

**Office of State Courts Administrator
P.O. Box 104480
2112 Industrial Drive
Jefferson City, Missouri 65110- 4480**

AMENDMENT 001

RFP NO. OSCA 14-042

**TITLE: Specialized Treatment Provider
for Treatment Court**

ISSUE DATE: March 5, 2014

CONTACT: Russell Rottmann

PHONE NO.: (573)522-6766

E-MAIL: osca.contracts@courts.mo.gov

RETURN PROPOSALS NO LATER THAN: MARCH 17, 2014

MAILING INSTRUCTIONS: Print or type **RFP Number** and **Return Due Date** on the lower left hand corner of the envelope or package.

RETURN PROPOSAL TO:

**(U.S. Mail)
Office of State Courts Administrator
Attn: Contract Unit or
PO Box 104480
Jefferson City Mo 65110 - 4480**

**(Courier Service)
Office of State Courts Administrator
Attn: Contract Unit
2112 Industrial Dr
Jefferson City Mo 65109**

CONTRACT PERIOD: DATE OF AWARD THROUGH JUNE 30, 2015

DELIVER SUPPLIES/SERVICES FOB DESTINATION TO THE FOLLOWING ADDRESS:

VARIOUS LOCATIONS THROUGHOUT THE STATE OF MISSOURI

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions Request for Proposal. The vendor further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order or when this RFP is countersigned by an authorized official of the Office of State Courts Administrator, a binding contract shall exist between the vendor and the Office of State Courts Administrator.

SIGNATURE REQUIRED

AUTHORIZED SIGNATURE 		DATE 5-2-15
PRINTED NAME L. Dennis Wells M.S.		TITLE Administrator
COMPANY NAME Alternatives Inc.		
MAILING ADDRESS 5337-F South Campbell		
CITY, STATE, ZIP Springfield, MO. 65810		
E-MAIL ADDRESS Dwells@missourialternatives.com		FEDERAL EMPLOYER ID NO. [REDACTED]
PHONE NO. 417-883-7227	FAX NO. 417-883-7212	

NOTICE OF AWARD (OSCA USE ONLY)

ACCEPTED BY OFFICE OF STATE COURTS ADMINISTRATOR AS FOLLOWS: <i>In its entirety as submitted.</i>		
CONTRACT NO. OSCA 14-042-42	CONTRACT PERIOD July 1, 2015 through June 30, 2016	
CONTRACTS COORDINATOR 	DATE 7-6-15	DEPUTY STATE COURTS ADMINISTRATOR



**Office of State Courts Administrator
P.O. Box 104480
2112 Industrial Drive
Jefferson City, Missouri 65110- 4480**

RFP NO. OSCA 14-042
TITLE: Specialized Treatment Provider
for Treatment Court
ISSUE DATE: February 24, 2014

CONTACT: Russell Rottmann
PHONE NO.: (573)522-6766
E-MAIL: osca.contracts@courts.mo.gov

RETURN PROPOSALS NO LATER THAN: MARCH 17, 2014

MAILING INSTRUCTIONS: Print or type **RFP Number** and **Return Due Date** on the lower left hand corner of the envelope or package.

RETURN PROPOSAL TO:

(U.S. Mail)
Office of State Courts Administrator
Attn: Contract Unit or
PO Box 104480
Jefferson City Mo 65110 - 4480

(Courier Service)
Office of State Courts Administrator
Attn: Contract Unit
2112 Industrial Dr
Jefferson City Mo 65110

CONTRACT PERIOD: DATE OF AWARD THROUGH JUNE 30, 2015

DELIVER SUPPLIES/SERVICES FOB DESTINATION TO THE FOLLOWING ADDRESS:

VARIOUS LOCATIONS THROUGHOUT THE STATE OF MISSOURI

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions Request for Proposal. The vendor further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order or when this RFP is countersigned by an authorized official of the Office of State Courts Administrator, a binding contract shall exist between the vendor and the Office of State Courts Administrator.

SIGNATURE REQUIRED

AUTHORIZED SIGNATURE 		DATE 5-7-15
PRINTED NAME L. Dennis Wells		Administrator
COMPANY NAME Alternatives		
MAILING ADDRESS 5337-F South Campbell		
CITY, STATE, ZIP Springfield, MO. 65810		
E-MAIL ADDRESS dwells@missourialternatives.com		FEDERAL EMPLOYER ID NO. 43-175-2048
PHONE NO. 417-883-7227	FAX NO. 417-883-7212	

NOTICE OF AWARD (OSCA USE ONLY)

ACCEPTED BY OFFICE OF STATE COURTS ADMINISTRATOR AS FOLLOWS:		
CONTRACT NO.		CONTRACT PERIOD
CONTRACTS COORDINATOR	DATE	DEPUTY STATE COURTS ADMINISTRATOR

PRICING PAGE

The vendor must provide firm, fixed prices for the services identified below. Should a contract award be made based upon the vendor's proposal, the prices stated herein shall be legally binding for the entire contract period.

Service Description	Vendor Firm, Fixed Unit Price	Unit of Service
Assessment	130.00	Per assessment
Assessment option (Multi-axial)	175.00	Per assessment
Assessment update	60.00	Per assessment
Case Management/Community Support	16.00	Per ¼ hour
Communicable Disease Assessment/Education/Testing	12.00	Per ¼ hour
Day Treatment		Per day
Detoxification (Social Setting)		Per day
Detoxification (Modified Medical)		Per day
Early Intervention (Intake)	8.00	Per ¼ hour
Early Intervention (Group Education)	3.00	Per ¼ hour
Early Intervention (Motivational Interviewing-Individual)	12.50	Per ¼ hour
Extended Day Treatment		Per day
Family Conference	12,50	Per ¼ hour
Family Therapy	3.00	Per ¼ hour
Group Counseling (Associate SA Counselor)	5.00	Per ¼ hour
Group Counseling (QSAP)	6.00	Per ¼ hour
Group Counseling (Collateral relationship)	3.25	Per ¼ hour
Group Education	2.65	Per ¼ hour
Group Education (Trauma Related)	3.00	Per ¼ hour
Individual Counseling	13.50	Per ¼ hour
Individual Counseling (Collateral Relationship)	13.50	Per ¼ hour
Individual Counseling (Co-Occurring Disorder)	15.00	Per ¼ hour
Individual Counseling (Trauma Related)	15.00	Per ¼ hour
Medication Services		Per ¼ hour
Medication: [Medication Assisted Treatment (MAT)]		Per prescription

OSCA 14-042 Treatment Court Specialized Service Providers

Missouri Recovery Support Specialist (MRSS)	8.00	Per ¼ hour
Missouri Recovery Support Specialist Peer (MRSS-P)	6.00	Per ¼ hour
Relapse Prevention Counseling	12.00	Per ¼ hour
Residential Support		Per day
Treatment Court Day	12.00	Per ¼ hour
Virtual Counseling (Group)		Per ¼ hour
Virtual Counseling (Individual)		Per ¼ hour
Drug/Alcohol Testing: Sample Collection Only (Lab conf. only)	3.00	Per test
Sample Collection with 1-panel on-site provided by vendor		Per test
Sample Collection with 2-panel on-site provided by vendor		Per test
Sample Collection with 3-panel on-site provided by vendor		Per test
Sample Collection with 4-panel on-site provided by vendor		Per test
Sample Collection with 5-panel on-site provided by vendor		Per test
Sample Collection with 6-panel on-site provided by vendor		Per test
Sample Collection with 7-panel on-site provided by vendor		Per test
Sample Collection with 8-panel on-site provided by vendor	8.00	Per test
Sample Collection with 9-panel on-site provided by vendor		Per test
Drug Testing: Sample Collection and On-Site Test (Kit provided by Treatment Court)	3.00	Per test
Drug Testing: Breathalyzer (Equipment provided by vendor)	<i>W</i> 3.00	Per test
Drug Testing: Breathalyzer (Equipment provided by Treatment Court)	<i>W</i> 2.00	Per test

Evidence Based Program and Practice curriculum being utilized: We utilize a variety of practice and curriculum based on Cognitive Behavioral principals, Moral Recognition Therapy Motivational Interviewing, Matrix program information and 12-Step principals

Which Cognitive Behavioral intervention staff is qualified to deliver: Wayne Love has been utilizing these principals for many years with Drug Court clients. Dennis Wells has been working in or operating a State Certified Treatment program for over 20 years. Leilani Faber is a Master Level counselor and has been employed by Gateway treatment program at Ozark Correctional facility for several years.

EXHIBIT A

PRIOR EXPERIENCE

The offeror should copy and complete this form for each reference being submitted as demonstration of the offeror and subcontractor's prior experience. In addition, the offeror 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.

Offeror Name or Subcontractor Name: ___ Alternatives _____ Counseling Program _____	
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	MO. Probation & Parole Office District 10
Address of Reference Company: ✓ Street Address ✓ City, State, Zip	2530 South Campbell Suite H. Springfield, MO. 65807
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	Curtis Hendrix 417-888-4203 curtis.hendrix@dcpsh.mo.gov
Dates of Prior Services:	1996-Present
Dollar Value of Prior Services:	Client pay out of pocket weekly payment variable. Estimate 75,000 per year
Description of Prior Services Performed:	We provide needed Outpatient substance abuse treatment for offenders on probation or parole as well as occasional pre-court services

As the contact person for the reference provided above, my signature below verifies that the information presented on this form is accurate. I am available for contact by OSCA for additional discussions regarding my company's association with the offeror referenced above:

Signature of Reference Contact Person

Date of Signature

EXHIBIT A

PRIOR EXPERIENCE

The offeror should copy and complete this form for each reference being submitted as demonstration of the offeror and subcontractor’s prior experience. In addition, the offeror 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.

Offeror Name or Subcontractor Name: _____ Alternatives _____ Counseling Program _____	
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	MO. Probation & Parole Office
Address of Reference Company: ✓ Street Address ✓ City, State, Zip	301 E. Highway CC, Suite 4 Nixa, MO. 65714
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	Jim Fehrenbach Supervisor 417-724-1344 Jim.Fehrenbach@dmh.mo.gov
Dates of Prior Services:	1996-Present
Dollar Value of Prior Services:	Client pay out of pocket weekly payment variable. Estimate 20,000 per year
Description of Prior Services Performed:	We provide needed Outpatient substance abuse treatment for offenders on probation or parole as well as occasional pre-court services

As the contact person for the reference provided above, my signature below verifies that the information presented on this form is accurate. I am available for contact by OSCA for additional discussions regarding my company’s association with the offeror referenced above:

Signature of Reference Contact Person

Date of Signature

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Offeror Name or Subcontractor Name: _____ Alternatives _____ Counseling Program _____	
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	MO. Probation & Parole Office
Address of Reference Company: ✓ Street Address ✓ City, State, Zip	301 E. Highway CC, Suite 4 Nixa, MO. 65714
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	Kerry Nelson District Supervisor 417-724-1344 kerry.nelson@dmh.mo.gov
Dates of Prior Services:	1996-Present
Dollar Value of Prior Services:	Client pay out of pocket weekly payment variable. Estimate 20,000 per year
Description of Prior Services Performed:	We provide needed Outpatient substance abuse treatment for offenders on probation or parole as well as occasional pre-court services

As the contact person for the reference provided above, my signature below verifies that the information presented on this form is accurate. I am available for contact by OSCA for additional discussions regarding my company’s association with the offeror referenced above:

Signature of Reference Contact Person

Date of Signature

EXHIBIT A

PRIOR EXPERIENCE

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Offeror Name or Subcontractor Name: ___ Alternatives _____ Counseling Program _____	
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	Missouri SATOP program
Address of Reference Company: ✓ Street Address ✓ City, State, Zip	1301 East Elm Jefferson City, MO. 65102
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	Lori Franklin Program Specialist II 573-751-0768 lori.franklin@dmh.mo.gov
Dates of Prior Services:	June of 1996-Present
Dollar Value of Prior Services:	Estimated at 300,00 per year
Description of Prior Services Performed:	We provide DWI related services with the screening, followed by education classes and or treatment for substance abuse issues.

As the contact person for the reference provided above, my signature below verifies that the information presented on this form is accurate. I am available for contact by OSCA for additional discussions regarding my company’s association with the offeror referenced above:

Signature of Reference Contact Person

Date of Signature

Missouri Department of
SOCIAL SERVICES
Your Potential. Our Support.

JEREMIAH W. (JAY) NIXON, GOVERNOR • Brian Kinkade, Director

CHILDREN'S DIVISION

JACQUELYNN MARKUSIC, 38TH CIRCUIT MANAGER

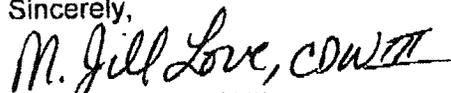
415 N. SPRING STREET BRANSON, MISSOURI 65616
 2720 SHEPHERD OF THE HILLS EXPRESSWAY STE D-1 BRANSON, MO 65616 PHONE: 417-339-0063 FAX: 417-336-1246
 WWW.DSS.MO.GOV

May 6, 2015

To Whom It May Concern,

In the past I have had the opportunity of working with Alternatives. Alternatives have provided substance abuse assessments, recommendations, UAs, and outpatient treatment for Children's Division clients. They are professional and hold high standards for the treatment provided to their clients while being thorough and prompt when sending reports to Children's Division. When I have referred clients to Alternatives, the clients have always been held accountable for their actions while receiving the necessary treatment. Alternatives would be a positive, and much needed, treatment program in Christian County for our clients.

Sincerely,



M. Jill Love, CDW III
 Children's Division Worker III



CREDIBILITY INTEGRITY ACHIEVEMENT

RELAY MISSOURI

FOR HEARING AND SPEECH IMPAIRED

1-800-735-2466 VOICE • 1-800-735-2966 TEXT PHONE

An Equal Opportunity Employer, services provided on a nondiscriminatory basis.

EXHIBIT B

PERSONNEL EXPERTISE SUMMARY

(Complete this Exhibit for personnel proposed. Resumes or summaries of key information may be provided)

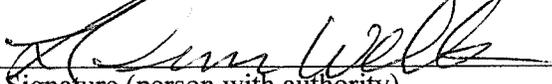
Personnel	Background and Expertise of Personnel and Planned Duties
1. <u>Wayne Love B.S. RASAP</u> (Name) <u>Drug Court Counselor</u> (Title) <u>Provide education & counseling as needed</u> (Proposed Role/Function)	Wayne provides all services as needed to operate the Drug court program that include: Counseling, Intake, assessment, education, treatment planning, and drug testing collection
2. <u>Dennis Wells M.S. CRAADC. LPC</u> (Name) <u>Administrator</u> (Title) <u>Oversee counseling and Administrative duties</u> (Proposed Role/Function)	Conduct the Administrative Duties of the Drug Court Program as well as provide Counseling and evaluation services as needed for both <u>Substance Abuse and Mental Health issues.</u>
3. <u>Tammy Bobski B.S. CRAADC</u> (Name) <u>Outpatient coordinator/Counselor</u> (Title) <u>Provide education & Counseling as needed</u> (Proposed Role/Function)	Provide Assessment, Counseling and drug specimen collection activities for the female population.
4. _____ (Name) _____ (Title) _____ (Proposed Role/Function)	
5. _____ (Name) _____ (Title) _____ (Proposed Role/Function)	
6. _____ (Name) _____ (Title) _____ (Proposed Role/Function)	

EXHIBIT C

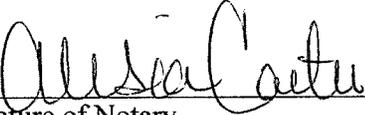
AFFIDAVIT OF WORK AUTHORIZATION

Comes now L. Dennis Wells as Administrator first being duly sworn on my oath
(NAME) (OFFICE HELD)
 affirm Alternatives Inc. Db a Alternatives Counseling is enrolled and will continue to participate in a federal work
(COMPANY NAME)
 authorization program in respect to employees that will work in connection with the contracted services
 related to OSCA 14-042 for the duration of the contract, if awarded, in accordance with
(RFP NUMBER)
 RSMo Chapter 285.530 (2). I also affirm that Alternatives Inc. does not and will not knowingly
(COMPANY NAME)
 employ a person who is an unauthorized alien in connection with the contracted services related to
OSCA 14-042 for the duration of the contract, if awarded.
(RFP NUMBER)

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 285.530, RSMo).

 L. DENNIS WELLS
Signature (person with authority) Printed Name
Administrator 5-7-15
Title Date

Subscribed and sworn to before me this 7th of May, 2015. I am
(DAY) (MONTH, YEAR)
 commissioned as a notary public within the County of Christian, State of
(NAME OF COUNTY)
Missouri, and my commission expires on 08/21/2015.
(NAME OF STATE) (DATE)

 5/7/15
Signature of Notary Date

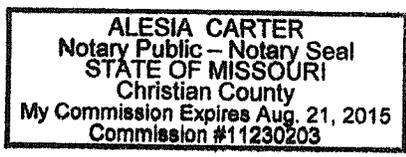


EXHIBIT D

MISCELLANEOUS INFORMATION

Outside United States

If any products and/or services bid are being manufactured or performed at sites outside the continental United States, the bidder **MUST** disclose such fact and provide details in the space below or on an attached page.

Are products and/or services being manufactured or performed at sites outside the continental United States?	Yes _____	No <u> XX </u>
Describe and provide details:		

EXHIBIT E

Certification Regarding

Debarment, Suspension, Ineligibility and Voluntary Exclusion

Instructions for Certification

1. By signing and submitting this proposal, the prospective recipient of Federal assistance funds is providing the certification as set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective recipient of Federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
6. The prospective recipient of Federal assistance funds further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the List of Parties Excluded from Procurement or Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.

Certification Regarding

Debarment, Suspension, Ineligibility and Voluntary Exclusion

Lower Tier Covered Transactions

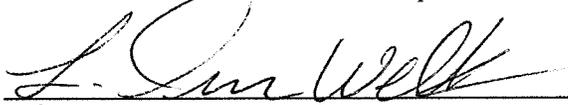
This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

L. Dennis Wells Administrator

Name and Title of Authorized Representative



Signature

5-7-15

Date

OSCA 14-042 Treatment Court Specialized Service Providers

JUDICIAL CIRCUIT	COUNTY	DWI	ADULT	FAMILY	VETERANS	JUVENILE	MALE	FEMALE
38	Taney							
38	Christian	Drug	XX	XX			XX	XX
39	Barry							
39	Lawrence							
39	Stone							
40	McDonald							
40	Newton							
41	Macon							
41	Shelby							
42	Crawford							
42	Dent							
42	Iron							
42	Reynolds							
42	Wayne							
43	Caldwell							
43	Clinton							
43	Daviess							
43	DeKalb							
43	Livingston							
44	Douglas							
44	Ozark							
44	Wright							
45	Lincoln							
45	Pike							

No. 5547

Missouri Substance Abuse Professional Credentialing Board

Hereby recognizes that

Tammy R. Bobski

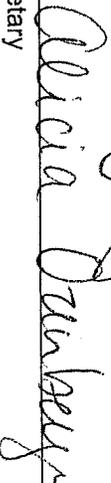
has met all the standards and qualifications required of an
alcohol drug counselor as determined by the Credentialing Board
and is hereby conferred the title of

Certified Reciprocal Alcohol Drug Counselor

Awarded on March 6, 2015



President



Secretary



TAMMY R BOBSKI
634 East Cherry St
Mt. Vernon, MO 65712
Home: (417)466-3849
Other: (417)459-8127
tammyrgill@yahoo.com

Education

Missouri State University Springfield, MO
Bachelor of Science: Major Psychology, Minor Sociology
GPA 3.3
Graduated: 5/2009

Crowder College Neosho, MO
Associates of Arts: General Study
GPA 3.8
Graduated: 5/2007

Human Service Work Experience

Alternatives Counseling Services, Springfield, MO
Certified Reciprocal Alcohol Drug Counselor
SATOP Qualified Instructor, 2/2010 to current

- Outpatient coordinator
- Screening and assessments
- Counsel clients with addictions
- Case Management
- Progress Notes and Letters
- Anger Management/ Domestic Violence
- Life Skills
- Educator for SATOP, DEP, AMAP, ADEP, SAM, and Drug Court Lite

Missouri Department of Correction Probation and Parole, Aurora, MO
Internship, 1/2009 – 4/2009

- Work with offenders.
- Set up rehabilitation services per court orders.
- Write status reports.
- Following progress of rehabilitation.

Missouri Rehabilitation Center Mt. Vernon, MO
Independent Living Specialist, 2/2000 – 3/2001

- Taught life skills to brain injury patients
- Taught budget skills
- Taught domestic skills
- Medication management
- Medical management
- Case notes
- Reports of progress and discipline
- Substance abuse education
- Coping skills
- Extracurricular activities.

Entrepreneur Work Experience

Self-employed, Mt. Vernon, MO

Business owner, 12/2001- 6/2004

- Operating a flooring, wallpaper, blinds, and drapery store.
- Keeping of the books
- Product sales
- Product purchases
- Scheduled installs
- Store design
- Managed daily activities

Reference available upon request

Ronald D. Love

Education 1994-1998 Northwest Missouri state University

Bachelor of Science, Sociology

Experience 1990-1998 Northwest Missouri State University Maryville, Missouri

Full-Time Custodian

1998-2002 Northwest Missouri State University Maryville, Missouri

Registered Substance Abuse Professional

- Provide client needs assessments
- Provide case documentation and reporting
- Client Education/High-Risk Prevention
- Instructor for Relapse Prevention classes
- Instructor for Domestic Violence classes
- Facilitated group therapy/group counseling
- Implemented cognitive models (corrective thinking/Franklin Reality Model/cognitive self change/reflection communication)
- 3 ½ years experience within the Therapeutic Community Model)
- Successfully completed training in diversity education
- Instructor of the 12-step program for Department of Corrections clients

2000-2002 John Sutherland Outpatient Group Therapy Maryville, Missouri

Registered Substance Abuse Professional

- Provided outpatient substance abuse education for probation/parole clients
- Facilitated outpatient group therapy for probation/parole clients

2002-present Larry Simmering Recovery Center/Clarity Recovery & Wellness Branson/Nixa, Missouri

Registered Substance Abuse Professional, Medication Assisted Recovery Specialist, Drug Court Counselor, Continuing Education Consortium Member

- Case management
- Provide client needs assessments
- Client Education/High-Risk Prevention
- Provide individual and group counseling
- Urinalysis testing
- Integrate alcohol and other drug treatment services for the 38th Judicial Circuit Drug Court programs
- Provide 12-Step based education
- Facilitate Moral Recognition Therapy groups

No. 6937

Missouri Substance Abuse Professional Credentialing Board

Hereby Certifies that

Ronald D. Love

Continues to meet the standards and qualifications of a
Medication Assisted Recovery Specialist
as determined by the Board.



President

Expiration Date: 4/30/2016

No. 3571

Missouri Substance Abuse Professional Credentialing Board

Hereby Certifies that

Ronald D. Love

Continues to meet the standards and qualifications of a
Registered Substance Abuse Professional
as determined by the Board.



President

Expiration Date: 4/30/2016

No. 6937

Missouri Substance Abuse Professional Credentialing Board

Hereby Certifies that

Ronald D. Love

Continues to meet the standards and qualifications of a
Medication Assisted Recovery Specialist
as determined by the Board.



President

Expiration Date: 4/30/2016

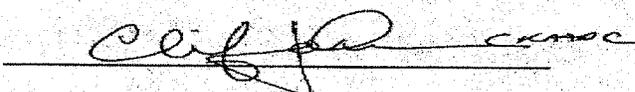
No. 3571

Missouri Substance Abuse Professional Credentialing Board

Hereby Certifies that

Ronald D. Love

Continues to meet the standards and qualifications of a
Registered Substance Abuse Professional
as determined by the Board.



President

Expiration Date: 4/30/2016

Leonard (Dennis) Wells

Education 1992-1997 Missouri State University Springfield, MO.

Bachelor's degrees: Psychology & Criminal Justice

- Graduated Suma Cum Lauda
- 1997-2001 Missouri State University Springfield, MO
- **Master's Degree: Community Agency Counseling**

Professional experience 1991-1995 (Dorris & Associates) Springfield, MO
Agency Administrator

- 1996-present **Alternatives Counseling & Education** Springfield, MO.
- **Administrator/Clinical Supervisor**
- **Missouri SATOP program (1996-Present)**
- Manage the day-to-day activities of the office and State certified treatment center providing Substance Abuse and general mental health services.

Additional professional activities

- Has served on various committees and Boards including the Greene County Underage Drinking Task Force
- The SATOP redesign group for the Missouri Substance Abuse Traffic Offender Program.
- Founding member of the Missouri Continuing Education Consortium (CEC).
- Member of the Missouri and American Mental Health Counselor's Association.
- Sat on the Christian County Drug Court team.
- **Licenses & Titles**
- Licensed Professional Counselor (LPC)
- Certified Reciprocal Advanced Alcohol & Drug Counselor
- Licensed Mental Health Professional
- SATOP (QSAP)
- Internationally Certified Alcohol & Drug Counselor
- Substance Abuse Professional (SAP)

Professional memberships

- Missouri Mental Health Counselor's Association
- American Counselor's Association
- National Honor Society
- Department of Transportation SAP provider

Community activities

- Serves on the Community Partnership of the Ozarks
- Member of the Shrine (Abou ben Adhem Temple) in Springfield volunteering for many many fundraising activities.

Extracurricular activities

Licensed Private Pilot

Accreditations

- Licensed Professional Mental Health Counselor
- Certified Advanced Reciprocal Alcohol and Drug Abuse Counselor
- Substance Abuse Professional (SAP)
- SATOP Qualified Professional

Volunteer experience

- Underage Drinking Task Force
- Shrine Hospitals
- Continuing Education Consortium
- Missouri Mental Health Counselor's Board
- Missouri Department of Mental Health SATOP redesign group

Security clearance

Missouri Department of Mental Health

Awards received

Customer Satisfaction Survey (Dept. of Mental Health)

Licensed Private Pilot

National Honor Society

State of Missouri

Department of Insurance, Financial Institutions and Professional Registration
Division of Professional Registration
Committee for Professional Counselors
Licensed Professional Counselor



VALID THROUGH JUNE 30, 2015
ORIGINAL CERTIFICATE/LICENSE NO. 2002012508

LEONARD DENNIS WELLS

Lois Kersh
EXECUTIVE DIRECTOR

James A. Rackus
DIVISION DIRECTOR

**Missouri Substance Abuse Professional Credentialing
Board**
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Dennis L. Wells
LEVEL CRAADC
CERTNO 1248
CERTDATE 4/13/1996
STATUS Active
EXPDATE 10/31/2015
MSAPCB Supervision Number 86

Print This Page

NAME: WELLS LEONARD D
 MONTH/DAY OF BIRTH: 04/05

STUDENT NO: 491-58-9017

PAGE 1 OF 2

COURSE	TITLE	CR	GR	LV	CM	L	COURSE	TITLE	CR	GR	LV	CM	L
----- FALL 1992 FRESHMAN -----							----- SPRING 1996 SENIOR -----						
PSY 121	INTRO PSYCHOLOGY	3	A				AOS 190	INTRO/MICRO APPLIC	3	B			
MTH 1	INTRO TO ALGEBRA	3	A				MKT 150	MARKETING FNDMNTLS	3	B			
ENG 100	INTRO/COLLEGE COMP	3	P				PLS 451	CRIMINAL LAW/ENFOR	3	C			
PLS 101	AM GOV 1/ORG/FUNC	3	A				PSY 415	HIST / SYSTEMS PSY	3	A			
RDG 107	COLL RDG/EFF STUDY	2	A				TOT HRS	104 SEM HRS 12 CUM GPA 3.46					
PLS 001	SENATE BILL #4 MET	0											
TOT HRS	14 SEM HRS 14 CUM GPA 4.00						----- FALL 1996 SENIOR -----						
----- SPRING 1993 FRESHMAN -----							----- SPRING 1997 SENIOR -----						
PED 100	FITNESS FOR LIVING	2	B				COM 115	FUND/PUBLIC SPEAKG	3	B			
ENG 111	COMPOSITION	3	A				PSY 441	PSY OF ADOLESCENCE	3	B			
MTH 3	INTERM ALGEBRA	3	A				TEC 188	BASIC FLIGHT	3	A			
COM 105	INT INTERPERS COMM	3	A				TOT HRS	127 SEM HRS 9 CUM GPA 3.48					
SOC 150	PRIN OF SOCIOLOGY	3	A				----- FALL 1997 GRADUATE MASTERS -----						
TOT HRS	28 SEM HRS 14 CUM GPA 3.92						GAC 601	TESTS/MEAS-COUNS	3	A			G
----- FALL 1993 SOPHOMORE -----							----- SPRING 1998 GRADUATE MASTERS -----						
MTH 135	COLLEGE ALGEBRA	3	B				GAC 607	MENTAL HYGIENE	3	A			G
ENG 120	COMPOSITION	3	A				GAC 652	CAREER DEVELOPMENT	3	A			G
HST 122	HIST OF US 1877-PR	3	A				TOT HRS	12 SEM HRS 6 CUM GPA 4.00					
PSY 301	PERS PSY/ADJ-WELLN	3	B				----- FALL 1998 GRADUATE MASTERS -----						
CSC 101	INTRO PERSNL COMPU	3	N				GAC 604	FDN SEC SCH GUID	3	A			G
TOT HRS	40 SEM HRS 12 CUM GPA 3.78						PSY 610	PSYC OF EDUCATION	3	A			G
----- SPRING 1994 SOPHOMORE -----							----- SPRING 1999 GRADUATE MASTERS -----						
CHM 107	CHEM FOR CITIZEN	4	B				GAC 651	THERY/TECH SS COUN	3	A			G
ECO 155	PRIN MACROECONOMIC	3	A				GAC 600	MULTICULTURAL COUN	3	A			G
PSY 197	TOPICS/PSY	1	A				TOT HRS	24 SEM HRS 6 CUM GPA 4.00					
SWK 330	SUBST ABUSE INTERV	3	A				----- FALL 1999 GRADUATE MASTERS -----						
PSY 200	PSY STAT METHODS	3	B				PSY 603	HUMAN GROWTH & DEV	3	A			G
TOT HRS	54 SEM HRS 14 CUM GPA 3.71						GAC 610	HELPING RELATNSHIP	2	A			G
----- FALL 1994 JUNIOR -----							----- SPRING 2000 GRADUATE MASTERS -----						
CJS 210	INTRO/JUSTICE SYST	3	A				GAC 675	COMMUNITY AGENCY MGT	2	A			G
PSY 304	ABNORMAL PSYCH	3	B				TOT HRS	35 SEM HRS 5 CUM GPA 4.00					
PHI 115	INTRO TO ETHICS	3	B				----- SUMMER 2000 GRADUATE MASTERS -----						
PED 118	BOWLING	1	A				GAC 685	COM AG CNSLG/INTRN	3	P			G
BIO 102	PRIN BIOL SCIENCE	4	B				TOT HRS	38 SEM HRS 3 CUM GPA 4.00					
TOT HRS	68 SEM HRS 14 CUM GPA 3.62						** CONTINUED ON NEXT PAGE **						
----- SPRING 1995 JUNIOR -----							----- FALL 1995 SENIOR -----						
PSY 339	INTRO CLINICAL PSY	3	B				CJS 340	TREAT/OFFEN/COMMUN	3	A			
CJS 320	CAUSES/CRIME-DELIN	3	A				PSY 201	EXPER PSYCHOLOGY I	3	B			
PSY 307	HUMAN SEXUALITY	3	A				PSY 499	PRACTICUM IN PSY	3	A			
REL 100	RELIGION/HUMAN CUL	3	C				PSY 521	PHYSIO PSYCHOLOGY	3	C			
TOT HRS	80 SEM HRS 12 CUM GPA 3.56						TOT HRS	92 SEM HRS 12 CUM GPA 3.52					

** CONTINUED **

OFFICIAL SIGNATURE IS WHITE WITH A BURGUNDY BACKGROUND

Southwest Missouri State University
 Official Record

RAISED SEAL NOT REQUIRED

Kim R. Bell
 Kim R. Bell, Registrar



DATE ISSUED: 11/21/2002
 TRANSCRIPT PREPARED FOR:

ISSUED TO STUDENT
 This Print is Red

LEONARD WELLS

355 MAYNARD RD
 NIXA

MO 65714

The name of the university is printed in white across the face of the transcript. The word copy appears when photocopied. Copies and transcripts issued to the student should not be accepted as an official institutional document.

WELLS LEONARD D
DAY OF BIRTH: 04/05

STUDENT NO: 491-58-9017

PAGE 2 OF 2

TITLE	CR	GR	LV	CM	L
----- FALL 2000 GRADUATE MASTERS -----					
656 GROUP COUNSELING	3	A	G		
624 APP & CLIN INTRVNG	3	A	G		
TOT HRS 44 SEM HRS 6 CUM GPA 4.00					
----- SPRING 2001 GRADUATE MASTERS -----					
SFR 690 INTRO EDU RESEARCH	3	A	G		
GAC 633 MARR/FAM COUNSELNG	3	A	G		
TOT HRS 50 SEM HRS 6 CUM GPA 4.00					
----- FALL 2001 GRADUATE MASTERS -----					
COU 660 SEMINAR/GUI & COUN	1	P	G		
COU 685 COM AG CNSLG/INTRN	3	P	G		
COU 600 RESEARCH & GENDER	1	A	G		
TOT HRS 55 SEM HRS 5 CUM GPA 4.00					

DEGREE: BACHELOR OF SCIENCE
DATE: MAY 16, 1997
MAJOR: PSYCHOLOGY
MINOR: CRIMINAL JUSTICE STUDIES
HONORS: CUM LAUDE
DEGREE: MASTER OF SCIENCE
DATE: DECEMBER 14, 2001
MAJOR: GUIDANCE AND COUNSELING WITH
OPTION IN COMMUNITY AGENCY
COUNSELING
ACCREDITED: NATIONAL COUNCIL FOR
ACCREDITATION OF TEACHER
EDUCATION
** END OF RECORD **



OFFICIAL SIGNATURE IS WHITE WITH A BURGUNDY BACKGROUND

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Office of State Courts Administrator



Collector Guideline Acceptance Form OSCA 14-042

I verify I have read and will abide by the Missouri Collector Guidelines. I further understand failure to follow these guidelines may result in the termination of my contract with the Office of State Courts Administrator and the court.

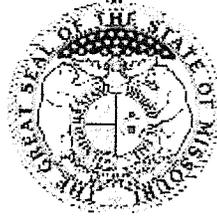
I understand I will provide a completed background check at my expense, which shall include, but may not be limited to: employment history and references, fingerprint checks for open and closed federal and state criminal records and Sex Offender Registry. I will also register with the Family Care Safety Registry.

<u>Logan Albers</u>	<u>Logan Albers</u>	<u>6-1-15</u>
Collector Printed name	Signature	Date

The treatment court approves this person as a collector for our circuit. This approval does not mean the judiciary shall be liable for their actions in performance of these duties.

<u>[Signature]</u>	<u>38th</u>	<u>6-8-15</u>
Drug Court Judge/Coordinator	Circuit	Date

Office of State Courts Administrator



Collector Guideline Acceptance Form OSCA 14-042

I verify I have read and will abide by the Missouri Collector Guidelines. I further understand failure to follow these guidelines may result in the termination of my contract with the Office of State Courts Administrator and the court.

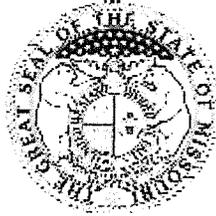
I understand I will provide a completed background check at my expense, which shall include, but may not be limited to: employment history and references, fingerprint checks for open and closed federal and state criminal records and Sex Offender Registry. I will also register with the Family Care Safety Registry.

LEONARD DENNIS WELLS *Leonard Wells* 6-1-15
 Collector Printed name Signature Date

The treatment court approves this person as a collector for our circuit. This approval does not mean the judiciary shall be liable for their actions in performance of these duties.

[Signature] 38th 6-8-15
 Drug Court Judge/Coordinator Circuit Date

Office of State Courts Administrator



Collector Guideline Acceptance Form OSCA 14-042

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I understand I will provide a completed background check at my expense, which shall include, but may not be limited to: employment history and references, fingerprint checks for open and closed federal and state criminal records and Sex Offender Registry. I will also register with the Family Care Safety Registry.

<u>Ronald Dewayne Love</u>	<u>Ron Love</u>	<u>6-1-15</u>
Collector Printed name	Signature	Date

The treatment court approves this person as a collector for our circuit. This approval does not mean the judiciary shall be liable for their actions in performance of these duties.

	<u>38th</u>	<u>6-8-15</u>
Drug Court Judge/Coordinator	Circuit	Date