



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

RETURN AMENDMENT NO LATER THAN NOVEMBER 29, 2019 TO:

Danice Chaidez, Procurement Officer II
Danice.Chaidez@doc.mo.gov
(573) 522-2109 (Phone)
(573) 522-1562 (Fax)
FMU/PURCHASING SECTION
P.O. BOX 236
JEFFERSON CITY, MISSOURI 65102

DATE	VENDOR IDENTIFICATION	CONTRACT NUMBER	CONTRACT DESCRIPTION
November 25, 2019	McGuire Counseling Centers, LLC 1360 S. 5th, Suite 370 St. Charles, MO 63301	Amendment 006 SDA50300410	Indigent Sex Offender Treatment Services

CONTRACT SDA50300410 IS HEREBY AMENDED AS FOLLOWS:

Pursuant to section 24 a. of the Terms and Conditions on page 41, the Missouri Department of Corrections desires to extend the above-referenced contract for the period of December 1, 2019 through February 29, 2020.

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

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

IN WITNESS THEREOF, THE PARTIES HERETO EXECUTE THIS AGREEMENT.

Company Name: McGuire Counseling Centers, LLC

Mailing Address: 2480 Executive Dr. Suite 114

City, State, Zip: St. Charles, MO 63303

Telephone: 314-258-4056 Fax: 636-724-2951

MissouriBUYS SYSTEM ID: _____

Email: Smcguire55@me.com

Authorized Signer's Printed Name and Title: Susan McGuire, Owner

Authorized Signature: *Susan McGuire* Date: 12-1-2019

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

Julie Kempker

Julie Kempker, Director, Division of Probation and Parole

12-1-19
Date



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

RETURN AMENDMENT NO LATER THAN OCTOBER 11, 2019 TO:

Danica Chaidz, Procurement Officer II
Danica.Chaidz@doc.mo.gov
(573) 522-2109 (Phone)
(573) 522-1562 (Fax)
FMU/PURCHASING SECTION
P.O. BOX 236
JEFFERSON CITY, MISSOURI 65102

DATE	VENDOR IDENTIFICATION	CONTRACT NUMBER	CONTRACT DESCRIPTION
October 2, 2019	McGuire Counseling Centers, LLC 1380 S. 8th, Suite 370 St. Charles, MO 63301	Amendment 005 SDA80300410	Indigent Sex Offender Treatment Services

CONTRACT SDA80300410 IS HEREBY AMENDED AS FOLLOWS:

Pursuant to section 24 a. of the Terms and Conditions on page 41, the Missouri Department of Corrections desires to extend the above-referenced contract for the period of November 1, 2019 through November 30, 2019.

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

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

IN WITNESS THEREOF, THE PARTIES HERETO EXECUTE THIS AGREEMENT.

Company Name: McGuire Counseling Centers, LLC

Mailing Address: 2480 Executive Dr, Suite 114

City, State, Zip: St. Charles, MO 63303

Telephone: 314-258-4056 Fax: 636-724-2196

MissouriBUYS SYSTEM ID: _____

Email: smcguire55@mc.com

Authorized Signer's Printed Name and Title: Susan McGuire, M.Ed. LPC, NCC, MAC. Owner

Authorized Signature: *Susan McGuire* Date: 10-8-2019

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

Julie Kempker 10-15-19
Julie Kempker, Director, Division of Probation and Parole Date



STATE OF MISSOURI
 MISSOURI DEPARTMENT OF CORRECTIONS
 CONTRACT AMENDMENT

RETURN AMENDMENT NO LATER THAN July 5, 2019 TO:

Beth Lambert, CPPB
 Beth.Lambert@doc.mo.gov
 (573) 526-8494 (Phone)
 (573) 522-1562 (Fax)
 FMU/PURCHASING SECTION
 P.O. BOX 236
 JEFFERSON CITY, MISSOURI 65102

DATE	VENDOR IDENTIFICATION	CONTRACT NUMBER	CONTRACT DESCRIPTION
June 27, 2019	McGuire Counseling Centers, LLC 1360 S. 5th, Suite 370 St. Charles, MO 63301	Amendment 004 SDA50300410	Indigent Sex Offender Treatment Services

CONTRACT SDA50300410 IS HEREBY AMENDED AS FOLLOWS:

Pursuant to section 24 a. of the Terms and Conditions on page 41, the Missouri Department of Corrections desires to extend the above-referenced contract for the period of July 1, 2019 through October 31, 2019.

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

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

IN WITNESS THEREOF, THE PARTIES HERETO EXECUTE THIS AGREEMENT.

Company Name: McGuire Counseling Centers, LLC.
 Mailing Address: 4280 Executive Dr. SA 714
 City, State, Zip: St. Charles, MO 63303
 Telephone: 314-258-4056 Fax: 636-724-2951
 MissouriBUYS SYSTEM ID: on file
 Email: SMCGUIRE55@MFC.COM
 Authorized Signer's Printed Name and Title: Susan McGuire, Owner
 Authorized Signature: Susan McGuire Date: 7-1-2019

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

Julie Kempker

7-2-19

Julie Kempker, Director, Division of Probation and Parole

Date



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

RETURN AMENDMENT NO LATER THAN April 6, 2018 TO:

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

DATE	VENDOR IDENTIFICATION	CONTRACT NUMBER	CONTRACT DESCRIPTION
March 13, 2018	McGuire Counseling Centers, LLC 1360 S. 5th, Suite 370 St. Charles, MO 63301	Amendment 003 SDA50300410	Indigent Sex Offender Treatment Services

CONTRACT SDA50300410 IS HEREBY AMENDED AS FOLLOWS:

Pursuant to paragraph 2.9.2, on page 9, 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, including pricing, of the previous contract period shall remain and apply hereto.

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

IN WITNESS THEREOF, THE PARTIES HERETO EXECUTE THIS AGREEMENT.

Company Name: McGuire Counseling Centers, LLC

Mailing Address: 1360 South Fifth Street, Suite 370

City, State, Zip: St. Charles, MO 63301

Telephone: 314-258-4056 Fax: _____

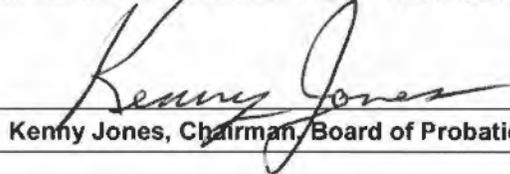
MissouriBUYS SYSTEM ID: _____

Email: Smcguire55@me.com

Authorized Signer's Printed Name and Title: Susan McGuire, Owner

Authorized Signature: Susan McGuire, M.Ed, LPC, NCC, MAC, NCC Date: 03-13-2018

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


Kenny Jones, Chairman, Board of Probation and Parole

3-23-2018
Date

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Breth

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STATE OF MISSOURI
MISSOURI DEPARTMENT OF CORRECTIONS
CONTRACT AMENDMENT

RETURN AMENDMENT NO LATER THAN March 16, 2017 TO:

Beth Lambert, Procurement Officer II

Beth.Lambert@doc.mo.gov

(573) 526-6494 (Phone)

(573) 522-1562 (Fax)

FMU/PURCHASING SECTION

P.O. BOX 236

JEFFERSON CITY, MISSOURI 65102

DATE	VENDOR IDENTIFICATION	CONTRACT NUMBER	CONTRACT DESCRIPTION
February 16, 2017	McGuire Counseling Centers, LLC 1360 S. 5th, Suite 370 St. Charles, MO 63301	Amendment 002 SDA50300410	Indigent Sex Offender Treatment Services

CONTRACT SDA50300410 IS HEREBY AMENDED AS FOLLOWS:

Pursuant to paragraph 2.9.2, on page 9, the Missouri Department of Corrections desires to renew the above-referenced contract for the period of July 1, 2017 through June 30, 2018.

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

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

IN WITNESS THEREOF, THE PARTIES HERETO EXECUTE THIS AGREEMENT.

Company Name: McGuire Counseling Centers, LLC

Mailing Address: 1360 South Fifth Street, Suite 370

City, State, Zip: St. Charles, MO 63301

Telephone: 636*940-9511 Fax: 636-724-2951

MissouriBUYS SYSTEM ID: _____

Email: Smcguire55@me.com

Authorized Signer's Printed Name and Title: Susan McGuire Breth, owner

Authorized Signature: *Susan McGuire Breth* Date: 2-17-2017

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

Kenny Jones 4-17-17
Kenny Jones, Chairman, Board of Probation and Parole Date



STATE OF MISSOURI
MISSOURI DEPARTMENT OF CORRECTIONS
CONTRACT AMENDMENT

RETURN AMENDMENT NO LATER THAN JANUARY 12, 2016 TO:

Beth Lambert, Procurement Officer II

Beth Lambert

(573) 526-6494 (Phone)

(573) 522-1562 (Fax)

FMU/PURCHASING SECTION

P.O. BOX 236

JEFFERSON CITY, MISSOURI 65102

DATE	VENDOR IDENTIFICATION	CONTRACT NUMBER	CONTRACT DESCRIPTION
December 15, 2015	McGuire Counseling Centers, LLC 1360 S. 5th, Suite 370 St. Charles, MO 63301	Amendment 001 SDA50300410	Indigent Sex Offender Treatment Services for Missouri Department of Corrections

CONTRACT #SDA50300410 IS HEREBY AMENDED AS FOLLOWS:

Pursuant to paragraph 2.9.2 on page 9, the Missouri Department of Corrections desires to renew the above-referenced contract for the period of July 1, 2016 through June 30, 2017.

The price for the new contract period is as follows:

- Intake Evaluation: \$185.00 per evaluation
- Assessment: \$280.00 per assessment
- Individual Counseling: \$19.25 per 15 minute increments
- Group Counseling: \$7.25 per 15 minute increments

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

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

IN WITNESS THEREOF, THE PARTIES HERETO EXECUTE THIS AGREEMENT.

Company Name: McGuire Counseling Centers, LLC

Mailing Address: 1360 South 5th St, Suite 370

City, State Zip: St. Charles, MO 63301

Telephone: 636-940-9511

E-Mail Address: smcguire55@me.com

Authorized Signer's Printed Name and Title: Susan McGuire, M.Ed., LPC/CC - owner

Authorized Signature: *Susan McGuire* Date: 2-1-2016

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

[Signature] *[Signature]*

Ellis McSwain, Chairman - Division of Probation and Parole 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:
Gary Stoll, CPPB
Telephone: (573) 526-6402
gary.stoll@doc.mo.gov

**AMENDMENT 1
IFB SDA503-004**

Indigent Sex Offender Treatment Services

FOR

Missouri Department of Corrections
Statewide

**Contract Period: Date of Award through June 30,
2016**

**Date of Issue: June 24, 2015
Page i of 42**

Bids Must Be Received No Later Than:

2:00 p.m., July 9, 2015

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

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

Company Name: McGuire Counseling Centers, LLC
Mailing Address: 1360 S. 5th, Suite 370
City, State, Zip: St. Charles, MO 63301
Telephone: 636-940-9571 Fax: 636-724-2951
Federal EIN #: _____ State Vendor #: _____
Email: SMCGUIRE55@ME.COM

Authorized Signer's Printed Name and Title: Susan M. McGuire, M.Ed., LRC, MAC Clinical Director

Authorized Signatures: Susan M. McGuire Bid Date: 8-5-2015

NOTICE OF AWARD:

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

In its entirety.

Contract No. **SDA50300410**

Ellis McSwain Jr., Chairman, Board of Probation and Parole

10/11/15

Date

ORIGINAL

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:
Gary Stoll, CPPB
Telephone: (573) 526-6402
gary.stoll@doc.mo.gov**

IFB SDA503-004

Indigent Sex Offender Treatment Services

FOR

**Missouri Department of Corrections
Statewide**

**Contract Period: Date of Award through June 30,
2016**

**Date of Issue: June 12, 2015
Page 1 of 42**

Bids Must Be Received No Later Than:

2:00 p.m., July 9, 2015

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

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

Company Name: McGuire Counseling Centers, LLC
Mailing Address: 1360 South 5th St., Suite 370
City, State, Zip: St. Charles, MO 63301
Telephone: 636-940-9511 Fax: 636-724-2951
Federal EIN #: 43-1867164 State Vendor #: _____
Email: Smcguire55@me.com

Authorized Signer's Printed Name and Title: Susan McGuire, M.Ed., LPC, NCC Clinical Director

Authorized Signature: *Susan McGuire*
Susan McGuire, M.Ed., LPC, NCC, MAC Date: 07-08-2015

NOTICE OF AWARD:

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

Contract No. _____

Ellis McSwain Jr., Chairman, Board of Probation and Parole Date

COST OF SERVICES

EXHIBIT A
SUBMISSION IS MANDATORY
SDA503-004
PRICING PAGE

The bidder must provide a firm fixed price in the table below for the original contract period and maximum prices for each potential renewal period for providing all services in accordance with the provisions and requirements of this IFB. All costs associated with providing the required services shall be included in the stated prices.

SERVICE DESCRIPTION	FIRM, FIXED PRICE	First Renewal Option	Second Renewal Option	Third Renewal Option
Intake Evaluation	\$ <u>180.00</u> per evaluation	\$ <u>185.00</u> per evaluation	\$ <u>190.00</u> per evaluation	\$ <u>195.00</u> per evaluation
Assessment	\$ <u>275.00</u> per assessment	\$ <u>280.00</u> per assessment	\$ <u>290.00</u> per assessment	\$ <u>300.00</u> per assessment
Individual Counseling (per 15 minute increments)	\$ <u>19.00</u> per 15 minute increments	\$ <u>19.25</u> per 15 minute increments	\$ <u>19.50</u> per 15 minute increments	\$ <u>19.75</u> per 15 minute increments
Group Counseling (per 15 minute increments)	\$ <u>7.00</u> per 15 minute increments	\$ <u>7.25</u> per 15 minute increments	\$ <u>7.50</u> per 15 minute increments	\$ <u>7.75</u> per 15 minute increments

Bidder is to state the location where the service is provided:
10049 St. Charles Rock Rd., #401, St. Ann, MO 63074
1360 S. 5th St. #370, St. Charles, MO, 63301
200 S. 12th St., #100, Washington, MO 63090

The bidder must state the number of days required before the services described herein could be provided:

1 days after effective date of contract award.

Terms:

The bidder should state below its discount terms offered for the prompt payment of invoices:

5 % if paid within 5 days of receipt of invoice.

Employee Bidding/Conflict of Interest - Bidders who are employees of the State of Missouri, a member of the General Assembly or a statewide elected official must comply with Sections 105.450 to 105.458 RSMo regarding conflict of interest. If the bidder and/or any of the owners of the bidder's organization are currently an employee of the State of Missouri, a member of the General Assembly or a statewide elected official, please provide the following information.

Name of State Employee, General Assembly Member, or Statewide Elected Official:	N/A
In what office/agency are they employed?	
Employment Title:	
Percentage of ownership interest in bidder's organization:	_____ %

Executive Order 04-09: Products and/or Services Provided Outside United States

If any products and/or services offered under this RFP are being manufactured or performed at sites outside the United States, the offeror MUST disclose such fact and provide details in the space below or on an attached page.

Are any of the bidder's proposed products and/or services being manufactured or performed at sites outside the United States?	Yes _____	No <u> X </u>
If YES, do the proposed products/services satisfy the conditions described in 4a, b, c, or d of Executive Order 04-09? (see the following web link: http://www.sos.mo.gov/library/reference/orders/2004/eo04_009.asp)	Yes _____	No _____
<p>If YES, mark the appropriate exemption below, and provide the requested details:</p> <p>____ 1. Unique good or service.</p> <ul style="list-style-type: none"> • EXPLAIN: _____ <p>____ 2. Foreign firm hired to market Missouri services/products to a foreign country.</p> <ul style="list-style-type: none"> • Identify foreign country: _____ <p>____ 3. Economic cost factor exists</p> <ul style="list-style-type: none"> • EXPLAIN: _____ <p>____ 4. Vendor/subcontractor maintains significant business presence in the United States and only performs trivial portion of contract work outside US.</p> <ul style="list-style-type: none"> • Identify maximum percentage of the overall value of the contract, for any contract period, attributed to the value of the products and/or services being manufactured or performed at sites outside the United States: ____% • Specify what contract work would be performed outside the United States: _____ 		

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

X For Profit _____ Nonprofit

By signing below, the bidder hereby declares understanding, agreement and certification of compliance to provide the services, at the prices quoted, in accordance with all the requirements and specifications contained herein and in 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 McGuire Counseling Centers, LLC

Printed Name Susan McGuire Email Address: Smcguire55@me.com

Authorized Signature 
Susan McGuire, M.Ed., LPC, NCC, MAC Date 7-7-2015

BIDDER'S EXPERIENCE AND RELIABILITY

EXHIBIT B
SUBMISSION IS MANDATORY
PRIOR EXPERIENCE OF BIDDER

The bidder shall copy and complete this form for each reference being submitted as demonstration of the bidder's prior experience. In addition, the bidder is advised that if the contact person listed for the reference is unable to be reached during the evaluation, the listed experience may not be considered.

Bidder Name:	
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	Eastern District US Probation
Address of Reference Company:	111 South 10th Street, Suite 2.325
Reference Contact Person Name:	Ken Fitzgerald or Nichole Veiner-Gelvin
Contact Person Phone #	636-578-3816 314-539-3154
Contact Person e-mail address:	Ken_Fitzgerald@moep.uscourts.gov Nicole_Vernier-Gelven@moep.uscourt.gov
Dates of Prior Services:	1997 to present
Dollar Value of Prior Services	2014, \$ 140,000
Description of Prior Services Performed	Provided assessments, group and individual counseling to sexual offenders under Federal supervision

Susan McGuire

 Signature of Bidder

07--7-2015

 Date of Signature

EXHIBIT B
SUBMISSION IS MANDATORY
PRIOR EXPERIENCE OF BIDDER

The bidder shall copy and complete this form for each reference being submitted as demonstration of the bidder's prior experience. In addition, the bidder is advised that if the contact person listed for the reference is unable to be reached during the evaluation, the listed experience may not be considered.

Bidder Name:	
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	St. Charles County Community Services
Address of Reference Company:	111 Cave Springs Est. Dr.
	St. Peters, MO 63376
Reference Contact Person Name:	Sudy Cowdry
Contact Person Phone #	636-441-9002
Contact Person e-mail address:	
Dates of Prior Services:	1995 to present
Dollar Value of Prior Services	2014 \$18,000
Description of Prior Services Performed	Clinical Director of BID program

Susan McShurt
Signature of Bidder

7-7-2015
Date of Signature

BIDDER'S EXPERTISE OF PERSONNEL

EXHIBIT C
SUBMISSION IS MANDATORY

PERSONNEL EXPERTISE SUMMARY
(Also Attach Resumes for Management Staff)

Personnel	Background and Expertise of Management Staff
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1. Susan McGuire, M.Ed., LPC,NCC,MAC
 (Name) Clinical member of ATSA, 30+ years providing direct group and individual counseling services to sexual offender
Owner/ Clinical Director
 (Title) Approved by provider by Missouri Department of Corrections since 1992. Holds current Indigent contract.

2. Laura Brooks, MA, LPC
 (Name) Currently conducts Sex Offender groups, eight years experience, approved MO State provider. Resume attached
Therapist
 (Title)

3. Bonita Gray, MA, LPC
 (Name) Approved MO State Sex Offender provider. Resume attached.
Therapist
 (Title)

4. _____
 (Name)

 (Title)

5. _____
 (Name)

 (Title)

6. _____
 (Name)

 (Title)

Susan McGuire
Susan McGuire, M.Ed., LPC, NCC, MAC
 Bidder's Signature

07-08-2015
 Date

Susan M. McGuire

RESUME

CAREER EXPERIENCE

McGuire Counseling Centers, LLC St. Ann, St. Charles and Washington, Missouri
1993 to Present: Position: Owner/Clinical Director

Job Duties:

- * Develop and present group psychotherapy to groups specializing in:
 - Sexual Offenders
 - Aggression
 - Domestic Violence
 - Gambling Disorders
- * Office administration, budgeting, and employee supervision
- * Direct delivery of psychotherapy to children, adolescents, couples and groups
- * Conduct and interpret personality testing (approved for levels A, B & C)
- * Individual and marriage counseling
- * Expert witness testimony in aggression, and sexual offenders
- * Supervision and training of intern students
- * Liaison with community courts, Missouri Division of Family Services, and Missouri Board of Probation and Parole and US District Courts
- * Develop and conduct training and educational programs, conduct program evaluations
- Supervise staff: Counselors and support personnel

St. Charles County Community Services St. Charles, Missouri
1995 to Present: Position: Program Clinical Director

Job Duties:

- * Develop outpatient treatment programs Batterer's Intervention Program
- * Supervision of counseling staff providing direct services
- * Conduct weekly group treatment for the Batterer's Intervention Program
- * Develop and present community education programs
- * Monitor program for fiscal responsibilities
- * Liaison with St. Charles County Prosecuting Attorney's Office
- * Grant writing, program evaluation

Baue Funeral Homes: St. Charles, Missouri
1995 to 2000 : Position: Employee Assistance Consultant

Duties:

- * Conduct pre-employment screening of senior staff
- * Develop and conduct in house training in personnel management and employee issues
- * Employee conflict resolution consultant
- * Resource referrals for employee mental health issues
- * Conduct Staff Training on: Chemical Dependency, Sexual Harrassment & Gambling

University of Missouri-St. Louis St. Louis, Missouri

1995, to 2009 As needed; Position: Adjunct Professor, Behavioral Studies Department

Duties:

- * Develop course syllabus
- * Teach courses, on undergraduate and graduate levels:
 - Introduction to Counseling
 - Personality Development and Adjustment (DSM-IV Diagnosis)
 - Human Sexuality (Paraphilia section only)
 - Adolescent Psychology
- * Evaluate student performance

Salvation Army Hope Center for Children St. Louis, Missouri

1996 to 1997 Position: Outside Clinical Consultant-Development of Sexual Offender Unit

Duties:

- * Program develop and evaluation
- * Develop and conduct staff training regarding treatment of Paraphiliac issues
- * Conduct case staffings to develop appropriate treatment plans and level of placement
- * Consult with professional staff in development of group treatment program for sexual offenders

CPC Spirit of St. Louis Hospital St. Charles, Missouri

1992 to 1994; Position: Psychiatric Assessment Team Member

Duties:

- * Conduct assessment interviews
- * Develop initial treatment plan
- * Coordinate hospitalization
- * Recommend initial DSM-III -R diagnosis
- * Crisis counseling and referrals

Behavioral Science Institute, Inc. Clayton, Missouri

1992 to 1992; Position: Counselor in training: Part time: 4-92 to 10-92
Student Intern: 1-92 to 4-92

Duties:

- * Research, develop, and conduct a seven week educational program on human sexuality
- * Conduct initial client assessments
- * Conduct individual and group therapy with sexual perpetrators

Missouri Board of Probation and Parole Union, Missouri
1987 to 1991; Position: Probation and Parole Office I

Duties:

- * Supervision of 80 to 100 sexual offenders and mental health cases
- * Coordinator of Aggressive Offender Program
- * Co-author of an attitude survey for officers
- * Staff trainer: Regional training for officers:
 "Managing aggressive and resistant offenders"
- * Volunteer coordinator
- * Liaison to Franklin County Division VII Associate Circuit Court
- * Court testimony

Bridgeway Counseling Services, Inc. St. Charles, Missouri
1977 to 1984; Position: President of the Board of Directors (3 years)
Vice President (1 year)

Duties:

- * Board member of and alcohol and drug treatment and women's shelter
- * Grant writing for agency funding
- * Presentation of program to community and funding sources
- * Prepare fiscal budgets (2 million dollars), monitor expenditures, supervision of year budget reports
- * Program development and evaluation

Missouri Division of Family Services St. Charles, and Bowling Green, Missouri
1977 to 1987; Position: Children's Service Supervisor I
Social Service Worker II

Duties:

- * Supervision of eight social Service Workers
- * Preparation of employee evaluations
- * Develop and conduct in service, foster parent, and new staff training
- * Individual counseling and case management of incestuous families
- * Investigation of child abuse and neglect allegations-specialized in sexual abuse issues
- * Case planning, reviews, and court testimony
- * Schedule and conduct permanency Planning Reviews

Prosecuting Attorney's Office St. Charles, Missouri
1979 to 1980; Position: Investigator/Administrative Assistant

Duties:

- * Administration of the Child Support Enforcement Unit
- * Investigation and preparation of court paternity cases
- * Investigation and preparation of cases for legal prosecution
- * Victim preparation for court testimony

* Specialization in Sexual abuse/assault cases

PUBLICATIONS AND TRAINING

Domestic Violence Specialist Training , National Anger Management Association
(40 hours) 2015

US District Courts: Training for Federal officers working with Sexual Offenders
St. Louis, Missouri, 2014

National Conference on Addiction Disorders, St. Louis Mo NCAD and BH Summit 2014

University of Missouri-St. Louis: Understanding Purpose and Use of Polygraph in Treatment
3-22-2013

Association for the Treatment of Sexual Abusers 32nd Annual Research and Treatment
Conference, Chicago, Illinois 2013

Missouri Associations for the Treatment of Sexual Abusers, 2006, Conference, Columbia, MO

First Author: Addictions Counseling, In Cottone, R. And Tarvydas, V. (2006), Ethical
and Professional Issues in Counseling, 3rd Ed., NJ: Prentice Hall

Association for the Treatment of Sexual Abusers, 2004 Conference, St. Louis, MO

Missouri Addictions Counselors Association, Spring 2003 Conference: "Clinical Training, Part I:
Gambling Screening, Assessment and Treatment" (3 hours), "Clinical Training, Part II:
Treatment Delivery and Evaluation in Addicted Populations." (3 hours).

First Author: Addictions Counseling, In Cottone, R. And Tarvydas, V. (2003), Ethical
and Professional Issues in Counseling, 2nd Ed., NJ: Prentice Hall

Missouri Addictions Counselors Association, Spring 2000 Conference: "Assessment &
Treatment of Domestic Violence & Aggression; Assessing & Treating Sexual
Compulsivities." (3 hours)

"Mental Health Issues: Assessment and treatment of Pedophilia, sexual abuse, and incest,"
1999, Presented to the Eastern and Central Region of Missouri for the Missouri
Department of Mental Health

"Analysis of stress in children's drawings," co-author, research presented at the International
Stress Conference, Istanbul, Turkey, 1998

"Conceptualization of an instrument designed to assess gambling problems," 1998, Presented
at the national Gambling Association Conference, Los Vegas, Nevada.

Co-Author: Addictions and Ex-Offender Counseling, in Cottone, R., and Tarvydas, V. (1998)
Ethical and Professional Issues in Counseling, NJ: Prentice Hall

Co-Author: Survey of Individual Reactions ©, 1997, St. Louis, Missouri, UMSL
 (A comprehensive test to assess and diagnose individuals with compulsive gambling issues)

Rubic for projective analysis of stress in children's drawings, 1995, publication pending

"Working with sexual perpetrators," 1996, Missouri Association of Victim Advocates, State wide conference.

"Assessing individuals with gambling problems," 1996, Staff Training, Missouri Board of Probation and Parole

"Working with Sexual Perpetrators," 1995, Staff Training, 3 sessions, Salvation Army Hope Center for Children

"Goals of Misbehavior," 1994, State wide conference, Missouri Corrections Association

"How to deal with resistant clients," 1994, Staff Training for the Eastern Missouri Region, Missouri Board of Probation and Parole

"Addressing treatment issues of sexual perpetrators," 1994, Staff training, CPC Spirit of St. Louis Hospital

"Assessment of sexual abuse perpetrators," 1994, Staff Training, Missouri Division of Family Services

"Assessment of Family dysfunction," 1994, Staff Training, Missouri Board of Probation and Parole

Treatment of Perpetrators of Domestic Violence, a six month treatment model, Presented at Judges Conference, St. Charles County 1997,

Human Sexuality, 1992, a seven week educational program for sexual offenders, unpublished

Social Temperament Offender's Program (STOP), 1988, an eight week treatment program of aggressive offenders for the Missouri Board of Probation and Parole

"Foster Parent Advanced Training Issues," 1984, 1985, 1986

"Interview children with anatomically correct dolls," 1985

"Foster Parent Initial Orientation Training," 1985, 1986

Jay Haley and Cloe Madness, 1983 "Working with Resistant Families"

Alexander Zapharis 1982 "Assessment of Sexual Offenders"

EDUCATIONAL BACKGROUND

University of Missouri-St. Louis, St. Louis, Missouri

Doctorate in Behavioral and Developmental Studies

Area of Concentration: General Counseling

Area of Specialization: Addictions and diagnosis of psychopathology

Dissertation: Development of an instrument for the diagnosis of pathological Gambling

Current Status: Doctorate Candidate (all course work and comprehensive testing completed)

University of Missouri-St. Louis, St. Louis, Missouri

Master of Education in General Counseling

Degree conferred: May 1992

Area of concentration: Addictions Counseling

Thesis: Differential Diagnosis of Pedophilia

Southeast Missouri State University, Cape Girardeau, Missouri

Bachelor of Science

Degree earned: May 1977

Major: Psychology

Minor: Business Administration

CERTIFICATIONS/LICENSES

Missouri Licensed Professional Counselor # CS 0001978

National Board Certified Counselor # 42810

National Board Certified Master Addictions Counselor # 42810

Certified Domestic Violence Specialist I

PROFESSIONAL ASSOCIATIONS

Missouri Association for the Treatment of Sexual Abusers (MoATSA, current member)

Association for the Treatment of Sexual Abusers (ATSA) (Clinical Member)
National Anger Management Association (Member)

National Institute of Health, Mental Health Symposium (member)

American Counseling Association (member)

International Association of Addiction and Offender Counselor

Missouri Addiction Counselors Association, 1997

National Association of Addictions Counselors, 1997

Laura K. Brooks, LPC

Personal Information

Address: 6273 Vista View Dr.
House Springs, Mo 63051
Phone: 314-960-8304 (cell)
E-mail: laurakbrooksma@gmail.com

Educational History

Chicago School of Professional Psychology, Chicago, IL August 2003 – May 2005
Major: Forensic Psychology
Degree: M.A.
GPA: 3.77/4.0

Saint Louis University, St. Louis, MO August 2000 – May 2003
Major: Psychology
Degree: B.A.
GPA: 3.01/4.0

IHM Health Studies, St. Louis, MO May 2000 – August 2000
Major: Emergency Medical Technician
GPA: 4.0/4.0

Professional Experience

Clinical Practicum August 2004 – May 2005
Dupage County Juvenile Detention Center
Duties: Individual, group, and family therapy based on the Cognitive-Behavioral orientation
- Male and female residents ages 11-19
Supervisor: Dr. Julie Leonard, 630-407-2555

Work Experience

McGuire Counseling; Sex Offender Counselor 12-2009 - Present
Intake and Utilization Review Specialist September 2008 – present
Castlewood Treatment Center, Ballwin, MO
Duties: Interviewing and writing intake reports for new adult and adolescent clients, verifying insurance coverage, negotiating single case agreements and utilization review.
Population: Eating disordered adults and adolescents
Supervisor: Nancy Albus, LPC., 636-386-6611

Therapist

Behavioral Science Institute, St. Louis, MO October 2006 – June 2009
Duties: Interviewing and writing intake reports for new adult and adolescent clients, adolescent and adult group therapy, and psycho-educational groups/classes including "Non-Offenders Program", "Education and Redirection Program for Men arrested for Solicitation", and "Behavioral Foster Care Parenting Classes"
Population: Sexually abusive adults and adolescents, non-offending partners of abusers including DSS ordered birth parents, court ordered prostitution clients, traditional and behavioral foster parents
Supervisor: Marie Clark, M.A., 314-361-2662

Therapist

Juvenile Transitions Center, Centreville, IL

January 2006 – October 2006

Duties: Interviewing and writing intake reports for new clients, conducting group therapy and psycho-educational groups, individual therapy, conducting quarterly staffings on each client, family therapy, staff development, case management and care coordination with the Department of Children and Family Services, supervision and consultation with Marie Clark, M.A., Behavioral Science Institute
Population: Sexually offending male adolescents, as well as non-offending family and friends.

Supervisor: Janene Allen, 618-293-0084

Adolescent Therapist- Inpatient Behavioral Health

Gateway Regional Medical Center, Granite City, IL

June 2005 – September 2005

Duties: Interviewing and writing intake reports for new clients, conducting group therapy and psycho-educational groups, individual therapy, family therapy, case management and care coordination with the Department of Children and Family Services
Population: male and female children and adolescents, as well as their family or caseworkers.

Supervisor: Patty Morrow, 618-798-3000

**Patient Care Technician - Emergency Department
2006**

November 2002 – January

Saint Anthony's Medical Center, St. Louis, MO

Duties: Triage assistance, patient vitals, CPR, EKGs, laboratory order entry, phlebotomy, stock rooms, and general patient care

Supervisor: Martha Rahm, 314-525-1904

Patient Care Technician - Emergency Department

Barnes-Jewish Hospital, St. Louis, MO

May 2000 – December 2002

Duties: Triage assistance, patient vitals, CPR, trauma assistance, EKGs, laboratory order entry, phlebotomy, stock rooms, and general patient care

Supervisor: Debbie Hunt, 314-362-9123

References

References available on request

Interests & Activities

I participated in four years of women's varsity soccer at Benedictine College. I am still currently involved with several indoor teams.

To whom it may concern:

Bonita A. Gray

24 Ridge Mount Ct.
St. Charles, MO 63303
Ph#: 636-233-1475
bonitagray@yahoo.com

Objective Utilize my professional and teaching experience in providing individual and family counseling opportunities

Education

May 2006 Lindenwood University: St. Charles, Mo
MA in Professional Counseling, GPA: 4.0

May 1987 St. Ambrose University: Davenport, IA
Bachelor of Arts in English Education, Overall GPA: 3.5

January 1977 Tennessee Temple University: Chattanooga
Bachelor of Arts in English

Counseling Experience

June 2009 Licensed Professional Counselor, McGuire Counseling
Centers (Supervisor Susan McGuire, M.ED., LPC, NCC)

- Conduct Individual therapy sessions
- Write treatment plans and summaries
- Assist in Batterer's Intervention Program
- Write Intake Assessments for Batterer's Intervention Program
- Assist in therapeutic research
- Assist Paraphilia Group Therapy

November 2006 Provisional Licensed Counselor, McGuire Counseling
Centers (Supervisor Susan McGuire, M.ED., LPC, NCC)

- Conduct Individual therapy sessions
- Instruct Batterer's Intervention Program
- Write treatment plans and summaries
- Assist Paraphilias Group Therapy

- 2005-2006 Intern therapist, Youth Emergency Service (YES)
(Supervisor Anna Sturgis, MSW)
- Engaged residents in individual, group and family therapy
 - Wrote treatment plans and discharge summaries
 - Assisted residents in social skills, self-esteem, and anger management, and life skills

- Fall 2006 Intern therapist, Learning Consultants, St. Charles
(Supervisor Ed Bosezek)
- Worked in a parochial school on a referral basis with children
 - Engaged clients with Asperger's and ADHD in group therapy

Teaching Experience

- 1992-2000 Black Hawk College Outreach Program: E. Moline and Rock Island, IL
- Part-time HSC/GED Classroom Instructor, Grades 9-12
 - Taught English, Social Science and History
 - Provided GED Test Prep Instruction for Adult Education Program
 - Counseled At-Risk Adolescence in Social and Academic Adjustment
 - Taught ABE/GED for the HEADSTART Parent Program
- Fall 1990 J.D. Darnall Senior High School: Geneseo, IL
- Long-term Substitute English teacher, Grades 10 and 12
 - Taught Early British Literature and Grammar/Writing Skills
- 1988-1990 Black Hawk Outreach Program: Geneseo and E. Moline, IL
- Taught Adult GED and Alternative GED Classes
 - Taught GED Test Prep Skills including Writing, Math, Social Science, Literature and Science
 - Taught Test Prep Material for the Illinois and U.S. Constitution Test
- Fall 1988 Riverdale High School: Port Byron, IL
- Partial Year Contracted English Instructor, Grades 10-11
 - Taught American Literature, British Literature, Grammar/Writing Skills

- Assistant Speech and Drama Coach

Spring 1987

Moline High School, Moline, IL

- Long-term Substitute English Teacher, Grades 10-12
- Taught Upper Level British Literature, American Literature and General English Classes

Professional Organizations

- Student Member of Missouri Group Psychotherapy Society
- Illinois Truant Alternative Optional Education Program (ITAOEP)
- Illinois Coalition Educators at Risk Youth (ICEARY)

Extra Curricular Participation

PTA, FTA, Band-Boosters, Awana Leader, Jr. High Youth Leader, Speech and Drama Club Coach, Safety Officer of CAP (Civil Air Patrol), mission to Haiti (orphanage)

Interests

My Family, Reading (Historical), Writing (Biographical), Traveling (Europe, Egypt, Mexico, Caribbean)

References

Sharon Towner
Blackhawk College Outreach
Supervisor of Optional Education
301 Avenues of the Cities
East Moline, IL 61244
309-796-4851

Glenda Nicke
Operations Manager (Dean of outreach programs
Black Hawk College Adult Ed.
301 Avenues of the Cities
East Moline, IL 61244
309-796-4822

Colleen Biri Psy.D.
Lindenwood University

209 South Kingshighway
St. Charles, MO 63301
636-949-4519

Susan McGuire, M.ED., LPC, NCC
McGuire Counseling Centers
1360 S Fifth St. Suite 312
St. Charles, MO 63301
636-940-9511

EXHIBIT D
MISSOURI SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE PREFERENCE

Pursuant to section 34.074, RSMo, and 1 CSR 40-1.050, the Department has a goal of awarding three (3) percent of all contracts for the performance of any job or service to qualified service-disabled veteran business enterprises (SDVEs).

STANDARDS:

The following standards shall be used by the Department in determining whether an individual, business, or organization qualifies as an SDVE:

- Doing business as a Missouri firm, corporation, or individual or maintaining a Missouri office or place of business, not including an office of a registered agent;
- Having not less than fifty-one percent (51%) of the business owned by one (1) or more service-disabled veterans (SDVs) or, in the case of any publicly-owned business, not less than fifty-one percent (51%) of the stock of which is owned by one (1) or more SDVs. (An SDV is defined as any individual who is disabled as certified by the appropriate federal agency responsible for the administration of veterans' affairs.);
- Having the management and daily business operations controlled by one (1) or more SDVs;
- Having a copy of the SDV's award letter from the Department of Veterans Affairs or a copy of the SDV's discharge paper (DD Form 214, Certificate of Release or Discharge from Active Duty) and a copy of the SDV's documentation certifying disability by the appropriate federal agency responsible for the administration of veterans' affairs; and
- Possessing the power to make day-to-day as well as major decisions on matters of management, policy, and operation.

If a bidder meets the standards of a qualified SDVE as stated above, and unless previously submitted within the past five (5) years to the Department or to the Office of Administration, Division of Purchasing and Materials Management (DPMM), the bidder **must** provide the following SDV documents to receive the Missouri SDVE three (3) bonus point preference.

- A copy of the SDV's award letter from the Department of Veterans Affairs or a copy of the SDV's discharge paper (DD Form 214, Certificate of Release or Discharge from Active Duty),
- A copy of the SDV's documentation certifying disability by the appropriate federal agency responsible for the administration of veterans' affairs, and
- A completed copy of this exhibit.

(NOTE: The SDV's award letter, the SDV's discharge paper, and the SDV's documentation certifying disability shall be considered confidential pursuant to subsection 14 of section 610.021, RSMo.)

EXHIBIT D (continued)
MISSOURI SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE PREFERENCE

By signing below, I certify that I meet the definitions of a service-disabled veteran and a service-disabled veteran business enterprise as defined in section 34.074, RSMo. I further certify that I meet the standards of a qualifying SDVE as listed herein pursuant to 1 CSR 40-1.050.

 Service-Disabled Veteran's Name
 (Please Print)

 Service-Disabled Veteran Business Enterprise Name

 Service-Disabled Veteran's Signature

 Missouri Address of Service-Disabled Veteran
 Business Enterprise

 Phone Number

 Website Address

 Date

 E-Mail Address

The SDVE bidder should check the appropriate statement below and, if applicable, provide the requested information.

- No, I have not previously submitted the SDV documents specified herein to the state agency or to the Office of Administration, Division of Purchasing and Materials Management (DPMM) and therefore have enclosed the SDV documents.
- Yes, I previously submitted the SDV documents specified herein within the past five (5) years to the state agency.
- Yes, I previously submitted the SDV documents specified above within the past five (5) years to the Office of Administration, Division of Purchasing and Materials Management (DPMM).

Date SDV Documents were Submitted: _____

Previous **Bid/Contract Number** for Which the SDV Documents were Submitted: _____
 (if known)

(NOTE: If the SDVE and SDV are listed on the DPMM SDVE database located at <http://oa.mo.gov/sites/default/files/sdvelisting.pdf>, then the SDV documents have been submitted to the DPMM within the past five [5] years. However, if it has been determined that an SDVE at any time no longer meets the requirements stated above, the DPMM will remove the SDVE and associated SDV from the database.)

FOR STATE USE ONLY

SDV's Documents - Verification Completed By:

 Procurement Officer

 Date

EXHIBIT E
PARTICIPATION COMMITMENT

Organization for the Blind/Sheltered Workshop and/or Service-Disabled Veteran Business Enterprise (SDVE) Participation Commitment – If the bidder is committing to participation by or if the bidder is a qualified organization for the blind/sheltered workshop and/or a qualified SDVE, the bidder must provide the required information in the appropriate table(s) below for the organization proposed and must submit the completed exhibit with the bidder’s bid.

Organization for the Blind/Sheltered Workshop Commitment Table	
By completing this table, the bidder commits to the use of the organization at the greater of \$5,000 or 2% of the actual total dollar value of contract	
(The services performed or the products provided by the listed Organization for the Blind/Sheltered Workshop must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.)	
Name of Organization for the Blind or Sheltered Workshop Proposed	Description of Products/Services to be Provided by Listed Organization for the Blind/Sheltered Workshop <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.	Product/Service(s) proposed: ----- IFB Paragraph References:
2.	Product/Service(s) proposed: ----- IFB Paragraph References:

SDVE Participation Commitment Table		
(The services performed or the products provided by the listed SDVE must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.)		
Name of Each Qualified Service-Disabled Veteran Business Enterprise (SDVE) Proposed	Committed Percentage of Participation for Each SDVE (% of the Actual Total Contract Value)	Description of Products/Services to be Provided by Listed SDVE <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:	%	

EXHIBIT F

DOCUMENTATION OF INTENT TO PARTICIPATE

If the bidder is proposing to include the participation of an Organization for the Blind/Sheltered Workshop and/or qualified Service-Disabled Veteran Business Enterprise (SDVE) in the provision of the products/services required in the IFB, the bidder must either provide a recently dated letter of intent, signed and dated no earlier than the IFB issuance date, from each organization documenting the following information, or complete and provide this Exhibit with the bidder's bid.

~ Copy This Form For Each Organization Proposed ~

Bidder Name: _____

This Section To Be Completed by Participating Organization:

By completing and signing this form, the undersigned hereby confirms the intent of the named participating organization to provide the products/services identified herein for the bidder identified above.

Indicate appropriate business classification(s):

_____	Organization for the Blind	_____	Sheltered Workshop	_____	SDVE
-------	-------------------------------	-------	-----------------------	-------	------

Name of Organization: _____

(Name of Organization for the Blind or Sheltered Workshop or SDVE)

Contact Name: _____ Email: _____

Address (If SDVE, provide MO Address): _____ Phone #: _____

City: _____ Fax #: _____

State/Zip: _____ Certification # _____

SDVE's Website Address: _____ Certification Expiration Date: _____ (or attach copy of certification)

Service-Disabled Veteran's (SDV) Name: _____ SDV's Signature: _____ (Please Print)

PRODUCTS/SERVICES PARTICIPATING ORGANIZATION AGREED TO PROVIDE

Describe the products/services you (as the participating organization) have agreed to provide:

Authorized Signature:

*Authorized Signature of Participating Organization
(Organization for the Blind, Sheltered Workshop, or SDVE)*

*Date
(Dated no earlier than
the IFB issuance date)*

EXHIBIT F (continued)

DOCUMENTATION OF INTENT TO PARTICIPATE

SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE (SDVE)

If a participating organization is an SDVE, unless the Service-Disabled Veteran's (SDV) documents were previously submitted within the past five (5) years to the state agency or to the Office of Administration, Division of Purchasing and Materials Management (DPMM), the bidder **must** provide the following SDV documents:

- a copy of the SDV's award letter from the Department of Veterans Affairs or a copy of the SDV's discharge paper (DD Form 214, Certificate of Release or Discharge from Active Duty); and
- a copy of the SDV's documentation certifying disability by the appropriate federal agency responsible for the administration of veterans' affairs.

(NOTE: The SDV's award letter, the SDV's discharge paper, and the SDV's documentation certifying disability shall be considered confidential pursuant to subsection 14 of section 610.021, RSMo.)

The bidder should check the appropriate statement below and, if applicable, provide the requested information.

- No, I have not previously submitted the SDV documents specified above to the state agency or to the Office of Administration, Division of Purchasing and Materials Management (DPMM) and therefore have enclosed the SDV documents.
- Yes, I previously submitted the SDV documents specified above within the past five (5) years to the state agency.
- Yes, I previously submitted the SDV documents specified above within the past five (5) years to the Office of Administration, Division of Purchasing and Materials Management (DPMM).

Date SDV Documents were Submitted: _____

Previous Bid/Contract Number for Which the SDV Documents were Submitted: _____
(if known)

(NOTE: If the SDVE and SDV are listed on the DPMM SDVE database located at <http://oa.mo.gov/sites/default/files/sdvelisting.pdf>, then the SDV documents have been submitted to the DPMM within the past five [5] years. However, if it has been determined that an SDVE at any time no longer meets the requirements stated above, the DPMM will remove the SDVE and associated SDV from the database.)

FOR STATE USE ONLY

SDV's Documents - Verification Completed By:

Procurement Officer

Date

EXHIBIT G
BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION,
AND AFFIDAVIT OF WORK AUTHORIZATION

BUSINESS ENTITY CERTIFICATION:

The bidder/contractor must certify their current business status by completing either Box A or Box B or Box C on this Exhibit.

- BOX A:** To be completed by a non-business entity as defined below.
- BOX B:** To be completed by a business entity who has not yet completed and submitted documentation pertaining to the federal work authorization program as described at http://www.dhs.gov/xprevprot/programs/gc_1185221678150.shtm.
- BOX C:** To be completed by a business entity who has current work authorization documentation on file with a Missouri state agency including Division of Purchasing and Materials Management.

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 utilizes 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 _____ (Bid/SFS/Contract 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 _____ (insert agency name) with all documentation required in Box B of this exhibit.

Authorized Representative's Name
(Please Print)

Authorized Representative's Signature

Company Name (if applicable)

Date

EXHIBIT G, continued

BOX B – CURRENT BUSINESS ENTITY STATUS

<p>McGuire Counseling Centers, LLC I certify that <u>McGuire Counseling Centers, LLC</u> (Business Entity Name) MEETS the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.520.</p>	
<p><u>Susan McGuire</u> Authorized Business Entity Representative's Name (Please Print)</p>	<p><i>Susan M. McGuire</i> <u>Susan McGuire, M.Ed., LPC, NCC, MAC</u> Authorized Business Entity Representative's Signature</p>
<p><u>McGuire Counseling Centers, LLC</u> Business Entity Name</p>	<p><u>7-8-2015</u> Date</p>
<p><u>Smcguire55@me.com</u> E-Mail Address</p>	

As a business entity, the bidder/contractor must perform/provide the following. The bidder/contractor should check each to verify completion/submission:

- Enroll and participate in the E-Verify federal work authorization program (Website: http://www.dhs.gov/xprevprot/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/contractor's name and company ID OR a page from the E-Verify Memorandum of Understanding (MOU) listing the bidder's/contractor's name and the MOU signature page completed and signed, at minimum, by the bidder/contractor and the Department of Homeland Security – Verification Division. If the signature page of the MOU lists the bidder's/contractor's name and company ID, then no additional pages of the MOU must be submitted.; AND
- Submit a completed, notarized Affidavit of Work Authorization provided on the next page of this Exhibit.

EXHIBIT G, continued

AFFIDAVIT OF WORK AUTHORIZATION:

The bidder/contractor who meets the section 285.525, RSMo definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now Susan McGuire, Clinical Director (Name of Business Entity Authorized Representative) as Owner/Director (Position/Title) first being duly sworn on my oath, affirm McGuire Counseling Center, LLC (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 for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that McGuire Counseling Center, LLC (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided to 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.)

Susan M. McGuire Authorized Representative's Signature Susan M. McGuire Printed Name

Owner / Clinical Director Title 07-08-2015 Date

smcguire55@me.com E-Mail Address

Subscribed and sworn to before me this 8TH (DAY) of JULY, 2015 (MONTH, YEAR). I am commissioned as a notary public within the County of St. Louis (NAME OF COUNTY), State of Missouri (NAME OF STATE), and my commission expires on August 16, 2018 (DATE).

Shane Marie Kincaid Signature of Notary July 8, 2015 Date



SHANE MARIE KINCAID
My Commission Expires
August 16, 2018
St. Louis County
Commission #14006414

EXHIBIT G, continued

BOX C - AFFIDAVIT ON FILE - 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, RSMo and have enrolled and currently participates in the E-Verify federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri. We have previously provided documentation to a Missouri state agency or public university that affirms enrollment and participation in the E-Verify federal work authorization program. The documentation that was previously provided included the following.

- A page from the E-Verify Memorandum of Understanding (MOU) listing the bidder's/contractor's name and the MOU signature page completed and signed, by the bidder/contractor and the Department of Homeland Security – Verification Division.
- A current, notarized Affidavit of Work Authorization (must be completed, signed and notarized within the last twelve months).

Susan McGuire
 Authorized Business Entity
 Representative's Name
 (Please Print)
 403809

Susan McGuire
Susan McGuire, M.Ed., LPC, NCC, MAC

Authorized Business Entity
 Representative's Signature

McGuire Counseling Centers, LLC
 E-Verify MOU Company ID
 Number

Smcguire55@me.com
 E-Mail Address

McGuire Counseling Centers, LLC
 Business Entity Name

7-7-2015
 Date

Missouri State Agency or Public University* Name
 Date of Submission _____

Bid/Contract Number _____
 (If known)

- * Public University includes the following five schools:
- 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
 - Division of Purchasing & Materials Management



Employment Eligibility Verification



Welcome Susan McGuire User ID SMCG1162 Last Login 11:48 PM - 07/07/2015 Log Out

Click any ? for help

- Home
My Cases
New Case
View Cases
Search Cases
My Profile
Edit Profile
Change Password
Change Security Questions
My Company
Edit Company Profile
Add New User
View Existing Users
Close Company Account
My Reports
View Reports
My Resources
View Essential Resources
Take Tutorial
View User Manual
Share Ideas
Contact Us

Company Information

Company Name: McGuire Counseling Centers, LLC

View / Edit

Company ID Number: 403809

Doing Business As (DBA) Name:

DUNS Number:

Physical Location:

Address 1: 1360 South Fifth Street
Address 2: Suite 370
City: Saint Charles
State: MO
Zip Code: 63301
County: SAINT CHARLES

Mailing Address:

Address 1:
Address 2:
City:
State:
Zip Code:

Additional Information:

Employer Identification Number: 43186716
Total Number of Employees: 1 to 4
Parent Organization:
Administrator:

Organization Designation:

Employer Category: None of these categories apply

NAICS Code: 624 - SOCIAL ASSISTANCE

View / Edit

Total Hiring Sites: 1

View / Edit

Total Points of Contact: 1

View / Edit

View MOU

COMPLIANCE WITH TERMS AND CONDITIONS

Compliance with Terms and Conditions:

All treatment providers at MCC have successfully completed training through the Missouri Department of Corrections regarding Provider Standards. Each have signed and agreed to comply with the terms as presented in the current Missouri State Community Sex Offender Treatment Manual.

Attached is a copy of Susan McGuire's electronically submitted verification of compliance.

Jeremiah W. (Jay) Nixon
Governor



George A. Lombardi
Director

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

I, Susan McGuire, Community Sex Offender Treatment Provider for Sex Offenders being supervised by the Missouri Division of Probation and Parole attended Community Sex Offender Treatment Manual Training on January 23, 2015. I understand failure to comply with the standards covered during the training and also listed below may result in a temporary suspension of accepting new clients and/or withdrawal of approval status as a Community Sex Offender Treatment Provider.

PROVIDER STANDARDS

Agree to develop and maintain a file on each sex offender client which includes:

- SM An Intake Assessment which includes a written thorough psychosocial assessment complete sexual history and risk to the community assessment.
- SM Treatment Plan to include specific goals/risk, time frames for completion. Treatment Plans will be reviewed and updated as outlined in the time frames.
- SM Monthly attendance sheet with payment information/problems
- SM Documentation of weekly group work
- SM Case report (original or photocopy) – on conviction offense
- SM Empathy Enhancement
- SM Deviant cycle (original or photocopy)
- SM Relapse prevention/safety plan (original or photocopy)
- SM Progress Reports (detailed and specific to progress in treatment)
- SM Signed copy of confidentiality agreement, and signed release of information
- SM Signed copy of release for file review (audits /monitoring)

- SM Agree to require sex offenders to complete all basic treatment goals and court compliance before consideration is given to completion of therapy.
- SM Agree to consult with the supervising Probation and Parole Officer prior to recommendation for completion of treatment or aftercare placement.
- SM Provide Progress Reports every ninety days to the Probation and Parole Officer on each client. The provider must immediately notify the supervising officer after any absence and will freely share information regarding the offender with the appropriate PO.
- SM Provide client completion or termination reports with degree of risk in the community and recommendations for the supervising officer. Reports are due within ten (10) calendar days of discharge/completion of treatment.
- SM Terminate sex offender clients who demonstrate a pattern of non-compliance with the requirements of the treatment, after consultation with supervising Probation and Parole Officer.
- SM If the provider will be absent from group (due to illness, vacation, conference Attendance): the provider will notify the Specialist of the dates group will not be in session. Provider will also notify supervising officer of absence.
- SM If the provider plans to use a substitute for group when they are absent, they must notify the Specialist and obtain prior approval.
- SM Ensure sex offender is aware of confidentiality standards with regard to public safety.

Agree to follow the ATSA standards, and the Code of State Regulations for Licensed Professional Counselors, Social Workers, or Psychologist in Missouri based on my individual Professional Licensing Regulations.

Signature *Susan McGuire*, M.Ed, LPC, NCC, MAC Date June 22, 2015
 Therapist

Signature _____ Date _____
 Treatment Compliance Specialist

PROPOSED METHOD OF PERFORMANCE

MCC IFB SDA 503-004

PROPOSED METHOD OF PERFORMANCE

McGuire Counseling Centers, LLC (MCC), is a privately owned counseling agency. MCC provides mental health services to individuals within a cognitive behavioral framework. We believe therapy is a co-joint endeavor between the therapist and client. Clients are expected to fully participate in development and evaluation of their outcome based therapy. Treatment at MCC consists of a combination of talk therapy, psycho-education, and behavioral monitoring. As many MCC clients are mandated by the courts to seek treatment. We believe it is essential that they are treated with the same dignity, respect, and high treatment standards as afforded our private patients.

PROVISION OF SERVICE

McGuire Counseling Centers, LLC (MCC), shall provide the following services in response to referrals received by the Missouri Department of Corrections to sexual offenders in a geographic area encompassing St. Charles, St. Louis, St. Louis City, Lincoln, Franklin and Warren Counties. MCC shall provide services in strict accordance with the Treatment Plan prepared for each client.

MCC shall provide the following services:

1. SEX OFFENSE SPECIFIC EVALUATION AND REPORT” A sex offense-specific evaluation and report for the for the purpose of assessing risk factors and formulating a treatment program plan. A written report will be provided within ten working days of completion of the evaluation. The flow of this evaluation will be:

- A. Upon receipt of the initial referral the client will be scheduled for an individual counseling session. This session will focus on completion of a Mental Status Exam, client’s version of the offense, and clinical interview
- B. If additional information is necessary, phone contact will be made to the referring officer to obtain information rregarding the index offense and client’s general stability and history.
- C. Collateral information such as police reports, institutional records, victim statements and / or prior treatment records may be obtained. The majority of the information will be obtained from the Officer’s referral
- D. During the initial session with the client, completion of written testing and intake forms will be expected. This testing will include, but not be limited to: MMPI-II,

STAXI-2, MPD, MSEI, and/ or MPD. For clients that have reading or comprehension difficulties, testing will be verbally presented.

E. A second session will be scheduled to obtain additional information and review testing. At this time client input will be encouraged in developing an appropriate treatment plan.

- a. If treatment is recommended additional sessions will be scheduled.
- b. If a registered Sexual Offender: high-risk behavior will be identified
- c. Rules and expectations of treatment will be presented in writing to each client (

F. A written report will be completed within ten days of completion of the evaluation. This report will include, but not be limited to:

- a. Vendor's/Evaluator's contact information
- b. Description of the presenting problem, reason for the referral.
- c. A brief social history of the client, sources of all information.
- d. Presentation of psychometric testing
- e. At least one actuarial risk assessment approved by ATSA standards will be completed. This may be, but is not limited to: HARE PCL-R, RRASOR, STATIC99, MNSOT-R and/or other approved instrument
- f. Summary of clinical interview observations
- g. Diagnostic impressions
- h. Treatment goals with objective outcome criteria to measure goal success
- i. Purposed Treatment intervention and recommendations
- k. If applicable, specific recommendations for community management shall be listed in the report.
- l. MCC will contact the probation officer within 24 hours, either by phone or fax, to inform if a client fails to report for their scheduled evaluation.
- m. Risk Level will be assigned

G. All MCC staff that performs evaluations shall be a licensed / certified Psychiatrist, psychologist, or Masters-level practitioners who meet the standards of the Missouri Licensing Boards to practice in Missouri. All staff shall adhere to the established ethics, standards, and practices of their professional regulatory board and the Association for the Treatment of Sexual Abusers (ATSA).

2. SEX OFFENSE-SPECIFIC COUNSELING,
MCC shall provide the following:

A. Individual Counseling / Sex Offender shall be provided on an as needed

basis, utilizing a Cognitive Behavioral format, delivered in accordance with ATSA standards. Individual counseling will consist of a one (1) hour, "talk" counseling session. It is preferred that all sexual offenders begin in individual counseling to assess and prepare the client for the group counseling experience. This is typically achieved in one to four sessions. Weekly sessions to supplement group counseling may be recommended.

- B. Group Counseling/ Sex Offenders** shall be provided on a weekly basis. Groups will be homogeneous (sexual offenders only), limited to more than two, no more than 12 participants. Group therapy will be presented in accordance with ATSA standards. Sessions shall be conducted to address issues associated with sexual offending and relapse prevention. Each group member will be issued a three ring binder in which all written assignments and reference materials shall be kept for review by group, partner/supervisor and Probation Officer. Clients deemed to be at low risk that has met all requirements of Phase I weekly treatment with the approval of The Department of Corrections might be transferred to the once per month Relapse Prevention Group (RPG).
- C. Family Counseling / Sex Offender** shall be provided on an as needed basis, typically scheduled for a one (1) hour session. These sessions will focus specifically on issues associated with family victimization, reunification, or relapse prevention. Session will be billed at the individual rate, regardless of the number of family members in attendance. Family counseling may be conducted in individual sessions, or may be presented in a group educational format. All group members are expected to have a significant other participate in a 16-hour program to progress in treatment. The charge for this 16-hour program shall be included for one (1) member in the client's group rate. Any additional attendees in this program shall be at the client's expense.
- E. Education Group/ Sex Offender** Group education may be utilized prepare clients for the group counseling experience. This will be limited to clients who have little or no understanding of the offense cycle. Family members may be invited to attend, at no additional cost.
- F. MCC shall ensure that:**
- a. All sex offense specific counseling is provided by a licensed / certified psychiatrist, psychologist, or Masters-level practitioners who meet the standards of the Missouri Licensing Boards to practice in Missouri. All staff shall adhere to the established ethics, standards, and practices of their professional regulatory board and the Association for the Treatment of Sexual Abusers (ATSA).
 - b. Practitioners use sex offense-specific treatment. Treatment will utilize interventions that help sex offenders accept responsibility, increase levels of recognition of offending patterns and relapse prevention, and focus on details of

the actual sexual behavior, arousal, fantasies, planning, cognitive distortions and rationalizations of deviant thoughts and behaviors.

c. Specific issues that will be the focus of treatment include, but are not limited to:

- Generalized empathy
- Identification of dysfunctional cognitive patterns
- Stress management
- Development of a safety plan to avoid high-risk situations
- Challenging denial patterns that occur prior to, during, and after offending
- Frustration tolerance
- Education of relapse factors and indicators
- Education regarding healthy adaptive life skills
- Recognition and identification of internal mood states
- Social skill development
- Relationship skill development
- Developing and maintaining healthy boundaries in peer relationships
- Anger management
- Resolution of Grief issues
- Career planning
- Conflict resolution skills
- Goal setting and measurements of achievement
- Assumption of personal responsibility for thoughts, feelings, and Behaviors
- Setting and maintaining personal boundaries
- Personal accountability
- Moral skill development
- Developing a written safety plan
- Developing a written victim impact statement
- Developing in written an assessment of offending patterns to aid In relapse prevention
- Complete a written autobiography
- Continually evaluate program compliance
- Review polygraph results
- Continually assess need for additional referral services

d. High risk factors that are discovered during the course of treatment, or a client's failure to attend therapy will be reported immediately (within 24 hours) to the probation officer. This will be done either by phone, e-mail, or fax transmission.

e. An emergency, after hours, phone number is provided to clients on all MCC business cards. Instructions for contact are listed on voice mail of this number in those rare instances in which a counselor is not immediately available after hours.

f. Only face-to-face contacts or emergency phone contacts with a client or their family members will be billed on this contract.

g. Upon completion of intake, a written treatment plan will be developed which will contain short and long term goals that the client will be expected to achieve. These goals will be reviewed with the client prior to their assignment into group therapy. Goals will be measurable, time-framed based, and specify the frequency and type of services that will be rendered to move towards these goals. Monthly summaries will show clients attendance and participation in-group. Review and progress will be conducted on a monthly basis, with results and updates of the treatment plan sent to The Department of Corrections every 30 days.

h. Discharge summaries will be completed on cases where treatment is terminated. These reports will be completed within 5 days of termination. They will be specifying the status of termination, as well as, a narrative that clearly explains the rationale for discharge. Treatment terminations will only be conducted after input from the supervising officer.

3. CHAPERONE TRAINING AND SUPPORT/SEX OFFENDER

Chaperone training and support is a sixteen (16) hour interactive educational program for one or more individuals designated by the probation/pretrial officer to act as a chaperone for a defendant/offender and to safeguard for the community.

A. MCC shall ensure:

- a. All MCC staff that Chaperone Training shall be an experienced, Licensed / certified Psychiatrist, psychologist, or Masters-level practitioners who meet the standards of the Missouri Licensing Boards to practice in Missouri. All staff shall adhere to the established ethics, standards, and practices of their professional regulatory board and the Association for the Treatment of Sexual Abusers (ATSA).
- b. Training will be conducted over a two-day period within a group format. Follow up sessions may be conducted on an individual or family-counseling basis
- c. Groups will be more than 2 and less than 12 individuals
- d. Defendants/Offenders will be expected to agree to sign a full two-way authorization for release of information, enabling the Chaperone access to case information and client progress.
- e. The Chaperone must be over the age of 18.
- f. The Chaperone group will be expected to fully participate in-group, however completion of the group does NOT guarantee approval as a supervisor. MCC reserves

the right to clinical evaluation of the appropriateness of an individual being approved as a chaperone

- g. The group will address, but is not limited to:
 - 1. Expectations and responsibilities of a chaperone
 - 2. Myths and miss believes associated with sexual offending
 - 3. Diagnosis and behavioral indicators of Paraphilias
 - 4. Recognition and disputing of cognitive distortions that promote offending
 - 5. Behavioral indications of offending, including groom, addictive behaviors, and covert manipulations of others
 - 6. Victimology
 - 7. Relapse prevention and signs of high risk and escalating behaviors
- h. A written safety plan to avoid high-risk behaviors and situations will be completed as part of the Chaperone program.
- i. Written notification of group participation will be forwarded to The Department of Corrections within five working days of completion of the program.
- j. The safety plan will be reviewed by the Defendant / Offender for group and counselor approval and suggestions. Upon this approval, the Safety Plan will be forwarded for review/approval to The Department of Corrections. All stakeholders will be expected to sign this plan to signify agreement.
- k. A discharge / treatment summary indicating approval or unsuccessful discharge will be forwarded to The Department of Corrections within 10 days of program termination

4. DELIVERABLES

A. File Maintenance

- 1. MCC shall maintain a secure filing system of information on all clients. File cabinets shall be located the general clerical office. Cabinets containing client's files shall have restricted access and / or be locked at all times. Access to MCC client files shall be limited to professional staff.
- 2. Files of clients referred in compliance with this Purchase Agreement shall be segregated from other vendor records. Such files shall be kept in a separate drawer, no overt label such as "STATE" will be visible, to ensure confidentiality.
- 3. A separate and complete file shall be maintained on each client.

4. Client identity and confidentiality of all clients shall be maintained at all times. For book keeping purposes, client's will be assigned a case file number to ensure confidentiality if in any instance books are reviewed by other than MCC personnel. MCC policy is that client identity be maintained confidential at all times. Release of client name, address, or other identifying information shall not occur without the expressed written consent of the client (HIPPA). Group therapy member's identity is also maintained as confidential in accordance with McGuire vs. Cunduff (1999)

5. All client records associated with this agreement shall be maintained for five (5) years after the final payment date under this agreement. Except for case related to the following:

a. Appeals under subsection 4. Disputes, in Section I or Litigations or settlements of claims arising out of the performance of this agreement, until final disposition of such appeals, litigation, or claims.

b. At the expiration of the term of the agreement, provide the Department of Corrections or his/her designee a copy of all client records contained in each client file that have not been previously furnished.

B. Disclosure

MCC shall protect confidentiality of records from disclosure, except accordance with the following:

1. A written release of information has been signed by the client that case information can be released and or obtained from a specific source.

2. Treatment for individuals under this Purchase Agreement shall be required to authorize full disclosure to the Department of Corrections.

3. In accordance with Federal and State Laws, and ACA ethical standards, disclosure of case information to the appropriate authorities shall occur in the following without a signed authorization by the client:

- a. Potential suicide
- b. Potential homicide
- c. Child Abuse
- d. Commission of new felony
- e. If a valid subpoena has been issued

C. File Content

1. Chronological notes:
MCC files shall be maintained as follows:

A. Each case file shall contain:

- (a) A current client profile sheet (See attachments)
 - (b) All current Authorizations for release of information and HIPPA Standards for Confidentiality. Including all Authorizations for treatment.
 - (c) MCC forms:
 - 1. Social History
 - 2. Financial Agreement Form and all updates
 - 3. Confidentiality Form
 - 4. Sexual History Form (if appropriate)
 - (d) Testing Section
 - 1. Original testing materials and scoring sheets to All tests administered
 - (e) Correspondence Section
 - 1. Copies and/or originals of all written case Correspondence
 - 2. All billing information sent
 - 3. Original or Copies of all reports sent to referral sources
 - 4. Polygraph test results as received
 - (e) Attendance Sheets
 - 1. Original, dated, client signatures for all sessions, including time of arrival and departure
- B. Each file will contain a chronological posting sheet of all contacts, including scheduled dates of future appointments.

D. Program Plan

- 1. MCC shall comply will program plans as completed by the Department of Corrections
- 2. MCC shall provide the Department of Corrections with a written treatment plan in writing within 10 days of an assessment/intake, and on a monthly basis during authorization period. Program plans are not limited to, but shall contain the following:
 - a. Specific goals for the individual client
 - b. As appropriate, specific interventions that may be utilized to motivate client to reach goals .
 - c. Specific behavioral outcome measures, including time frame expectations to evaluate client progress in meeting
 - d. During or immediately following case staffing conference, if service delivery changes will be prepared before the case staffing conference to obtain additional or changes in services.

E. Monthly Treatment Report

MCC shall provide timely, monthly reports indicating client's progress billing information, and any Program Plan changes. Monthly reports shall contain, but not be limited to:

- a. A summary of the client's activities during the month to accompany billing.

- b. A summary of clients progress as related to changes and treatment goals
- c. Changes in the Program Plan
- d. Testing results if any administered.

F. Case Staffing Conference

- 1. **MCC** staff shall agree to meet with The Department of Corrections for an initial case staffing conference to develop the Program Plan
- 2. The cost of case staffing conferences shall be included in the client services price for treatment

G. Emergency / after hours calls

Each client is supplied with his or her therapist's emergency (cell) phone number. In addition, the clinical directors emergency number is available by calling any of MCC office numbers. When an office is not staffed, phones are forwarded to the central office number. Instruction are given on all lines should a therapist not be contacted immediately. All lines operate on a 24 hour / 7 day per week basis. In the event a therapist is on vacation, other staff rotate coverage of the after hours line.

8. NOTIFYING THE DEPARTMENT OF CORRECTIONS OF CLIENT BEHAVIOR

MCC shall notify The Department of Corrections immediately of any client behaviors that are considered to be high risk. The Department of Corrections shall be notified but are not limited to the following:

- 1. By fax within 24 hours of a missed counseling session
- 2. Immediately via emergency numbers in cases of high risk or dangerous behaviors
- 3. In cases of homicide or suicidal intentions, The Department of Corrections and local law enforcement will be contacted (in accordance with State and Federal Law)
- 4. If it is suspected that a client is under the influence of a mood-altering chemical
- 5. Any other behaviors that may be considered threatening, suspicious or dangerous.

9. STAFF RESTRICTIONS

A. Persons currently under pretrial services, probation, parole, mandatory release, supervised release (federal, state or local) supervision or with a felony conviction shall not perform services under this agreement or have access to MCC files.

B. All **MCC** staff shall abide by the ethical code of the ACA and or APA and ATSA regarding any dual relationships with clients. Dual or compromising relationships with clients are prohibited during the treatment period and for at least two years after the date

of services. **MCC** recommends that staff adhere to a life long avoidance of dual relationships with former patients.

C. **MCC** staff shall report any improprieties or the appearance thereof immediately to the agreement administrator.

D. **MCC** staff shall report any arrests and/or convictions to his/her supervisor within 24 hours of an arrest and/or conviction. **MCC** will then notify The Department of Corrections of any changes in licensing or legal status of staff.

E. **MCC** will obtain approval prior to any changes in staff as related to providing services as required in this contract.

10. LOCAL SERVICES

A. MCC Business Hours

- a. Individual and Family treatment is available by appointment with **MCC** counseling staff Monday through Thursday. Sessions can be scheduled between 8:00 am to 9:00 pm Monday through Wednesday, and 8:00 am to 1:00 pm on Thursday.
- b. **MCC** phones are answered by clerical staff Monday through Thursday, 9:00 am to 5:00 pm. and Friday from 9:00 to 12:00 pm.
- c. Group treatment is conducted both during the day and evening hours.
- d. Chaperone programs are conducted on a Friday and Saturday. Additional times may be available upon request.

B. Staff

- a. At least fifty (50%) of **MCC** staff has been employed by this vendor for at least three years tenure at the time of this bid for services.
- b. This is a minority (female) owned business.

basis, utilizing a Cognitive Behavioral format, delivered in accordance with ATSA standards. Individual counseling will consist of a one (1) hour, "talk" counseling session. It is preferred that all sexual offenders begin in individual counseling to assess and prepare the client for the group counseling experience. This is typically achieved in one to four sessions. Weekly sessions to supplement group counseling may be recommended.

- B. Group Counseling/ Sex Offenders** shall be provided on a weekly basis. Groups will be homogeneous (sexual offenders only), limited to more than two, no more than 12 participants. Group therapy will be presented in accordance with ATSA standards. Sessions shall be conducted to address issues associated with sexual offending and relapse prevention. Each group member will be issued a three ring binder in which all written assignments and reference materials shall be kept for review by group, partner/supervisor and Probation Officer. Clients deemed to be at low risk that has met all requirements of Phase I weekly treatment with the approval of The Department of Corrections might be transferred to the once per month Relapse Prevention Group (RPG).
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the actual sexual behavior, arousal, fantasies, planning, cognitive distortions and rationalizations of deviant thoughts and behaviors.

c. Specific issues that will be the focus of treatment include, but are not limited to:

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- Challenging denial patterns that occur prior to, during, and after offending
- Frustration tolerance
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- Complete a written autobiography
- Continually evaluate program compliance
- Review polygraph results
- Continually assess need for additional referral services

d. High risk factors that are discovered during the course of treatment, or a client's failure to attend therapy will reported immediately (within 24 hours) to the probation officer. This will be done either by phone, e-mail, or fax transmission.

e. An emergency, after hours, phone number is provided to clients on all MCC business cards. Instructions for contact are listed on voice mail of this number in those rare instances in which a counselor is not immediately available after hours.

f. Only face-to-face contacts or emergency phone contacts with a client or their family members will be billed on this contract.

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- c. Groups will be more than 2 and less than 12 individuals
- d. Defendants/Offenders will be expected to agree to sign a full two-way authorization for release of information, enabling the Chaperone access to case information and client progress.
- e. The Chaperone must be over the age of 18.
- f. The Chaperone group will be expected to fully participate in-group, however completion of the group does NOT guarantee approval as a supervisor. MCC reserves

the right to clinical evaluation of the appropriateness of an individual being approved as a chaperone

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- j. The safety plan will be reviewed by the Defendant / Offender for group and counselor approval and suggestions. Upon this approval, the Safety Plan will be forwarded for review/approval to The Department of Corrections. All stakeholders will be expected to sign this plan to signify agreement.
- k. A discharge / treatment summary indicating approval or unsuccessful discharge will be forwarded to The Department of Corrections within 10 days of program termination

4. DELIVERABLES

A. File Maintenance

- 1. MCC shall maintain a secure filing system of information on all clients. File cabinets shall be located the general clerical office. Cabinets containing client's files shall have restricted access and / or be locked at all times. Access to MCC client files shall be limited to professional staff.
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- 3. A separate and complete file shall be maintained on each client.

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5. All client records associated with this agreement shall be maintained for five (5) years after the final payment date under this agreement. Except for case related to the following:

a. Appeals under subsection 4. Disputes, in Section I or Litigations or settlements of claims arising out of the performance of this agreement, until final disposition of such appeals, litigation, or claims.

b. At the expiration of the term of the agreement, provide the Department of Corrections or his/her designee a copy of all client records contained in each client file that have not been previously furnished.

B. Disclosure

MCC shall protect confidentiality of records from disclosure, except accordance with the following:

1. A written release of information has been signed by the client that case information can be released and or obtained from a specific source.

2. Treatment for individuals under this Purchase Agreement shall be required to authorize full disclosure to the Department of Corrections.

3. In accordance with Federal and State Laws, and ACA ethical standards, disclosure of case information to the appropriate authorities shall occur in the following without a signed authorization by the client:

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- c. Child Abuse
- d. Commission of new felony
- e. If a valid subpoena has been issued

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 - (c) MCC forms:
 - 1. Social History
 - 2. Financial Agreement Form and all updates
 - 3. Confidentiality Form
 - 4. Sexual History Form (if appropriate)
 - (d) Testing Section
 - 1. Original testing materials and scoring sheets to All tests administered
 - (e) Correspondence Section
 - 1. Copies and/or originals of all written case Correspondence
 - 2. All billing information sent
 - 3. Original or Copies of all reports sent to referral sources
 - 4. Polygraph test results as received
 - (e) Attendance Sheets
 - 1. Original, dated, client signatures for all sessions, including time of arrival and departure
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 - a. Specific goals for the individual client
 - b. As appropriate, specific interventions that may be utilized to motivate client to reach goals .
 - c. Specific behavioral outcome measures, including time frame expectations to evaluate client progress in meeting
 - d. During or immediately following case staffing conference, if service delivery changes will be prepared before the case staffing conference to obtain additional or changes in services.

E. Monthly Treatment Report

MCC shall provide timely, monthly reports indicating client's progress billing information, and any Program Plan changes. Monthly reports shall contain, but not be limited to:

- a. A summary of the client's activities during the month to accompany billing.

- b. A summary of clients progress as related to changes and treatment goals
- c. Changes in the Program Plan
- d. Testing results if any administered.

F. Case Staffing Conference

- 1. **MCC** staff shall agree to meet with The Department of Corrections for an initial case staffing conference to develop the Program Plan
- 2. The cost of case staffing conferences shall be included in the client services price for treatment

G. Emergency / after hours calls

Each client is supplied with his or her therapist's emergency (cell) phone number. In addition, the clinical directors emergency number is available by calling any of MCC office numbers. When an office is not staffed, phones are forwarded to the central office number. Instruction are given on all lines should a therapist not be contacted immediately. All lines operate on a 24 hour / 7 day per week basis. In the event a therapist is on vacation, other staff rotate coverage of the after hours line.

8. NOTIFYING THE DEPARTMENT OF CORRECTIONS OF CLIENT BEHAVIOR

MCC shall notify The Department of Corrections immediately of any client behaviors that are considered to be high risk. The Department of Corrections shall be notified but are not limited to the following:

- 1. By fax within 24 hours of a missed counseling session
- 2. Immediately via emergency numbers in cases of high risk or dangerous behaviors
- 3. In cases of homicide or suicidal intentions, The Department of Corrections and local law enforcement will be contacted (in accordance with State and Federal Law)
- 4. If it is suspected that a client is under the influence of a mood-altering chemical
- 5. Any other behaviors that may be considered threatening, suspicious or dangerous.

9. STAFF RESTRICTIONS

A. Persons currently under pretrial services, probation, parole, mandatory release, supervised release (federal, state or local) supervision or with a felony conviction shall not perform services under this agreement or have access to MCC files.

B. All **MCC** staff shall abide by the ethical code of the ACA and or APA and ATSA regarding any dual relationships with clients. Dual or compromising relationships with clients are prohibited during the treatment period and for at least two years after the date

of services. **MCC** recommends that staff adhere to a life long avoidance of dual relationships with former patients.

C. **MCC** staff shall report any improprieties or the appearance thereof immediately to the agreement administrator.

D. **MCC** staff shall report any arrests and/or convictions to his/her supervisor within 24 hours of an arrest and/or conviction. **MCC** will then notify The Department of Corrections of any changes in licensing or legal status of staff.

E. **MCC** will obtain approval prior to any changes in staff as related to providing services as required in this contract.

10. LOCAL SERVICES

A. MCC Business Hours

a. Individual and Family treatment is available by appointment with **MCC** counseling staff Monday through Thursday. Sessions can be scheduled between 8:00 am to 9:00 pm Monday through Wednesday, and 8:00 am to 1:00 pm on Thursday.

b. **MCC** phones are answered by clerical staff Monday through Thursday, 9:00 am to 5:00 pm. and Friday from 9:00 to 12:00 pm.

c. Group treatment is conducted both during the day and evening hours.

d. Chaperone programs are conducted on a Friday and Saturday. Additional times may be available upon request.

B. Staff

a. At least fifty (50%) of **MCC** staff has been employed by this vendor for at least three years tenure at the time of this bid for services.

b. This is a minority (female) owned business.

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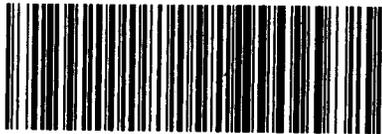
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