.
12. Maintains and enhances knowledge and expertise through appropriate educational and organizational activities. Serves on internal and external committees as assigned.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

1. Knowledge of management theories and practices, including basic accounting and marketing, and ability to plan and oversee program administration, at a level normally acquired through completion of a Bachelor's degree in business, health administration, or related field. (See employment guidelines for assigned program requirements. A Master's degree in health services administration, mental health or related field may be required).
2. In-depth knowledge of counseling treatment practices and philosophies in order to plan, oversee and evaluate clinical activities; at a level normally acquired through five to seven years progressively more responsible, related experience in the substance abuse field, with at least three years concurrent supervisory experience. Minimum two years treatment experience, and knowledge of up-to-date techniques and modalities and case management within assigned program required.
3. High level of communication skills necessary to lead and motivate assigned staff; develop and maintain cooperative working relationships with correctional personnel and funding agency representatives, and prepare complex reports and correspondence, and formal presentations.
4. High level problem solving and analytical abilities necessary to oversee and direct the work of others, investigate and resolve conflicts and deficiencies, develop goals and objectives, and devise policies and procedures.

PHYSICAL REQUIREMENTS: (The following statements describe the physical abilities required to perform the essential job functions, although exceptions may be made to these requirements based on the principle of reasonable accommodation.)

1. Ability to speak with others in order to exchange information and provide supervision.
2. Ability to record and proofread information on forms and charts.
3. Ability to respond to telephones and pages and hear speech.
4. Ability to use a keyboard and video display terminal to receive, retrieve, and/or audit information and data on a regular basis.

REPORTING RELATIONSHIPS:

1. Reports to the Regional/State Director.

First Draft: 06/02/08
Approved: 12/08/08
Revised: 12/08/08

JOB DESCRIPTION: Corrections Director

2. Responsible for overseeing three to five supervisors or managers, and leading and following-up on the work of up to fifty employees.

WORKING CONDITIONS:

1. Works in a normal office or clinical environment where there are relatively few discomforts due to dust, dirt, noise and the like. Occasional exposure to contagious diseases, but potential for harm is limited if established safety and infection control precautions are followed.
2. May work in a corrections facility where there is exposure to potentially disruptive inmates. Potential for harm is limited if established security precautions and procedures are followed.

APPROVALS:

Name	Title	Date
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Name	Title	Date
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Name	Human Resources	Date
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The above is intended to describe the general content of and requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.

First Draft: 06/02/08
Approved: 12/08/08
Revised: 12/08/08

GATEWAY FOUNDATION, INC. **JOB DESCRIPTION**

JOB TITLE: Assistant Director

FLSA STATUS:

Exempt

GENERAL SUMMARY:

Responsible for overseeing the operation of an assigned substance abuse program. Oversees client services, and initiates corrective actions necessary to ensure program and contractual compliance, and service delivery objectives are met. Interviews, and recommends hiring, discipline and discharge of assigned subordinates. Ensures efficient staff utilization, and schedules work and time off for clinical staff, in accordance with established guidelines and contracts. Assists in planning and monitoring program budgets and expenditures; and developing and refining program policies, standards, and services.

PRINCIPAL DUTIES AND RESPONSIBILITIES: (The following duties and responsibilities are all essential job functions, as defined by the ADA, except for those that begin with the word "May.")

1. Oversees directly and through subordinate supervisory personnel, the day-to-day operation of an assigned substance abuse treatment program, and ensures client needs and contractual obligations for quality and quantity care are met. Where applicable, provides direct supervision to program professional therapists and/or office support staff.
2. Oversees client services by auditing client records, reviewing all client treatment and discharge plans, and conducting client case reviews to ensure consistent and timely treatment. Reviews compliance with established program objectives, government regulations, and accreditation standards. Redirects or motivates supervisors and counselors to meet service delivery objectives and compliance standards, or initiates corrective actions.
3. Conducts regular clinical staff meetings to review clinical treatment plans and documentation, and ensure clinical standards compliance, and provide advice and guidance in resolving complex case problems. Approves recommendations for client admission, disciplinary actions, and discharges as appropriate.
4. Interviews, evaluates qualifications and employment histories, and recommends hiring of counselors, or placement of student interns. Recommends approval of performance evaluations of assigned staff, or discipline or discharge as appropriate.
5. Assesses and evaluates staffing patterns and caseload distributions. Prepares appropriate work and time-off schedules in accordance with established guidelines and contractual obligations, and to achieve efficient staff utilization.
6. Oversees orientation, training, and development of assigned staff. May coordinate and conduct scheduled in-services, or arrange outside training services in accordance with contract terms.
7. Assists Director in developing and refining program policies and procedures; and research, planning, securing approval of, and implementing new or enhanced program services.
8. Assists in planning and administering program budgets by controlling purchases, reviewing and approving budgeted expenditures, monitoring budget variances, and recommending corrective actions as necessary.

JOB DESCRIPTION: Assistant Director

9. Investigates, documents and resolves complaints or incidents concerning clients, family members, visitors, or staff. Refers sensitive issues to supervisor.
10. Works with supervisors, counselors, and where applicable, business office or referral organization staff, in monitoring and controlling program census, and ensuring maximum utilization of treatment resources.
11. Serves as program liaison, and maintains and fosters cooperative working relationships with variety of referral resources and services, community organizations, and criminal justice and social services agencies. Supports program outreach and public relations initiatives through such activities as scheduling tours or conducting group presentations.
12. Directs individual, group and, where applicable, family counseling sessions; and assumes client caseload as necessary in response to workload or staffing shortages, and to maintain quality and continuity of care within assigned center. Assumes responsibilities of Director in his/her absence.
13. Compiles various operational and clinical data and information, and prepares related analyses and reports for review and use by Director in planning and evaluating program services, contract compliance, and achievement of service delivery objectives. Assists in developing recommendations to improve overall program quality and effectiveness.
14. Maintains and enhances knowledge and expertise through appropriate educational and organizational activities. Serves on various internal and external committees, such as Utilization Review, as assigned.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

1. Advanced communication skills; and knowledge of group and individual dynamics, conflict resolution, intervention techniques, and confrontation skills; at a level normally acquired through completion of a Bachelor's degree in psychology, social work, mental health counseling, or substance abuse counseling, with a minimum of 100 hours documented clinical training in counseling theory and practice.
2. Ability to plan, oversee and evaluate assessments, treatment planning, and counseling; serve as professional resource in resolving complex case problems; and schedule and direct the work of others; at a level normally acquired through five to seven years, progressively more responsible experience in substance abuse field, with at least two years concurrent supervisory experience. Minimum six months treatment experience, and knowledge of up to date techniques and modalities, and case management, within assigned program (adult residential, corrections, outpatient, or youth care) required.
3. Current certification or qualification as an alcohol, drug or substance abuse counselor as required by agency, association, board or commission in State of employment location. (See employment guidelines for State specific certification requirements, equivalents, or reciprocals. Formal approval of hiring and employment by state or federal contracting agencies may be required.). Completion of Clinical Supervision training may be required as stipulated in the state where employed.
4. Advanced communications skills necessary to oversee and motivate others; serve as effective program representative to clients, family members, and visitors; provide effective counseling and crises interventions; prepare clear and concise reports and recommendations; and maintain effective contacts with outside agencies and referral sources or services.
5. Analytical and problem solving abilities necessary to plan and schedule the work of others; resolve conflicts; monitor compliance with regulations, standards and contracts, and devise and implement appropriate corrective actions; audit and evaluate treatment plans and documentation; and analyze and summarize qualitative and quantitative data.

JOB DESCRIPTION: Assistant Director

PHYSICAL REQUIREMENTS: (The following statements describe the physical abilities required to perform the essential job functions, although exceptions may be made to these requirements based on the principle of reasonable accommodation.)

1. Ability to speak with others in order to exchange information and provide counseling.
2. Ability to record and proofread information on forms and charts.
3. Ability to respond to telephones and pages, and hear speech.
4. Ability to use a keyboard and video display terminal to receive, retrieve, and/or audit information and data on a regular basis.

REPORTING RELATIONSHIPS:

1. Reports to the Corrections Director.
2. Responsible for overseeing two to four supervisors, and leading and following-up on the work of up to forty employees.

WORKING CONDITIONS:

1. Works in a normal office or clinical environment where there are relatively few discomforts due to dust, dirt, noise and the like. Occasional exposure to contagious diseases, but potential for harm is limited if established safety and infection control precautions are followed.
2. May work in a corrections facility where there is exposure to potentially disruptive or violent inmates. Potential for harm is limited if established security precautions and procedures are followed.

APPROVALS:

Name	Title	Date
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Name	Title	Date
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Name	Human Resources	Date
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The above is intended to describe the general content of and requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.

GATEWAY FOUNDATION, INC. **JOB DESCRIPTION**

JOB TITLE: Clinical Supervisor

FLSA STATUS: Exempt

GENERAL SUMMARY:

Responsible for providing direct supervision to Counselors and other clinical staff delivering developmentally appropriate client treatment. Oversees client services and ensures compliance with established program standards and service delivery objectives. Audits client records. Assists in interviewing, selecting, evaluating, scheduling and disciplining assigned staff. Responsible for orienting and training staff. Serves as resource to assigned staff in identifying and resolving complex case problems. Interprets and enforces area policies and procedures, and initiates corrective actions. Assumes client caseload in response to work load or staffing shortages.

PRINCIPAL DUTIES AND RESPONSIBILITIES: (The following duties and responsibilities are all essential job functions, as defined by the ADA, except for those that begin with the word "May.")

1. Provides direct supervision to Counselors and other clinical staff involved in delivering individualized client treatment that addresses developmental and maturation levels. Oversees assigned treatment program activities, operations and delivery of services; and ensures client needs and contractual obligations for quality and quantity of care are met.
2. Develops and monitors a therapeutic environment to foster positive client interactions and communications. Trains subordinate staff to monitor and document client therapeutic interactions in accordance with program expectations.
3. Oversees client services by reviewing all client treatment and discharge plans, conducting client case reviews to ensure consistent and timely treatment, and, where applicable, approving client learning experiences and privileges or restrictions. Review compliance with established program standards, and adherence to group schedules and formats. Redirects or motivates counselors to meet service delivery objectives and compliance standards, or initiates corrective actions.
4. Responsible for auditing client records and documentation to ensure same is timely, accurate, complete and in accordance with regulatory and accreditation guidelines, and funding agency requirements. Authorizes or signs off client admissions and discharges.
5. Assists with staff selection and retention by interviewing, selecting, evaluating the performance of, and recommending disciplinary action, up to and including discharge. Responsible for recommending work and time off schedules for assigned staff, and completing caseload assignments, to ensure optimal clinical operations.
6. Responsible for promoting professional growth, and the development of clinical skills among assigned staff, by planning and scheduling in-services and workshops, motivating active participation and involvement by staff, documenting education activities and results, and so forth.
7. Meets regularly with assigned staff, in groups or individually, in order to plan and evaluate client treatments, review caseload progress, and determine appropriateness of continuation or modification of treatment. Serve as resource to staff in resolving complex case problems, and performing crises interventions.

First Draft: 07/01/02
Approved: 12/01/04
Revised: 02/08/12

JOB DESCRIPTION: Clinical Supervisor

8. Interprets and enforces Gateway, treatment program, and funding agency policies and procedures, and orients clients and staff to facility rules and regulations. Investigates client, staff or employee incidents and concerns, documents findings, and takes necessary immediate corrective action. Notifies supervisor and/or funding agency representatives of unusually complex or sensitive enforcement situations.
9. Oversees discharge planning for clients during course of treatment. Ensures community referral sources are used effectively as aftercare services to discharged clients.
10. Performs related supervisory or administrative duties such as assisting in developing and refining area policies and procedures; maintaining up to date procedures manual; performing on-call or staff on duty responsibilities as required; assisting with budget planning and expenditure approvals as needed; and completing various special reports and memos regarding program results and activities, and recommendations to improve program quality and effectiveness.
11. Directs individual, group and, where applicable, family counseling sessions; and assumes client caseload as necessary in response to workload or staffing shortages, and to maintain quality and continuity of care within assigned center. Assume responsibilities of supervisor in his/her absence and as requested.
12. Maintains and fosters cooperative working relationships with funding or contracting agencies, current and potential referral resources and services, community organizations, and criminal justice and social services agencies. May conduct formal community presentations on disease of addiction and treatment, and/or provide court testimony.
13. Maintains and enhances knowledge and expertise through appropriate educational and organizational activities. Serves on various internal and external committees such as Utilization Review, as assigned.
14. Participates in performance improvement activities as appropriate.

Residential:

15. Assists in managing the milieu, which includes the physical and social environment within the Center, and in supervising subordinate staff who may be assigned to direct aspects of the milieu, such as client work assignments.
16. Performs on-call or staff on duty responsibilities as required, which includes administering breathalyzer to clients to detect alcohol use; performing client searches and client property searches; and collecting client urine specimens.

MISA clients:

17. Ensures clients exhibiting MISA symptomatology are appropriately referred to Mental Health Professionals, counseling is conducted in accordance with both program and MISA guidelines, and MISA-specific case management is provided to clients; and evaluates and confirms Counselor competency to perform MISA-specific responsibilities.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

1. Advanced communication skills; and knowledge of group and individual dynamics, conflict resolution, intervention techniques, and confrontation skills; at a level normally acquired through completion of a Bachelor's degree in psychology, social work, mental health counseling, or substance abuse counseling; or equivalent education and life experience, with a minimum of 100 hours documented clinical training in counseling theory and practice.

First Draft: 07/01/02
Approved: 12/01/04
Revised: 02/08/12

JOB DESCRIPTION: Clinical Supervisor

2. Ability to supervise and monitor assessments, treatment planning, and counseling; serve as resource in resolving complex case problems; and participate in scheduling and evaluating the work of others; at a level normally acquired through three to five years prior experience in substance abuse field, with at least twelve hours supervisory training. Minimum six months treatment experience, and knowledge of up to date techniques and modalities, and case management, within assigned treatment program (adult residential, corrections, outpatient, or youth care) required.
3. Demonstrated skills and knowledge of the principles of physical growth and development and psychosocial development; the ability to tailor interventions, such as de-escalation techniques, and communicate using appropriate language based on the client's cognitive and maturational status; the ability to assess and interpret client data, and identify individual client needs to provide substance abuse treatment appropriate to the developmental stage and client population as outlined below:
 - Adolescent Clients: Six months developmental counseling experience with adolescent clients, or forty hours of development training/education, or equivalent combination. Ability to incorporate the principles of adolescent development to an individualized treatment plan, e.g. relate the recovery process to peer relationships, family issues, sexual identity issues, educational/vocational preparation, and other issues related to preparation for assuming an adult role.
 - Adult Clients: Ability to apply knowledge of the normal developmental tasks of adulthood to an individualized treatment plan, e.g. relating recovery to family issues, parenting, vocational issues, healthy living, etc., and to promote the development of effective life skills to support a healthy, drug-free lifestyle.
 - Geriatric Clients: Ability to apply knowledge of the physical, cognitive, and psychosocial changes associated with later adulthood to an individualized treatment plan, and to understand the impact of medications and medication interactions on the cognitive and behavioral functioning of the client. Ability to incorporate the developmental tasks and challenges of the elderly client with substance abuse treatment, e.g. multiple health issues, living with chronic pain; personal losses; possible loss of independence, financial concerns, etc., and to teach coping skills and independent living skills as necessary.
4. Current certification or qualification as an alcohol, drug, or substance abuse counselor as required by agency, association, board or commission in state of employment location. Licensure as a professional counselor, clinical social worker, or psychologist may be required to counsel individuals with a co-occurring diagnosis (See employment guidelines for state specific certification requirements, equivalents, or reciprocals. Formal approval of hiring and employment by state or federal contracting agencies may be required.)
5. Advanced interpersonal skills necessary to oversee and motivate others; encourage and support clients through often difficult phases of recovery; provide effective counseling through appropriate empathy, support, intervention, direction, and conflict resolution; interact effectively with client family members; and maintain effective contacts with outside agencies and referral sources or services.
6. Analytical and problem solving abilities necessary to plan and schedule the work of others, resolve conflicts, conduct comprehensive assessments, prepare and evaluate treatment plans, provide counseling and case management, and complete progress evaluations and related reports.
7. Typing ability and working knowledge of word processing software in order to complete required forms, reports and correspondence.

PHYSICAL REQUIREMENTS: (The following statements describe the physical abilities required to perform the essential job functions, although exceptions may be made to these requirements based on the principle of reasonable accommodation.)

1. Ability to speak with others in order to exchange information and provide counseling.
2. Ability to record and proofread information on forms and charts.

First Draft: 07/01/02
Approved: 12/01/04
Revised: 02/08/12

JOB DESCRIPTION: Clinical Supervisor

3. Ability to respond to telephones and pages, and hear speech.
4. Ability to use a keyboard and video display terminal to receive, retrieve, and/or audit information and data on a regular basis.

REPORTING RELATIONSHIPS:

1. Reports to the Program Manager/Director or designee.
2. Responsible for leading and following-up on the work of four to eight clinical staff employees.

WORKING CONDITIONS:

1. Works in a normal office or clinical environment where there are relatively few discomforts due to dust, dirt, noise and the like. Occasional exposure to contagious diseases, but potential for harm is limited if established safety and infection control precautions are followed.
2. May work in a corrections facility where there is exposure to potentially disruptive or violent inmates. Potential for harm is limited if established security precautions and procedures are followed.

APPROVALS:

Name	Title	Date
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Name	Title	Date
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Name	Human Resources	Date
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The above is intended to describe the general content of and requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.

First Draft: 07/01/02
Approved: 12/01/04
Revised: 02/08/12

GATEWAY FOUNDATION, INC.

JOB DESCRIPTION

JOB TITLE: Counselor Supervisor

FLSA STATUS: Exempt

GENERAL SUMMARY:

In addition to regularly performing duties of Counselor II, supervises other counselors, and guides and directs activities and operations of assigned treatment program. Plans and schedules work time and caseload for assigned staff, and audits client records and documentation. Responsible for orienting, training and developing assigned staff. Interprets and enforces area Policies and Procedures and assists in the development of corrective actions. Serves as resource to assigned staff in identifying and resolving complex case problems.

PRINCIPAL DUTIES AND RESPONSIBILITIES: (The following duties and responsibilities are all essential job functions, as defined by the ADA, except for those that begin with the word "May.")

1. Regularly performs duties of Counselor II (for a reduced caseload), which includes: completing comprehensive assessments, preparing individualized developmentally appropriate treatment plans, conducting individual and group counseling sessions, and documenting treatment activities and clients' responses.
2. Supervises groups of counselors and other clinical support staff, and guides and directs activities and operations of assigned substance abuse treatment program. In doing so, ensures proper treatment planning and implementation, and client needs and contractual obligations for quantity and quality of care are met.
3. Responsible for planning and scheduling assigned schedules and making client caseload assignments, according to established guidelines.
4. Assists in the auditing of client records and documentation to ensure same is timely, accurate, and in accordance with regulatory and accreditation standards, and funding agency requirements. Authorizes or signs off client admissions and discharges.
5. Meets regularly with assigned staff, in groups or individually, in order to plan and evaluate client treatments, review caseload progress, and determine appropriateness of continuation or modification of treatment. Serves as resource to staff in resolving complex case problems, and performing crises interventions.
6. Assists in mentoring new staff and assists in the oversight of training and development of interns and practicum students.
7. Assists in interviewing, and recommends hiring and assists in the development of performance evaluations of assigned staff. Participates in coaching employees regarding work performance and expectations, advising them of consequences, and assists in the compiling of disciplinary action documentation.
8. Assists in developing area policies and procedures, and maintains procedures manual. Interprets and enforces Gateway, treatment program, and funding agency policies and procedures. Investigates incidents, and potential staff or client violations; documents findings; and takes necessary immediate corrective action. Notifies supervisor of complex or sensitive enforcement situations.

JOB DESCRIPTION: Counselor Supervisor

9. Completes various regular and special reports and memos regarding program results and activities, incident reports and actions, recommendations to improve program quality and effectiveness, and so forth.
10. Maintains and enhances knowledge and expertise through appropriate educational and organizational activities. Serves on various internal and external committees such as utilization review, as assigned.
11. May conduct formal presentations to explain treatment program services and objectives to groups of student interns, peers and/or professional interests.
12. Participates in performance improvement activities as appropriate.
13. Performs staff on duty responsibilities, ensuring effective operation of therapeutic community. Conducts dormitory inspections; initiates crises management and conflict resolution interventions; writes disciplinary tickets and incident reports; and notifies corrections staff of clients' disruptive behaviors, or potential threats to safety of others.
14. Ensures clients exhibiting MISA symptomatology are appropriately referred to Mental Health Professionals, counseling is conducted in accordance with both program and MISA guidelines, and MISA-specific case management is provided to clients; and evaluates and confirms Counselor competency to perform MISA-specific responsibilities.

MINIMUM QUALIFICATIONS:

1. **Education Requirement:** Associates' degree in psychology, Sociology, social work, Criminal Justice, mental health counseling, or substance abuse counseling or related field; or equivalent work experience on a year for year basis.
2. **Certification Requirement:** Current certification as a substance abuse counselor or advanced license in the State of Missouri. Must maintain a valid certification or license for continued employment in accordance with the Missouri Department of Corrections requirements.
3. **Experience Required:** Two years prior experience in the substance abuse field, with at least twelve hours supervisory training. Minimum six months treatment experience, and knowledge of up to date techniques and modalities, and case management, in a corrections or adult residential treatment program required.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

1. Advanced communication skills; and knowledge of group and individual dynamics, conflict resolution, intervention techniques, and confrontation skills.
2. Ability to perform assessment, treatment planning, and counseling; provide intensive services for some complex cases; and plan, guide, oversee, and evaluate the work of others; at a level normally acquired through eighteen months to three years prior experience in substance abuse field.
3. Demonstrated skills and knowledge of the principles of growth and development for the client population; and is able to assess and interpret client data, identifying individual client needs and providing care appropriate to the developmental stage of the clients served.
4. Advanced interpersonal skills necessary to oversee and motivate others; encourage and support clients through often difficult phases of recovery; provide effective counseling through appropriate empathy, support, intervention, direction, and conflict resolution; interact effectively with client family members; and maintain effective contacts with outside agencies and referral sources or services.

JOB DESCRIPTION: Counselor Supervisor

5. Analytical abilities necessary to plan and schedule the work of others, conduct comprehensive assessments, prepare and evaluate treatment plans, provide counseling and case management, and complete progress evaluations and related reports.
6. Typing ability and working knowledge of word processing software in order to complete required forms, reports and correspondence.
7. May require limited travel for training, assistance with program development in other units, etc.

PHYSICAL REQUIREMENTS: (The following statements describe the physical abilities required to perform the essential job functions, although exceptions may be made to these requirements based on the principle of reasonable accommodation.)

1. Ability to speak with others in order to exchange information and provide counseling.
2. Ability to record and proofread information on forms and charts.
3. Ability to respond to telephones and pages, and hear speech.
4. Ability to use a keyboard and video display terminal to receive, retrieve, and/or audit information and data on a regular basis.

REPORTING RELATIONSHIPS:

1. Reports to the Clinical Supervisor or Director.
2. Responsible for leading and following-up on the work of other clinical staff.

WORKING CONDITIONS:

1. Works in a normal office or clinical environment where there are relatively few discomforts due to dust, dirt, noise and the like. Occasional exposure to contagious diseases, but potential for harm is limited if established safety and infection control precautions are followed.
2. Works in corrections facility where there is exposure to potentially disruptive or violent inmates. Potential for harm is limited if established security precautions and procedures are followed.

APPROVALS:

Name	Title	Date
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Name	Title	Date
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Name	Human Resources	Date
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The above is intended to describe the general content of and requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.

GATEWAY FOUNDATION, INC.

JOB DESCRIPTION

JOB TITLE: Counselor I

FLSA STATUS: Nonexempt

GENERAL SUMMARY:

Completes comprehensive assessment of clients' substance abuse history and treatment requirements, and prepares individualized developmentally appropriate treatment plan. Provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and responses to treatments; and maintains related records and charts. Performs case management and contributes to client care monitoring. Duties vary by Center or site assigned.

PRINCIPAL DUTIES AND RESPONSIBILITIES: (The following duties and responsibilities are all essential job functions, as defined by the ADA, except for those that begin with the word "May.")

1. Completes comprehensive assessment within program guidelines, and formulates diagnostic impression, by conducting client and/or family interviews, reviewing substance abuse and treatment history, conferring with staff and referral sources, and so forth.
2. Prepares individualized treatment plan, in accordance with established standards and deadlines, consistent with assessment, and in conjunction with client and supervisor; to include developmentally appropriate goals, interventions, necessary support or referral services, and so forth. Evaluates client response to treatment, and modifies treatment plan or recommends treatment extension as circumstances require.
3. Develops client discharge plans that integrate aftercare treatment, and utilization of appropriate referral resources. Coordinates discharge with court officers, social service agencies, or community organizations as appropriate or required.
4. Conducts individual counseling sessions with clients in accordance with treatment plan, or as necessary for crises intervention; to provide clients with feedback, support, or encouragement; or to address behaviors and attitudes, or family, social, or personal problems. Depending on site assigned, may provide individual employment or vocational counseling as well.
5. Prepares and conducts group counseling or therapeutic encounter sessions; facilitates discussion and interaction; and enables group members to understand and accept responsibility for recovery process, and acquire necessary coping and behavior management skills.
6. Prepares and conducts educational programs and lectures on scheduled topics related to disease of addiction, relapse prevention, life skills, problem solving, behavior modification, anger management, and so forth.
7. Documents treatment plans, narrative progress notes, interventions, treatments, evaluations, discharge summaries, treatment plan reviews, and so forth; and maintains client records and charts in accordance with organizational, regulatory, accreditation, and contractual standards.
8. Maintains regular communications with client family members or guardians, probation or parole officers, case workers, court officers, insurance providers, and so forth; to relay reports on clients' progress in treatment. Prepares written reports and correspondence as necessary.

JOB DESCRIPTION: Counselor I

9. Performs case management, and serves as client advocate, by obtaining, coordinating, and scheduling additional medical, dental or psychiatric treatments; or other legal, social service, educational, employment, or community organization services; as needed to support attainment and continuation of recovery. Maintains rapport with local community resources to ensure effective referral options and contacts.
10. Contributes to client care monitoring which requires regular reporting of caseload activities and results to supervisor, and participating in clinical staff meetings to review client progress and treatment plans, and recommend continuation or modification of treatment.
11. Attends job specific training sessions offered within and outside of organization to enhance job skills and knowledge. Develops and utilizes knowledge of federal and state rules and regulations governing confidentiality.
12. May be required to perform urine collection from clients for laboratory screening.
13. Participates in performance improvement activities as appropriate.

Residential Centers:

14. Performs on-call or staff on duty responsibilities as assigned. Monitors client behaviors during social, recreational or daily living activities; enforces house rules; initiates disciplinary actions or revocation of privileges; and provides crises intervention or conflict resolution as necessary. Initiates emergency call procedures as appropriate.

Corrections Sites:

15. Performs staff on duty responsibilities, ensuring effective operation of therapeutic community. Conducts dormitory inspections; initiates crises management and conflict resolution interventions; writes disciplinary tickets and incident reports; and notifies corrections staff of clients' disruptive behaviors or potential threats to safety of others.

MISA clients:

16. Performs necessary screenings and appropriately refers clients exhibiting MISA symptomatology to Mental Health Professionals; conducts group, individual, and/or family counseling in accordance with both program and MISA guidelines; provides MISA-specific case management to clients, serving as an advocate for their continued progress.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

1. Advanced communication skills; and knowledge of group and individual dynamics, conflict resolution, intervention techniques, and confrontation skills; at a level normally acquired through completion of a Bachelor's degree in psychology, social work, mental health counseling, or substance abuse counseling; or equivalent education and life experience, with a minimum of 100 hours documented clinical training in counseling theory and practice.
2. Ability to perform assessment, treatment planning, and counseling at a level normally acquired through six months prior experience in substance abuse field, and/or successful completion of in-house staff training program.
3. Demonstrated skills and knowledge of the principles of physical growth and development and psychosocial development; the ability to tailor interventions, such as de-escalation techniques, and communicate using appropriate language based on the client's cognitive and maturational status; the ability to assess and interpret client data, and identify individual client needs to provide substance abuse treatment appropriate to the developmental stage and client population as outlined below:

JOB DESCRIPTION: Counselor I

- **Adolescent Clients:** Six months developmental counseling experience with adolescent clients, or forty hours of development training/education, or equivalent combination. Ability to incorporate the principles of adolescent development to an individualized treatment plan, e.g. relate the recovery process to peer relationships, family issues, sexual identity issues, educational/vocational preparation, and other issues related to preparation for assuming an adult role.
 - **Adult Clients:** Ability to apply knowledge of the normal developmental tasks of adulthood to an individualized treatment plan, e.g. relating recovery to family issues, parenting, vocational issues, healthy living, etc., and to promote the development of effective life skills to support a healthy, drug-free lifestyle.
 - **Geriatric Clients:** Ability to apply knowledge of the physical, cognitive, and psychosocial changes associated with later adulthood to an individualized treatment plan, and to understand the impact of medications and medication interactions on the cognitive and behavioral functioning of the client. Ability to incorporate the developmental tasks and challenges of the elderly client with substance abuse treatment, e.g. multiple health issues, living with chronic pain; personal losses; possible loss of independence, financial concerns, etc., and to teach coping skills and independent living skills as necessary.
4. Current certification or qualification as an alcohol, drug, or substance abuse counselor or intern; as required by agency, association, board or commission in state of employment location. (See policy guidelines for state specific certification requirements, equivalents, or reciprocals. Formal approval of hiring and employment by state or federal contracting agencies may be required.)
 5. Advanced interpersonal skills necessary to encourage and support clients through often difficult phases of recovery; provide effective counseling through appropriate empathy, support, intervention, direction, and conflict resolution; interact effectively with family members; and maintain effective contacts with outside agencies and referral sources or services.
 6. Analytical abilities necessary to conduct comprehensive assessments, prepare treatment plans, provide counseling and case management, and complete progress evaluations and related reports.
 7. Typing ability and working knowledge of word processing software in order to complete required forms, reports and correspondence.

PHYSICAL REQUIREMENTS: (The following statements describe the physical abilities required to perform the essential job functions, although exceptions may be made to these requirements based on the principle of reasonable accommodation.)

1. Ability to speak with others in order to exchange information and provide counseling.
2. Ability to record and proofread information on forms and charts.
3. Ability to use a keyboard and video display terminal to receive, retrieve, and/or audit information and data on a regular basis.

REPORTING RELATIONSHIPS:

1. Reports to the Counselor Supervisor or Clinical Supervisor.
2. Has no responsibility for leading or supervising the work of others.

JOB DESCRIPTION: Counselor I

WORKING CONDITIONS:

1. Works in a normal office or clinical environment where there are relatively few discomforts due to dust, dirt, noise and the like. Occasional exposure to contagious diseases, but potential for harm is limited if established safety and infection control precautions are followed.
2. May work in a corrections facility where there is exposure to potentially disruptive or violent inmates. Potential for harm is limited if established security precautions and procedures are followed.

APPROVALS:

Name	Title	Date
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Name	Title	Date
------	-------	------

Name	Human Resources	Date
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The above is intended to describe the general content of and requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.

GATEWAY FOUNDATION, INC. **JOB DESCRIPTION**

JOB TITLE: Counselor II

FLSA STATUS: Nonexempt

GENERAL SUMMARY:

Completes comprehensive assessment of clients' substance abuse history and treatment requirements, and prepares individualized developmentally appropriate treatment plan. Provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and responses to treatments; and maintains related records and charts. Performs case management and contributes to client care monitoring. Caseload typically includes some complex cases requiring more intensive services. Duties vary by Center or site assigned.

PRINCIPAL DUTIES AND RESPONSIBILITIES: (The following duties and responsibilities are all essential job functions, as defined by the ADA, except for those that begin with the word "May.")

1. Completes comprehensive assessment within program guidelines, and formulates diagnostic impression, by conducting client and/or family interviews, reviewing substance abuse and treatment history, conferring with staff and referral sources, and so forth.
2. Prepares individualized treatment plan, in accordance with established standards and deadlines, consistent with assessment, and in conjunction with client and supervisor; to include developmentally appropriate goals, interventions, necessary support or referral services, and so forth. Evaluates client response to treatment, and modifies treatment plan or recommends treatment extension as circumstances require.
3. Develops client discharge plans that integrate aftercare treatment, and utilization of appropriate referral resources. Coordinates discharge with court officers, social service agencies, or community organizations as appropriate or required.
4. Conducts individual counseling sessions with clients in accordance with treatment plan, or as necessary for crises intervention; to provide clients with feedback, support, or encouragement; or to address behaviors and attitudes, or family, social, or personal problems. Depending on site assigned, may provide individual employment or vocational counseling as well.
5. Prepares and conducts group counseling or therapeutic encounter sessions; facilitates discussion and interaction; and enables group members to understand and accept responsibility for recovery process, and acquire necessary coping and behavior management skills.
6. Prepares and conducts educational programs and lectures on scheduled topics related to disease of addiction, relapse prevention, life skills, problem solving, behavior modification, anger management, and so forth.
7. Documents treatment plans, narrative progress notes, interventions, treatments, evaluations, discharge summaries, treatment plan reviews, and so forth; and maintains client records and charts in accordance with organizational, regulatory, accreditation, and contractual standards.
8. Maintains regular communications with client family members or guardians, probation or parole officers, case workers, court officers, insurance providers, and so forth; to relay reports on clients' progress in treatment. Prepares written reports and correspondence as necessary.

JOB DESCRIPTION: Counselor II

9. Performs case management, and serves as client advocate, by obtaining, coordinating, and scheduling additional medical, dental or psychiatric treatments; or other legal, social service, educational, employment, or community organization services; as needed to support attainment and continuation of recovery. Maintains rapport with local community resources to ensure effective referral options and contacts.
10. Contributes to client care monitoring which requires regular reporting of caseload activities and results to supervisor, and participating in clinical staff meetings to review client progress and treatment plans, and recommend continuation or modification of treatment.
11. Attends job specific training sessions offered within and outside of organization to enhance job skills and knowledge. Develops and utilizes knowledge of federal and state rules and regulations governing confidentiality.
12. May be required to perform urine collection from clients for laboratory screening.
13. Participates in performance improvement activities as appropriate.

Residential Centers:

14. Performs on-call or staff on duty responsibilities as assigned. Monitors client behaviors during social, recreational or daily living activities; enforces house rules; initiates disciplinary actions or revocation of privileges; and provides crises intervention or conflict resolution as necessary. Initiates emergency call procedures as appropriate.

Corrections Sites:

15. Performs staff on duty responsibilities, ensuring effective operation of therapeutic community. Conducts dormitory inspections; initiates crises management and conflict resolution interventions; writes disciplinary tickets and incident reports; and notifies corrections staff of clients' disruptive behaviors, or potential threats to safety of others.

MISA clients:

16. Performs necessary screenings and appropriately refers clients exhibiting MISA symptomatology to Mental Health Professionals; conducts group, individual, and/or family counseling in accordance with both program and MISA guidelines; provides MISA-specific case management to clients, serving as an advocate for their continued progress.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

1. Advanced communication skills; and knowledge of group and individual dynamics, conflict resolution, intervention techniques, and confrontation skills; at a level normally acquired through completion of a Bachelor's degree in psychology, social work, mental health counseling, or substance abuse counseling; or equivalent education and life experience, with a minimum of 100 hours documented clinical training in counseling theory and practice.
2. Ability to perform assessment, treatment planning, and counseling, and provide intensive services for some complex cases, with minimal supervision and direction, at a level normally acquired through two years prior experience in the substance abuse field.
3. Demonstrated skills and knowledge of the principles of physical growth and development and psychosocial development; the ability to tailor interventions, such as de-escalation techniques, and communicate using appropriate language based on the client's cognitive and maturational status; the ability to assess and interpret client data, and identify individual client needs to provide substance abuse treatment appropriate to the developmental stage and client population as outlined below:

JOB DESCRIPTION: Counselor II

- **Adolescent Clients:** Six months developmental counseling experience with adolescent clients, or forty hours of development training/education, or equivalent combination. Ability to incorporate the principles of adolescent development to an individualized treatment plan, e.g. relate the recovery process to peer relationships, family issues, sexual identity issues, educational/vocational preparation, and other issues related to preparation for assuming an adult role.
 - **Adult Clients:** Ability to apply knowledge of the normal developmental tasks of adulthood to an individualized treatment plan, e.g. relating recovery to family issues, parenting, vocational issues, healthy living, etc., and to promote the development of effective life skills to support a healthy, drug-free lifestyle.
 - **Geriatric Clients:** Ability to apply knowledge of the physical, cognitive, and psychosocial changes associated with later adulthood to an individualized treatment plan, and to understand the impact of medications and medication interactions on the cognitive and behavioral functioning of the client. Ability to incorporate the developmental tasks and challenges of the elderly client with substance abuse treatment, e.g. multiple health issues, living with chronic pain; personal losses; possible loss of independence, financial concerns, etc., and to teach coping skills and independent living skills as necessary.
4. Current certification or qualification as an alcohol, drug, or substance abuse counselor as required by agency, association, board or commission in state of employment location. (See policy guidelines for state specific certification requirements, equivalents, or reciprocals. Formal approval of hiring and employment by state or federal contracting agencies may be required.)
 5. Advanced interpersonal skills necessary to encourage and support clients through often difficult phases of recovery; provide effective counseling through appropriate empathy, support, intervention, direction, and conflict resolution; interact effectively with family members; and maintain effective contacts with outside agencies and referral sources or services.
 6. Analytical abilities necessary to conduct comprehensive assessments, prepare treatment plans, provide counseling and case management, and complete progress evaluations and related reports.
 7. Typing ability and working knowledge of word processing software in order to complete required forms, reports and correspondence.

PHYSICAL REQUIREMENTS: (The following statements describe the physical abilities required to perform the essential job functions, although exceptions may be made to these requirements based on the principle of reasonable accommodation.)

1. Ability to speak with others in order to exchange information and provide counseling.
2. Ability to record and proofread information on forms and charts.
3. Ability to respond to telephones and pages, and hear speech.
4. Ability to use a keyboard and video display terminal to receive, retrieve, and/or audit information and data on a regular basis.

REPORTING RELATIONSHIPS:

1. Reports to the Counselor Supervisor or Clinical Supervisor.
2. May occasionally oversee and train Interns.

JOB DESCRIPTION: Counselor II

WORKING CONDITIONS:

1. Works in a normal office or clinical environment where there are relatively few discomforts due to dust, dirt, noise and the like. Occasional exposure to contagious diseases, but potential for harm is limited if established safety and infection control precautions are followed.
2. May work in a corrections facility where there is exposure to potentially disruptive or violent inmates. Potential for harm is limited if established security precautions and procedures are followed.

APPROVALS:

Name	Title	Date
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Name	Title	Date
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Name	Human Resources	Date
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The above is intended to describe the general content of and requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.

GATEWAY FOUNDATION, INC.

JOB DESCRIPTION

JOB TITLE: Counselor III

FLSA STATUS: Exempt

GENERAL SUMMARY:

Completes comprehensive assessments and treatment planning for caseload, and provides counseling services to clients. Develops and implements complex treatment and discharge plans for clients with dual diagnoses, social or mental health issues. Serves as professional resource to other Counselors in resolving complex case problems, and provides clinical supervision and guidance as needed. Develops and conducts in-service and continuing education programs for treatment staff. Assumes responsibility for overseeing Counselors in absence of supervisor. Duties vary by Center or site assigned.

PRINCIPAL DUTIES AND RESPONSIBILITIES: (The following duties and responsibilities are all essential job functions, as defined by the ADA, except for those that begin with the word "May.")

1. Maintains caseload which includes completing comprehensive assessments, preparing individualized developmentally appropriate treatment plans, and providing individual and group counseling and educational services in support of treatment plans. Maintains regular contact with insurance providers to report client treatment progress and obtain required certifications for continued stays. Depending on Center or site assigned, part-time positions may not maintain a caseload.
2. Develops and implements complex treatment and discharge plans for clients with dual diagnoses, social, or mental health issues; and conducts intensive or comprehensive interventions as necessary, such as family or domestic violence counseling.
3. Reports caseload activities and progress to supervisor as required. Maintains records and charts in accordance with organizational, regulatory, accreditation, and contractual standards.
4. Designs, implements, and integrates intensive service program to address particular social or psychological problems affecting portion of client population, e.g., domestic violence, sexual assault, grief, and so forth.
5. Serves as professional resource, and provides clinical supervision to other Counselors as needed. Audits client records prepared by others to ensure compliance with required documentation and service delivery. Provides assessments of special needs clients, and advice and guidance necessary to resolve complex case problems. Demonstrates and/or instructs on appropriate procedures, modalities and techniques.
6. As requested and appropriate, develops and presents introductory and continuing education programs on subjects related to assigned specialty for other Counselors or Technicians. Trains and oversees assigned Interns.
7. Collaborates with supervisor or other psychiatric, social work, or medical professionals on specific case-related issues to maintain continuity of care, and to aid in achieving therapeutic and restorative goals for clients.
8. Creates positive working relationships with local social service agencies and community organizations. Researches and evaluates services provided by each to utilize them as sources in client referrals.
9. Serves on variety of department or site committees necessary to plan and evaluate treatment programs and client services. Contributes to continuous improvement of treatment protocols, procedures and results.

JOB DESCRIPTION: Counselor III

10. May assume responsibility for supervision of Counselors in absence of supervisor.
11. Participates in performance improvement activities as appropriate.

MISA clients:

12. Performs necessary screenings and appropriately refers clients exhibiting MISA symptomatology to Mental Health Professionals; conducts group, individual, and/or family counseling in accordance with both program and MISA guidelines; provides MISA-specific case management to clients, serving as an advocate for their continued progress.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

1. Advanced communication skills, in-depth knowledge of counseling, treatment and discharge planning; at a level normally acquired through completion of a Master's degree in psychology, social work, mental health or substance abuse counseling, or closely related field.
2. Ability to perform assessment, treatment planning, and counseling for complex or dual diagnoses cases; and serve as professional resource to others in resolving complex case issues; at a level normally acquired through four years prior experience, with at least one year experience working with dual-diagnosed clients.
3. Demonstrated skills and knowledge of the principles of physical growth and development and psychosocial development; the ability to tailor interventions, such as de-escalation techniques, and communicate using appropriate language based on the client's cognitive and maturational status; the ability to assess and interpret client data, and identify individual client needs to provide substance abuse treatment appropriate to the developmental stage and client population as outlined below:
 - Adolescent Clients: Six months developmental counseling experience with adolescent clients, or forty hours of development training/education, or equivalent combination. Ability to incorporate the principles of adolescent development to an individualized treatment plan, e.g. relate the recovery process to peer relationships, family issues, sexual identity issues, educational/vocational preparation, and other issues related to preparation for assuming an adult role.
 - Adult Clients: Ability to apply knowledge of the normal developmental tasks of adulthood to an individualized treatment plan, e.g. relating recovery to family issues, parenting, vocational issues, healthy living, etc., and to promote the development of effective life skills to support a healthy, drug-free lifestyle.
 - Geriatric Clients: Ability to apply knowledge of the physical, cognitive, and psychosocial changes associated with later adulthood to an individualized treatment plan, and to understand the impact of medications and medication interactions on the cognitive and behavioral functioning of the client. Ability to incorporate the developmental tasks and challenges of the elderly client with substance abuse treatment, e.g. multiple health issues, living with chronic pain; personal losses; possible loss of independence, financial concerns, etc., and to teach coping skills and independent living skills as necessary.
4. Current certification or qualification as an alcohol, drug, or substance abuse counselor as required by agency, association, board or commission in state of employment location. (See policy guidelines for state specific certification requirements, equivalents, or reciprocals. Formal approval of hiring and employment by state or federal contracting agencies may be required.)
5. Advanced interpersonal skills necessary to conduct training and education programs; encourage and support clients through often difficult phases of recovery; provide effective counseling through appropriate empathy, support, intervention, direction, and conflict resolution; interact effectively with family members; and develop and maintain effective contacts with insurance providers, outside agencies and referral sources or services.

JOB DESCRIPTION: Counselor III

6. Analytical abilities necessary to conduct comprehensive assessments, prepare treatment plans, provide counseling and case management, and complete progress evaluations and related reports.
7. Typing ability and working knowledge of word processing software in order to complete required forms, reports and correspondence.

PHYSICAL REQUIREMENTS: (The following statements describe the physical abilities required to perform the essential job functions, although exceptions may be made to these requirements based on the principle of reasonable accommodation.)

1. Ability to speak with others in order to exchange information and provide counseling.
2. Ability to record and proofread information on forms and charts.
3. Ability to respond to telephones and pages, and hear speech.
4. Ability to use a keyboard and video display terminal to receive, retrieve, and/or audit information and data on a regular basis.

REPORTING RELATIONSHIPS:

1. Reports to the Counselor Supervisor or Clinical Supervisor; in absence thereof, may report to the Assistant Director or Center Director.
2. May occasionally assume supervisory responsibilities in absence of supervisor. May oversee and train Interns.

WORKING CONDITIONS:

1. Works in a normal office or clinical environment where there are relatively few discomforts due to dust, dirt, noise and the like. Occasional exposure to contagious diseases, but potential for harm is limited if established safety and infection control precautions are followed.
2. May work in a corrections facility where there is exposure to potentially disruptive or violent inmates. Potential for harm is limited if established security precautions and procedures are followed.

APPROVALS:

Name	Title	Date
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Name	Title	Date
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Name	Human Resources	Date
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The above is intended to describe the general content of and requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.

Gateway Foundation, Inc., dba GFI Services, Inc.
Contact Person: Gregg Dockins
Response to IFB #SDA931411-066

STAFF CERTIFICATION AND LICENSES

Missouri Substance Abuse Professional Credentialing Board

**P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073**

help@msapcb.com

Name Duane P. Cummins

LEVEL SQP

CERTNO 5197

CERTDATE 1/1/2010

STATUS Active

EXPDATE 4/30/2019

MSAPCB Supervision Number 28

Print This Page

*Verified OK - 3-22-17
KC*

No. 5197

Missouri Credentialing Board

Hereby Certifies that

Duane Cummins

Continues to meet the standards and qualifications
of a SATOP Qualified Professional
as determined by the Board.

Stacy Langendorf

Executive Director

Expiration Date **April 30, 2019**

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

*Viewed original on
3.27-17*

**Missouri Substance Abuse Professional Credentialing
Board**
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Duane P. Cummins
LEVEL CCJP
CERTNO 3363
CERTDATE 3/11/2006
STATUS Active
EXPDATE 4/30/2019
MSAPCB Supervision Number 28

Print This Page

*Verified on 3-20-17
KC*

No. 3365

Missouri Credentialing Board

Hereby Certifies that

Duane Cummins

Continues to meet the standards and qualifications
of a Certified Criminal Justice Addictions Professional
as determined by the Board.

Stacy Langendorf

Executive Director

Expiration Date April 30, 2019

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

*Viewed original on 3-22-17
KC*

Missouri Substance Abuse Professional Credentialing Board

P.O. Box 1250, Jefferson City, Missouri 65102-1250

573-751-9211, fax: 573-522-2073

help@msapcb.com

Name Gayle E. Cleland

LEVEL CCJP

CERTNO 3688

CERTDATE 8/7/2008

STATUS Active

EXPDATE 4/30/2018

MSAPCB Supervision Number 782

Print This Page

*Verified on 5-11-16
Jim Carter*

No. 3688

Missouri Credentialing Board

Hereby Certifies that

Gayle Cleland

has met the standards and qualifications
of a Certified Criminal Justice Addictions Professional
as determined by the Board.



President

Expiration Date **April 30, 2018**

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

Viewed original on 5-11-16

Kim Coats

Missouri Substance Abuse Professional Credentialing Board

**P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073**

help@msapcb.com

NAME	Theresa F. Miller
LEVEL	RSAP
CERTNO	3832
CERTDATE	8/16/2007
STATUS	Active
EXPDATE	4/30/2017
MSAPCB Supervision Number	769

[Print This Page](#)

No. 3832

Missouri Credentialing Board

Hereby Certifies that

Thresa Miller

Continues to meet the standards and qualifications
of a Registered Substance Abuse Professional
as determined by the Board.



President

Expiration Date **April 30, 2017**

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

*Viewed original
on 5-13-15
H Carter*

Missouri Substance Abuse Professional Credentialing Board

**P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com**

NAME	Thresa F. Miller
LEVEL	CCJP
CERTNO	4577
CERTDATE	11/30/2008
STATUS	Active
EXPDATE	4/30/2017
MSAPCB Supervision Number	769

[Print This Page](#)

Missouri Credentialing Board

Hereby Certifies that

Thresa Miller

has met the standards and qualifications
of a Certified Criminal Justice Addictions Professional
as determined by the Board.



Expiration Date **April 30, 2017**

President

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

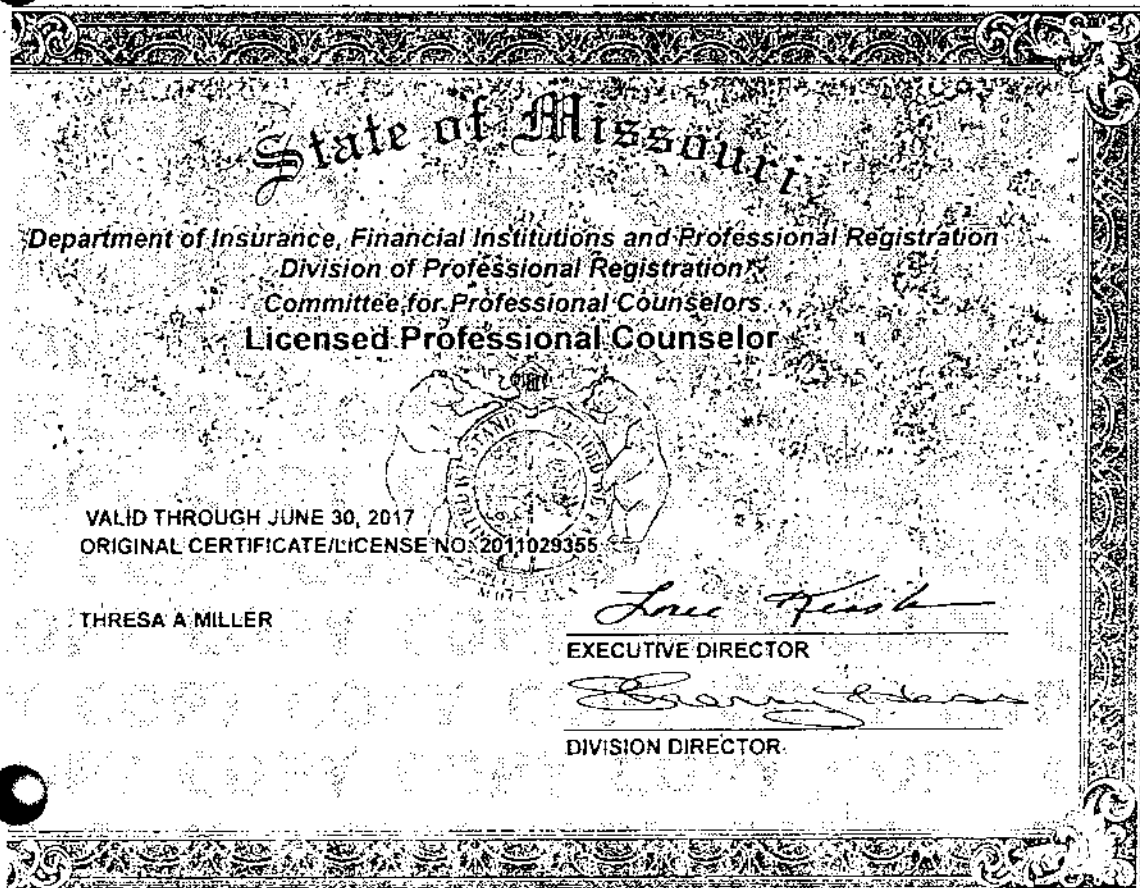
*Viewed original
on 5-13-15
KCartwright*



Education and Credential Verification Form

Name of Applicant: <u>Theresa Miller</u>		
Education		
School or College:		
Name of person contacted:		
Contact's job title and phone number:		
Dates of attendance from:	to:	
Did he/she graduate?:	Degree:	
Class Standing/GPA:	Major:	
School or College:		
Name of person contacted:		
Contact's job title and phone number:		
Dates of attendance from:	to:	
Did he/she graduate?:	Degree:	
Class Standing/GPA:	Major:	
Licensure and/or Certification		
Issuing Agency: <u>Dept of Insurance Financial Institutions and Prof Registration</u>		
Name of person contacted: <u>Greg</u>		
Contact's job title and phone number: <u>Processing Tech 2 573-751-0018</u>		
Type of License/Certification: <u>LPC</u>		
License/Certification number: <u>2011029355</u>		
Date issued: <u>9-1-11</u>	Expiration date: <u>6-30-17</u>	
Comments:		
Name of Gateway Employee conducting verification: <u>Kim Carter</u>	Signature: <u>[Signature]</u>	Date: <u>1-28-15</u>

Viewed original
on 6-30-17
KC



Missouri Substance Abuse Professional Credentialing Board

P.O. Box 1250, Jefferson City, Missouri 65102-1250

573-751-9211, fax: 573-522-2073

help@msapcb.com

Name Yona L. Carter

LEVEL CCJP

CERTNO 8013

CERTDATE 5/6/2016

STATUS Active

EXPDATE 4/30/2018

MSAPCB Supervision Number

Print This Page

*Verified on 5-12-16
Kim Carter*

No. 8013

Missouri Substance Abuse Professional Credentialing Board

Hereby recognizes that

Tona L. Carter

has met all the standards and qualifications required of a
substance abuse professional as determined by the Credentialing
Board and is hereby conferred the title of

Certified Criminal Justice Addiction Professional

Awarded on May 6, 2016



Cliff John *CMCA-AC*

President

Alicia Oranberg *MACSAPP*

Secretary

viewed original on 5-16-16
Kim

Missouri Substance Abuse Professional Credentialing Board

**P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com**

Name Lindsey B. Quinn
LEVEL CRADC
CERTNO 7673
CERTDATE 5/27/2016
STATUS Active
EXPIRATE 10/31/2017
MSAPCB Supervision Number 1367

Print This Page

*Verified on 6/10/16
MSAPCB*

No. 7673

Missouri Credentialing Board

Hereby recognizes that

Lindsey B. Quinn

has met all the standards and qualifications required of an alcohol drug counselor as determined by the Credentialing Board and is hereby conferred the title of

Certified Reciprocal Alcohol Drug Counselor

Awarded on May 27, 2016



Nancy Siquero
Executive Director

Scott Breedlove
Assistant Executive Director

Viewed original on 6-10-16
Kincaid

Missouri Substance Abuse Professional Credentialing Board

P.O. Box 1250, Jefferson City, Missouri 65102-1250

573-751-9211, fax: 573-522-2073

help@msapcb.com

Name Charles P. Eddins

LEVEL CADC

CERTNO 8600

CERTDATE 6/16/2016

STATUS Active

EXPDATE 10/31/2017

MSAPCB Supervision Number

Print This Page

*Verified on
6-21-16
Kim [Signature]*

No. 8600

Missouri Credentialing Board

Hereby recognizes that

Charles P. Eddins

has met all the standards and qualifications required of an alcohol drug counselor as determined by the Credentialing Board and is hereby conferred the title of

Certified Alcohol Drug Counselor

Awarded on June 16, 2016



Stacy Longindorff
Executive Director

Scott Breddove
Assistant Executive Director

Viewed original Dec 16, 2016
Le-24-16

**Missouri Substance Abuse Professional Credentialing
Board**
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Justin D. Myers
LEVEL CADIC
CERTNO 7372
CERTDATE 5/29/2014
STATUS Active
EXPDATE 10/31/2017
MSAPCB Supervision Number

Print This Page

Verified on 12-1-15

No. 7372

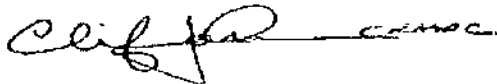
Missouri Substance Abuse Professional Credentialing Board

Hereby Certifies that

Justin D. Myers

Continues to meet the standards and qualifications
of a Certified Alcohol Drug Counselor
as determined by the Board.

Expiration Date **October 31, 2017**



President

Viewed original on 12-14-15

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

Missouri Substance Abuse Professional Credentialing Board
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Amilcar A. Batista
LEVEL SQI
CERTNO 9399
CERTDATE 7/25/2016
STATUS Active
EXPDATE 10/31/2017

MSAPCB Supervision Number

Print This Page

*Verified on 9-21-16
KC*

No. 9399

Missouri Credentialing Board

Hereby recognizes that

Amilcar A. Batista

has met all the standards and qualifications required of
a SATOP Instructor as determined by the Credentialing
Board and is hereby conferred the title of

SATOP Qualified Instructor

Awarded on July 25, 2016



Stacy Sampson
Executive Director

Scott Reedlove
Assistant Executive Director

Viewed original on 8-1-16/404

KC

**Missouri Substance Abuse Professional Credentialing
Board**
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Amilcar A. Batista
LEVEL SQP
CERTNO 9399
CERTDATE 10/6/2016
STATUS Active
EXPDATE 10/31/2017
MSAPCB Supervision Number

Print This Page

*verified on 10-18-16
KC*

No. 9399

Missouri Credentialing Board

Hereby recognizes that

Amilcar A. Batista

has met all the standards and qualifications required of
a SATOP professional as determined by the
Credentialing Board and is hereby conferred the title of

SATOP Qualified Professional

Awarded on October 6, 2016



Stacy Longindoe
Executive Director

Scott Broadlove
Assistant Executive Director

*Viewed original on 10-18-16
KC*

**Missouri Substance Abuse Professional Credentialing
Board**
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Kellie J. Cochran
LEVEL CRADC
CERTNO 8331
CERTDATE 11/3/2016
STATUS Active
EXPDATE 10/31/2017
MSAPCB Supervision Number 1362

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*Verified on
4-6-17
KC*

No. 8331

Missouri Credentialing Board

Hereby recognizes that

Kellie J. Cochran

has met all the standards and qualifications required of an alcohol drug counselor as determined by the Credentialing Board and is hereby conferred the title of

Certified Reciprocal Alcohol Drug Counselor

Awarded on November 3, 2016



Stacy Longendo
Executive Director

Scott Beedler
Assistant Executive Director

~~Since~~ viewed original on 4-17-17
JC

No. 8860

Missouri Credentialing Board

Hereby recognizes that

John M. Clayton

has met all the standards and qualifications required of an
associate alcohol drug counselor as determined by the
Credentialing Board and is hereby conferred the title of

Missouri Associate Alcohol Drug Counselor II

Awarded on November 28, 2016



Executive Director

Assistant Executive Director

*Viewed original on 12-6-14
J/C*

**Missouri Substance Abuse Professional Credentialing
Board**
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Kelly S. Finlin
LEVEL MAADC II
CERTNO 5880
CERTDATE 9/15/2010
STATUS Active
EXPDATE 10/31/2017
MSAPCB Supervision Number

Print This Page

*Verified on 12-5-16
KC*

No. 5880

Missouri Credentialing Board

Hereby recognizes that

Kelly Finlin

has met all the standards and qualifications required of an associate alcohol drug counselor as determined by the Credentialing Board and is hereby conferred the title of

Missouri Associate Alcohol Drug Counselor II

Awarded on: 9/15/2010



Nancy Longstaff
Executive Director

Scott Breckler
Assistant Executive Director

Viewed original on 12-5-10
KC

**Missouri Substance Abuse Professional Credentialing
Board**
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Tiffany M. Henderson
LEVEL RASAC I
CERTNO 9391
CERTDATE 7/20/2016
STATUS Active
EXPDATE 7/20/2017
MSAPCB Supervision Number

Print This Page

*Verified on 7.26-16
KC*

No. 9391

Missouri Credentialing Board

Hereby recognizes that

Tiffany M. Henderson

has met all the standards and qualifications required of an associate substance abuse counselor as determined by the Credentialing Board and is hereby conferred the title of

Recognized Associate Substance Abuse Counselor I

July 20, 2016-July 20, 2017



Nancy Sengenday
Executive Director

Scott Breedlove
Assistant Executive Director

Verified original on 7-26-16
KC

**Missouri Substance Abuse Professional Credentialing
Board**
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Jessica S. Jacobson
LEVEL MAADC II
CERTNO 8750
CERTDATE 8/17/2015
STATUS Active
EXPDATE 10/31/2016
MSAPCB Supervision Number

Print This Page

*Verified on 10-26-14
KC*

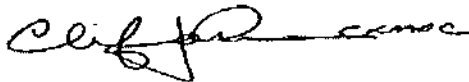
No. 8750

Missouri Credentialing Board

Hereby Certifies that

Jessica Jacobson

Continues to meet the standards and qualifications
of a Missouri Associate Alcohol Drug Counselor II
as determined by the Board.



President

Expiration Date October 31, 2017

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on 10-26-16
KC*

Missouri Substance Abuse Professional Credentialing Board

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573-751-9211, fax: 573-522-2073
help@msapcb.com**

Name Toby A. Mooney
LEVEL RASAC II
CERTNO 8881
CERTDATE 11/3/2015
STATUS Active
EXPDATE 10/31/2017

MSAPCB Supervision Number

Print This Page

Verified on 11-4-15

No. 8881

Missouri Credentialing Board

Hereby Certifies that

Toby A. Mooney

has met the standards and qualifications required of a
Recognized Associate Substance Abuse Counselor II
as determined by the Credentialing Board.



President

Expiration Date **October 31, 2017**

*Verified original
on 2-17-16
Kim [Signature]*

Missouri Substance Abuse Professional Credentialing Board

**P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com**

Name Craig A. Peterson
LEVEL MAADC II
CERTNO 9806
CERTDATE 12/21/2016
STATUS Active
EXPDATE 10/31/2018

MSAPCB Supervision Number

Print This Page

*Verified on 1-3-17
Kin C*

No. 9806

Missouri Credentialing Board

Hereby recognizes that

Craig A. Peterson

has met all the standards and qualifications required of an associate alcohol drug counselor as determined by the Credentialing Board and is hereby conferred the title of

Missouri Associate Alcohol Drug Counselor II

Awarded on December 21, 2016



Stacy Langford
Executive Director

Scott Reed
Assistant Executive Director

Verified original on 1-3-17
p. 419

Kimberly

**Missouri Substance Abuse Professional Credentialing
Board**
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Holly M. Robinson
LEVEL MAADC II
CERTNO 9609
CERTDATE 11/21/2016
STATUS Active
EXPDATE 10/31/2018
MSAPCB Supervision Number

Print This Page

*verified on 2-7-17
A. Cook*

No. 9669

Missouri Credentialing Board

Hereby recognizes that

Holly M. Robinson

has met all the standards and qualifications required of an associate alcohol drug counselor as determined by the Credentialing Board and is hereby conferred the title of

Missouri Associate Alcohol Drug Counselor II

Awarded on November 21, 2016



Stacy Angendorfer
Executive Director

Scott Breedlove
Assistant Executive Director

Viewed original on 2-24-17
KC

**Missouri Substance Abuse Professional Credentialing
Board**

**P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com**

Name Raymond S. Rokita
LEVEL MAADC 1
CERTNO 9588
CERTDATE 10/11/2016
STATUS Active
EXPDATE 10/11/2017
MSAPCB Supervision Number

Print This Page

*Verified on 10-12-16
KC*

No. 9588

Missouri Credentialing Board

Hereby recognizes that

Raymond S. Rokita

has met all the standards and qualifications required of an
associate alcohol drug counselor as determined by the
Credentialing Board and is hereby conferred the title of

Missouri Associate Alcohol Drug Counselor I

October 11, 2016-October 11, 2017



Jacey Anderson
Executive Director

Scott Brodwin
Assistant Executive Director

Viewed original on 10-21-16 KC

**Missouri Substance Abuse Professional Credentialing
Board**
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Robert B. Sulin
LEVEL MAADC I
CERTNO 9985
CEREDATE 4/19/2017
STATUS Active
EXPDATE 4/19/2018
MSAPCB Supervision Number

Print This Page

*Verified on 4/20/17
KC*

No. 9985

Missouri Credentialing Board

Hereby recognizes that

Robert B. Sulin

has met all the standards and qualifications required of an associate alcohol drug counselor as determined by the Credentialing Board and is hereby conferred the title of

Missouri Associate Alcohol Drug Counselor I

April 17, 2017-April 17, 2018



Sally Langford
Executive Director

Scott Beedle
Assistant Executive Director

Viewed original on 4-25-17

KC

**Missouri Substance Abuse Professional Credentialing
Board**
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Melynn M. Bogart
LEVEL MAADC I
CERTNO 9564 I
CERTDATE 9/26/2016
STATUS Active
EXPDATE 9/26/2017
MSAPCB Supervision Number

Print This Page

Verified on 9.27.16

No. 9564

Missouri Credentialing Board

Hereby recognizes that

Melynn M. Bogart

has met all the standards and qualifications required of an associate alcohol drug counselor as determined by the Credentialing Board and is hereby conferred the title of

Missouri Associate Alcohol Drug Counselor I

September 26, 2016-September 26, 2017



Stacy Langford
Executive Director

Scott Breckler
Assistant Executive Director

Viewed original on 10-3-16 KC p. 427

**Missouri Substance Abuse Professional Credentialing
Board**
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Kathryn S. Cary
LEVEL MAADC II
CERTNO 9577
CERTDATE 10/4/2016
STATUS Active
EXPIRATE 10/31/2018
MSAPCB Supervision Number

Print This Page

*Verified on 10-5-16
RC*

No. 9577

Missouri Credentialing Board

Hereby recognizes that

Kathryn S. Cary

has met all the standards and qualifications required of an associate alcohol drug counselor as determined by the Credentialing Board and is hereby conferred the title of

Missouri Associate Alcohol Drug Counselor II

Awarded on October 4, 2016



Stacy Anderson
Executive Director

Scott Breckley
Assistant Executive Director

verified original on 10-19-16
p. 429

KC

**Missouri Substance Abuse Professional Credentialing
Board**
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Joseph E. Chitwood
LEVEL MAADC II
CERTNO 6892
CERTDATE 8/16/2012
STATUS Active
EXPDATE 10/31/2016
MSAPCB Supervision Number

Print This Page

*verified on 10-19-16
RC*

No. 6892

Missouri Credentialing Board

Hereby recognizes that

Joseph Chitwood

has met all the standards and qualifications required of an
associate alcohol drug counselor as determined by the
Credentialing Board and is hereby conferred the title of

Missouri Associate Alcohol Drug Counselor II

Awarded on 8/16/2012



Stacy Lingenfelter
Executive Director

Scott Bredder
Assistant Executive Director

Viewed original on 10-19-16 KC

**Missouri Substance Abuse Professional Credentialing
Board**
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Brandi R. Clayton
LEVEL MAADC II
CERTNO 7439
CERTDATE 7/1/2014
STATUS Active
EXPDATE 10/31/2017

MSAPCB Supervision Number

Print This Page

*Verified on 1-11-17
KC*


No. 7430

Missouri Credentialing Board

Hereby Certifies that

Brandi Clayton

Continues to meet the standards and qualifications
of a Missouri Associate Alcohol Drug Counselor II
as determined by the Board.



President

Expiration Date October 31, 2017

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

*Viewed original on 1-7-17
KC*

**Missouri Substance Abuse Professional Credentialing
Board**
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name John M. Clayton
LEVEL MAADC II
CERTNO 8860
CERTDATE 11/28/2016
STATUS Active
EXPDATE 10/31/2018
MSAPCB Supervision Number

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*Verified on 12-1-16
KC*

**Missouri Substance Abuse Professional Credentialing
Board**
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Kaytelyn B. Hargraves
LEVEL CRADC
CERTNO 8258
CERTDATE 6/7/2016
STATUS Active
EXPDATE 10/31/2017
MSAPCB Supervision Number 1397

Print This Page

*Verified on 6-10-16
KCO*

No. 8258

Missouri Credentialing Board

Hereby recognizes that

Kaytelyn B. Hargraves

has met all the standards and qualifications required of an alcohol drug counselor as determined by the Credentialing Board and is hereby conferred the title of

Certified Reciprocal Alcohol Drug Counselor

Awarded on June 7, 2016



Jacqui Langford
Executive Director

Scott Breedlove
Assistant Executive Director

**Missouri Substance Abuse Professional Credentialing
Board**

**P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com**

Name Robert A. Helfer
LEVEL CADC
CERTNO 0369
CERTDATE 4/4/2016
STATUS Active
EXPIRES 10/31/2017

MSAPCB Supervision Number

Print This Page

viewed on 4-13-16 Kim [Signature]

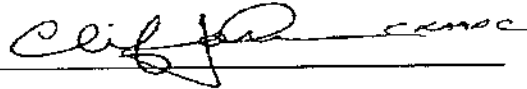
No. 8369

Missouri Credentialing Board

Hereby Certifies that

Robert A. Helfer Sr.

has met the standards and qualifications required of a
Certified Alcohol Drug Counselor
as determined by the Credentialing Board.



President

Expiration Date **October 31, 2017**

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

No. 8369

Missouri Credentialing Board

Hereby certifies that

Robert A. Helfer Sr.

has met all the standards and qualifications
required of an alcohol drug counselor as
determined by the Credentialing Board and is
hereby conferred the title of
Certified Alcohol Drug Counselor
Awarded on April 4, 2016

Cliff Johnson
President
Alicia Ozonberger
Secretary

*Viewed original on
4-18-16*

**Missouri Substance Abuse Professional Credentialing
Board**
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Isaac S. Karrick
LEVEL CRADC
CERTNO 8215
CERTDATE 9/15/2016
STATUS Active
EXPDATE 10/31/2017
MSAPCB Supervision Number

Print This Page

~~KARRICK~~ Verified on 9-21-16
KC

No. 8215

Missouri Credentialing Board

Hereby recognizes that

Isaac S. Karrick

has met all the standards and qualifications required of an alcohol drug counselor as determined by the Credentialing Board and is hereby conferred the title of

Certified Reciprocal Alcohol Drug Counselor

Awarded on September 15, 2016



Marcy Fitzgerald
Executive Director

Scott Lundlow
Assistant Executive Director

Viewed original on 10-3-16
KE

Missouri Substance Abuse Professional Credentialing Board
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Phillip E. Kinder
LEVEL CRADC
CERTNO 6274
CERTDATE 11/7/2014
STATUS Active
EXPDATE 10/31/2018
MSAPCB Supervision Number

Print This Page

*Verified on 12-5-16
RC*

No. 6274

Missouri Credentialing Board

Hereby Certifies that

Phillip Kinder

Continues to meet the standards and qualifications
of a Certified Reciprocal Alcohol Drug Counselor
as determined by the Board.



President

Expiration Date October 31, 2018

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

*Verified original on
12-5-16
HL*

Missouri Substance Abuse Professional Credentialing Board

**P.O. Box 1250, Jefferson City, Missouri 65102-1250
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help@msapcb.com**

Name Amber A. Samuelson
LEVEL CRADC
CERTNO 5989
CERTDATE 8/1/2012
STATUS Active
EXPDATE 10/31/2017
MSAPCB Supervision Number

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*Verified on 11-30-15
K. Carter*


No. 5989

Missouri Credentialing Board

Hereby Certifies that

Amber Samuelson

Continues to meet the standards and qualifications
of a Certified Reciprocal Alcohol Drug Counselor
as determined by the Board.



President

Expiration Date October 31, 2017

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

*Verified original
on 11-30-15*

**Missouri Substance Abuse Professional Credentialing
Board**
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573-751-9211, fax: 573-522-2073
help@msapcb.com

Name James L. Spencer
LEVEL SQP
CERTNO 5840
CERTDATE 7/30/2010
STATUS Active
EXPDATE 10/31/2018
MSAPCB Supervision Number 545

Print This Page

*Verified on 10-28-14
KC*

No. 5840

Missouri Credentialing Board

Hereby Certifies that

James Spencer

Continues to meet the standards and qualifications
of a SATOP Qualified Professional
as determined by the Board.



President

Expiration Date October 31, 2018

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

*Viewed original
on 10-28-16
KC*

Missouri Substance Abuse Professional Credentialing Board
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name James L. Spencer
LEVEL CCJP
CERTNO 4210
CERTDATE 7/22/2008
STATUS Active
EXPDATE 10/31/2018
MSAPCB Supervision Number 545

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*Verified on 10-28-16
KC*

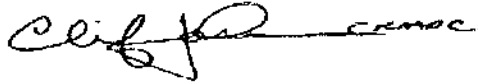
No. 4210

Missouri Credentialing Board

Hereby Certifies that

James Spencer

Continues to meet the standards and qualifications
of a Certified Criminal Justice Addictions Professional
as determined by the Board.



President

Expiration Date October 31, 2018

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

*Viewed original on
10-28-16 - KC*

Missouri Substance Abuse Professional Credentialing Board
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name James L. Spencer
LEVEL CGDC
CERTNO 7167
CERTDATE 1/1/2013
STATUS Active
EXPDATE 10/31/2018
MSAPCB Supervision Number

Print This Page

*Verified on 10-28-16
KC*

No. 7167

7127

Missouri Credentialing Board

Hereby Certifies that

James Spencer

Continues to meet the standards and qualifications
of a Certified Gambling Disorder Counselor
as determined by the Board.



President

Expiration Date October 31, 2018

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

*Viewed original
on 10-28-14
icc*

Missouri Substance Abuse Professional Credentialing Board
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573-751-9211, fax: 573-522-2073
help@msapcb.com

Name James L. Spencer
LEVEL CRADC
CERTNO 3092
CERTDATE 5/12/2007
STATUS Active
EXPDATE 10/31/2018
MSAPCB Supervision Number 545

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*Verified original on 10-28-14
KCC*


No. 3092

Missouri Credentialing Board

Hereby Certifies that

James Spencer

Continues to meet the standards and qualifications
of a Certified Reciprocal Alcohol Drug Counselor
as determined by the Board.



President

Expiration Date **October 31, 2018**

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

*Viewed original
on 10-28-14
KC*

Missouri Substance Abuse Professional Credentialing Board
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573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Alan P. Queen
LEVEL CRADC
CERTNO 8792
CERTDATE 10/4/2016
STATUS Active
EXPDATE 10/31/2018
MSAPCB Supervision Number 1347

Print This Page

*Verified on 10-12-16
KC*

No. 8792

Missouri Credentialing Board

Hereby recognizes that

Alan P. Queen

has met all the standards and qualifications required of an alcohol drug counselor as determined by the Credentialing Board and is hereby conferred the title of

Certified Reciprocal Alcohol Drug Counselor

Awarded on October 4, 2016



Mary Longino
Executive Director

Scott Brecklove
Assistant Executive Director

Verified Dismissal on 10-12-16 KCC

Gateway Foundation, Inc., dba GFI Services, Inc.
Contact Person: Gregg Dockins
Response to IFB #SDA931411-066

CLINICAL FILE INDEX

CLINICAL FILE INDEX

CLIENT NAME: _____ MODOC#: _____ DATE OF ENTRY: _____

COUNSELOR: _____ DATE OF DISCHARGE: _____

PROGRAM: (Type/LT/ST/etc.): _____

Section One – Filed Top to Bottom	
Clinical File Index	Intake – within 24 hours of admission
DOC Treatment Contract	Intake – within 24 hours of admission
Initial Intake Form (Gateway)	Intake – within 24 hours of admission
Consent to Treatment	Intake – within 24 hours of admission
Confidentiality Form	Intake – within 24 hours of admission
Client Rights Signature Sheet	Intake – within 24 hours of admission
Client Grievance Form	Intake – within 24 hours of admission
CJ System Referral	Intake – within 24 hours of admission
Section Two – Filed Top to Bottom	
TCU Assessments	4 th Administration
TCU Assessments	3 rd Administration
TCU Assessments	2 nd Administration
TCU Assessments	1 st Administration
ASI	Within 10 calendar days of Admission
ICA-SA	Within 10 calendar days of Admission
High Risk Population Screen	10 Calendar Days of Admission
Orientation Test	Completion of Orientation Phase
TC Mastery Test	Completion of Orientation Phase
Correspondence/Releases	As obtained
Section Three – Most Current on Top	
Program Schedule	At beginning of Orientation / Phase I
Initial Individualized Treatment Plan	Within 10 days of Admission
Treatment Plan Reviews/Updates	As required by Contract
Phase up Criteria/Request	As Completed
Section Four – Most Current on Top	
Individual Session/Contact Note	As occurs
Case Evaluation	As due per program
Case Management/Staffing Notes	As required
Section Five – Most Current on Top	
Behavior Contracts	As Completed
OMT/PRC Referrals	As Completed
IOC/CDV	As Completed
Other Misc. Docs	As Necessary
Section Six – Filed Top to Bottom	
Discharge Summary / Final Treatment Plan	At Discharge
Relapse Prevention Plan	Completed / end of Phase III
Continuing Care/Aftercare Plan	Completed / end of Phase III
Authorization for Disclosure/Discharge	At Discharge
PTC Certificate	At Discharge
ITC Pre/Post Tests	As Completed
P & P Orders/Other Relevant Documents	As Necessary

(Note: Content and Order may differ slightly based on individual program needs and/or contractual requirements)

HR POLICIES

SUBJECT: EMPLOYEE ETHICAL AND PROFESSIONAL BOUNDARIES

Policy

Gateway has established guidelines for employee conduct and professional boundaries to ensure that employees do not engage in inappropriate behavior or give the impression of impropriety.

Scope

All Gateway Employees

Procedure

NOTE: For purposes of this policy, the term "employees" includes those involved in any aspect of client care, including those in an Intern or Consultant role, or anyone who may have direct contact with a client.

1. Gateway employees must recognize and maintain boundaries that establish appropriate limits to relationships with clients. Employee relationships with clients have, as their foundation, the purpose of treating illness, accompanied by the protection, promotion, and restoration of client health. Employees should never engage in any activity which is inappropriate or may give the appearance or impression of impropriety.
2. Employees will adhere to the following guidelines: Social Contact/Relationships
 - 2.1 Employees may never engage in sexual or romantic relationships with clients or former clients, their significant others, or their relatives.
 - 2.2 Employees may never engage in extra-therapeutic socialization with clients, which includes, among other activities:
 - Exchanging personal phone numbers, addresses, or e-mail addresses with clients.
 - Lending or giving money or gifts to clients, their significant others, or their families.
 - Corresponding or conversing with clients through any electronic media, including social computing websites such as Facebook, Twitter and Instagram.
 - Accepting or soliciting tips, gifts or services of any kind from clients, their significant others or their families.

2.2.1 Employees who inadvertently come into contact with a client or former client outside of a Gateway facility, such as at a shopping site, restaurant, or self-help meeting, should not initiate contact. Should the client or former client initiate contact, the employee should respond cordially with a "hello" or "how are you?" and not extend the interaction or further socialize.

2.2.2 Employees who attend self-help meetings should attempt to find meetings where no active clients attend. When that is not possible due to geographic limitations, the employee will use good judgment in limiting the sharing of personal experiences in that meeting.

2.2.3 Employees in the Corrections Division must notify their manager if they come into contact with a former client. Some states or contracts may require formal written documentation of the contact that ensued.

- 2.3** Employees must not discuss or confide in clients about problems or issues employees are having in their personal lives. Employees may, in a therapeutic context, talk about how they have dealt with problems where the goal is to help impart knowledge to clients.

Physical Contact:

Institutional Correctional Programs

- 2.4** In institutional correctional settings, employees are to adhere to contractual requirements related to physical interactions with clients based on the scope of their job duties, such as:

- Administering first aid or CPR in a medical emergency, as required by contract and allowed by institution.
- When client or staff safety is or may be compromised, as required by contract and allowed by institution.

Each institutional-based program should develop a unit-specific protocol for addressing instances where physical interaction with clients is appropriate and complies with the contract.

- 2.5** Employees must not engage in any dialogue with a client of a sexual or inappropriate nature or respond to inappropriate dialogue from clients in an unprofessional manner that might encourage a client to pursue such line of conversation. Clients should be immediately informed by the employee of the consequences if such discussion continues. The employee is to report this interaction to a supervisor immediately after the interaction occurs. A note should also be entered into the client's file to document the interaction and reflect the notification of the incident to the supervisor.

Community-based Programs

- 2.6** Employees in community-based programs will not engage in unprofessional or unnecessary touching of clients. Employees may initiate platonic therapeutic touching such as shaking hands when greeting clients, touching clients' arms or patting them on the back to show encouragement, connectedness and understanding, and where appropriate and where clients are receptive, hugging them to comfort them when they are distressed.
- 2.7** Clients may on occasion initiate platonic touching such as handshakes or hugs, and employees may respond in a neutral but cordial manner. When a client initiates what are clearly or may reasonably be interpreted as romantic or sexual gestures or touching, employees will immediately, but discreetly, disengage from touching, advise the client that this behavior is inappropriate and report the incident immediately to their supervisor.
- 2.8** Employees must not engage in any dialogue with a client of a sexual or inappropriate nature or respond to inappropriate dialogue from clients in an unprofessional manner that might encourage a client to pursue such line of conversation. Clients should be immediately informed by the employee of the consequences if such discussion continues. A note should also be entered into the client's file.

3. Multiple Relationships.

- 3.1** Where employees have or have had multiple role relationships with clients that might impair the employee's objectivity, competence, or effectiveness in providing care, employees will request that they not be assigned to the treatment of that client.
- 3.1.1** Multiple relationships include the following:
- The employee knows the client in a social context and is assigned as his/her therapist
 - The employee has a social connection or relationship with a member of the client's family
 - The employee has had an historical relationship with the client (e.g.- they were or are friends, were employed together, were business associates, attended the same school, were in the same social group, club, or church).
- 3.1.2** Employees will inform their supervisor when they have or have had a relationship with a client or his/her family outside the workplace.
- 3.1.3** Employees in the Corrections Division must notify their manager if they know any offender within the state prison system, or have / have had a social relationship with any offender or an offender's family member.

4. Reporting and Investigation.
 - 4.1 If an employee becomes aware or suspects a violation of a professional boundary, the employee will be obligated to immediately report that violation or suspected violation to either his/her supervisor, any higher level of supervisor, Human Resources, or the Corporate Compliance Hotline (800-457-2598). If reported to a supervisor, that supervisor shall immediately report this to program management.
 - 4.2 Upon notification, program management must report the allegation to the Executive/Regional Director and to Human Resources.
 - 4.3 In the Corrections Division, any employee suspected of an improper relationship with a client may be removed from service, either at the time of notification of suspected activity, or after a confidential investigation is completed, as determined by the Department of Corrections (DOC). The DOC will conduct the investigation and notify Gateway management of their decision, and the appropriate action and timing to affect same.
 - 4.3.1 If the DOC investigation has substantiated the alleged misconduct, the program will report the incident to the proper state licensing and/or regulatory authority.
 - 4.4 With guidance from Human Resources, the Executive/Regional Director or designee must investigate the allegation by interviewing:
 - 4.4.1 The employee who is accused of the violation. This person may be removed from service pending the outcome of the investigation.
 - 4.4.2 All witnesses. These individuals may also be asked to furnish written, signed and dated statements.
 - 4.4.3 The client(s) who were the subject of the alleged violation.
 - 4.5 After reviewing the outcome of the investigation with Human Resources, the appropriate action will be taken.
 - 4.6 In cases of suspected client abuse or neglect, Gateway employees may also be required to make a report to a state protection agency. Please refer to PS 109 Mandated Reporting Policy for Client/Child Abuse and Neglect.
 - 4.7 If there is a finding that a violation occurred, program management may also make a report to the appropriate professional organization, such as a certification board.

5. Training.
 - 5.1 This policy will be reviewed with all new employees during new employee orientation (see PS 813 Employee Orientation).
 - 5.2 This policy will be reviewed annually with employees (see PS 809 In-Service Training).
 - 5.3 Boundaries and ethics are to be addressed in ongoing staff supervision as necessary.

6. Additional Resources. In addition to the information contained in this policy, Gateway has several other policies and resources that guide code of conduct and professional ethics. Gateway employees must be familiar with the following policies and resources.
 - 6.1 The Gateway Employee Guide
 - 6.2 PS 109 Mandated Reporting Policy for Client/Child Abuse and Neglect
 - 6.3 PS 104 Staff Neglect and Abuse of Clients
 - 6.4 ADM 05 Corporate Compliance Employees Reporting Mechanism

SUBJECT: CORRECTIVE ACTION

Policy

Employees are expected to comply with Gateway's standards of performance and Code of Conduct to ensure quality care and service to clients; actions or behavior outside of these standards will result in corrective action.

Scope

All Gateway Employees

Procedure

1. Corrective Action is a consequence of inadequate job performance or inappropriate workplace conduct or behavior.
2. Reasons necessitating Corrective Action generally fall into two categories: poor **job performance** or unacceptable **workplace conduct**. Corrective Action for attendance is explained in the Attendance Policy (HR_243).
 - 2.1 **Job Performance** issues arise when an employee does not fulfill the duties or requirements of his/her job.
 - 2.1.1 The regularly scheduled supervision/coaching meetings between a manager and an employee are to be used to discuss and outline performance expectations, goals, and plans for ongoing professional development. These meetings will be documented on the appropriate supervision form.
 - 2.1.2 In the case of a new employee who is within his/her Introductory Period (IP), supervision/coaching is primarily a developmental tool rather than a Corrective Action. In the event additional time beyond the standard 90-calendar day IP is needed to ensure an employee can perform at an acceptable level, managers must contact Employee Relations by the 85th day to discuss the possibility of an extension to the IP.
 - 2.1.3 When an employee exhibits an ongoing inability to meet the performance requirements of his/her job, s/he will receive a Performance Improvement Plan (PIP). The PIP is the *Final Warning* for inadequate or unsatisfactory job performance. The PIP will clearly outline the tasks or duties that require improvement as well as specific timeframes to meet the goals.

The *PIP* will be in place for a maximum of 90 calendar days, and managers will meet with the employee at least every 30 days to provide feedback and review their progress.

- 2.2 Workplace Conduct** issues are potential violations of either Gateway's Code of Conduct or the policy on Ethics & Boundaries (see HR_242).
- 2.2.1** All reported incidents will be investigated by an employee's manager before any Corrective Action is taken. The manager will gather all pertinent information including interviews with the employee and all other witnesses, such as clients, employees and supervisors, to provide and document accounts of the incident.
- 2.2.2** If there are concerns regarding staff or client safety, an employee may be removed from service pending the completion of the investigation.
- 2.2.3** The manager will summarize the investigation and formally document the findings on Gateway letterhead, attaching any signed witness statements.
- 2.2.4** Employee Relations will review the investigative summary and discuss the appropriate Corrective Action with the manager.
- 2.2.5** There are five options for Corrective Action for inappropriate workplace conduct. The type of Corrective Action taken is determined on a case by case basis depending on the frequency and seriousness of the incident or infraction.
- 2.2.5.1** All Corrective Actions must be clearly documented in writing, and signed by both the issuing manager and the receiving employee.
- 2.2.5.1.1** The original Corrective Action Form will be given to the employee, with copies to both the employee's site file and Employee Relations/Human Resources.
- 2.2.6** A description of each Corrective Action follows, along with an example to help illustrate the Corrective Action process. Any questions about the appropriate Corrective Action to use should be discussed with Employee Relations prior to addressing the employee.

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- 2.2.6.1** Coaching/Supervision: This is the initial remedy to address job performance issues with an employee. This option may also be used to address single incidents of minor conduct issues. *Example: an employee discusses a client's situation in a public setting, first offense*
- 2.2.6.2** Verbal Warning: This action is taken to address issues of a more serious nature, such as unprofessional conduct, or may be the result of a repeat offense previously resulting in a coaching/supervision. *Example: two employees are involved in a heated, loud and inappropriate non-physical confrontation with one another.*
- 2.2.6.3** Written Warning: This action is taken for a serious infraction, or may be the result of a repeat offense that previously resulted in a verbal warning. *Example: A client file is left open/unprotected and viewable to others, potentially violating the client's confidentiality rights.*
- 2.2.6.4** Final Warning: This option is used for more serious offenses, or in the case of repeated infractions. This constitutes the last warning prior to an involuntary termination. *Example: Threatening or harassing a fellow employee or supervisor.* Final warnings must first be discussed with and approved by Employee Relations prior to addressing the issue with an employee.
- 2.2.6.5** Involuntary Termination: Also known as a discharge, this is the most serious Corrective Action option. Any Corrective Actions issued to an employee in the previous twelve months will also be taken into consideration.
- 2.2.6.5.1** All involuntary terminations must be discussed with and approved by the Employee Relations Officer prior to implementation. Discharged employees will receive a formal letter from their manager briefly outlining the reason for termination and their eligibility for rehire.

3. The Employee Appeal Process

3.1 Employees may appeal corrective actions, including involuntary terminations.

3.1.1 Employees are ineligible to appeal any corrective action they receive during their Introductory Period.

3.2 The Employee Appeal Process is as follows:

3.2.1 A written appeal must be submitted to the employee's Regional Executive or Corporate Director within ten (10) calendar days of receiving the disciplinary action.

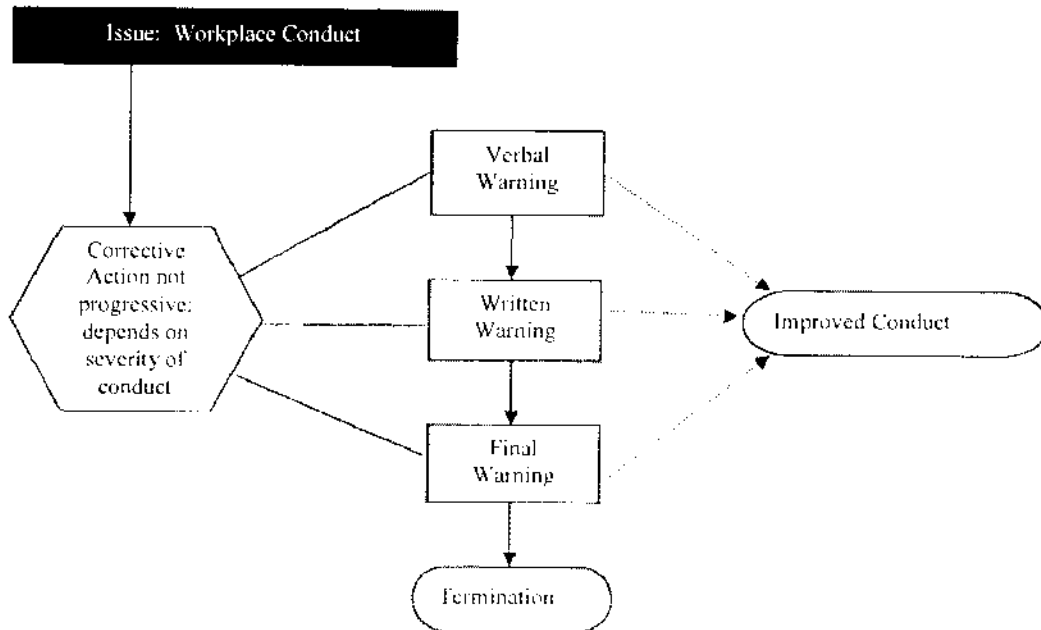
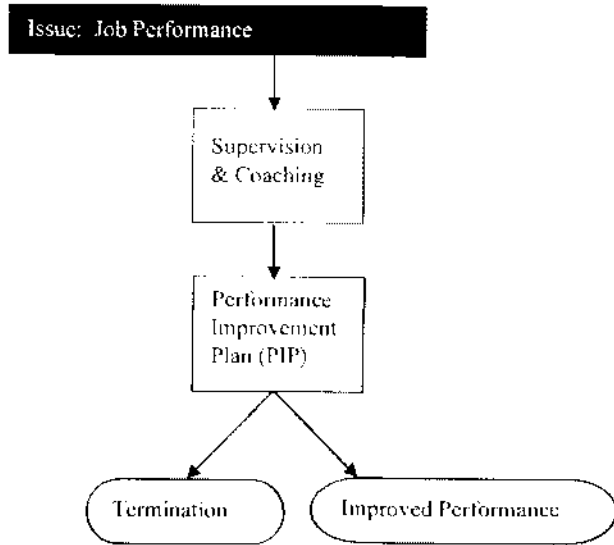
3.2.1.1 The Regional, Executive or Corporate Director will respond back in writing within ten (10) calendar days of receiving the appeal.

3.2.2 If the employee wishes to appeal that decision, s/he has ten (10) calendar days in which to send a written appeal to the divisional Corporate Vice President.

3.2.2.1 The divisional Corporate Vice President then has ten (10) calendar days in which to send a written response.

3.2.3 If the employee wishes to appeal that decision, a final appeal may be sent to the Vice President of Human Resources within ten (10) calendar days.

3.2.3.1 The resulting decision will be issued within ten calendar days and will be final.



ADM 04 CORPORATE COMPLIANCE INVESTIGATION AND RESPONSE

Policy

Gateway Foundation, Inc. (Gateway) has a Corporate Compliance Program that is designed to promote an ethical organizational culture through oversight, prevention and early detection of wrongdoing. Gateway's Corporate Compliance Program encourages the reporting of potential or actual violations, in order to ensure early detection and prompt correction of any behavior or activity considered to be unethical, illegal or contrary to established policy, procedure or standard of conduct. The corporate compliance investigation into concerns, allegations or inquiries received shall include issues related to regulatory compliance, privacy, discrimination in the treatment program, and ethical conduct.

Scope

All Gateway Programs and Departments

Procedure

1. Gateway's Corporate Compliance Program provides a mechanism of reporting to ensure swift and proper response when the Compliance Officer or third party hotline mechanism receives a reported concern, allegation or inquiry.
2. Investigations
 - 2.1. Upon receipt of a report from any source, including an employee, client or other party alleging an incident of non-compliance or suspected incident of non-compliance, the Compliance Officer, or his or her designee, will either initiate an internal investigation or triage the issue to the appropriate business area for further review and response.
 - 2.1.1. If a reporter believes the Compliance Officer has a conflict of interest or would not be objective in a specific investigation, the reporter should contact Gateway's President and CEO. The President and CEO will

determine whether a conflict of interest exists, and if so, will appoint another person to investigate and respond to the allegations.

2.1.2. If the conduct in question involves the President and CEO or an allegation of collusion between the President and Compliance Officer, and has criminal implications, the matter shall be referred to the Board of Directors for involvement in the investigation. Contact information for the Audit Committee Board Chairperson can be requested from Gateway's Administrative Office Manager.

2.2. The purpose of the compliance investigation will be to determine if the alleged incident occurred, to assess the impact of an actual violation, to identify individuals who may have knowingly or inadvertently caused violations, to recommend changes to any practices, to recommend implementation of procedures necessary to ensure future compliance, and to protect Gateway in the event of civil or criminal enforcement actions.

2.3. The Compliance Officer or person leading the investigation will only share information about the investigation with those persons he/she believes "need to know" or who may assist in the investigation or the corrective action. The Compliance Officer or person leading the investigation will acknowledge receipt and communicate with the reporter as necessary.

2.4. The Compliance Officer will determine the extent and breadth of the investigation required, depending upon the nature and impact of any potential violations.

2.5. The Compliance Officer will engage Gateway's General Counsel and Human Resources Director to consult on the direction of an investigation. The applicable business area executives will be engaged in the investigative process.

2.6 If the internal investigation finds the alleged conduct is not considered to be a

violation, or that the conduct did not occur as alleged, or that it does not otherwise appear to be a problem, the Compliance Officer will designate the case as unsubstantiated.

2.7. The Compliance Officer will coordinate with Human Resources to engage the appropriate manager to initiate any action in response to a substantiated compliance violation. The precise corrective or disciplinary action employed will be determined by Human Resources and Gateway management, and may result in any one or more of the actions set forth in HR-244, Corrective Action Policy or ADM-21 HIPAA Sanctions Guidelines. Additional training or education may be provided to reduce the potential for similar issues in the future. A compliance action plan or revision to a policy or procedure may be recommended before a compliance investigation is considered closed.

2.8 The Compliance Officer will provide input regarding communication or reporting to appropriate regulatory and licensing bodies as the case findings require.

2.9 The Compliance Officer will submit a quarterly report of all concerns, allegations and inquiries received and investigated by the Corporate Compliance Program to the Audit Committee of the Board of Directors.

SUBJECT: CORPORATE COMPLIANCE EMPLOYEE REPORTING

Policy

Each Gateway employee has a responsibility and is encouraged to report any activity that violates, with the passing of time may violate or even appears to violate the Code of Conduct and applicable laws, statues, ordinances, rules and regulations ("Applicable Law") that governs the conduct or performance by or payment to Gateway.

Scope

All Gateway Programs and Departments

Procedure

1. Under no circumstances is criminal conduct by any employee considered within the scope of his or her employment or authority. Gateway has implemented a Corporate Compliance Program, which is an integral part of the Code of Conduct (see Employee Guide).
 - 1.1. All employees have a duty to promptly report any actual, apparent or planned work-related activity that is committed by another employee, contractor, subcontractor or agent, which may be considered criminal. This includes any solicitation to participate in any potentially criminal activity.
 - 1.2. If an employee knows, or reasonably believes, that an employee, contractor or agent has committed or is about to commit a crime, he/she must report it to his/her supervisor and the Gateway Compliance Officer within 24 hours. The employee shall provide some evidence, preferably in writing, of the crime or potential crime, if available.
 - 1.3. If an employee believes it would be inappropriate to discuss the matter with his or her supervisor, then the matter should be reported directly to the next higher level of supervision or the Compliance Officer.
 - 1.4. If an employee perceives the Compliance Officer as having a conflict of interest, the employee should contact the President. The President shall determine whether a conflict of interest exists, and if so, appoint another person to respond to and investigate the report.
 - 1.5. Any employee who fails to report actual or potential violations as described above will face appropriate corrective action.
 - 1.6. The Compliance Officer may be contacted by:

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- 1.6.1. Telephone direct at (800) 777-1833 x2313 or the Compliance Hotline at (800) 457-2598; or
 - 1.6.2. In writing at 55 E. Jackson, Suite 1500, Chicago, IL 60604; or
 - 1.6.3. In person at 55 E. Jackson, Suite 1500; or
 - 1.6.4. Email, to compliance@gatewayfoundation.org "Compliance Officer" in the company email address book.
 - 1.7. Anonymous reporting shall be treated as seriously and fully as those filed or communicated by individuals who identify themselves.
 - 1.8. An investigation of all alleged misconduct will be conducted in accordance with ADM 04, Corporate Investigation and Response Policy.
 - 1.9. To the extent allowed by law, efforts shall be made to preserve the confidentiality of the reporting employee's identity. The Compliance Officer will have authority to release identifying information to:
 - 1.9.1. Gateway Managers and Officers who are not the subject of the report and may be involved in the investigatory process;
 - 1.9.2. Legal counsel;
 - 1.9.3. The appropriate Board Committee, if applicable;
 - 1.9.4. Law enforcement officials, if criminal charges are being filed by Gateway against an employee.
 - 1.9.5. The Compliance Officer may disclose contents of a report to such individuals who, in the opinion of the Compliance Officer, need the information to assist in the investigation, response, or corrective action.
 - 1.9.6. No retaliation will be tolerated against any employee who has filed a report based on good faith belief that another employee or agent has violated or will violate the Code of Conduct or Applicable Law or has cooperated in the investigation of a report.
 - 1.9.7. Any employee who attempts to take or takes retaliatory action against an employee reporting in good faith an actual or suspected violation of the Code of Conduct will face corrective action.
 - 1.9.8. Any employee who deliberately makes a false accusation with the purpose of harming another employee will face appropriate disciplinary action.
 - 1.9.9. Any employee who refuses to cooperate in the investigation of a violation or potential violation of the Code of Conduct will face appropriate corrective action as set forth in HR_244, Corrective Action Policy.

Gateway Foundation, Inc., dba GFI Services, Inc.
Contact Person: Gregg Dockins
Response to IFB #SDA931411-066

QUARTERLY REPORT

Missouri Department of Corrections
May 31, 2017

QA Quarterly Report for the 1st Quarter of 2017 / OCC

4/5/17

TO: Dr. Marta Nolin, Deputy Director, Division Offender Rehabilitative Services
 Brian O'Connell, Warden, OCC
 Stan Jackson, Deputy Warden, OCC
 Michael Melion, Area Treatment Coordinator
 Stephen Doherty, Gateway Regional Director- Missouri

FROM: Duane Cummins, Gateway Program Director at OCC

QA Activities

Jan Meeting: 1/19/17

Feb Meeting: 2/16/17

Mar Meeting: 3/16/17

Completion Tracking:

Month ST/IT	Successful Completions	Terminations	No Fault
Jan- T DCs = 43	36	3	4
Feb - T DCs = 52	49	2	1
Mar- T DCs = 40	39	1	0

Documentation and File Audits

Month ST/IT	# Reviewed	N/C MTP	N/C ASI	N/C Discharges	N/C Progress Notes	N/C Updates	% Compliance
Jan	208	1	0	2	0	15	98.30%
Feb	218	1	1	2	0	7	99.00%
Mar	199	0	0	6	0	3	99.10%

Comments: Compliance measured as percent of items audited. Significant number of staff unable to provide services due to training delay contributed to documentation deficiencies.

Staffing: (as of April 1, 2017)

Month All Programs	Available Positions	Filled Positions	Qualified Staff (MAADC I/II)	Certified Staff	Administrative Staff
Jan	36	33	12	17	2
Feb	36	33	12	16	2
Mar	36	35	12	15	2

Training (participants)

Jan: Pathway to Change Facilitator Training (5), Pathway to Change Follow-Up Training (14), HIPPA (28), Weekly Leadership Seminars (17, 15, 16)

Feb: Security Checklist Review (22), Weekly Leadership Seminars (16, 12)

Mar: Securing Your Self: Proactive Safety (19), Weekly Leadership Seminars (29, 21)

Satisfaction Surveys:

DEC 2016

Treatment Participation 100.0%

Treatment Satisfaction 93.75%

Counselor Rapport 93.75%

Peer Support 89.58%

Average 94.27%

Jan 2017

Treatment Participation 100%

Treatment Satisfaction 93.33%

Counselor Rapport 96.67%

Peer Support 90.0%

Average 95.0%

Feb 2017

Treatment Participation 97.3%

Treatment Satisfaction 97.3%

Counselor Rapport 100%

Peer Support 89.19%

Average 95.95%

Mar 2017 (Data not yet available)

Treatment Participation

Treatment Satisfaction

Counselor Rapport

Peer Support

Average

Notes:

- Two Staff completed Motivational Interviewing Training in Atlanta Georgia
- Two Staff completed MCB Supervision Training
- 2 Director Seminars held in February "Why We Do What We Do The Way We Do It". All Clients participated and all staff attended
- Re-Entry Simulation held in March with 100 client participants.
- Promotions this Quarter: Thresa Miller to Clinical Supervisor; Chares Eddins to Counselor Supervisor.
- New Hires: Robinson, Sullin, Gault, McBride, Kimball, Walker. All new hires scheduled for DOC Basic May 17-19.

Gateway Foundation, Inc., dba GFI Services, Inc.
Contact Person: Gregg Dockins
Response to IFB #SDA931411-066

MISSOURI YTD FY17 CLIENT SATISFACTION

Corrections Division
Client Satisfaction and Engagement Report
YTD by Site-MO

SITE	Measure	FY15 YE	FY16 YE	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD CUMULATIVE TOTALS
656 SFL	TP	99.15%	98.47%	100.00%	100.00%	88.89%	*00.00%	*00.00%	*00.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	98.32%
	TS	95.30%	97.89%	100.00%	100.00%	88.89%	100.00%	*00.00%	*00.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	98.83%
	CR	89.19%	88.65%	100.00%	100.00%	88.89%	100.00%	*00.00%	*00.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.32%
	PS	95.71%	90.00%	100.00%	100.00%	100.00%	100.00%	96.43%	98.30%	92.33%	83.33%	78.57%	100.00%	100.00%	100.00%	97.41%
	TOTAL	97.35%	96.32%	100.00%	100.00%	97.67%	98.61%	99.08%	98.33%	95.63%	94.84%	98.33%	98.16%	100.00%	100.00%	97.42%
661 WERDCC	TP	99.34%	99.72%	100.00%	100.00%	88.89%	100.00%	*00.00%	*00.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	98.83%
	TS	92.88%	93.77%	93.75%	92.88%	90.38%	87.27%	79.15%	83.37%	82.14%	85.11%	71.48%	100.00%	100.00%	100.00%	95.37%
	CR	94.84%	93.04%	96.88%	100.00%	100.00%	98.15%	93.87%	97.67%	98.21%	93.62%	94.37%	100.00%	100.00%	100.00%	98.12%
	PS	95.08%	95.04%	98.44%	94.64%	99.23%	96.36%	88.61%	95.38%	91.07%	89.38%	94.37%	88.24%	100.00%	100.00%	97.72%
	TOTAL	96.00%	95.14%	97.27%	96.88%	95.10%	95.45%	90.51%	95.35%	92.84%	92.92%	91.20%	90.80%	100.00%	100.00%	97.81%
663 MTC	TP	97.93%	97.06%	100.00%	97.83%	97.96%	99.11%	94.20%	100.00%	91.83%	100.00%	100.00%	100.00%	100.00%	100.00%	97.81%
	TS	83.06%	79.28%	79.31%	52.17%	87.35%	57.14%	73.81%	58.06%	76.27%	75.36%	73.47%	83.89%	100.00%	100.00%	87.21%
	CR	91.07%	88.48%	96.55%	88.96%	91.84%	87.50%	95.65%	93.55%	89.83%	97.10%	95.92%	97.22%	100.00%	100.00%	92.53%
	PS	90.91%	80.73%	89.66%	69.57%	73.47%	73.21%	78.28%	87.10%	81.36%	85.51%	83.87%	100.00%	100.00%	100.00%	78.14%
	TOTAL	90.74%	83.51%	91.38%	78.83%	82.89%	79.24%	85.51%	84.88%	84.75%	89.49%	88.27%	81.85%	100.00%	100.00%	83.97%
664 CCC	TP	98.98%	98.82%	*00.00%	*00.00%	*00.00%	100.00%	97.78%	100.00%	*00.00%	97.30%	100.00%	98.43%	100.00%	100.00%	98.10%
	TS	98.78%	94.41%	95.45%	97.22%	100.00%	93.88%	95.56%	90.78%	93.33%	97.30%	97.06%	92.56%	100.00%	100.00%	95.03%
	CR	94.79%	95.89%	*00.00%	98.81%	97.87%	95.92%	95.54%	93.75%	98.87%	*00.00%	94.12%	92.88%	100.00%	100.00%	96.53%
	PS	95.11%	93.58%	88.36%	91.87%	95.74%	89.80%	97.78%	95.58%	90.00%	85.18%	91.16%	92.89%	100.00%	100.00%	91.40%
	TOTAL	96.92%	95.91%	95.45%	98.88%	98.49%	94.80%	96.67%	94.27%	93.06%	95.95%	95.89%	93.75%	100.00%	100.00%	96.66%
665 NECC	TP	98.43%	97.10%	100.00%	*00.00%	NA	100.00%	100.00%	100.00%	100.00%	100.00%	*00.00%	100.00%	100.00%	100.00%	100.00%
	TS	92.90%	88.96%	100.00%	100.00%	NA	80.00%	100.00%	100.00%	88.24%	100.00%	88.67%	100.00%	100.00%	100.00%	90.74%
	CR	97.35%	95.85%	100.00%	100.00%	NA	80.00%	100.00%	100.00%	94.12%	100.00%	98.67%	100.00%	100.00%	100.00%	92.59%
	PS	86.88%	88.86%	100.00%	100.00%	NA	*00.00%	100.00%	100.00%	82.35%	100.00%	100.00%	83.33%	100.00%	100.00%	92.50%
	TOTAL	93.89%	91.67%	100.00%	100.00%	NA	80.00%	100.00%	100.00%	91.18%	100.00%	93.34%	87.50%	100.00%	100.00%	93.88%
667 STJ	TP	98.61%	99.17%	98.08%	98.90%	97.53%	*00.00%	97.98%	96.79%	96.85%	100.00%	100.00%	98.94%	100.00%	100.00%	98.54%
	TS	88.81%	88.89%	80.38%	83.52%	87.65%	82.41%	82.63%	81.32%	85.53%	73.53%	85.33%	80.85%	100.00%	100.00%	84.95%
	CR	95.85%	95.94%	93.27%	94.51%	98.30%	98.20%	81.82%	89.01%	96.05%	94.72%	90.67%	92.55%	100.00%	100.00%	93.93%
	PS	80.81%	87.34%	88.46%	84.24%	87.85%	88.81%	80.81%	82.42%	83.28%	85.29%	82.87%	88.17%	100.00%	100.00%	86.89%
	TOTAL	90.81%	92.68%	92.55%	90.30%	92.28%	84.31%	90.89%	87.38%	89.63%	89.24%	81.87%	89.63%	90.87%	100.00%	100.00%
668 CCC	TP	99.18%	97.46%	100.00%	100.00%	100.00%	100.00%	100.00%	97.78%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.81%
	TS	88.84%	83.13%	83.33%	87.27%	88.77%	88.75%	97.37%	88.65%	100.00%	98.41%	83.24%	85.24%	100.00%	100.00%	82.34%
	CR	87.07%	85.37%	87.75%	94.55%	95.16%	96.25%	*00.00%	91.11%	97.37%	98.41%	100.00%	*00.00%	100.00%	100.00%	96.80%
	PS	95.18%	89.24%	87.78%	94.55%	91.94%	82.50%	87.37%	88.67%	100.00%	93.65%	82.68%	100.00%	100.00%	100.00%	94.80%
	TOTAL	95.97%	91.30%	97.22%	94.99%	93.95%	94.06%	95.69%	91.11%	98.34%	97.62%	95.73%	88.81%	100.00%	100.00%	95.78%

State Avg.	FY15 YE	FY16 YE	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD TOTALS
TP	98.81%	98.40%	99.73%	99.53%	95.47%	99.69%	98.57%	98.21%	98.32%	99.61%	99.80%	99.34%	100.00%	100.00%	98.70%
TS	81.21%	87.19%	92.17%	87.58%	88.45%	85.84%	86.92%	87.20%	80.38%	89.96%	83.37%	88.50%	100.00%	100.00%	87.42%
CR	86.31%	84.78%	97.76%	96.38%	95.01%	93.44%	96.67%	95.01%	96.04%	97.81%	91.88%	94.02%	100.00%	100.00%	95.75%
PS	82.79%	89.11%	94.39%	90.72%	90.61%	90.70%	92.75%	90.54%	89.81%	88.80%	92.22%	85.98%	100.00%	100.00%	88.02%
TOTAL	94.78%	92.36%	96.27%	93.55%	92.38%	92.37%	94.48%	93.01%	92.86%	93.99%	92.02%	91.21%	100.00%	100.00%	93.09%

Sample #:	4130	288	327	302	418	384	275	312	287	287	298				3147
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Gateway Foundation, Inc., dba GFI Services, Inc.
Contact Person: Gregg Dockins
Response to IFB #SDA931411-066

APRIL 2017 SA REPORT

Substance Abuse Services Report

Treatment Center: OCC Gateway
 Month: April

OFFENDER POPULATION STATISTICS (Total served for month)

MPCT		INT	
84 Day/Parole		LT Chronic DWI	37
120 Court		LTB (Board)	101
CODS		LTC (Court)	577
STINT		Partial Day	
OUT			

AVERAGE NUMBER OF DAYS TO SUCCESSFUL EXIT FROM PROGRAM

MPCT		INT	
84 Day/Parole		LT Chronic DWI	365.67
120 Court		LTB (Board)	288.67
CODS		LTC (Court)	369.36
STINT		Partial Day	
OUT			

EXIT TYPE

Successful Exits

	MPCT	84 Day/Parole	120 Court	CODS	STINT	OUT	INT
Prob Rel							
Stat Prob Rel							
Stat Rel No Sup							
Crt Order Dis							
Prob Den							
Par Rel							
Cond Rel							
Dir Rel							
Gen Pop							
	LT Chronic DWI	LTB (Board)	LTC (Court)	Partial Day			
Prob Rel	3		46				
Stat Prob Rel							
Stat Rel No Sup							
Crt Order Dis							
Prob Den							
Par Rel		2	8				
Cond Rel							
Dir Rel							
Gen Pop		1	1				

Unsuccessful Exits

	MPCT	84 Day/Parole	120 Court	CODS	STINT	OUT	INT
Program Refusal							
Withdrawal							
Major CDV							
Cardinal Rule							
Lack of Th Gain							
TDT							
	LT Chronic DWI	LTB (Board)	LTC (Court)	Partial Day			
Program Refusal							
Withdrawal							
Major CDV							
Cardinal Rule			3				
Lack of Th Gain							

No Fault

	MPCT	84 Day/Parole	120 Court	CODS	STINT	OUT	INT
Ineligible							
Detainer							
New Sent							
Medical							
Mental Health							
Education							
Death							
Staff Fam							
PC/Enemy							
Parole Revoke							
Early Prob Denial							
Other Early Exits*							
	LT Chronic DWI	LTB (Board)	LTC (Court)	Partial Day			
Ineligible							
Detainer							
New Sent							
Medical							
Mental Health							
Education							
Death							
Staff Fam							
PC/Enemy							
Parole Revoke							
Early Prob Denial							
Other Early Exits*							

* see instructions

* Transfer to another program facility

REPORTING INSTRUMENTS

	# Given	Average Score
Pre Test	<u>57</u>	<u>79%</u>
Post Test	<u>57</u>	<u>82%</u>

Number of ASI's Pre-Program Entry 45
 Number of ASI's Post-Program Admission 19

Pathway to Change (# of offenders who completed)

Lessons 1-6	0
Lessons 7-12	0

PROGRAM COMPONENTS

Institutional Program Audits

	# of Groups /Classes Held	Average Group Size	Total Program Hrs/Month
Substance Abuse/Recovery Ed	<u>572</u>	<u>30</u>	<u>572</u>
Individual Counseling	<u>598</u>	<u>1</u>	<u>578</u>
Therapeutic Group	<u>442</u>	<u>12</u>	<u>442</u>
Informational	<u>5</u>	<u>20</u>	<u>20</u>
HSE/Vocational	<u>10</u>	<u>80</u>	<u>160</u>
Structured Recreation	<u>52</u>	<u>30</u>	<u>52</u>
Peer Support/TC Related	<u>364</u>	<u>93</u>	<u>364</u>
Self-Help/Alt (AA/NA, etc.)	<u>124</u>	<u>25</u>	<u>124</u>
Graduation (Formal Ceremony)	<u>0</u>	<u>0</u>	<u>0</u>

Therapeutic/Disciplinary Interventions

	# Per Month
OMT	<u>2</u>
PRC	<u>8</u>

Offender Treatment File Audit

# Files Audited/Month	<u>176</u>		
# Files in Non-Compliance	<u>11</u>		
a. Master Treatment Plan	<u>2</u>	d. Progress Notes Documented	<u>0</u>
b. Assessments	<u>0</u>	e. Discharge/Aftercare Plans	<u>3</u>
c. Reviews	<u>0</u>	f. Treatment Plan Updates	<u>6</u>

Staff Members Conducting
Audits

Tona Carter, Counselor Supervisor

STAFFING

Treatment Staff Providing Direct Services

Current Qualified Staff:	DORS _____	DOC Contracted Partners	<u>13</u>	Total	<u>13</u>
Current Credentialed Staff:	DORS _____	DOC Contracted Partners	<u>15</u>	Total	<u>15</u>
Current Trainees:	DORS _____	DOC Contracted Partners	<u>3</u>	Total	<u>3</u>

Total Treatment Staff: (DORS + DOC Contracted Partners) 31

Percentage Licensed or Credentialed Staff 48%

Treatment Staff Hired

DORS

New Hires Qualified Staff: _____
 New Hires Certified Staff: _____
 New Hires Trainees: _____
 New Hires Supervisors: _____

DOC Contracted Providers

New Hires Qualified Staff: _____
 New Hires Certified Staff: _____
 New Hires Trainees: 3
 New Hires Supervisors: _____

Direct Service Staff Caseload (Number last day of reporting month)

Offender Census 650
 Total Direct Services Treatment Staff 31
 Offender/Direct Services Staff Ratio 20.9

Counselor Training

Topics	# Attended	In-Service	Departmental	Outside
Conversations in Leadership	<u>16</u>	<u>X</u>	_____	_____
Castles in the Sky	<u>29</u>	_____	_____	<u>X</u>
Broken Windows	<u>32</u>	<u>X</u>	_____	_____
The OCC way our core concepts	<u>6</u>	<u>X</u>	_____	_____
Relias	<u>29</u>	_____	<u>X</u>	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ITC OFFENDER EXIT EVALUATION

Facility/Program: OCC/Gateway
 Month April Year: 2017

Age

20/under 0 21-30 14 31-40 24 41-50 12 51-60 5 60/over 1

PREVIOUS TREATMENT ATTEMPTS (ITC) 0 6 1-2 29 3-4 13 4+ 8

Educational Level

Less than 8th Grade: 0 8th-12th Grade: 9 HSD/HSE: 35
 Some College: 11 2 year Degree: 0 4 Year Degree: 1 Post Grad: 0

	MEAN		MEAN
Orientation	<u>2.2</u>	Relapse Prevention	<u>1.8</u>
Handouts	<u>2.2</u>	Re-Entry Preparation	<u>1.9</u>
Books	<u>2.2</u>	Daily Schedule	<u>2.1</u>
Homework	<u>2.3</u>	Disciplinary Process	<u>2.7</u>
Videos	<u>2.1</u>	Study Atmosphere	<u>2.7</u>
Lectures	<u>2</u>	Staff Professionalism	<u>2.4</u>
Pathway to Change	<u>1.9</u>	Medical	<u>3</u>
HSE/Life skills	<u>1.9</u>	Mental Health Services	<u>1.4</u>
Small Therapy Group	<u>2.3</u>	Self Help Groups	<u>1.9</u>
Individual Counseling	<u>1.8</u>		
Counselor Assistance	<u>1.8</u>		

OVERALL MEAN 2.13

Gateway Foundation, Inc., dba GFI Services, Inc.
Contact Person: Gregg Dockins
Response to IFB #SDA931411-066

CLIENT COMPLETIONS

Substance Abuse Treatment Program
 Quarterly Performance Measure Report
 Program Completions Form

For The _664_Unit Treatment Program

Month	# of Offenders Completing Program	# of Offenders Removed from Program (All Removals)	Subtotal	#Offenders Removed from Program (Behavioral/Non-Partic)	Net D/C	Target 90% or > of Offenders Completing Prison Phase of Program
July	47	3	50	3		
August	66	3	69	3		
September	53	1	54	1		
Total for Quarter	166	7	173	7	166	96%
October	55	1	56	0		
November	50	3	53	3		
December	57	1	58	0		
Total for Quarter	162	5	167	3	164	98%
January	36	4	40	3		
February	50	3	53	2		
March	39	3	42	3		
Total for Quarter	125	10	135	8	127	94%
April	60	2	62	1		
May						
June						
Total for Quarter	60	2				
FY 2016 Avg (to date)	513	24				

Gateway Foundation, Inc., dba GFI Services, Inc.
Contact Person: Gregg Dockins
Response to IFB #SDA931411-066

TCU FORMS

CJ Client Evaluation of Self and Treatment (TCU CJ CEST)

Instruction Page

Please follow along as the interviewer reads each of the following statements aloud. The statements are about how you see yourself or your treatment in this facility. Indicate how strongly you AGREE or DISAGREE with the statement by filling in the appropriate circle. If you strongly disagree with the statement, fill in the circle under the "Disagree Strongly" column. If you disagree with the statement, but don't feel strongly about it, fill in the circle under the "Disagree" column. If you don't know whether you agree or disagree with the statement, fill in the circle below the "Undecided" column. If you agree with the statement, but don't feel very strongly about it, fill in the circle below the "Agree" column. If you agree with the statement and feel strongly about it, fill in the circle under the "Agree Strongly" column. Please mark only one circle for each statement.

The examples below show how to mark the circles --

For example -- ●

	<i>Disagree Strongly</i> (1)	<i>Disagree</i> (2)	<i>Uncertain</i> (3)	<i>Agree</i> (4)	<i>Agree Strongly</i> (5)
Person 1. I like chocolate ice cream. ○ ● ○ ○ ○ <i><u>This person disagrees a little so she probably doesn't like chocolate ice cream.</u></i>					
Person 2. I like chocolate ice cream. ○ ○ ○ ○ ● <i><u>This person likes chocolate ice cream a lot.</u></i>					
Person 3. I like chocolate ice cream. ○ ○ ● ○ ○ <i><u>This person is not sure if he likes chocolate ice cream or not.</u></i>					

TCU CJ CEST Survey

PLEASE RESPOND TO EACH OF THE STATEMENTS BELOW BY FILLING IN THE CIRCLE TO INDICATE HOW MUCH YOU AGREE OR DISAGREE WITH EACH ONE. MARK ONLY ONE CHOICE FOR EACH STATEMENT. THANK YOU FOR YOUR PARTICIPATION.

Today's
Date:

MO	DAY	YR	

Disagree Strongly (1)	Disagree (2)	Uncertain (3)	Agree (4)	Agree Strongly (5)
-----------------------------	-----------------	------------------	--------------	--------------------------

1. You have people close to you who motivate and encourage your recovery.
2. You trust your counselor.
3. You need help in dealing with your drug use.
4. You need to stay in treatment.
5. Time schedules for counseling sessions at this program are convenient for you.
6. It's always easy to follow or understand what your counselor is trying to tell you. ...
7. You only do things that feel safe.
8. You have family members who want you to be in treatment.
9. This program expects you to learn responsibility and self-discipline.
10. This treatment is giving you a chance to solve your drug problems.
11. This kind of treatment program is not helping you.
12. Your counselor is easy to talk to.
13. You have trouble sleeping.
14. You have much to be proud of.

Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>

- 15. You have close family members who want to help you stay away from drugs. ...
- 16. You are willing to talk about your feelings during counseling.
- 17. This program is organized and run well.
- 18. You are motivated and encouraged by your counselor.
- 19. You need more help with your emotional troubles.
- 20. You are concerned about legal problems.
- 21. You have made progress with your drug/alcohol problems.
- 22. You have good friends who do not use drugs.
- 23. You have carried weapons, like knives or guns.
- 24. You have people close to you who can always be trusted.
- 25. You are satisfied with this program.
- 26. You have learned to analyze and plan ways to solve your problems.
- 27. It is urgent that you find help immediately for your drug use.
- 28. You have made progress toward your treatment program goals.
- 29. You feel a lot of anger inside you.
- 30. You always attend the counseling sessions scheduled for you.

Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
(1)	(2)	(3)	(4)	(5)

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 31. Your counselor recognizes the progress you make in treatment. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 32. You will give up your friends and hangouts to solve your drug problems. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 33. You have a hot temper. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 34. Your counselor is well organized and prepared for each counseling session. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 35. Your counselor is sensitive to your situation and problems. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 36. You feel a lot of pressure to be in treatment. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 37. You like others to feel afraid of you. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 38. You need more individual counseling sessions. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 39. You consider how your actions will affect others. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 40. You could be sent to jail or prison if you are not in treatment. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 41. Your counselor makes you feel foolish or ashamed. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 42. You feel mistreated by other people. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 43. Your counselor views your problems and situations realistically. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 44. You plan ahead. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 45. This treatment program gives you hope for recovery. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 46. You need more educational or vocational training services. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 47. You want to be in drug treatment. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>

- 48. You feel interested in life.
- 49. Other clients at this program care about you and your problems.
- 50. You feel like a failure.
- 51. You have trouble concentrating or remembering things.
- 52. You avoid anything dangerous.
- 53. You have stopped or greatly reduced your drug use while in this program.
- 54. Your counselor helps you develop confidence in yourself.
- 55. You have people close to you who understand your situation and problems.
- 56. Your life has gone out of control.
- 57. You always participate actively in your counseling sessions.
- 58. You have made progress in understanding your feelings and behavior.
- 59. You need more group counseling sessions.
- 60. You feel afraid of certain things, like elevators, crowds, or going out alone.
- 61. You feel anxious or nervous.
- 62. You wish you had more respect for yourself.
- 63. Other clients at this program are helpful to you.
- 64. You are very careful and cautious.

Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
(1)	(2)	(3)	(4)	(5)

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 65. You feel sad or depressed. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 66. You think about probable results
of your actions. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 67. You feel extra tired or run down. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 68. You have improved your relations with
other people because of this treatment. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 69. You have trouble sitting still for long. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 70. You think about what causes
your current problems. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 71. The staff here are efficient
at doing their job. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 72. You are similar to (or like)
other clients of this program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 73. You are ready to leave this treatment
program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 74. You have made progress with your
emotional or psychological issues. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 75. Your counselor respects you
and your opinions. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 76. You work in situations where drug use
is common. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 77. You are tired of the problems
caused by drugs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 78. You think of several different ways
to solve a problem. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 79. You feel you are basically no good. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 80. You are in this treatment program only
because it is required. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 81. You worry or brood a lot. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>

82. You have people close to you who expect you to make positive changes in your life.
83. You get mad at other people easily.
84. You have trouble making decisions.
85. You have serious drug-related health problems.
86. You have people close to you who help you develop confidence in yourself.
87. You like to do things that are strange or exciting.
88. You feel hopeless about the future.
89. You make good decisions.
90. You have developed positive trusting friendships while in this program.
91. In general, you are satisfied with yourself.
92. You have urges to fight or hurt others.
93. You make decisions without thinking about consequences.
94. You give honest feedback during counseling.
95. You feel tense or keyed-up.
96. You like to take chances.
97. You have people close to you who respect you and your efforts in this program.
98. You feel you are unimportant to others.

Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
(1)	(2)	(3)	(4)	(5)

- 99. You can depend on your counselor's understanding. (1) (2) (3) (4) (5)
- 100. You like the "fast" life. (1) (2) (3) (4) (5)
- 101. There is a sense of family (or community) in this program. (1) (2) (3) (4) (5)
- 102. You feel tightness or tension in your muscles. (1) (2) (3) (4) (5)
- 103. You can get plenty of personal counseling at this program. (1) (2) (3) (4) (5)
- 104. You want to get your life straightened out. (1) (2) (3) (4) (5)
- 105. You need more medical care and services. (1) (2) (3) (4) (5)
- 106. You like friends who are wild. (1) (2) (3) (4) (5)
- 107. Several people close to you have serious drug problems. (1) (2) (3) (4) (5)
- 108. This program location is convenient for you. (1) (2) (3) (4) (5)
- 109. You feel lonely. (1) (2) (3) (4) (5)
- 110. You have legal problems that require you to be in treatment. (1) (2) (3) (4) (5)
- 111. You are not ready for this kind of treatment program. (1) (2) (3) (4) (5)
- 112. You analyze problems by looking at all the choices. (1) (2) (3) (4) (5)
- 113. You are following your counselor's guidance. (1) (2) (3) (4) (5)
- 114. Your treatment plan has reasonable objectives. (1) (2) (3) (4) (5)
- 115. Your temper gets you into fights or other trouble. (1) (2) (3) (4) (5)

Client ID#				Today's Date				Facility ID#				Zip Code			Administration					

TCU CTSFORM

<i>Disagree</i>					<i>Agree</i>
<i>Strongly</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly</i>	
(1)	(2)	(3)	(4)	(5)	

Please indicate how much you AGREE or DISAGREE with each statement.

1. You get upset when you hear about someone who has lost everything in a natural disaster.
2. You are locked-up because you had a run of bad luck.
3. The real reason you are locked-up is because of your race.
4. When people tell you what to do, you become aggressive.
5. Anything can be fixed in court if you have the right connections.
6. Seeing someone cry makes you sad.
7. You rationalize your actions with statements like "Everyone else is doing it, so why shouldn't I?"
8. Bankers, lawyers, and politicians get away with breaking the law every day.
9. You have paid your dues in life and are justified in taking what you want.
10. When not in control of a situation, you feel the need to exert power over others.
11. When being asked about the motives for engaging in crime, you point out how hard your life has been.
12. You are sometimes so moved by an experience that you feel emotions you cannot describe.

Client ID#	Today's Date	Facility ID#	Zip Code	Administration
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<i>Disagree</i>					<i>Agree</i>
<u>Strongly</u>	<u>Disagree</u>	<u>Uncertain</u>	<u>Agree</u>		<u>Strongly</u>
(1)	(2)	(3)	(4)		(5)

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 13. You argue with others over relatively trivial matters. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. If someone disrespects you then you have to straighten them out, even if you have to get physical. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. You like to be in control. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. You find yourself blaming the victims of some of your crimes. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. You feel people are important to you. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. This country's justice system was designed to treat everyone equally. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. Police do worse things than do the "criminals" they lock up. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. You think you have to pay back people who mess with you. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. Nothing you do here is going to make a difference in the way you are treated. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. You feel you are above the law. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. It is okay to commit crime in order to pay for the things you need. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. Society owes you a better life. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. Breaking the law is no big deal as long as you do not physically harm someone. ... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26. You find yourself blaming society and external circumstances for the problems in your life. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27. You worry when a friend is having problems. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Client ID#	Today's Date	Facility ID#	Zip Code	Administration
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<i>Disagree</i>				<i>Agree</i>
<i>Strongly</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly</i>
(1)	(2)	(3)	(4)	(5)

- 28. The only way to protect yourself is to be ready to fight. (1) (2) (3) (4) (5)
- 29. You are not to blame for everything you have done. (1) (2) (3) (4) (5)
- 30. It is unfair that you are locked-up when bankers, lawyers, and politicians get away with their crimes. (1) (2) (3) (4) (5)
- 31. Laws are just a way to keep poor people down. (1) (2) (3) (4) (5)
- 32. Your good behavior should allow you to be irresponsible sometimes. (1) (2) (3) (4) (5)
- 33. It is okay to commit crime in order to live the life you deserve. (1) (2) (3) (4) (5)
- 34. Prosecutors often tell witnesses to lie in court. (1) (2) (3) (4) (5)
- 35. You justify the crime you commit by telling yourself that if you had not done it, someone else would have. (1) (2) (3) (4) (5)
- 36. You may be a criminal, but your environment made you that way. (1) (2) (3) (4) (5)

Client ID#	Today's Date	Facility ID#	Zip Code	Administration
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TCU HLTHFORM

1. How many TIMES IN THE PAST YEAR have you gone to a hospital or clinic or seen a doctor or nurse for health problems?
- None
 1 time
 2-3 times
 4-10 times
 Over 10 times

<i>None of the time</i>	<i>A little of the time</i>	<i>Some of the time</i>	<i>Most of the time</i>	<i>All of the time</i>
(1)	(2)	(3)	(4)	(5)

During the PAST YEAR, how often have you had any of these problems or types of diseases –

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 2. stomach problems or ulcers? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. bone/joint problems? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. kidney infection or problems? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. bladder infection or problems? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. liver or gall bladder problems? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. intestinal or bowel problems? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. heart disease or problems? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. sexually transmitted disease (STD)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. skin disease or skin problems? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. other medical or physical problems? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

During the PAST 30 DAYS, how often did you feel –

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 12. tired out for no good reason? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. nervous? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. so nervous that nothing could calm you down? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. hopeless? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. restless or fidgety? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. so restless that you could not sit still? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. depressed? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. so depressed that nothing could cheer you up? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. that everything was an effort? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. worthless? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

*From Kessler, Barker, Colpe et al. (2003). *Archives of General Psychiatry*, 60(2), 184-189.

TCU TRMAFORM

Instructions: Below is a list of **PROBLEMS** and **COMPLAINTS** that people sometimes have in response to stressful experiences. Please read each one carefully and indicate how much you have been bothered by that problem in the **PAST MONTH**.

<i>Not at all</i>	<i>A little bit</i>	<i>Moderately</i>	<i>Quite a bit</i>	<i>Extremely</i>
(1)	(2)	(3)	(4)	(5)

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Repeated, disturbing memories, thoughts, or images of a stressful experience? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Repeated, disturbing dreams of a stressful experience? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Feeling very upset when something reminded you of a stressful experience? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when reminded of a stressful experience? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Avoiding thinking about or talking about a stressful experience or avoiding having feelings related to it? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Avoiding activities or situations because they reminded you of a stressful experience? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Trouble remembering important parts of a stressful experience? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Loss of interest in activities that you used to enjoy? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Feeling distant or cut off from other people? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. Feeling emotionally numb or being unable to have loving feelings for those close to you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

