



**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)**

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**Attn: Contract Unit or**

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**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**

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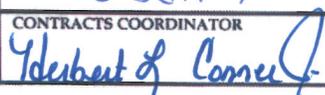
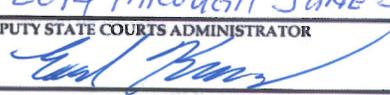
**VARIOUS LOCATIONS THROUGHOUT THE STATE OF MISSOURI**

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**

<b>AUTHORIZED SIGNATURE</b> 		<b>DATE</b> March 14, 2014
<b>PRINTED NAME</b> Deborah L. Beste		<b>TITLE</b> Executive Director
<b>COMPANY NAME</b> Phoenix Programs, Inc.		
<b>MAILING ADDRESS</b> 90 E. Leslie Lane		
<b>CITY, STATE, ZIP</b> Columbia, MO 65202		
<b>E-MAIL ADDRESS</b> deborah.beste@phoenixprogramsinc.org		<b>FEDERAL EMPLOYER ID NO.</b> 43-1047634
<b>PHONE NO.</b> 573-875-8880	<b>FAX NO.</b> 573-442-3830	

**NOTICE OF AWARD (OSCA USE ONLY)**

<b>ACCEPTED BY OFFICE OF STATE COURTS ADMINISTRATOR AS FOLLOWS:</b> <i>AS SUBMITTED</i>		
<b>CONTRACT NO.</b> <i>OSCA 14-042-27</i>	<b>CONTRACT PERIOD</b> <i>July 1, 2014 through June 30, 2015</i>	
<b>CONTRACTS COORDINATOR</b> 	<b>DATE</b> <i>4-22-2014</i>	<b>DEPUTY STATE COURTS ADMINISTRATOR</b> 



Phoenix Programs, Inc.

March 14, 2014

Office of State Courts Administrator  
Attn: Contract Unit  
P. O. Box 104480  
2112 Industrial Dr.  
Jefferson City, MO 65110-4480

Dear Mr. Rottmann:

Phoenix Programs, Inc. is pleased to submit this proposal in response to the Treatment Provider for Treatment Court No. OSCA-14-042.

Phoenix Programs has successfully provided substance abuse treatment in Mid-Missouri for 38 years. This proposal describes the many services we can provide to the Treatment Courts.

Phoenix Programs understands the unique needs of Treatment Court consumers, and will abide by the requirements described in this RFP. We look forward to providing drug treatment services for the Treatment Courts.

Please feel free to contact me at (573) 875-8880 if you should require additional information.

Thank you.

Sincerely,

Deborah Beste  
Executive Director



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**AMENDMENT 001 TO RFP OSCA 14-016**

TITLE: SPECIALIZED TREATMENT PROVIDER FOR TREATMENT COURT

Prospective Offerors are hereby notified of the following changes and/or clarification:

Changes made to the following section:

2.19

## **RESPONSIBILITY AND RELIABILITY OF PHOENIX PROGRAMS, INC.**

### **Years of Service and Certification Summary**

Phoenix Programs has over 38 years experience as a substance abuse treatment provider with thousands of successful alumni, and more than 15 years experience in providing integrated substance abuse and mental health services for homeless individuals with co-occurring substance use and mental health disorders (COD). Ninety percent (90%) of counselors are certified or qualified substance abuse counselors. Phoenix Programs provides a full continuum of care including fully integrated treatment for co-occurring substance use and mental health disorders (COD), as well as integrated tobacco cessation for adults.

Phoenix Programs is a non-profit social service agency that has been certified by the Missouri Department of Mental Health (DMH) Division of Alcohol and Drug Abuse since 1978. In April 2013, Phoenix Programs became CARF accredited for its Outpatient Treatment, Residential, Adolescent and Service Coordination/Case Management programs.

In December 2009, Phoenix Programs moved into a newly constructed 28,000 square foot building located at 90 East Leslie Lane, in Columbia, Missouri, Boone County, bringing clinical services together into a seamless delivery system. The building was designed to provide both a comfortable, homelike environment as well as an atmosphere to foster successful treatment. Our center is a tobacco-free environment, promoting a healthy, therapeutic environment for those we serve.



### **Mission and Purpose**

The mission of Phoenix Programs, Inc. is to reduce the adverse affects of alcoholism and other drug addiction in our families and our community by providing treatment, support and educational services. Our purpose is to restore dignity and respect to persons who have experienced significant losses as the result of an alcohol and/or other drug problem in order to return a productive and responsible person to the community.

### **History**

Originally, Phoenix Programs was a long-term halfway house designed for homeless men in transition from other treatment centers. In 1992, Phoenix Programs became a primary recovery treatment program with limited outpatient services. In 1996 social setting detoxification services were added and outpatient services were expanded to provide a full continuum of care. Phoenix's services have been and continue to be offered on a sliding fee scale and target those often excluded by racial and ethnic health disparities—the uninsured and underinsured. Phoenix Programs is a founding member of the Columbia-Boone County Basic Needs Coalition, which began in 1996 with the purpose of assisting the local citizens in meeting their basic needs for food, clothing, shelter and transportation. The Executive Director and staff serve on many local and state boards, committees and coalitions.

In 2001, with funding from the U.S. Department of Housing and Urban Development (HUD), Phoenix Programs began providing supportive housing programs including “Project Bridge” case management services and “At Home” permanent housing for chronically homeless individuals with disabilities. Phoenix Programs has successfully received continued renewals of funding from HUD for both the Project Bridge and At Home programs. With funding support from Missouri Foundation for Health (MFH), Phoenix Programs successfully integrated substance abuse and psychiatric treatment in 2004 and integrated tobacco cessation treatment in 2006. This integrated treatment included operating a prototype Assertive Community Treatment (ACT) team with four full-time staff from 2006-2009.

In 2004, a milestone accomplishment was the award of a major federal U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) 5-year grant to implement an evidence-based model, the Modified Therapeutic Community (MTC) program. The MTC was specifically designed for treatment of persons with COD. The project provided effective substance abuse and mental health services for 210 rural, homeless individuals.

In 2006, Phoenix Programs implemented a one-year Modified Therapeutic Community Enhancement (MTCE) to link persons in the existing MTC program with housing programs and other needed services to help participants achieve the highest level of recovery possible. The MTCE served chronically homeless and homeless participants at risk for chronic homelessness due to their COD. In 2007 Phoenix, with support from SAMHSA, developed a 5-year MTC with Supportive Housing program (MTC SHP) and launched a 3-year adolescent treatment program – Project Apex – a successful, evidence-based family-centered treatment program serving urban youth with symptoms of substance use disorders and/or COD.

In 2008, MFH renewed the Freedom from Smoking project for another three years. In 2009, Phoenix Programs was selected to be a member of SAMHSA’s distinguished “100 Pioneers for Smoking Cessation Virtual Leadership Academy.” In 2009, MFH provided funding for Phoenix Programs to expand its successful Project Apex program into rural areas. The new project was called Project Reach Out, a free, family centered outpatient treatment program that targeted at-risk, low income adolescents.

Phoenix has continued to expand housing options for homeless clients, including veterans with funding from HUD, Missouri Housing Trust Fund (MHTF) and the Veterans Administration. These projects include a new 5-year SAMHSA-funded MTC Continuum of Care that provides integrated treatment with case management for rural homeless and chronically homeless persons including homeless veterans; a HUD-funded Homeless Prevention and Rapid Re-housing program (HPRP); MHTF Emergency Assistance and Operating Match programs; and a 3-year SAMHSA-funded Enhanced Offender Reentry Project that provides evidence-based, intensive outpatient treatment for adult offenders.

**Service Proposed for This RFA**

<b>SERVICES AND PROGRAMS</b>	
<b>Assessment</b>	
1	<p>Upon admission to the program, Phoenix Programs will conduct an assessment of each client including an intake process and complete evaluation/assessment for treatment plan development. Phoenix Programs uses the Addiction Severity Index (ASI) as its primary assessment tool. The ASI was originally developed to measure the efficacy of treatment programs because it emphasizes objective measures and has numerical scoring allowing comparisons. It has evolved into a therapeutic tool for the same reasons and its survey of many different domains of life provides therapeutically essential information for treatment planning and service provision. While assessment has always been a part of a treatment episode, the emphasis in recent years has been to use standardized tools. The standardized tool being used in Missouri allows the state to better describe the use patterns and other demographics of those persons entering substance abuse treatment. National efforts to use standardized assessment tools has brought more attention to common issues surrounding all those seeking substance abuse treatment. The idea that co-occurring disorders are more of a norm, rather than an exception came in part from seeing the same set of issues again and again once common items began to be examined at the onset of treatment. In addition to the ASI, self- screening questionnaires are used to assess levels of alcohol and tobacco dependence, vocational needs, and symptoms of trauma. Each of these screenings serves to highlight interrelated issues that may need to be addressed during the treatment episode.</p>
2	<p>The assessment process takes between 1 ½ to 2 hours. It primarily involves the designated counselor asking questions and recording responses on the computer. Assessments are routinely done at 12:30 every weekday, except Wednesdays. Individuals transitioning from detox, private pay individuals and other special populations have assessments at other times, from morning to early evening. Participants can expect wide ranging questions in an atmosphere of trust, the completion of paperwork, and some time spent on motivational questions so that individuals can start to work on making positive changes right away. Ideally, information needs to be collected continuously, and assessments revised and monitored as the client moves through recovery. An assessment is not a self-test, and to this end, collateral information is collected whenever possible. Existing medical records, reports from a spouse or employer, and driving restrictions based on legal orders become part of the report. In addition, a urinalysis field test for the presence of drugs is routinely administered at assessment and a breathalyzer is used if an individual appears intoxicated.</p>
3	<p>After an initial phone screen to gain contact information and determine that the contact is not an emergency requiring 911 assistance, an appointment is scheduled for a face-to-face interview with a qualified substance abuse professional. The ASI is a widely accepted measure for the assessment of substance abuse issues and is considered best practice. The ASI examines the following issues: Medical, vocational/educational, alcohol, drugs, legal, family/social, and psychiatric. The participant answers specific questions and identifies the severity of a problem and how important treatment is for that problem. The clinician also makes a severity assessment, and all scores are consolidated into a numerical measure of problems in each domain. The ASI meshes with Phoenix’s holistic approach and willingness to address complex issues. Registered or certified substance abuse counselors in the state of Missouri provide this service, allowing for the introduction of motivational interviewing questions, another <b>best practice</b> for substance abuse treatment, imbedding a positive treatment approach even in the assessment process.</p>
4	<p>The ASI can appear intimidating in its depth and scope. Counselors are trained to make the participant comfortable and move through the questions in an engaging, nonjudgmental, and matter of fact way. Open-ended motivational interviewing questions are inserted where appropriate so participants can begin thinking about what positive changes they can make in their lives and how they can begin right now. The severity of substance abuse differs among patients, and the severity of an individual's disorder will fluctuate over the course of time. Since patients have a range of treatment needs, there is a corresponding need for a range of treatment options. The goal of Alcohol and Other Drug (AOD) treatment is to place patients in the appropriate level of care, to match the intensity of service to the severity of illness, and to select the services needed to meet patients' individual needs. This is the role that assessment provides. The content of the information gathered helps counselors make the best placement into treatment, and will include questions to examine whether or not there is: a need for markedly increased amounts of the substance to achieve intoxication,</p>

	markedly diminished effect with continued use of the same amount of substance, withdrawal, or taking a closely related substance to relieve or avoid withdrawal symptoms; the substance is often taken in larger amounts or over a longer period than was intended; there is a persistent desire or unsuccessful efforts to cut down or control substance use; a great deal of time is spent in activities to obtain the substance, use the substance, or recover from its effects; important social, occupational or recreational activities are given up or reduced because of substance use ; the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., continued drinking despite recognition that an ulcer was made worse by alcohol consumption).
5	The ASI identifies problem areas to be addressed in treatment. It is invaluable in treatment planning and as a safe guard to ensure that essential issues are addressed therapeutically. Substance abuse affects all aspects of life and taking a broad view ensures these areas do not fall by the wayside. Motivational Interviewing questions have been shown to positively affect client outcomes even during the assessment process. They create the expectation that recovery will begin right now, not at some vague time in the future. A basic assessment covers key information required for treatment matching and treatment planning. The basic assessment offers a structure with which to obtain basic demographic and historical information, and identification of established or probable diagnoses and associated impairments, general strengths and problem areas, stage of change or stage of treatment for both substance abuse and mental health problems, and preliminary determination of the severity of the COD as a guide to final level of care determination Recommendations for individualized treatment, potential services, modalities, resources, and interventions must be based on the American Society of Addiction Medicine (ASAM) national criteria multidimensional risk profile. Below is a brief overview on how Phoenix Programs to uses the matrix to match the risk profile with type and intensity of service needs.
6	A good ASI gives a holistic view of problem areas to be addressed in treatment. It identifies severity of the problem and is a major factor in determining level of service needed. It is a good indicator of what issues should be prioritized in treatment planning. Combined with motivational interviewing questions to enhance client change strategies, Phoenix’s assessment process meets the expectation of an objective standardized assessment tool, paired with motivational enhancement strategies that maintain our commitment to be recovery focused.
<b>Assessment: Five Axis Diagnosis</b>	
1	Phoenix Programs' staffs are trained in Five-Axis Diagnosis and can provide this assessment as requested. Phoenix began using Five Axis Diagnoses when a review of client admissions identified a gap in services for those experiencing symptoms of mental illness. Evidence-based practices indicated integrated services were most effective in addressing individuals with co-occurring mental health disorders. We added psychiatric evaluation and medication management which involve a five axis diagnosis and clinical and non-clinical employees were provided training on co-occurring disorders. With increased collaboration with mental health professionals, our individual treatment plans took on a more holistic approach to include coping skills of mental illness and medication-assisted recovery plans. Beginning in 2004, Phoenix Programs implemented three long-term co-occurring programs (MTC, MTC-SHP, & ACT programs) and continues to provide integrated treatment throughout the continuum of care (social detoxification, residential stay, intensive out-patient, and recovery enhancement care). In addition our Licensed Clinical Social Workers have begun Five Axis Diagnosis as part of the assessment process as required by some insurance plans or when clinically necessary.
2	The Five Axis Assessment is part of a process that takes one to two hours, however in some cases, additional research/collaboration is required for the clinician to make a clinical impression (state of the client statement) and thus develop an individual plan of recovery. The Five Axis Assessment consists of questions to elicit information helpful to the clinician including an accurate description or history of any physical and mental health issues, medications, educational levels, occupational history, and any social activities (including chemical abuse and interaction with legal system) and cultural activities. It is also based upon direct observation of affect and behavior. A common misconception is that a classification of mental disorders classifies people, when actually what are being classified are disorders that people have.
3	The Diagnostic & Statistical Manual of Mental Disorders (DSM-V R) provides clear descriptions of the diagnostic categories. The five domains are: 1) Clinical Disorders, which includes substance related disorders, mood disorders, anxiety disorders,

	<p>dissociative disorders, and other disorders.</p> <ol style="list-style-type: none"> <li>2) Personality Disorders, which include anti-social, borderline, narcissistic, obsessive-compulsive and other personality disorders, and cognitive developmental disorders.</li> <li>3) General medical conditions of the entire body.</li> <li>4) Psychosocial &amp; Environmental problems i.e., primary support, social environment, education, occupational, housing, economic , access to health care, and interaction with the legal system.</li> <li>5) Global Assessment of Functioning (GAF) is the clinician’s judgment of the individual’s overall level of functioning. It consists of a number ranging from 1 to 100 reflecting how the individual functions in daily living over an extended period of time.</li> </ol> <p>This information is useful in planning treatment and measuring its impact, and in predicting outcomes. This instrument is used in in-patient and out-patient settings to collect and communicate accurate health information. Only state licensed clinical workers such as a physician, psychiatrist, psychologist, licensed clinical social worker, (LCSW) or licensed practical counselor (LPC) are trained and qualified to use this instrument.</p>
4	<p>In an inviting office atmosphere, individuals are informed of the clinician’s qualifications, client’s individual rights, particularly that of confidentiality and self-determination, as well as a detailed description of the assessment process. The assessment covers histories of chemical use, mental health, physical health, any issues with primary (family) support, his or her social environment, education levels, occupational history, housing patterns, economic concerns, and any interaction with the legal system.</p>
5	<p>The information gives insight to the severity (mild, moderate, severe) of each disorder, and in each domain. Clinicians can assess if the effects are medical, behavioral, and or cognitive and how they are interrelated. They use this information to identify the interactions among the symptoms of mental disorders and substance use, as well as the interactions of the symptoms of substance use disorders and mental health symptoms. Clinicians integrate and coordinate substance abuse intervention and treatment with mental health services to treat the whole person more effectively. Clinical assessments are required for some insurance programs to establish need and payment for services. An accurate diagnosis is critical in documenting the need for benefits and entitlements including Medicaid, Social Security Disability, Vocational Rehabilitation, and other services.</p>
6	<p>A good assessment is the first step in a comprehensive evaluation. Often symptoms of what appear or present as anxiety, depression, dementia or psychotic disorders are actually symptoms of substance abuse/dependency/withdrawal that may be either physiological and or psychological affects fueled by shame, guilt, fear, stress, loneliness, rejection, low-self worth etc.</p> <p>After abstaining from marijuana for four months, a client previously diagnosed with schizophrenia, no longer had delusional thinking. His diagnosis was changed to cannabis induced psychosis. Today he is symptom free; he does not take any anti-psychotic medications, he owns a small successful business, is married and raising two children in their own home. More typical is that of individuals who are taught cognitive-behavioral coping skills for symptoms of anxiety and or depression, which alleviates or significantly reduces their symptoms; reducing the need to self-medicate with chemicals and improving their quality of life.</p>
<p><b>Assessment Update</b></p>	
1	<p>Phoenix Programs formally links assessment updates with the monitoring and review of progress on treatment plans. Counseling is a process of constant assessment and Phoenix Programs recognizes that individuals are subject to change. At designated review times, a formal re-assessment of current issues is performed to see what progress has been achieved, what the current treatment needs are, and if there are any emerging issues that also need to be addressed. At every session, counselors assess and document the client’s stage of change in each of the problem areas that have been identified.</p>
2	<p>Assessment updates are part of every individual counseling session and the counselor’s current assessment is generally shared with the participant. Formal treatment plan reviews are done at regular intervals based upon the intensity of services received. Residential clients are re-assessed at least every 10 days, participants in groups at least monthly, and individual counseling clients are re-assessed every three months. Treatment plan updates are often done more frequently based upon changing circumstances.</p>
3	<p>An assessment of current "stage of change" in an issue specific manner is the <b>current best practice</b> in substance abuse treatment. This approach is highly individualized and recognizes that individuals can be at different stages of change for different issues and that stages of change can shift over time. All treatment staff have training on stage of change which informs how we interact with clients and the interventions we choose</p>

	to assist them. Counselors and case managers routinely document client’s current stage of change on relevant issues.
4	A stage of change assessment is an overall summary of information received during that session and is intrinsic to the counseling process. Treatment plan updates are a formal part of a counseling session where progress achieved is discussed systematically as part of an overall formal process of change. Open-ended questions and the review of goals and objectives make up the plan update and review periods.
5	Issue specific stages of change assessments are essential for determining the most effective interventions for any given client at any given time. They lay out progress in a systematic way and allow for the identification of positive movement in an issue before prolonged abstinence. Treatment plan reviews and updates keep counseling goal directed and help individuals maintain therapeutic focus. Accomplishments are regularly identified and celebrated, helping small successes to grow into large accomplishments.
6	A good stage of change assessment will identify the next positive step in an individual’s recovery journey. It provides guidance and direction for particularly stubborn issues to be broken into small steps with regular milestones for applause. It allows other issues to emerge over time that also need addressing and recognizes the complexity and diversity of each individual. Treatment plan updates and reviews maintain focus and enhance motivation. It allows for the identification of process over time. One outpatient client was unable to even envision herself being sober and was drinking heavily on a daily basis. The initial treatment plans involved a reduction in use, leading into a trial sobriety. Ultimately she embraced recovery and recently celebrated 30 days of sobriety in spite of having many complicating issues. She found the small steps she could envision gave her the confidence to move forward into recovery and abstinence.
7	Phoenix Programs uses counselors to conduct the assessments that are Licensed Clinical Social Workers.
<b>Case Management/Community Support</b>	
1	Case management has been a key activity of Phoenix staff from the beginning. Obtaining housing, employment, medical care, benefits and entitlements have been key elements of our programming. Navigating a complex array of services can best be done with some expert guidance and advocacy for those who lack the power to stand up for themselves. Phoenix Programs has employed case managers who focus on service coordination and linking with community resources full time as well as counseling staff who also engage in case management activities. Many of Phoenix counselors are former case managers who have a vast knowledge of the array of services and benefits consumers are entitled to.
2	Based upon a face-to-face comprehensive assessment with each client of that client’s strengths and limitations and of the social, financial, and institutional resources available to the client, the needs for case management are identified. The treatment plan created early in the episode in collaboration with the counselor and client identifies priorities, desired outcomes, and strategies and resources to be used in attaining the outcomes. The responsibilities of the counselor, client, and others are clarified throughout development of the plan. Additional case management tasks related to client intervention, include implementing the treatment plan aimed at mobilizing the formal and informal resources and the services needed to maximize the client’s physical, social, and emotional well-being, and coordinating and monitoring service delivery. The counselor also advocates for needed client resources and services, periodically reassesses client status, effectiveness of interventions, and the attainment of outcomes with revision of the service plan as indicated. Case management activities include phone calls, letter writing, identification of resources, referral, and online activities.
3	Case management practices at Phoenix Programs follow well-established social work concepts and techniques to link participants and/or significant other(s) to community resources.
4	Case management activities vary widely in scope and activity. From a brief phone call as part of a longer session, to pursuing entitlements that can take a considerable amount of time, all case management has its focus on achieving concrete gains. Case management activities are engaged collaboratively with the client and the shared experience of pursuing resource acquisition can be an important engagement activity and serve as a “teachable moment” to learn skills necessary to navigate systems independently.
5	Case managers maintain a dual focus on the client and the environment, working directly with, and indirectly on behalf of individual clients and families. As consumers observe and then discuss this assistance, they become more capable of intervening on their own behalf. The therapeutic value of the assistance helps clients to function more successfully, coping with life’s roles, responsibilities, and challenges. The case manager builds a trusting and empowering relationship, modeling services along a continuum of care to restore or

	maintain a client’s independent functioning to the fullest extent possible. Values inherent in this work include giving assistance in a sensitive and supportive manner that includes a client’s interests, recognition of the inherent worth and capacity of the individual, and the individual’s right to self-determination and confidentiality.
6	Case management has a number of positive outcomes including: enhancing developmental, problem- solving, and coping capacities of clients; creating and promoting the effective and humane operation of systems that provide resources and services to people; linking people with systems that provide them with resources, services, and opportunities; improving the scope and capacity of the delivery system; and contributing to the development and improvement of social policy. On a very concrete level, case management activities of Phoenix staff have allowed countless individuals access to quality medical care, housing, disability benefits, veteran’s benefits, assisted with college enrollment, and many other positive outcomes.
7	In April 2013, Phoenix Programs became CARF accredited for its Service Coordination/Case Management services.
<b>Communicable Diseases Risk Assessment, Education, Testing &amp; Counseling</b>	
1	Phoenix Programs has working relationships with local health departments to provide any necessary testing services for HIB, TB, STDs and hepatitis and will arrange for testing for participants. Individuals seeking substance abuse treatment services have a high incidence of HIV and other sexually transmitted infections. Phoenix Programs provides face-to-face counseling for the purpose of assessing an individual’s risk of exposure to HIV, STD, and TB and to encourage testing and risk reduction.
2	This service includes face-to-face counseling for the purpose of assessing the individual's risk of exposure to HIV and other sexually transmitted infections as well as TB. Included in HIV pre-test counseling are an HIV risk assessment interview and counseling to properly understand the results of the risk assessment as well as testing resources and education on the test process. HIV Post Test Counseling consists of face-to-face counseling with an individual who has been HIV antibody tested as well as medical, social and psychological referrals. These services can be with individuals who abuse drugs and alcohol or their partners.
3	We use the HIV/STD/TB Risk Assessment during our assessment and screening process in order to evaluate the need for further education, counseling, or referrals. Qualified Substance Abuse Professionals conduct the risk assessment and if needed, make a referral to a Qualified Substance Abuse Professional with certification and extensive training in HIV prevention counseling and providing test results. Phoenix Programs follows the Center for Disease Control standards when providing prevention counseling and testing, as well as post-test counseling.
4	Included in the HIV pre-test are the HIV/STD/TB risk assessment interview and HIV pre-test counseling session. Sexual history, drug history, STD history, and information regarding HIV and TB testing are discussed in the risk assessment. The intensely personal nature of these issues is recognized and approached in a sensitive nonjudgmental way. If warranted, the participant will be immediately scheduled to discuss information about testing and risk reduction, as well as information about testing and referrals. The counselor may help identify barriers that keep individuals from changing behavior, informing them of available resources to help them make those changes, encouraging them to seek voluntary HIV testing and counseling, and teaching them to develop specific, achievable strategies to protect themselves and others from contracting HIV and other infections. Testing options are explained in detail and counselors guide the participant in making informed decisions. Phoenix Programs hosts several testing events throughout the year, where participants are tested for HIV, STDs, and Hepatitis C and education is provided on risk reduction for substance and myths and facts. Other related services, may include Hepatitis A and B vaccines.
5	Sharing syringes, drug solution, and drug preparation equipment are primary routes for drug users to acquire and transmit HIV and Hepatitis B and C. High-risk sexual behaviors often accompany high-risk drug use, further increasing the chances of transmission. About one-third of AIDS cases every year are related to injection drug use. Substance abuse treatment is key in helping to reduce HIV/ STD transmission risk.
6	Many clients enter treatment not knowing their HIV, STD, or Hepatitis C status. Through support, education, and encouragement, individuals feel more comfortable with getting tested and more knowledgeable in reducing their risk. Individuals report feeling relieved after testing, and find comfort in knowing how to prevent an infection and in gaining the knowledge of how, when, and where to get tested.
7	Phoenix Programs provides testing on site through the local Columbia/Boone County Health Department.

<b>Family Conference</b>	
1	Phoenix Programs has assisted families for decades who strive to do the right thing by their family member. Family Conference under the direction of specific guidelines is a relatively new service offered by Phoenix Programs. A prescribed set of agenda items are covered focused on the Relapse Prevention Plan. Recently, an 82-year-old father asked advice of program staff: should he skip his honeymoon with his new bride and cancel plans to accommodate the requests of a capable 45-year-old son. The new wife was eager to take the honeymoon and then live with her new husband free of adult child responsibilities. Although it was a struggle, eventually all parties agreed that it was in the son’s best interests if his father was not his trustworthy bail out when life became challenging. Family Conference also is available through teleconference for family members who live out of the area yet have vested interest in loved one’s treatment.
2	The Family Conference may be arranged at any time during the treatment episode and may be a beneficial component for an entire family. For example, perhaps a parent lives out of state yet the counselor believes that it is crucial that the parent be involved in the discharge plan because numerous times in the past ,the parent’s home has been a “drop-in” residence for the client even though it diminishes the client’s ownership of her personal recovery steps. In this new case, the client and counselor and parent explore what living arrangements may be made that foster independence of the adult child. Being part of this decision and strategy is vital to the successful client outcome. The counselor is able to normalize this discussion and cite other examples of how families have coped with this pledge. The client is able to articulate her needs to her parent with the support of the clinical staff. The parent is able to rely on the staff member to keep everyone informed about what types of housing options there are for the adult child. This helps the parent avoid a pattern of rescue that interferes with the relapse prevention plan. The Family Conference and counselor support help keep the adult child interacting with others in recovery to solve current and future problems. Sometimes it is in everyone’s best interests if a contract with witnesses is signed that spells out the conditions of family support, detailing when that support helps and when it hurts.
3	Family Conferences can be very effective in enlisting the support of the family of the addicted primary client in working toward treatment goals. It is typical for family members to hold their own set of recommendations and expectations. Airing these beliefs openly with a qualified professional allows an opportunity to influence the family member to compliment the goals that are being established in treatment. Often a family member is eager to get involved, but can move into “taking over” responsibilities that belong to the patient. Another common occurrence is to have family members express emotions that have been building during the chaos of having active addiction in the home. Working with a counselor during Family Conference allows each member of the family to have their feelings and experiences valued. The counselor works with the family system to build a course of action that is reasonable for all members. Family conference is a time for members to share individual goals regarding the outcomes of treatment. From these expectations, the counselor may recommend further family counseling or codependency individual counseling. Additionally, the Family Conference service entails meeting with the family for activities that include, but are not limited to: Communicating about issues at home that are barriers to treatment plan goals; identifying relapse triggers and establishing a recovery enhancement plan; participating in the discharge conference; and assessing the need for family therapy or other referrals to support the family system. Phoenix staff providing Family Counseling must be a QSAP or Associate Substance Abuse Counselor.
4	A family conference involves a face-to-face meeting between the counselor, the designated client, and at least one family member or support person. Many individuals with substance abuse disorders have fractured families and limited community support and enlisting the involvement of a sponsor or other support person can be invaluable in establishing a network of support. Family conferences are usually scheduled for one hour but can be longer. Open ended questions are asked to elicit pertinent information and allow for the sharing of thoughts and feelings. The individual receiving services is the focus of the session and the session is directed toward providing assistance to that individual. The trained counselor keeps the sessions productive and positive and will frequently discuss next steps and other resources available like family counseling or family support groups.
5	Family conferences are most effective when they elicit support to assist the client or increase the client’s motivation for change. They serve as an important source of information that informs individual counseling sessions. They provide an opportunity to educate support people on how to most effectively render assistance to their loved ones and identify when more intensive family services are needed.

6	An enhanced support network and increased client motivation to change are the most significant outcomes of family conferences. Having a trained professional in the room allows individuals and family members to discuss emotionally painful subjects in a safe and supportive environment.
<b>Family Therapy</b>	
1	For nearly 30 years, Phoenix Programs has reached out to family members to connect them to the treatment process and provide information to bring them into a supportive role. Everyone benefits when the entire family system is connected to the recovery process. Within the last several years Phoenix Programs has further increased its efforts in providing family services including counseling by designating a full time family counselor with a Masters degree in Marriage and Family Counseling.
2	Family Counseling is offered whether or not the family is currently living in the same home. Through family therapy, families or individuals within a family learn better ways to interact with each other and resolve conflicts. Family therapy is often short term. Family therapy may include all family members or just those most able to participate. The specific treatment plan will depend on a family's situation. Family therapy is a type of psychotherapy. In general, anyone who wants to improve troubled relationships can benefit from family therapy. Family therapy can address many specific issues, such as marital and financial problems, conflict between parents and children, and the effects of substance abuse and depression on the entire family. Sometimes the family may participate in family therapy even if the addicted person hasn't sought out his or her own treatment. Family therapy typically brings entire families together for therapy sessions. However, family members may also see a family therapist individually. Family sessions are usually two hours in length to allow everyone to fully participate. They are hands on, interactive, and provide concrete skills and techniques to improve family functioning.
3	Family therapy is usually provided by clinical social workers or licensed therapists known as marriage and family therapists. These therapists have graduate or postgraduate degrees — and many choose to become credentialed by the American Association for Marriage and Family Therapy (AAMFT). Only licensed and provisionally licensed clinicians under regular supervision can provide family counseling and Phoenix Programs adheres to that standard. Phoenix Programs current approach to Family Counseling is through the <b>best practices of Systemic and Social Construction</b> approaches utilizing <b>Experiential and Narrative Therapy</b> approaches.
4	Family therapy is often short term — typically less than six months. The specific treatment plan will depend on a family's situation. For example, an adult son may have depression that he is self-medicating through marijuana use. A family may not doesn't understand his depression or how best to offer support. Although worried about their son's health, parents may have such profound family conflicts that conversations ultimately erupt into arguments. They are left with hurt feelings, and communication diminishes, decisions go unmade, and the rift grows wider. Family counseling provides a safe environment to explore those feelings, increase healthy communication, and create a concrete plan of action with buy in from all family members because they shared in the making of plans and agreements. In the end, the son may be better equipped to cope with his depression and marijuana abuse, and the entire family may achieve a sense of understanding and togetherness. Family sessions are generally two hours long but may be reduced to one hour as treatment develops and issues are clarified.
5	Through family therapy, families and individuals within a family learn better ways to interact with one another and resolve conflicts. Patterns develop within a family when substance abuse has interfered with daily life. Family therapy allows a family to experience a new way of seeing, communicating and interacting with one another. Newly discovered recovery principles that have a positive impact on the family system and individual members are practiced outside of the therapy session. A family may pursue family therapy along with other types of mental health treatment, especially if one family member has a serious mental illness or chemical dependence that also requires intense individual therapy or rehabilitation treatment.
6	If a family is feeling torn apart, family therapy may help the family members heal. Working with a therapist, they examine their family's ability to solve problems and express thoughts and emotions. They may explore family roles, rules and behavior patterns in order to identify issues that contribute to conflict — as well as ways to work through these issues. Family therapy may help individuals identify their family's strengths, such as caring for one another, and weaknesses, such as difficulty confiding in one another. In such a situation, family therapy can help pinpoint specific concerns and assess how a family is handling them. Guided by the therapist, family members learn new ways to interact and overcome unhealthy patterns of relating to each

	other. Family members may set individual and family goals and work on ways to achieve them.
<b>Group Counseling (Assoc. SA Counselor/QSAP)</b>	
1	Group counseling has been an integral part of substance abuse treatment since its inception and has been one of the keystone services provided by Phoenix Programs for many years. Phoenix Programs provides Process Groups which are an opportunity for a small group of participants to talk in depth about the specific issues they are engaged in. There have always been encouraging comments regarding the substance of group counseling at Phoenix Programs from the Missouri Department of Mental Health certification team during their annual visit. These professionals and others including interns and new staff members who sit in on group counseling sessions are impressed with the level of sincere and unguarded comments of the group members. This is not an accident and is routinely watched over by the clinical staff. To protect the authenticity of group counseling is to protect the quality of the treatment experience for individuals.
2	Group counseling is done in small groups (12 or less) with one counselor. Sessions are approximately one hour long. All individuals are expected to participate although some allowance is made for newer individuals to listen more and speak less. Individuals process current issues in their life they would like peer support or guidance on. Group counseling exists under the premise that peers have more relevant practical advice and that sharing in an understanding atmosphere increases an individual's efficacy to make positive changes. Trained counselors facilitate the group and ensure a therapeutic and supportive atmosphere.
3	<b>The best practices of Motivational Interviewing (MI) and Modified Therapeutic Community (MTC) are at the center of group counseling at Phoenix Programs.</b> MI approaches roll with resistance and focus on client's developing their own solutions, increasing participant buy in. Positive statements are summarized and reflected back to the participants to elicit commitments to make positive changes in their lives. The MTC approach enhances group cohesion and self help strategies to share successes and elicit peer advice. Individuals who feel part of a supportive group are better able to make positive changes.
4	Group counseling sessions are held in residential and outpatient treatment programs during the day, evening, and on Saturdays. Individuals are seated in a circle so everyone can make eye contact and most of the talking is done by the participants. The counselor assesses the process of the group, summarizes issues, and keeps the group focused on making positive change through the use of motivational questions. Frequently the topic is on issues raised in larger education groups which do not always allow for discussion and closer examination. Group counseling is fundamentally client-driven and responsive to the needs of the group in that time.
5	Group counseling has been the heart of substance abuse treatment since its inception. It is cost-effective and efficacious. It provides for sharing and supports, as well as socialization, to prepare individuals to participate in outside self-help groups. With a trained counselor in the room, group counseling is a safer forum to discuss sensitive issues and enhance motivation.
6	The goal of group counseling is to increase client motivation and efficacy to make positive change. Hearing other client's stories help individuals to put their own issues in context and decreases feelings of isolation. Most clients, when asked what the singularly most helpful aspect of treatment was will point towards hearing other's stories in process groups. Process groups are routinely individual's favorite aspects of treatment.
<b>Group Counseling (Collateral Relationship)</b>	
1	Since the early 1990's Phoenix Programs has sought to involve Family Members and Significant Others in the treatment process through group counseling. The family can be a source of strength and support for one in treatment or the family can exacerbate high-risk to relapse situations. There is no one right way to approach family members in group counseling; however, a tone of acceptance and understanding is the norm.
2	Family members receive information about treatment at intake and are invited to participate in several ways. A family conference is a good first step as it allows a trained counselor to discuss family programming options, answer any questions, provide some introductory substance abuse education and assist loved ones in managing expectations. Phoenix Programs also offers a family seminar with basic group education on substance abuse and the family. There is also individual family counseling and codependency individual counseling available. Family members usually identify the family group counseling option as the most meaningful intervention.
3	Codependency Group Counseling is facilitated by a Qualified Substance Abuse Professional who has years of experience working with family members and a Masters degree in Marriage and Family Counseling. It is common for facilitators to bring their own experiences as family member or friend into some of the group discussion. Safety and respectful participation are prioritized and a mutual support group format is utilized.

	Family members often say that they value the support they receive from other family members involved with similar issues. Codependency Groups operate under the <b>best practice of the Corey &amp; Corey Model</b> assisting individuals to identify with one another and utilize other group members to achieve positive change.
4	At times, there are consumers who prefer to leave their family members out of the treatment experience, mistakenly believing that the family member is “not involved.” This is nearly impossible to conceive of and is generally discouraged unless the relationship has violence involved. While the autonomy of individual choice is respected counselors, revisit the barriers to family involvement and continue to discuss the importance of involving family in treatment.
5	Family members have been coping to some degree -- often years -- before an addiction is addressed. There is often a well of unresolved anger, fear, shame, self-blame, and despair to consider. It is best to have these strong feelings and reactions open to examination with the guidance and direction of trained professionals. Phoenix Programs’ staff members have decades of experience in helping family members heal from the harm that addictive behaviors and patterns have caused. It is the goal of staff to create a safe experience for family members to begin experiencing the “possibility of hope” and replace despair and disappointment regardless of what the primary client is able to achieve in recovery. Family members have their own burdens and hurt. Quality of life depends on facing challenges with all the knowledge and skills and tools that are available in recovery.
6	With improved communication skills, an enhanced support network, growing coping skills, and more realistic expectations, family changes through codependency group counseling positively impact the recovery experience of the client. In addition, improved family functioning can be achieved without any change in the client, empowering families to work on their own recovery and set clearer boundaries with their substance affected loved ones.
<b>Group Education</b>	
1	Group education is a foundational intervention for substance abuse treatment programs. Phoenix Programs has provided inspiring and motivationally enhancing education groups for over 27 years. Phoenix Programs has consistently improved the quality and relevance of group education. Several years ago Phoenix brought the MTC model to its outpatient group education and outcome studies have indicated that it has dramatically increased attendance and completion rates of individuals enrolled.
2	Education groups are between one and two hours long and vary widely in their content and organization to provide diverse learning experiences to match any potential member’s learning style. Community groups are facilitated by an experienced group member with the assistance of a staff person. Most education groups follow a traditional class room approach and are taught by someone who is an expert on the topic. Presenters include both facilitators who are formally educated on the topic at hand and individuals experienced in recovery. Topics cover a wide area but include: substance abuse education, impact of SA on families and relationships, anger and stress management, recovery topics, spirituality, co-occurring disorders, trauma, emotion management, health education, tobacco education, recovery enhancement, motivation stages of change, goal setting, relapse prevention and other topics based upon needs of the participants.
3	Phoenix Programs group education is informed by motivational enhancement strategies and the best practice MTC model. As many as 80 percent of individuals with a substance abuse disorder are in pre-contemplation or contemplation stage of change. Providing accurate information on the negative impacts of specific substances on specific populations is an effective intervention for individuals at these beginning stages of change.
4	Most education groups are in a classroom setting although community groups and some others involve sitting in a circle. Someone knowledgeable on the topic provides a lecture or a presentation with some questions and discussion. Occasionally a movie or video relating to the topic will be viewed as an aid to the educational process. Sometimes guest speakers (nutritionists, health professionals, motivational speakers) are used, but most groups are taught by Phoenix staff members. Accurate information is provided in a way to decrease defensiveness and increase motivation for change. Presentation style and content is tailored to the individuals present and is stage matched when possible.
5	Group education is a vital part of the treatment experience. Providing accurate information about the risks of specific substances is an effective intervention in increasing motivation for change. Direct education on the recovery process points individuals in the direction where others have been successful. Many Phoenix

	Programs' educational group facilitators are inspiring public speakers leaving group members energized about recovery.
6	Group education provides information about the risks of alcohol, tobacco, and other drugs so that participants can make more informed decisions in the future. Education about the recovery process is invaluable for someone to move from active addiction into prolonged and sustained recovery.
7	Some group education classes have "Mindfulness" as a focus. Using mindfulness can help clients explore, define and overcome painful feeling states so that alternative non-addictive ways of responding can be employed. Mindfulness is "in" right now. <u>Research</u> has shown that practicing mindfulness has a positive impact on affect regulation, concentration, impulse control, decision-making and self-care. The process of becoming non-judgmentally aware of the components of a compulsion weakens its power. The fundamental aspect of mindfulness is the capacity to witness an internal experience in the moment rather than instantly reacting to it. Mindfulness provides a client with valuable information about what is unfolding inside to slow down and note the mental "chatter" or "noise" that typically occurs nearly continuously with little awareness. The content is often harsh, critical self-talk that triggers discomfort that, in turn, triggers the habitual, automatic response of substance use and other risky behaviors. Mindfulness can help clients become more aware of these patterns and develop the capacity to choose from a greater repertoire of responses.
8	Freedom From Smoking is a program specifically designed for adults who want to quit smoking. It is the American Lung Association's gold standard tobacco cessation program and PPI staff have been trained to conduct these groups. The FFS group includes eight sessions and features a step-by-step plan for quitting smoking. Each session is designed to help smokers gain control over their behavior. The clinic format encourages participants to work on the process and problems of quitting both individually and as part of a group. A new FFS group begins each month at PPI.
<b>Group Education (Trauma Related)</b>	
1	Phoenix Programs has offered specific services on trauma for many years. Trauma informed care has been a movement in service provision as it has historically not been addressed in a comprehensive manner. By having specific trauma related group education, issues around trauma can be normalized, and allow individuals to address issues in individual counseling sessions they may not have realized were relevant.
2	Phoenix's trauma group meets on Thursday afternoons in the education room and involves residential and outpatient clients. It is didactic in nature and has three weeks of rotating topics. There is room for client participation but it is not required to respect individual's right to not share personal details about a sensitive topic. The group is taught by a Licensed Clinical Social Worker and Certified substance abuse counselor with special training on trauma and is approached with great sensitivity.
3	<b>Trauma informed care is considered best practice for substance abuse counseling.</b> Several years ago Phoenix Programs had a three day all staff training on trauma and all staff are sensitive to issues around surviving trauma.
4	Group education is provided in a classroom setting and frequently includes handouts. There is a three week rotating topic that includes enough information for individuals to pursue specialized services if needed.
5	Trauma education provides vital information to help clients understand complicating factors and underlying issues to substance abuse problems. This information enriches the individual counseling experience by ensuring that this historically under-recognized issue is fully addressed leading to better outcomes.
<b>Individual Counseling</b>	
1	Individual counseling is frequently regarded by consumers as one of the most important services we deliver. The time spent with clients during individual counseling is "protected time" and both clients and staff adhere to keeping these appointments whenever possible. Clients receive reminder calls the day before to emphasize the importance of these appointments. Challenges to keeping appointments due to transportation are reviewed with clients, and bus tickets and even cab fare can be available under certain conditions. Counselors routinely attend training and professional development both in-house and outside the agency to keep abreast of the latest techniques and approaches. Motivational Interviewing, a best practice in substance abuse counseling, most informs our counseling practice. Other evidence-based practices are used as they are shown to be efficacious, and a wave of literature about "mindfulness" is capturing equal interest. Staff attend national conferences to receive direction and training from the originators of new theories of treatment and return to the agency as our "in-house experts" about a particular focus area, and share new developments in clinical meetings.

2	<p>Clinical staff meets before appointments begin on a daily basis to review demanding cases and prepare strategies with the support of peers. Counselors routinely help individuals cope with difficult issues, like the grief of losing family to addiction, the harsh reality of losing custody of a child, and real fears about finances and threatened job loss because an employer has given an ultimatum. These sensitive areas of an individual’s life and all of these subjects are the content of individual sessions. To keep the most objective and professional perspective, counselors rely on one another to stay resilient while facing these challenges each day with clients. Counselors must resolve to keep their own lives in balance to do this day in and day out. Counselors at Phoenix Programs routinely comment about how helpful this peer support is. This team spirit is one of the hallmarks of working at Phoenix Programs and this passion and enthusiasm for helping each client carries into individual sessions. Counselors are in the business of increasing motivation and providing support, encouragement and unconditional positive regard.</p>
3	<p>Individual counseling is included in every level of treatment. Sessions are generally one hour long and can be held from two or more times per week in residential treatment, weekly for those in groups and up to a month apart for individuals tapering down from services. Intensity is based on individual need and the agreement the customer has arranged with their primary counselor. Annual training in ethical practice is required and counselors maintain a courteous and professional relationship with clients. The knowledge gained from these trainings help insure that clients attending treatment at Phoenix Programs will not be hurt by any practices. Motivational Interviewing is our primary counseling methodology supplemented with other evidence base practices that counselors have training in including solution focused therapy, cognitive behavioral therapy, mindfulness, and rational emotive therapy. All counseling is goal directed and strength based and honors individual autonomy to make informed choices about treatment.</p>
4	<p>Individual counseling sessions are usually around one hour in length and are held in a comfortable and private setting. Counselors focus on engaging clients and ask open ended nonjudgmental questions intended to elicit positive change statements. Counselors actively listen and encourage clients to identify their own solutions increasing client buy in. These are reflected back to the individual in a way that maximizes the individual’s commitment to change. Within the first few sessions a treatment plan is established in collaboration with the client which serves as a road map of the treatment agenda. Client strengths are identified and built upon and individuals are empowered to work towards moving to their own view of a happy and healthy life rather than merely trying to solve problems. The client’s stage of change for the issue at hand is assessed and appropriate interventions are chosen based upon that stage of change. Argument, power struggles, and a directive approach are all avoided as counterproductive.</p>
5	<p>Individual counseling is core to substance abuse treatment. Often it is the only service necessary for an individual to make positive changes in his/her life. It is the venue to identify individual needs and create a treatment plan that determines overall what services will be needed for success. The strength of the relationship an individual has with their counselor and that counselor’s skill in active and reflective listening are large factors in client outcomes.</p>
6	<p>From customer satisfaction surveys, we have seen this comment more than once about an admired counselor, “<i>he saved my life.</i>” Although Phoenix Programs does not “save life” in the sense that an emergency room doctor would, our clients know that they are receiving high quality professional care from counselors who have skill, compassion and integrity.</p>
<p><b>Individual Counseling (Collateral Relationships)</b></p>	
1	<p>There is often a special need for individual counseling for family members who need extended help to learn, absorb, and adjust to the changes brought on by recovery. It is often common to believe that Individual Counseling for family members is only available when someone has already made their way into treatment, but this is not accurate. Since family members are some of the first people to recognize an alcohol or drug problem in one close to them, it is fairly common to pursue professional help about this situation even before the one carrying the substance abuse is receptive to exposing the problem. Phoenix Programs has a long history of providing this important service.</p>
2	<p>At any time during the duration of treatment for a family member, individual counseling is available for those close to the patient. One of the first things that family members hear that surprises them is “regardless of what your loved one is able to do about sobriety, you must go forward with your own recovery.” Family members have changed directions and carried on during times of crisis, developing the skills to manage even through difficult situations.</p>

3	<p>Codependency Individual Counseling sessions, often an hour to an hour and a half, are provided by Qualified Substance Abuse Counselors. This staff member will be different than the staff member who is primary counselor to the primary patient. In that way, the family member can feel free to express any and all fears and feelings related to the treatment process. A <b>Solutions –Focused model</b> is used when the participant begins to look for exceptions to a negative idea or rule. For example, “I will never be happy until my son is drug-free”, becomes replaced with “I will identify and amplify positive changes I can make that are completely under my control.” Solution-Focused Brief Therapy (SFBT) is one of the most popular and widely applied psychotherapy approaches in the world. It has been applied to almost all problems seen by clinicians. SFBT has been used by family therapy, couples therapy, treatment of sexual abuse, treatment of substance abuse, sex therapy, treatment of schizophrenia, interventions in social service agencies, education settings, business systems, and occupational therapy. (Trepper, Dolan, McCollum, Nelson, 2006). Anytime a negative cycle can be replaced with an encouraging thought, there is another step taken towards recovery.</p>
4	<p>Surveys show that family members and others close to the substance abuser have knowledge of the problem as early as 5-7 years before treatment is sought. In Codependency Individual Counseling, family members are able to separate what they can and can’t do to help encourage a loved one to get help. Individuals most often make their way to treatment because of outside conditions or admonitions. Codependency individual counseling can assist the loved one in arranging and presenting concerns to the potential client in a way that protects the relationship.</p>
5	<p>Codependency counseling allows help to be directed to the family member instead of the “identified patient.” A family system that is not completely built on the active symptoms of addiction is a more stable, more productive, happier home. It is the responsibility of every adult in a home to make these steps towards personal recovery. When and <i>if</i> the identified patient gets help, then the family has already established patterns that are constructive.</p>
6	<p>Codependency individual counseling can give loved ones the tools they need to successfully manage their own lives after they have been negatively impacted by another’s abuse of substances. Clarifying boundaries and working through emotional pain can not only benefit the family member but also the primary client.</p>
<p><b>Individual Counseling (Co-Occurring Disorders)</b></p>	
1	<p>Phoenix Programs has been providing counseling for individuals with co-occurring mental illness for over a decade. Phoenix has evolved from looking at mental illness as exceptional and creating specialized programs to recognizing that co-occurring disorders (COD) are expected for individuals with substance abuse problems and <b>all counselors have received training on integrating mental health interventions into routine service delivery</b>. Nearly two-thirds of our clients can be expected to have some co-occurring symptoms and/or condition, which manifests as a primary concern equivalent to the parallel substance use disorder. Anxiety and depression are the most common co-occurring conditions and addiction exacerbates and/or moderates many of the symptoms. Once free of chemicals and “self-medication” through alcohol and other drugs, many clients find that the co-occurring disorder must be dealt with before it escalates to an acute level.</p>
2	<p>Individual counseling sessions are about one hour duration. Sometimes individuals with COD cannot tolerate hour-long sessions so their sessions are more frequent and shorter. Many of the same skills needed to manage a symptom of a mental illness are similar to skills needed for recovery from substance abuse. COD sessions are similar to traditional counseling sessions, as, mental health management interventions are woven into traditional substance abuse counseling.</p>
3	<p>Integrating COD treatment routinely into all levels of care is the current best practice in substance abuse treatment. <b>Phoenix Programs is an active member in the Missouri Cadre for Co-Occurring Excellence</b> and shares treatment ideas and the latest updates with other mental health and substance abuse treatment providers from across the state. <b>All Phoenix counselors can and do address COD issues in session</b>. Specific COD counseling is provided by a Certified Co-Occurring Disorders Professional with 150 hours of specialized training.</p> <p>You will hear staff commonly speak of helping “de-escalate” a client who has moved into an angry stage or helping “ground” an individual having a panic attack. In order to ensure staff competency in the area of co-occurring disorders, we continue to work from the Center for Substance Abuse Treatment’s publication, Substance Abuse Treatment for Persons with Co-Occurring Disorders (TIP 42). <b>One of the co-authors of TIP 42, Dr. Stanley Sacks, has been on-site at Phoenix Programs multiple times to conduct staff training.</b></p>

4	COD counseling involves identifying mental health problems and examining how they impact or are impacted by substance abuse issues. A longitudinal assessment is used to determine if one issue caused the other. Both issues are treated as primary and are addressed in an integrated fashion. Mental health issues are routinely addressed in treatment plans and are discussed in session. Phoenix Programs uses a solution-focused approach, utilizing the miracle question, to aid the client to envision how the future will be different when the problem is no longer present and to establish treatment goals.
5	Individuals with co-occurring disorders have historically had <b>poorer outcomes than individuals with only one issue</b> . By creating a service delivery system designed for the individuals with the most complex impairments, all clients have improved services. Even individuals without an identified mental illness benefit from feelings management, and other techniques used in COD counseling.
6	The goal of COD counseling is to foster dual recovery; abstinence from substance abuse and managing mental health symptoms in a healthy and balanced manner. By addressing mental health issues in treatment planning, it can normalize those issues, and reduce the shame and stigma that too often go along with a mental health diagnosis.
<b>Individual Counseling (Trauma Related)</b>	
1	Trauma informed care has emerged as a major new emphasis in substance abuse treatment. Phoenix Programs has been screening for symptoms of trauma and addressing trauma as an issue for many years. Six years ago, a three-day all staff training was held on trauma informed care. Phoenix Programs has hired licensed clinicians who specialize in trauma counseling.
2	The “ <b>Seeking Safety</b> ” curriculum is the program we use. Individual sessions are about an hour long; the length of treatment varies based upon the severity of the problem and other complicating factors. Trauma related counseling seeks to normalize feelings and reduce feelings of guilt and shame.
3	Trauma related individual counseling can only be provided by a licensed clinician with specialized training and certification to provide that service. All staff members have training in identifying symptoms of trauma, routinely addressing trauma in session and making referrals for trauma related individual counseling as needed.
4	Clinicians trained to provide Individual Counseling (Trauma Related) are prepared to help clients cope with moderate to severe symptoms related to PTSD, domestic violence, past involvement in violent crimes, incest survival, etc. Safety is the overarching goal in helping clients attain safety in their relationships, thinking, behavior and emotions. <b>The treatment approach is integrated, working on both the trauma and substance abuse at the same time. The four content areas are cognitive, behavioral, interpersonal, and case management.</b> Special attention is paid to the clinician processes, helping to avoid counter-transference and providing attention to self-care. There is focus on ideals or principles to counteract the loss of these ideals in prior experiences.
5	Trauma-related individual counseling is an important adjunct to individual counseling. Trauma can complicate treatment; having skilled specially trained clinicians to work with these high need individuals will improve treatment outcomes. Frequently understanding underlying core issues can increase insight leading to increased efficacy to make positive changes.
6	The outcome of trauma related individual counseling should be increased sense of well being, reduced use of drugs and alcohol, and increased ability to manage life tasks. Powerlessness and feelings of victimization should decrease leading to better outcomes in all areas of life.
<b>Medication / Medication Assisted Treatment (MAT)</b>	
1	Phoenix Programs has been using medications to assist with substance abuse treatment for nearly a decade. The agency began using medications as part of the treatment regimen in 2003 with the implementation of a Missouri Foundation for Health (MFH) Dual Diagnosis grant. Currently, Phoenix Programs uses medication services to both manage mental health symptoms as well as manage cravings for certain substances.
2	Although no medications cure alcohol or drug dependence, some do help individuals stay abstinent and can be an important part of treatment. Medications are used to prevent individuals from feeling high from the use of substances, to reduce cravings, or to treat a mental or emotional disorder. Many people with a substance use disorder also have emotional problems such as depression, anxiety, or post traumatic stress disorder. Treating both the substance use and mental disorders increases the chance that an individual will progress in recovery.

3	<p>Medication Assisted Treatment also known as Medication Supported Recovery is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. Research shows that when treating substance-use disorders, a combination of medication and behavioral therapies is most successful. Medication Supported Recovery (MSR) is clinically driven with a focus on individualized patient care. <b>MSR is an evidence-based practice</b> that combines pharmacological interventions with substance abuse counseling and social support. Although not for everyone, it is an essential part of the comprehensive array of services made available to individuals struggling with addiction.</p>	
4	<p>At assessment, Qualified Substance Abuse Professionals screen for possible appropriateness for MSR or mental health referral by administering several tools such as the “Urge to Drink Scale”. Currently, Phoenix Programs has access to psychiatrists that assess, diagnose, and prescribe medications that can help the individual to recover and manage symptoms. A psychiatric evaluation takes about an hour and includes questions regarding symptoms, psychiatric and substance abuse history and other relevant information for the doctor to make the most useful recommendations. There is some financial support for medications and lab work for Department of Mental Health-funded clients.</p>	
5	<p>Medication Services are an important adjunct to substance abuse treatment to increase positive outcomes. <b>Stabilizing psychiatric symptoms and providing medication support for addiction is an important addition to Phoenix Programs service delivery system.</b></p>	
6	<p>Research shows that when treating substance-use disorders, a combination of medication and behavioral therapies is most successful. Medication Supported Recovery (MSR) is clinically driven with a focus on individualized patient care. When MSR is part of a comprehensive treatment program, the results show:</p> <ul style="list-style-type: none"> <li>• Improved outcomes</li> <li>• Increased retention in treatment</li> <li>• Decreased illicit opiate use</li> <li>• Decreased hepatitis and HIV infections</li> <li>• Decreased criminal activities</li> <li>• Increased employment</li> </ul>	
7	<p>Approved Medications List (rev 02.01.13) that DMH reimburses for:</p> <p><u>1. Substance Dependence:</u></p> <ul style="list-style-type: none"> <li>• acamprosate</li> <li>• buprenorphine</li> <li>• disulfiram</li> <li>• phenelzine</li> <li>• protriptyline</li> <li>• reboxetine sertraline</li> <li>• tranylecypromine</li> <li>• naltrexone</li> <li>• Suboxone</li> <li>• trazodone</li> <li>• trimipramine</li> <li>• venlafaxine</li> <li>• Vivitrol</li> </ul>	<p><u>2. Generic Antidepressants:</u></p> <ul style="list-style-type: none"> <li>• amitriptyline</li> <li>• amoxapine</li> <li>• bupropion</li> <li>• citalopram</li> <li>• clomipramine</li> <li>• desipramine</li> <li>• doxepin</li> <li>• escitalopram oxalate</li> <li>• fluoxetine</li> <li>• fluvoxamine maleate</li> <li>• imipramine</li> <li>• mirtazapine</li> <li>• nefazodone</li> <li>• nortriptyline</li> <li>• paroxetine</li> </ul>
	<p><u>3. Tobacco Dependence:</u></p> <ul style="list-style-type: none"> <li>• Nicotine Gum</li> <li>• Nicotine Inhaler</li> <li>• Nicotine Lozenge</li> <li>• Nicotine Nasal Spray</li> <li>• Nicotine Patch</li> <li>• Varenicline</li> <li>• Bupropion SR</li> </ul>	<p><u>4. Other:</u></p> <ul style="list-style-type: none"> <li>• dexamethylphenidate</li> <li>• dextroamphetamine sulfate</li> <li>• methylphenidate</li> <li>• mixed salts amphetamine</li> <li>• atomoxetine hydrochloride</li> <li>• amantadine</li> </ul>
8	<p><b>Nicotine replacement therapy</b> NRT’s of gum, patches, and lozenges are provided for patients with nicotine addiction. Since the agency is smoke-free all clients must refrain from tobacco products on our property. In</p>	

	<p>recent years convincing research has demonstrated that if one receives help for nicotine addiction and is able to refrain from tobacco products, their potential success in remaining free of other substances is enhanced. NRT's allow nicotine-dependent clients to enter into abstinence from tobacco in a manner that is recommended by the American Lung Association and American Medical Association. Nicotine dependence is so strong, and so destructive that NRT's are indicated as the best method for anyone attempted to quit.</p>
<p><b>Relapse Prevention Counseling</b></p>	
1	<p>Approximately 18 years ago, the substance abuse treatment field took a quantum leap forward. Up to that time a relapse brought disappoint and a return to despair for family members. Even treatment staff sent the message that "he's never going to get it," or "she's not motivated." Since that time, the field has educated consumers, family members, and the public about treatment of an illness that spans a lifetime, and requires advanced planning to deal with high risk situations. Phoenix Programs reframed relapse prevention counseling as recovery enhancement planning to focus on positive change and creating a positive lifestyle incompatible with abusing drugs and alcohol. Relapse Prevention Counseling is also available through teleconference for clients who have completed Residential Support or Day Treatment.</p>
2	<p>Care is intensified during times of high-risk situations and to intercept destructive patterns. One should never expect a relapse in the common course of treatment, but one should be educated to anticipate an occurrence. Individual sessions are now routinely administered that focus on developing a practical and written plan to deal with high risk situations. The best outcome is to elicit the support of family members and others close to the participant to be involved in the prevention planning so that they can participate and contribute in a positive way to the ongoing responsibility of managing a chronic illness. Relapse prevention planning can be an entire one hour session or part of another counseling activity.</p>
3	<p>Relapse prevention or recovery enhancement planning looks at when the problem is less severe or absent for the client. The counselor seeks to encourage the client to describe what different circumstances exist in that case, or what the client did differently. The goal is for the client to repeat what has worked in the past, and to help them gain confidence in making improvements for the future. Best practice in substance abuse counseling results in the participant having a written plan identifying triggers or high risk situations and a concrete plan to address those risk factors.</p>
4	<p>Through relapse prevention planning with a counselor one becomes able to define and cope with high-risk situations, identify and respond appropriately to internal and external cues that serve as relapse warning signals, and implement individualized strategies to reduce both the risk of relapse and the duration of relapse should it occur. As we conceptualize the relapse process, it involves clients experiencing a sense of perceived control and self-efficacy while maintaining changes gained through quitting or moderating their use.</p>
5	<p>Relapse prevention planning is critical to client success. Most individuals with substance abuse disorders understand their high risk situations, but few create a specific plan to deal with those situations without outside assistance. Reviewing the last period of baseline stability and identifying factors that were important to past success is critical in creating a plan for the future.</p>
6	<p>The longer the period of successful abstinence or controlled use, the greater the individual's perception of self-efficacy. Early in recovery, a relapse prevention plan is essential to marshal the resources necessary for success. Situation specific recovery enhancement plans can be invaluable in planning ahead for difficult situations. Phoenix Programs makes a concerted effort to proactively address high-risk situations around the holidays.</p>
<p><b>Treatment Court Day</b></p>	
1	<p>Treatment Court Day is a method that is used throughout the country in other special courts. The court day unit is an opportunity for the team to come together, to include both the court personnel and the treatment staff. The team works together to coordinate the care of the individual using both the expertise of the treatment system and the sanctions and influence of the court. With this program design there is very little opportunity for the client to get any miscommunication about expectations. The team is unified in their approach once the judge gets to the court. These treatment court days are typically once per week for up to one year. The treatment court day consists of a case management team meeting without the client present, and then at the court in the afternoon, the client is present and the judge shares the information from the team meeting. This is a practice that highlights what is effective in working with clients who have legal violations as a result of a substance use problem. The length of time that an individual stays in the system is longer than</p>

typical treatment, and therefore the client outcomes from treatment court are positive.
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**Evidence-Based Program and Practice Curriculum Being Utilized:** Phoenix Programs uses treatment methods that scientific studies show are effective. Using Evidence Based Practices (EBP) allows clients to know their treatment is safe and likely to be effective. The key evidence-based practices used at Phoenix Programs include:

- Case Management (CM)
- Cognitive Behavioral Therapy (CBT)
- Community Reinforcement Approach (CRA)
- Freedom from Smoking (FFS)
- Medication Assisted Treatment (MAT)
- Modified Therapeutic Community (MTC)
- Motivational Interviewing (MI)
- Relapse Prevention (RP)

**Cognitive Behavioral Intervention Staff is Qualified to Deliver:** Cognitive behavioral therapy (CBT) is a form of treatment that focuses on examining relationships between thoughts, feelings and behaviors. By exploring patterns of thinking that lead to self-destructive actions and the beliefs that direct these thoughts, people with mental illness and substance use disorders can modify patterns of thinking to improve coping. CBT is a type of psychotherapy that is different from traditional psychodynamic psychotherapy in that the therapist and the patient work together to help the patient recover. Because CBT is an active intervention, one can expect to do homework or practice outside of sessions. Numerous CBT interventions are used at Phoenix, with content coming from the Substance Abuse Mental Health Services Administration and the National Institutes of Drug Abuse. The most common CB interventions that staffs are qualified to deliver are: Anger Management, Mindfulness and Trauma-informed Care.

**Medication Assisted Treatment:** Medication Assisted Treatment (MAT) is provided per the latest amended contract between Phoenix Programs and Missouri Department of Mental Health:

Revised Medication Requirements (rev 02.01.13)

1. The contractor may provide prescribed FDA-approved medications to consumers, as appropriate, as a component of treatment. Medications shall be limited to:
  - a. Medications for the treatment of alcohol and/or other drug dependence;
  - b. Generic antidepressant medications used in the treatment of certain mental illnesses when
  - c. prescribed as part of a comprehensive treatment regimen;
  - d. Medications for the treatment of Attention Deficit Hyperactivity Disorder (for adolescent programs only); and
  - e. Medications for the treatment of tobacco dependence.
2. The contractor understands and agrees that only those medications approved by the Department will be reimbursable.
  - a. The current list of Department-approved medications is attached hereto as Appendix 1.
  - b. The contractor understands and agrees that the Department reserves the right to modify the approved medications list as new research and medications become available. The contractor further understands and agrees that the Department reserves the right to make Appendix 1, and updates thereof, available to the contractor in an online format.
  - c. The contractor may request an exception for a medication not included on the approved list through the clinical review unit.
3. The contractor shall bill medications prescribed to MO HealthNet eligible consumers through regular pharmacy procedures. Such medications will not be reimbursable by the Department.
  - a. The contractor understands and agrees that certain medications may be subject to prior authorization criteria utilized by the MO HealthNet formulary.

**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	\$358.38	Per assessment
Assessment option (Multi-axial)	\$365.64	Per assessment
Assessment update	\$117.96	Per assessment
Case Management/Community Support	\$24.44	Per ¼ hour
Communicable Disease Assessment/Education/Testing	\$10.20	Per ¼ hour
Family Conference	\$13.86	Per ¼ hour
Family Therapy	\$17.94	Per ¼ hour
Group Counseling (Associate SA Counselor)	\$5.20	Per ¼ hour
Group Counseling (QSAP)	\$5.98	Per ¼ hour
Group Counseling (Collateral Relationship)	\$3.13	Per ¼ hour
Group Education	\$3.22	Per ¼ hour
Group Education (Trauma Related)	\$3.13	Per ¼ hour
Individual Counseling	\$13.86	Per ¼ hour
Individual Counseling (Collateral Relationship)	\$17.01	Per ¼ hour
Individual Counseling (Co-Occurring Disorder)	\$21.37	Per ¼ hour
Individual Counseling (Trauma related)	\$17.94	Per ¼ hour
Medication Services	\$57.31	Per ¼ hour
Medication: Medication Assisted Treatment (MAT)	varies	Per prescription
Residential Support	\$17.18	per day
Relapse Prevention	\$13.86	Per ¼ hour
Treatment Court Day	24.44	Per ¼ hour

**Judicial Circuits and Counties in the State of Missouri**

Check either the applicable counties or the entire Judicial Circuit(s) that your agency shall provide services. Check the appropriate level of service and the applicable gender that shall be provided: DWI, Adult, Veterans, Family and Juvenile.

JUDICIAL CIRCUIT	COUNTY	DWI	ADULT	FAMILY	VETERANS	JUVENILE	MALE	FEMALE
1	Clark							
1	Schuyler							
1	Scotland							
2	Adair							
2	Knox							
2	Lewis							
3	Grundy							
3	Harrison							
3	Mercer							
3	Putnam							
4	Atchison							
4	Gentry							
4	Holt							
4	Nodaway							
4	Worth							
5	Andrew							
5	Buchanan							
6	Platte							
7	Clay							
8	Carroll							
8	Ray							
9	Chariton							
9	Linn							
9	Sullivan							
10	Marion							
10	Monroe							
10	Ralls							
11	St. Charles							
12	Audrain							
12	Montgomery							
12	Warren							

OSCA 14-042 Treatment Court Specialized Service Providers

JUDICIAL CIRCUIT	COUNTY	DWI	ADULT	FAMILY	VETERANS	JUVENILE	MALE	FEMALE
13	Boone	X	X		X		X	X
13	Callaway	X	X		X		X	X
14	Howard							
14	Randolph							
15	Lafayette							
15	Saline							
16	Jackson							
17	Cass							
17	Johnson							
18	Cooper							
18	Pettis							
19	Cole							
20	Franklin							
20	Gasconade							
20	Osage							
21	St. Louis							
22	St. Louis City							
23	Jefferson							
24	Madison							
24	St. Francois							
24	Ste. Genevieve							
24	Washington							
25	Maries							
25	Phelps							
25	Pulaski							
25	Texas							
26	Camden							
26	Laclede							
26	Miller							

OSCA 14-042 Treatment Court Specialized Service Providers

JUDICIAL CIRCUIT	COUNTY	DWI	ADULT	FAMILY	VETERANS	JUVENILE	MALE	FEMALE
26	Moniteau							
26	Morgan							
27	Bates							
27	Henry							
27	St. Clair							
28	Barton							
28	Cedar							
28	Dade							
28	Vernon							
29	Jasper							
30	Benton							
30	Dallas							
30	Hickory							
30	Polk							
30	Webster							
31	Greene							
32	Bollinger							
32	Cape Girardeau							
32	Perry							
33	Mississippi							
33	Scott							
34	New Madrid							
34	Pemiscot							
35	Dunklin							
35	Stoddard							
36	Butler							
36	Ripley							
37	Carter							
37	Howell							
37	Oregon							
37	Shannon							

OSCA 14-042 Treatment Court Specialized Service Providers

JUDICIAL CIRCUIT	COUNTY	DWI	ADULT	FAMILY	VETERANS	JUVENILE	MALE	FEMALE
38	Taney							
38	Christian							
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							

**RENEWAL OPTION**

The Office of State Courts Administrator shall have the sole option to renew the contract for in one (1) year increments or any portion thereof for a maximum total of five (5) additional years.

Prices for the renewal period shall be requested no later than 90 days prior the effective renewal.

**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.

<b>Offeror Name or Subcontractor Name: Phoenix Programs, Inc.</b>	
<b>Reference Information (Prior Services Performed For:)</b>	
<b>Name of Reference Company:</b>	Missouri Department of Mental Health Division of Behavioral Health
<b>Address of Reference Company:</b> ✓ Street Address ✓ City, State, Zip	1706 East Elm Jefferson City, MO 65101
<b>Reference Contact Person Information:</b> ✓ Name ✓ Phone # ✓ E-mail Address	Jodi Haupt 573-751-2257 - desk 573-751-4942 - main Jodi.Haupt@dmh.mo.gov
<b>Dates of Prior Services:</b>	Phoenix Programs has been certified by DMH and has received annual contracts for more than 22 years. We have a current contract with DMH.
<b>Dollar Value of Prior Services:</b>	Our contracts have ranged from approximately \$500,000 in the early years, to upwards of \$1 million at the highest point a few years ago. Our current contract is approximately \$850,000.
<b>Description of Prior Services Performed:</b>	Substance Abuse Traffic Offenders Program; Outpatient Community Based Primary Recovery with Residential Support; Outpatient Intensive Outpatient Rehabilitation; Outpatient Supported Recovery; CSTAR

*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*

11-19-13  
*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.

<b>Offeror Name or Subcontractor Name: Phoenix Programs, Inc.</b>	
<b>Reference Information (Prior Services Performed For:)</b>	
Name of Reference Company:	Missouri Foundation for Health (MFH)
Address of Reference Company: ✓ Street Address ✓ City, State, Zip	1000 St. Louis Union Station, Suite 400 St. Louis, MO 63103
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	Terry Plain, Program Officer 314-345-5542 vplain@mffh.org
Dates of Prior Services:	Since 2004
Dollar Value of Prior Services:	Phoenix Programs has received 12 grants from the MFH, totaling an estimated \$1,479,905.
Description of Prior Services Performed:	Services provided to individuals have included tobacco cessation, substance abuse and co-occurring treatment for adults and adolescents.

*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

11/20/13  
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.

<b>Offeror Name or Subcontractor Name: Phoenix Programs, Inc.</b>	
<b>Reference Information (Prior Services Performed For:)</b>	
Name of Reference Company:	City of Columbia Division of Human Services
Address of Reference Company: ✓ Street Address ✓ City, State, Zip	P. O. Box 6015 1005 W. Worley Street Columbia, MO 65205
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	Steve Hollis 573-874-7488 SPH@GoColumbiaMO.com
Dates of Prior Services:	The City of Columbia has contracted with Phoenix Programs for a number of years for substance abuse treatment services.
Dollar Value of Prior Services:	Current: \$70,669. Estimated total to date: \$447,819
Description of Prior Services Performed:	Outpatient Substance Abuse Treatment and Case Management 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 B**

**PERSONNEL EXPERTISE SUMMARY**

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

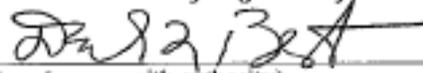
<b>Personnel</b>	<b>Background and Expertise of Personnel and Planned Duties</b>
1. <b><u>DEBORAH BESTE</u></b> Executive Director Project Director	Will provide administrative and fiscal oversight for the contracted services. (See resume in attachments.)
2. <b><u>GREG CARBINS</u></b> Special Programs Coordinator Counselor	Because all of the clinical services delivered to the court participants are included within an approved DMH list of services, all clinicians will have the appropriate training and credentials to deliver the services. (See resume in attachments.)
3. <b><u>RHIANNON PEARSON</u></b> Chief Financial Officer (CFO) CFO/Fiscal/Contract Management	Will provide fiscal oversight/contract management and reporting functions. (See resume in attachments.)
4. <b><u>SARAH SMITH</u></b> IT and Outcomes Manager Evaluation/Outcomes Coordinator	Will provide data collecting, evaluation and outcomes management and reporting functions. See resume in attachments. (See resume in attachments.)
5. <b><u>MICHAEL TRAPP</u></b> Clinical Supervisor Counselor	Because all of the clinical services delivered to the court participants are included within an approved DMH list of services, all clinicians will have the appropriate training and credentials to deliver the services. (See resume in attachments.)
6. <b><u>ANDREW TAEGEL</u></b> Counselor Counselor	Because all of the clinical services delivered to the court participants are included within an approved DMH list of services, all clinicians will have the appropriate training and credentials to deliver the services. (See resume in attachments.)
7. <b><u>BOBBY REICHERT</u></b> Residential Manager Counselor	Because all of the clinical services delivered to the court participants are included within an approved DMH list of services, all clinicians will have the appropriate training and credentials to deliver the services. (See resume in attachments.)
8. <b><u>GEORGE ERICKSON</u></b> Licensed Clinical Social Worker Counselor	Because all of the clinical services delivered to the court participants are included within an approved DMH list of services, all clinicians will have the appropriate training and credentials to deliver the services. (See resume in attachments.)

**EXHIBIT C**

**AFFIDAVIT OF WORK AUTHORIZATION**

Comes now Deborah L. Beste as Executive Director first being duly sworn on my oath  
(NAME) (OFFICE HELD)  
 affirm Phoenix Programs, Inc. 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 OSCA14-042 for the duration of the contract, if awarded, in accordance with  
(RF# NUMBER)  
 RSMo Chapter 285.530 (2). I also affirm that Phoenix Programs, 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.  
(RF# 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).*

<u></u> Signature (person with authority)	<u>Deborah L. Beste</u> Printed Name
<u>Executive Director</u> Title	<u>March 14, 2014</u> Date

Subscribed and sworn to before me this 14 of March, 2014. I am  
(DAY) (MONTH, YEAR)  
 commissioned as a notary public within the County of Boone, State of  
(NAME OF COUNTY)  
Missouri, and my commission expires on 03/20/2016.  
(NAME OF STATE) (DATE)

<u></u> Signature of Notary	<u>03/14/2014</u> Date
---	---------------------------

SHANNON GUEST  
 Notary Public - Notary Seal  
 State of Missouri  
 County of Boone  
 My Commission Expires March 20, 2016  
 Commission #12317311

**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>  X  </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.

Deborah L. Beste

\_\_\_\_\_  
Name and Title of Authorized Representative

Signature 

\_\_\_\_\_  
March 14, 2014  
Date

## DEBORAH L. BESTE

### EDUCATION AND CERTIFICATION

M.Ed. Guidance and Counseling, University of Missouri - St. Louis, 1982

B.S. Education, University of Missouri - Columbia, 1976

Missouri Certified Substance Abuse Counselor since 1988, Number 686

Past Board Member MSACCB: Missouri Substance Abuse Counselor Certification Board

### EMPLOYMENT HISTORY

#### **Executive Director, Phoenix Programs, Inc. 1999-present**

Maintain the financial resources of the agency by developing strong governmental and community relations. Supervise personnel to assure best practice in the field of mental health and addictions. Manage and develop the delivery system of the agency. Work with the board of directors to advance the mission.

#### **Assistant Director, Phoenix Programs, Inc., 1995-1999**

Coordinate the service delivery system of the agency. Manage training opportunities for staff. Extend marketing programs for the promotion of services. Establish and maintain quality improvement for the agency.

**Counselor.** Part-time/contract work during the period of 1993-1995. Boone Hospital, University of Missouri.

**Program Specialist II.** 1990-1992. MO Depart. of Mental Health, Conducted state certification surveys and performed on-site technical assistance for comprehensive alcohol and other drug treatment centers.

**Director.** 1987-1990. WellWay, Columbia College. Developed and implemented a total campus substance abuse prevention program. Provided training to hundreds of faculty, staff, students. Supervised health services.

**Director.** 1985-1987. Project HOPE, Front Door Counseling and Youth Center. Developed and implemented a teenage parent/child neglect prevention program which utilized community volunteers.

**Teacher.** 1976-1984. Columbia Public School District, St. Louis Special School District. Taught behavior disordered and learning disabled youth. Supervised student teachers and conducted diagnostic evaluations.

**Beste, page two**

## **SKILLS AND EXPERIENCE**

### **Administration**

- \* Administered federally-funded human service projects, performing all aspects of the initiatives to expedite the stated missions
- \* Instituted and participated in community networks, staying abreast of changing needs and resources
- \* Recruited, oriented, supervised employees and volunteers in multiple organizations: hospitals, schools, colleges/universities, community-based agencies, state government
- \* Planned and organized all aspects, including budget, of several state-wide conferences
- \* Trained, supervised, monitored staff to increase efficiency and accuracy of billing services
- \* Recruited and trained development director to administer capital campaign

### **Communications**

- \* Trained hundreds of community volunteers, college faculty, students, parents, school teachers, medical professionals, and agency staff regarding mental health subjects
- \* Facilitated personal change for individuals throughout twenty-six years of social service employment, teaching/training and volunteer work
- \* Authored and co-authored federal and state grant initiatives and summary reports
- \* Participated and held offices on numerous boards, committees and task forces
- \* Counseled youth and families, taught special education for seven years
- \* Prepared and presented oral and written program evaluation summaries to state officials, agency board of directors, executive directors, funding sources, co-workers

### **Supervision**

- \* Directly and indirectly supervise approximately 50 staff in current position
- \* Provided direct supervision to counselors pursuing certification as alcohol/drug counselors
- \* Developed and directed new and current staff through extensive changes and growth at the agency
- \* Supervised operation of agency work teams, including: housing, clinical, accounting, marketing

### **Program Development**

- \* Utilized client survey results and outcomes data to revise all levels of programming at Phoenix Programs
- \* Delivered on-site technical assistance to Department of Mental Health funded agencies which were becoming part of huge state initiative involving Medicaid funds (CSTAR)
- \* Executed certification inspections for compliance with state standards at programs in the areas of: governing authority, personnel, fiscal, environment, records management, evaluation, client services
- \* Coordinated needs assessment surveys and research, then shaped policy revisions for nine higher ed institutions which were developing campus-wide systems for drug prevention
- \* Designed and maintained quality assurance components of several comprehensive projects

## Greg Carbins

PROFILE	A self-motivated enthusiastic individual, who is eager to learn and apply new skills and knowledge, seeks a challenging position which will allow utilization of recently accomplished education and previously acquired experience, offering the opportunity for development of a career.
EDUCATION	<p><b>PURDUE UNIVERSITY – Indiana</b> <i>Bachelor of Arts, Psychology</i>, Graduated <u>Internship:</u> Co-facilitated individual and family sessions with clinicians. Coordinated clothing records and vouchers for residents with case managers. Conducted discussion groups with residents. Maintained medication protocol. Served as liaison between residents and case workers, probation officers, and the welfare department. <u>Achievements:</u> Received Letter of Appreciation for services Awarded Certificate of Completion of program Certified Reciprocal Alcohol and Drug Counselor (CRADC)</p> <p><b>UNITED STATES ARMY – South Carolina</b> <i>Administrative Specialist Training</i></p>
PROFESSIONAL DEVELOPMENT	Trauma Training Certified Motivational Interviewing Training Ethical Issues in Alcohol and Drug Abuse Counseling Dual Diagnosis Training Theories of Counseling Training
PROFESSIONAL EXPERIENCE	<p><b>PHOENIX PROGRAMS, INC.</b> <i>Counselor/Case Manager</i> Facilitate Group Therapy Individual Counseling Coordinate/Facilitate Family Day Events Work with family members of clients toward reunification, family engagement and growth Implementing/Maintaining Modified Therapeutic Community Vocational Specialist Case management, assisting homeless individuals to bridge the gap between treatment and community. Liaison between Veterans and VA Hospital to coordinate health and housing services Certified Freedom From Smoking Facilitator through the American Lung Association</p>

# Rhiannon Pearson

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## Experience

Nov 2008-Present Phoenix Programs, Inc. Columbia, MO

### Accountant/Chief Financial Officer

- Prepare operating budgets for different departments
- Reconcile accounts
- Journal entry
- Create financial statements
- Work with grant writing team on financial information and budgets needed for grant applications

June 2004-Aug 2008 TransAm Trucking Olathe, KS

### Accounting Manager

- Prepare bi-weekly payroll for office employees for KS, TX and NC locations
- Administrator for the 401k plan
- Maintain additions, dispositions and monthly journal entries for all the fixed assets of the company
- Maintain that all tractors, trailers, reefers and generators are correctly entered into the AS 400 system
- Co-ordinate with dept heads on fixed asset purchases and disposals monthly to ensure that items are reflected in the correct period
- Code and verify pricing on invoices for trucks, trailers, reefers, generators and other fixed asset purchases
- Reconcile and enter journal entries for fixed assets, insurance, permit, prepaid accounts, various accruals and 2290 accounts monthly
- Prepare monthly borrowing base
- Supervisor of the permits department
- Co-ordinate with banks for funding of tractors and trailers
- Prepare monthly inventory of casings for KS, TX and NC locations
- Prepare quarterly insurance valuation of all tractors, trailers and generators.

Jan 2007-April 2007 Ifft and Co, CPA Overland Park, KS

### Tax Preparer (Seasonal for tax season)

- Prepare personal tax returns
- Prepare S. Corp, C. Corp, LLC, and partnership returns
- Research various tax codes to provide current information on tax credits and allowable deductions

July 2002-June 2004 Ifft and Co, CPA Overland Park, KS

### Staff Accountant

- Prepare personal and corporate tax returns
- Prepare tax return extensions
- Prepare monthly, quarterly and annual payroll tax returns for clients
- Prepare monthly journal entries and compile financials for my assigned group of clients
- Assist on audits of non-profit clients

Jan 2002-April 2002 Williams Keeper, LLC. Columbia, MO

### Tax Preparer – Internship

## Education

2002-2004 Avila University Kansas City, MO

- M.B.A. with an emphasis in Finance

1998-2002 Central Methodist University Fayette, MO

- B. A. in Accounting with a minor in Business Administration

## Skills

Knowledge of AS 400, Quickbooks, Excel, Outlook, Word, Franklin Planner, Asset Keeper, Paychex software, Daily Access 401k administrator website

# Sarah Smith Seris

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## Education

### **University of Missouri-Columbia, Columbia, MO 2002-2004**

Masters of Public Administration, Harry S Truman School of Public Affairs, May 2004

**Academic Honors include:** Pi Alpha Alpha, National Public Administration Honor Society, inducted Spring 2004; MU Graduate Student Association Superior Graduate Student Award, Spring 2004; Harry S Truman Public Service Award, Spring 2003;

**Notable Graduate activities include:** Vice-president, Association of Masters of Public Administration Students, 2002-2003; Created and implemented the Harry S Truman School Student Ambassador Program, 2002-2004

### **University of Missouri-Columbia, Columbia, MO 1996-2000**

Bachelor of Arts in Political Science with a Minor in Spanish, May 2000

Graduated *magna cum laude* with cumulative G.P.A. of 3.85 on 4.00 scale

**Academic Honors include:** Phi Beta Kappa, Alpha Chapter, inducted Spring 2000; Dean's List, all semesters attended; Outstanding Performance in Honors Science, Spring 2000; University Scholars Scholarship, 1997-2000

## Professional Experience

### **Phoenix Programs, Inc.**

#### **Outcomes Coordinator and Network Administrator**

**October 2004 – Present**

- Monitor organizational outcomes through data collection, analysis, and program evaluation, including design and administration of surveys and other assessment tools.
- Coordinate all elements of technology administration, planning and support for the organization
- Assist with the management of Missouri Department of Mental Health contracts, address compliancy issues, perform internal auditing, and provide support for State computer based assessment tools

### **Columbia Swim Club**

#### **USA Swimming Coach**

**December 2000 – Present**

- Coach youth participants in competitive club swimming program with 150 members
- Coordinate training, team development, swimmer mentoring, club promotion, and marketing
- Assist with 15+ United States of America Swimming sanctioned swim meets each year
- Communicate with 200+ parents and volunteers throughout the season

### **City of Columbia, Missouri**

#### **Special Projects Coordinator, City Manager's Office**

**May 2004 – September 2004**

- Wrote and submitted grants seeking support for a City of Columbia employee wellness program
- Created a template for a city-wide employee wellness program for City of Columbia Employees
- Prepared nominations of two city programs for two major national municipal awards

## **Truman School of Public Affairs, University of Missouri – Columbia** **Graduate Assistant**

**August 2002 – May 2004**

- August 2003 – April 2004: Assisted in design and implementation of comprehensive research project to collect data on autism in Missouri. Results and summaries at <http://truman.missouri.edu/uploads/Publications/LPP%2026-2004.pdf>
- January 2004 – May 2004: City of Columbia Office of Community Services grant. Designed and administered evaluation tools, including surveys and focus groups, to collect data about local non-profit agencies. Assisted with program evaluation workshops, collected “best practice” information for agencies, and helped identify outcome indicators for agencies to measure.
- August 2002 – May 2004: American Review of Public Administration (ARPA). Managed all aspects of journal editing process, maintained a Microsoft Access database of 500+ reviewers and authors, and assembled articles for publication in quarterly Public Administration journal.

## **Cedar Creek Therapeutic Riding Center, Columbia, MO** **Therapeutic Riding Instructor and Office Manager**

**September 1998 – September 2003**

- Taught therapeutic horseback riding in a not-for-profit organization to 100+ people with disabilities in mid-Missouri (currently teaching Therapeutic Riding as a volunteer)
- Oversaw office management, including grant writing, marketing and press releases, client registration, billing, medical documentation, and all computer applications
- Coordinated 500+ volunteers, including recruitment, training, scheduling, and recognition events

## **Recreation Services and Facilities, University of Missouri - Columbia** **Assistant Facilities Manager**

**December 2000 – January 2002**

- Selected, trained, scheduled, evaluated and provided development opportunities for 25 + student lifeguards & facility supervisors.
- Coordinated all aquatic facility operations, including intercollegiate athletic events, rentals, & aquatic education programs.
- Developed and implemented a comprehensive in-service training program.
- Conducted all pool maintenance operations, including backwashing, chemical regulation, and filter management.

*Certified American Red Cross Instructor in Community 1<sup>st</sup> Aid, CPR, AED and Lifeguard training*

### **Computer Skills**

Microsoft Word, Excel, Publisher, Front Page, Works and extensive Microsoft Access experience • SPSS • Macromedia Dreamweaver and Fireworks • Adobe Photoshop and Pagemaker • ESRI ArcGIS • Zoomerang Online Survey Software Tool • Microsoft Small Business Server • Network and Server Administrator for 35 users in small business environment

### **Community Involvement**

Mayor's Council on Physical Fitness, Member 2005 • Cedar Creek Therapeutic Riding Center Volunteer Riding Instructor, 2004 - Present • Volunteer Webmaster <http://cedarcreek.missouri.org> • Volunteer, Habitat with Humanity 2002 • Volunteer, Woodhaven Learning Center 2003 • Volunteer CPR Instructor, American Red Cross • Volunteer First Aid Support, Missouri Special Olympics • Volunteer, St. Francis House 2004

**ANDREW TAEGEL**

**Summary:** To utilize a balanced perspective and open-minded attitude to enrich a work environment for the benefit of my work place, my community, and myself.

**Experience:**

**Phoenix Programs Inc. Counselor 09/2011-Present**  
 Managing a client caseload and providing individual counseling along with case management support as needed. Writing treatment plans, utilizing motivational interviewing and coordinating effectively with an inter-disciplinary team to provide clients with quality counseling services for substance abuse and mental health concerns. Facilitating groups on various topics and coordinating all psychiatrist services available within the agency.

**Phoenix Programs Inc. Residential Manager 05/2009-09/2011**  
 Managed a residential inpatient program that houses as many as 30 clients recovering from drug and/alcohol addiction. Job responsibilities included conducting case management for clients, facilitating groups, and developing protocol and procedures to be utilized within the treatment environment. Conducted interviews, wrote evaluations, and made a work schedule for 20 employees.

**KOMU-TV 8 (NBC) Production Assistant 02/2008-07/2009**  
 Managed studio operations during live morning newscast. Experience as a camera operator and with audio equipment. Fast-paced live action environment, encouraged responding as needed to ensure quality broadcasts.

**Frito-Lay Route Sales Representative 06/2006-09-2008**  
 Held a sales route for the company consisting of three bulk stores including a Wal-Mart and two other high volume grocery stores in the St. Louis area. Moved to Columbia 07/2007 and continued with the company as a weekend merchandiser servicing several stores Fri-Sun while enrolled full-time in school.

**Sam's Club Hourly Supervisor 10/2003-05/2006**  
 Managed a team of 40-50 people in order to operate the front-end in a structured and efficiently courteous manner. In charge of writing weekly schedules for thirty employees to ensure adequate staffing. Job responsibilities included interviewing potential associates, coaching for improvement, overseeing daily operations on the front end, problem solving, evaluating job performance of employees, and developing programs to reach goals set by the corporation. I gained valuable experience in team building and creating a positive work environment.

**Education:**

High School: Liberty High School, Liberty MO (Diploma) 2000  
 College: St. Louis Community College/Associate Degree 2006  
 University of Missouri/Graduated 2009  
 -Bachelors of Arts in Sociology/Minor in Psychology  
 \*Professional and personal references available upon request.

**Michael A. Trann, M.A.**

**Degrees & Certifications**

Sept. 2013 to Present – Certified Co-Occurring Disorders Professional  
Oct. 2009 to Sept. 2013 – Registered Associate Substance Abuse Counselor II  
April 2002 to April 2007 – Licensed Bachelors Social Worker, state of Michigan  
2002 to 2004 – Professional Member, American Counseling Association  
1993 – Master of Arts, University of Toledo, major: sociology  
1990 – Bachelor of Arts, University of Toledo, major: sociology  
1988 – Associate of Science, Monroe County Community College, major: psychology

**Professional Experience**

Phoenix Programs, Inc. – Columbia, Missouri, 573-875-8880  
July 2013 to Present – Clinical Supervisor, Supervise staff, provide clinical services, and oversee grant funded programs.  
May 2012 to July 2013 – Federal Programs Manager, *Oversee grant funded programs ensuring quality, fidelity and documentation, supervise staff, coordinate COD and primary care integration.*  
Jan. 2012 to May 2012 – Special Projects Coordinator, *Grant writing and project development around COD and primary care integration.*  
Sep. 2009 to Jan. 2012 – Mental Health Services and Training Director, *Managed psychiatric component of COD services, direct training of staff on COD, and provided clinical services.*  
March 2008 to Sep. 2009 – ACT Team Leader/Project Manager, *Supervised intensive community based COD program for individuals with complex needs including homelessness.*  
March 2007 to March 2008 – Mental Health Advocate, *Provided integrated mental health and substance abuse interventions in a community based setting for individuals with complex needs.*

City of Columbia – Columbia, Missouri, 573-823-6522  
April 2012 to Present – Ward 2 City Council Representative, *Elected legislator representing North West Columbia for a three year term.*

Family Counseling Center "MEND program" – Columbia, Missouri, 573-449-2581  
Oct. 2006 to August 2010 – Batterer Intervention Group Facilitator, *Facilitated 26 week group for offenders around issues of domestic violence with coordination of The Shelter and Probation and Parole.*

Comprehensive Human Services "The Shelter" – Columbia, Missouri, 573-875-1369  
April 2006 to March 2007 – Shelter Advocate, *Provided case management for survivors of domestic violence made homeless, provided staff training on mental health and substance abuse issues.*

Tod H. Mikuriya, M.D. – El Cerrito, California, 510-525-1278  
July 2004 to Nov. 2005 – Practice Manager/Intake Worker, *Managed harm reduction and psychiatric practice, completed patient intakes, and performed general office duties.*

Cortez & Associates Family Therapy – Monroe, Michigan, 517 264-1175  
Feb. 2002 to June 2004 – Contract Therapist/Batterer Intervention Group Leader, *Facilitated 26 week group for offenders around issues of domestic violence with coordination of The Shelter and Probation and Parole as well as individual and family counseling primarily around child abuse and neglect.*

Monroe Community Mental Health Authority – Monroe, Michigan, 734-243-7340

April 2002 to June 2002 – Client Services Manager, *Provided case management services for adults with chronic mental illness.*

Aug. 2000 to Sep. 2001 – Client Services Manager, *Provided case management services for individuals with developmental disabilities.*

April 1987 to Oct. 1990 – Residential Aide/Respite Worker. *Provided direct care for individuals with mental illness and developmental disabilities.*

Spectrum Human Services “Families First” – Westland, Michigan, 734-458-8729

July 1999 to April 2000 – Families First Supervisor, *Managed satellite office and intensive community based program for families with child abuse and neglect issues.*

September 1997 to April 1999 – Families First Counselor, *Provided mental health, substance abuse, domestic violence, and parenting education interventions for families with abuse and neglect.*

Lincoln Child Center – Oakland, California, 510-232-3111

May 1996 to Nov. 1996 – Psychiatric Counselor, *Direct care for adolescents with emotional impairments.*

SEAC Region 6, Inc. – Ames, Iowa, Now Defunct

Aug. 1993 to Nov. 1995 – Field Organizer, *Organized campaigns around environment and social justice.*

Mercy Memorial Hospital, Pineview Center – Monroe Michigan, 734-242-7726

Sept. 1990 to Oct. 1992 – Mental Health Assistant, *Direct care for individuals with mental illness in a psychiatric hospital.*

## Resume Of

**BOBBY REICHERT**

### OBJECTIVE

I am passionate about working with persons experiencing homelessness, ex-offenders, persons with co-occurring disorders and substance abuse disorders. I have good leadership qualities and work very hard to help others with professional development. I am both task orientated and relation orientated so my organizational skills and ability to help others to achieve their goals are among my primary strengths.

### MAJOR ACCOMPLISHMENTS

I have served in the military...and I have held leadership positions in the fields of construction, food service and substance abuse rehabilitation. I have personally recovered from a substance abuse addiction, graduated from the University of Missouri with a Bachelors Degree in Social Work (BSW) and was named to the Dean's List three times, the Presidents List of Scholars once and was given the honor of being selected for the National Deans List twice. I have become a Certified Reciprocal Substance Abuse Counselor and SATOP Qualified Professional through the Missouri Substance Abuse Professional Certification Board (MSAPCB).

### EXPERIENCE

#### **Phoenix Programs:**

Detox and Residential Mental Health Advocate, Client Services Coordinator, Assistant Residential Manager, Qualified Substance Abuse Professional, Director of Training, Quality Assurance, SATOP Administrator, Re-Entry Specialist and Therapeutic Housing Supervisor (2001-Present). While employed by Phoenix Programs I have gained experience with providing assessments (ASI and SATOP), treatment planning, Individual and group counseling, group education, case management, accessing community resources, family conferences, and drug screens to persons suffering from co-occurring disorders, homelessness and ex-offenders dealing with trauma, family, substance use, mental health, physical-emotional disabilities, employment, housing, educational and transportation issues as well as other needs. I have also had specialized training in the following areas: Trauma Training – 10/05, Missouri COSIG Leadership Institute Immersion Training (Protégé) -2/06, Medication Management for Addiction Professionals – 6/06, S.M.A.R.T. Treatment Planning using the Addiction Severity Index (ASI) – 7/06, Evidence Based Practice for persons with Co-Occurring Disorders – 11/06, Treatment Improvement Protocol (TIP 42) Training of Trainers – 5/07, Clinical Supervision: Building Chemical Dependency Counselor Skills Training – 9/07, Motivational Interviewing – 9/08, SATOP Administrative Training – 9/08, Evidence Based Practices – 3/10, Missouri Screening, Brief Intervention, and Referral to Treatment Training for Health Coaches – 5/10, Professional Ethics – 6/10, and Training for the Homeless Missourians Information System – 8-11.

#### **Steak-N-Shake/Student:**

Service Trainer (1999-2001), I trained others in food service while attending school.

#### **Various Construction Jobs:**

Laborer/Foreman (1996-1999), seasonal work with carpentry, siding and concrete.

#### **Peak Roofing:**

Foreman (1988-1996), I was in charge of running a 12-man roofing crew.

#### **Cook/Food Service:**

(1984-1988), I held several positions in food service; cook, fryer, prep and service.

#### **United States Army:**

19 Delta Calvary Scout (1983-1984), Tank driver and mechanic.

### EDUCATION

University of Missouri, Columbia – Bachelor of Social Work (2004)      GPA: 3.7  
Moberly Area Community College – Associate of Arts Degree (2002)      GPA: 3.8  
Hallsville High School – (1979-1983)

George Erickson

Licensed Clinical Social Worker  
Since 2005

Professional Experience

Morningstar Counseling Center of Moberly: 03/15/10 to present. Full time employment. I am the clinic coordinator for this office. I provide mental health counseling for children and adults. This includes mood disorders, psychiatric assessments and treatment and behavior problems. Services are provided to both individuals, families and groups.

Moberly Community Counseling Center, a division of Presbyterian Children's Services. 03/01/2006 to 03/15/2010. Full time employment.

This is a not for profit service directed to people regardless of ability to pay for services. I provided mental health counseling to children and adults. This included mental health assessments and treatment. I provided assessments, mental health diagnosis for problems that individuals were having. These included depression, anxiety, substance abuse and relationship issues. I also work with adolescents who have been abuse or neglected and are housed in a local residential facility. Some teens were also referred by the local Juvenile Officer. I also referred people to other available social service agencies for housing, inpatient mental health treatment and inpatient or outpatient substance abuse treatment.

I was also the clinic coordinator with the responsibilities of ensuring the smooth operation of the facility. This includes personnel management and required paperwork.

Family Counseling of Missouri Inc. 01/01/2003 to 03/01/2006. Full time employment.

This is a not for profit service. I provided mental health counseling to individuals in the area. I provided substance abuse counseling, both individual and group. Individuals were often

referred by Missouri Probation and Parole and U.S. Probation and Parole and local housing shelters. I also provided reintegration counseling to help individuals reintegrate into living outside of prison. We worked with referring them to other social service agencies. I also provided individual and group counseling to people involved in domestic violence. These included court ordered individuals and walk-in. I referred some to the local domestic violence shelter.

I taught classes and provided individual counseling for the Missouri Substance Abuse Traffic Offenders program. This was intensive counseling for individuals who were in serious violation of driving under the influence of substances.

I am a certified as a Qualified Substance Abuse Professional.

I am certified as a Substance Abuse Traffic Offender Program instructor.

George Erickson  
(cont.)

Phoenix Programs Inc: 09-13-2012 to present. Full time employment. I provide individual and group counseling to inpatient and outpatient clients who are struggling with substance abuse problems. Specifically this entails assessments, mental health diagnosis, individual counseling for substance abuse, emotion and psychiatric disorders, trauma and life situations, family and couples counseling and facilitating education and process groups.