



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

**AMENDMENT 001**

**RFP NO. OSCA 14-042**

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

**ISSUE DATE: March 5, 2014**

**CONTACT: Russell Rottmann**

**PHONE NO.: (573)522-6766**

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

**RETURN PROPOSALS NO LATER THAN: MARCH 17, 2014**

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

**RETURN PROPOSAL TO:**

**(U.S. Mail)**

**Office of State Courts Administrator**

**Attn: Contract Unit or**

**PO Box 104480**

**Jefferson City Mo 65110 - 4480**

**(Courier Service)**

**Office of State Courts Administrator**

**Attn: Contract Unit**

**2112 Industrial Dr**

**Jefferson City Mo 65109**

**CONTRACT PERIOD: DATE OF AWARD THROUGH JUNE 30, 2015**

**DELIVER SUPPLIES/SERVICES FOB DESTINATION TO THE FOLLOWING ADDRESS:**

**VARIOUS LOCATIONS THROUGHOUT THE STATE OF MISSOURI**

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

**SIGNATURE REQUIRED**

AUTHORIZED SIGNATURE 		DATE 3/13/14
PRINTED NAME Brad Ridenour MS, LPC		TITLE Vice President of Clinical Services
COMPANY NAME Clark Community Mental Health Center		
MAILING ADDRESS PO Box 100		
CITY, STATE, ZIP Pierce City, MO 65723		
E-MAIL ADDRESS ridenourb@clarkmentalhealth.com		FEDERAL EMPLOYER ID NO. 23-7218344
PHONE NO. 417-476-1000 ext. 230	FAX NO. 417-476-1082	

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

ACCEPTED BY OFFICE OF STATE COURTS ADMINISTRATOR AS FOLLOWS: AS SUBMITTED		
CONTRACT NO. OSCA 14-042-07	CONTRACT PERIOD July 1, 2014 through June 30, 2015	
CONTRACTS COORDINATOR 	DATE 4-22-2014	DEPUTY STATE COURTS ADMINISTRATOR 



**CLARK  
CENTER**

Date: March 7, 2014

Office of State Courts Administrator  
Attn: Contract Unit  
PO Box 104480  
Jefferson City, MO 65110-4480

RE: RFP NO. OSCA 14-042      Title: Specialized Treatment Provider for Treatment Court

Contract Unit,

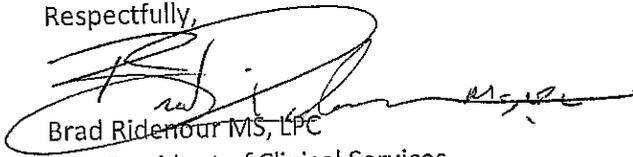
It is the desire of the Clark Community Mental Health Center, hereafter Clark Center, to provide the following proposal for the above referenced RFP. For the past four decades, the Clark Center has offered outpatient substance abuse treatment to those living in two counties of the 39<sup>th</sup> Circuit, Barry and Lawrence Counties. Since the mid-1990's, the Clark Center has been certified by and contracted with the Department of Mental Health to provide substance abuse treatment programs to those living in Barry, Lawrence and Dade counties. In June of 2013, the Clark Center received a three-year CARF accreditation to provide Outpatient Treatment: Integrated: AOD/MH services.

The need for substance abuse has increased in our area, and the Clark Center has historically committed to expand to meet this demand. In the past few years, our substance abuse programs have grown from one full-time staff to three full-time staff, a dedicated assessor and a part-time case manager. In anticipation of receiving a contract with the Department of Mental Health to provide SROP (Serious and Repeat Offender) services, the agency has hired an additional, highly qualified licensed professional to provide the individual counseling treatment to those enrolled in the SROP program.

The Clark Center is also equipped to serve those who have both substance abuse and mental health needs. Since these concerns so often co-occur, our expertise in these areas has made us an effective treatment provider in our area for several years. As a rule, the agency also attempts to stay current with approved practices as is exhibited by our use of Medication Assisted Treatment (MAT), especially the use of Vivitrol. We have also received recognition by DMH as being an effective Healthcare Home and DM-3700 program provider; this has opened the door to our receiving a contract to provide the newly created ADA-Disease Management program.

It would be our pleasure to serve those with needs who have been identified through the court system. Thank you for your consideration of the following proposal. If any questions remain, feel free to contact me by phone at 417-476-1000 ext. 230 and/or by email at [ridenourb@clarkmentalhealth.com](mailto:ridenourb@clarkmentalhealth.com).

Respectfully,



Brad Ridenour MS, LPC  
Vice President of Clinical Services  
Clark Community Mental Health Center

## Table of Contents

Signed RFP Page

Signed RFP Amendment Cover Page

Pricing Pages

Renewal Options

- Exhibit A - Vendor's References
  - Evidence of Competency ( covering 4.6.1, 4.6.2)
  - Current CARF Accreditation
  - SROP Authorization Letter
  
- Exhibit B - Personnel Expertise Summary
  - Staff Resumes with Certificates/Licenses
  
- Exhibit C - Affidavit of Work Authorization
  - E-Verify Memorandum of Understanding (MOU) Documentation
  
- Exhibit D - Miscellaneous Information
  
- Exhibit E – Debarment Certificate



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

AMENDMENT 001  
RFP NO. OSCA 14-042  
TITLE: Specialized Treatment Provider  
for Treatment Court  
ISSUE DATE: March 5, 2014

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

RETURN PROPOSALS NO LATER THAN: MARCH 17, 2014

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

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

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

CONTRACT PERIOD: DATE OF AWARD THROUGH JUNE 30, 2015

DELIVER SUPPLIES/SERVICES FOB DESTINATION TO THE FOLLOWING ADDRESS:  
VARIOUS LOCATIONS THROUGHOUT THE STATE OF MISSOURI

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

SIGNATURE REQUIRED

AUTHORIZED SIGNATURE 		DATE 3/13/14
PRINTED NAME Brad Ridenour MS, LPC		TITLE Vice President of Clinical Services
COMPANY NAME Clark Community Mental Health Center		
MAILING ADDRESS PO Box 100		
CITY, STATE, ZIP Pierce City, MO 65723		
E-MAIL ADDRESS ridenourb@clarkmentalhealth.com		FEDERAL EMPLOYER ID NO. 23-7218344
PHONE NO. 417-476-1000 ext. 230	FAX NO. 417-476-1082	

NOTICE OF AWARD (OSCA USE ONLY)

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

OSCA 14-042 Treatment Court Specialized Service Providers  
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



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

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

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

**RETURN PROPOSALS NO LATER THAN: MARCH 17, 2014**

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

**RETURN PROPOSAL TO:**

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

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

**CONTRACT PERIOD: DATE OF AWARD THROUGH JUNE 30, 2015**

**DELIVER SUPPLIES/SERVICES FOB DESTINATION TO THE FOLLOWING ADDRESS:**

**VARIOUS LOCATIONS THROUGHOUT THE STATE OF MISSOURI**

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

**SIGNATURE REQUIRED**

AUTHORIZED SIGNATURE 		DATE 3/13/14
PRINTED NAME Brad Ridenour MS, LPC		TITLE Vice President of Clinical Services
COMPANY NAME Clark Community Mental Health Center		
MAILING ADDRESS PO Box 100		
CITY, STATE, ZIP Pierce City, MO 65723		
E-MAIL ADDRESS ridenourb@clarkmentalhealth.com		FEDERAL EMPLOYER ID NO. 23-7218344
PHONE NO. 417-476-1000 ext. 230	FAX NO. 417-476-1082	

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

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

**PRICING PAGE**

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

Service Description	Vendor Firm, Fixed Unit Price	Unit of Service
Assessment	\$358.38	Per assessment
Assessment option (Multi-axial)	Included with assessment above	Per assessment
Assessment update	\$117.96	Per assessment
Case Management/Community Support	\$24.44	Per ¼ hour
Communicable Disease Assessment/Education/Testing	\$24.44	Per ¼ hour
Day Treatment	NA	Per day
Detoxification (Social Setting)	NA	Per day
Detoxification (Modified Medical)	NA	Per day
Early Intervention (Intake)	NA	Per ¼ hour
Early Intervention (Group Education)	NA	Per ¼ hour
Early Intervention (Motivational Interviewing-Individual)	NA	Per ¼ hour
Extended Day Treatment	NA	Per day
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	\$2.68	Per ¼ hour
Group Education (Trauma Related)	NA	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)	NA	Per ¼ hour
Medication Services	\$52.98	Per ¼ hour
Medication: [Medication Assisted Treatment (MAT)]	As Prescribed	Per prescription

OSCA 14-042 Treatment Court Specialized Service Providers

Missouri Recovery Support Specialist (MRSS)	NA	Per ¼ hour
Missouri Recovery Support Specialist Peer (MRSS-P)	NA	Per ¼ hour
Relapse Prevention Counseling	NA	Per ¼ hour
Residential Support	NA	Per day
Treatment Court Day	\$12.00	Per ¼ hour
Virtual Counseling (Group)	NA	Per ¼ hour
Virtual Counseling (Individual)	NA	Per ¼ hour
Drug/Alcohol Testing: Sample Collection Only (Lab conf. only)	NA	Per test
Sample Collection with 1-panel on-site provided by vendor	NA	Per test
Sample Collection with 2-panel on-site provided by vendor	NA	Per test
Sample Collection with 3-panel on-site provided by vendor	NA	Per test
Sample Collection with 4-panel on-site provided by vendor	NA	Per test
Sample Collection with 5-panel on-site provided by vendor	\$7.50	Per test
Sample Collection with 6-panel on-site provided by vendor	NA	Per test
Sample Collection with 7-panel on-site provided by vendor	\$7.50	Per test
Sample Collection with 8-panel on-site provided by vendor	NA	Per test
Sample Collection with 9-panel on-site provided by vendor	\$7.50	Per test
Drug Testing: Sample Collection and On-Site Test (Kit provided by Treatment Court)	NA	Per test
Drug Testing: Breathalyzer (Equipment provided by vendor)	NA	Per test
Drug Testing: Breathalyzer (Equipment provided by Treatment Court)	NA	Per test

Note: The Court will only be billed for those services offered that are not reimbursed by State SROP funds. In most cases the cost to the Court for service provision will be \$0.

**Evidence Based Program and Practice curriculum being utilized:**

The Clark Community Mental Health Center provides CSTAR and SATOP services. Both programs are certified by the Missouri Department of Mental Health, and the CSTAR and mental health outpatient programs are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) as an Outpatient Treatment: Integrated: AOD/MH program. We also provide MAT services.

**Which Cognitive Behavioral intervention staff is qualified to deliver:**

Though the Clark Community Mental Health Center does not ascribe to a particular CBT model, the agency has a number of AOD counselors certified by the Department of Mental Health, including those who are licensed professional counselors trained in common CBT practices.

**Please indicate if Medication Assisted Treatment (MAT) is provided. If you do not provide MAT, how and with whom MAT services are arranged and how all services are coordinated.**

Medication Assisted Treatment (MAT) is provided by Clark Community Mental Health Center prescribers and nurses.

Below is a list of the 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
39	Barry							
39	Lawrence	X					X	X
39	Stone							

Note: The Clark Community Mental Health Center understands that recognizes that “it is highly desirable that the contractor provide services for all counties within a judicial circuit.” However, the agency also has understanding that the Drug Court providers in Barry and Stone Counties are well-established. For this reason and the fact that we have received DMH approval to provide SROP services for those in Lawrence County, we propose to serve those enrolled in the Lawrence County DWI court only.

**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:</b> <u>Clark Community Mental Health Center</u>	
<b>Reference Information (Prior Services Performed For:)</b>	
Name of Reference Company:	Lawrence County Probation and Parole
Address of Reference Company: <input checked="" type="checkbox"/> Street Address <input checked="" type="checkbox"/> City, State, Zip	Board of Probation and Parole District #43 Aurora 27 West Locust Aurora, MO 65605
Reference Contact Person Information: <input checked="" type="checkbox"/> Name <input checked="" type="checkbox"/> Phone # <input checked="" type="checkbox"/> E-mail Address	Rodney Collins, District Administrator 417-678-0832 ext 226 <a href="mailto:rodney.collins@doc.mo.gov">rodney.collins@doc.mo.gov</a>
Dates of Prior Services:	Though the agency has served P&P clients for many years, the Clark Center collaborated more closely with the Lawrence County P&P office the past two three years.
Dollar Value of Prior Services:	Services provided to P&P referrals are funded by DBH/DMH funds.
Description of Prior Services Performed:	The Clark Center has identified Probation and Parole referrals as a priority population. With this designation there is not a waiting list for outpatient substance abuse services for these individuals. Alcohol and other Drug (AOD) services include assessment, urinalysis testing (UAs), individual and group counseling and Medication Assisted Treatment (MAT). AOD service providers create an update as to the progress of these referrals and send it to P&P on a reg basis. When needed, those referred also receive expedited mental health service including mental health counseling and psychiatric medication 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

3-12-14  
 \_\_\_\_\_  
 Date of Signature

**EXHIBIT A**

**PRIOR EXPERIENCE**

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

Offeror Name or Subcontractor Name: <u>Clark Community Mental Health Center</u>	
<b>Reference Information (Prior Services Performed For:)</b>	
Name of Reference Company:	Missouri Division of Behavioral Health
Address of Reference Company: <input checked="" type="checkbox"/> Street Address <input checked="" type="checkbox"/> City, State, Zip	Division of Behavioral Health Department of Mental Health 1706 East Elm PO Box 687 Jefferson City MO. 65102
Reference Contact Person Information: <input checked="" type="checkbox"/> Name <input checked="" type="checkbox"/> Phone # <input checked="" type="checkbox"/> E-mail Address	<i>Nora Bock</i> <i>(573) 757-8104</i> <i>nora.boek@dnh.mo.gov</i>
Dates of Prior Services:	The Clark Center has been providing AOD services under contract with DMH since the mid -1990s.
Dollar Value of Prior Services:	The programs that the agency provides as a certified administrative agent of the Department of Mental Health are funded by an allotment of funds set forth in each year's budget.
Description of Prior Services Performed:	The Clark Community Mental Health Center offers a wide-array of outpatient mental health, case management and substance abuse services. Regarding substance abuse services, offering both CSTAR and SATOP programs, the agency is in good standing with the Division of Behavioral Health. The agency was recently approved to provide SROP services. The agency also provides Medication Assisted Treatment (MAT).

*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:*

*Nora K Bock*  
 Signature of Reference Contact Person

*3/12/14*  
 Date of Signature

OSCA 14-042 Treatment Court Specialized Service Providers

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

Offeror Name or Subcontractor Name: <u>Clark Community Mental Health Center</u>	
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	Pam Fobair, Lawrence County Public Administrator
Address of Reference Company: <input checked="" type="checkbox"/> Street Address <input checked="" type="checkbox"/> City, State, Zip	Lawrence County Justice Center 240 N. Main Suite 120 Mt. Vernon, MO 65712
Reference Contact Person Information: <input checked="" type="checkbox"/> Name <input checked="" type="checkbox"/> Phone # <input checked="" type="checkbox"/> E-mail Address	Pam Fobair 417-466-2273 <a href="mailto:lphyllisking@ymail.com">lphyllisking@ymail.com</a>
Dates of Prior Services:	Past 10+ years
Dollar Value of Prior Services:	Services provided to those served by the public administrator are funded by DBH/DMH funds.
Description of Prior Services Performed:	The Clark Center has provided case management services to several individuals under the guardianship/conservatorship of Ms. Fobair while she has served as the Public Administrator of Lawrence County over the last 10+ years. Once enrolled in case management services, these individuals have been enrolled in other beneficial outpatient mental health and substance abuse services as needed. Case managers have a good history of communicating with Ms. Fobair about client progress and needs.

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

3/12/14  
 Date of Signature

## Evidence of Service Competency (4.6.1, 4.6.2)

The Clark Community Mental Health Center has been certified by the Department of Mental Health to provide substance abuse services since the mid-1990s. In 2013, the substance abuse and mental health programs were reviewed by CARF and received a three-year CARF accreditation. Being a CSTAR provider we have extensive experience with providing outpatient group/individual substance abuse counseling. We also have years of experience providing case management services to those who have mental health and/or addictions problems. Additionally, we contract with two on-site medication providers that have been providing Medication Assisted Treatment for a few years. In the last two years prescribers have become comfortable prescribing Vivitrol. All services provided at the agency begin with a thorough intake assessment provided by qualified staff and are linked to an individualized treatment plan. Individuals seeking these services through a Drug Court referral will be considered a priority population and will have no waiting period to begin to receive services. As we have vast experience in the areas listed below, the Clark Community Mental Health Center proposes to provide the following services as defined and explained by Section 2 of this RFP:

### 1. *Assessment*

The treatment provider shall conduct an assessment of each client, unless referred to the Early Intervention Program. This service shall include the following for clients admitted to an outpatient program: 1) An intake process which shall consist of the initial screening interview to determine the appropriateness for admission and the administrative and initial assessment procedures related to admission into the program, (2) A complete evaluation/assessment of each client for an individualized treatment plan.

### 2. *Assessment – Five-Axis Diagnosis*

In addition to the above assessment, a multi-axial diagnosis, based on the DSM-IV, rendered by a qualified diagnostician may be requested. The axes are defined as follows:

- Axis I: Clinical Disorders, including major mental disorders, substance use disorders, and learning disorders (common disorders include depression, anxiety disorders, bipolar disorder, ADHD, autism spectrum disorders, and schizophrenia).
- Axis II: Personality disorders and mental retardation (Axis II disorders include personality disorders: paranoid personality disorder, schizoid personality disorder, schizotypal personality disorder, borderline personality disorder, antisocial personality disorder, narcissistic personality disorder, histrionic personality disorder, avoidant personality disorder, dependent personality disorder, obsessive-compulsive personality disorder and mental retardation.)
- Axis III: Acute medical conditions and physical disorders (common Axis III disorders include brain injuries and other medical/physical disorders which may aggravate existing diseases or present symptoms similar to other disorders).
- Axis IV: Psychosocial and environmental factors contributing to the disorder.
- Axis V: Global Assessment of Functioning or Children's Global Assessment Scale for children and teens under the age of 18.
- Note: Upon implementation of the DSM-5/ICD-10, the contractor shall be expected to render diagnoses in accordance with DBH requirements.

### 3. *Assessment Update*

In the event a treatment court participant has received the assessment from any program operated by the contractor within the past six (6) months, the contractor shall administer an assessment update upon admission. This service consists of an update of a consumer's assessment and an evaluation to develop treatment recommendations.

The assessment and diagnostic update must be administered in accordance with the following Department protocol:

- Must be completed by a Qualified Substance Abuse Professional (QSAP);
- Should not be completed when consumers transition from the various levels of service within the same agency;
- The assessment and diagnostic update shall consist of a new face-to-face diagnostic evaluation completed by a qualified diagnostician as defined in certification standards.

**4. Case Management/Community Support**

Case management is defined as services which links the participant and/or significant other(s) to community resources and monitors the services throughout the treatment court program. Transportation services are not to be billed as case management. Community Support services shall be delivered to those enrolled in a CSTAR program. Community support consists of specific activities conducted with or on behalf of a person in accordance with an individualized treatment plan. Services are provided to maximize an individual's immediate and continued community functioning while achieving and sustaining recovery/resiliency from mental illness and/or substance use disorders. These services are delivered in an amount and scope defined by each individual's plan, and not all plans will contain all services.

**5. Communicable Diseases Risk Assessment, Education, Testing and Counseling**

The contractor shall:

- Have a working relationship with the local health department, physician or other qualified healthcare provider in the community to provide any necessary testing services for human immunodeficiency virus (HIV), tuberculosis (TB), sexually transmitted diseases (STDs), and hepatitis,
- Arrange for HIV, TB, STDs and hepatitis testing to be available to the treatment court participant at any time during the course of the treatment,
- Make referrals and cooperate with appropriate entities to ensure coordinated treatment, as appropriate, is provided for any participant with positive test,
- Arrange individual counseling for consumers prior to testing for HIV. In the event the contractor elects to provide HIV pre-test counseling, counseling shall be provided in accordance with the Missouri Department of Health and Senior Services (DHSS) Rule (19 CSR 20-26.030), as mandated by state law,
- Arrange individual post-test counseling for consumers who test positive for HIV or TB. Contractor staff providing post-test counseling must be knowledgeable about additional services and care coordination available through the DHSS, and
- Provide group education with substance abusers and/or significant others of abusers to discuss risk reduction and the myths and facts about HIV/TB/STD/hepatitis and the risk factors for contracting these disease.

**6. Family Conference**

Family Conference is defined as a service that coordinates care with, and enlists the support of, the natural support system through meeting with family members, referral sources, and significant others about the participant's treatment plan and discharge plan. Staff providing Family Conference services must be a Qualified Substance Abuse Professional (QSAP) or Associate Substance Abuse Counselor.

**7. Family Therapy**

Family Therapy is the planned, face-to-face, goal-oriented, therapeutic interaction with qualified staff to address and resolve problems in family interaction related to the substance abuse problem and recovery. Qualified staff, unless prior approval has been obtained for others shall include a person licensed in Missouri as a marital and family therapist or who is certified by the American Association of Marriage and Family Therapists; or who meets the other requirements specified in 9 CSR 30-3.110.

**8. Group Counseling (Associate SA Counselor)**

Group counseling services provided by a trainee that meets requirements for registration, supervision, and professional development as set forth by either the Missouri Substance Abuse Professional Credentialing Board (MSAPCB) or the appropriate board of professional registration within the Missouri Division of Professional Registration for licensure as a psychologist, professional counselor, social worker or marital and family therapist.

Group counseling is the goal-oriented therapeutic interaction among a counselor and two or more consumers designed to promote client functioning and recovery through disclosure and interpersonal interaction among group members. Groups cannot exceed 12 clients. Drug Court best practices recommend groups of 6-12 participants with two facilitators are the most effective.

#### **9. Group Counseling (QSAP)**

Group counseling provided by a Qualified Substance Abuse Professional who demonstrates substantial knowledge and skill regarding substance abuse by being one of the following:

- A physician or mental health professional, licensed in Missouri and practicing within their scope of work, with at least one year of full-time substance abuse treatment experience;
- A person certified or registered through MSAPCB as a substance abuse professional;
- A provisionally licensed mental health professional in Missouri with at least one year of full-time substance abuse treatment experience.

Group counseling is the goal-oriented therapeutic interaction among a counselor and two or more consumers designed to promote client functioning and recovery through disclosure and interpersonal interaction among group members. Groups cannot exceed 12 clients. Drug Court best practices recommend groups of 6-12 participants with two facilitators are most effective.

#### **10. Group Counseling (Collateral Relationship)**

Group Counseling (Collateral Relationship) consists of face-to-face counseling and/or education, designed to address and resolve issues related to codependency and alcohol and/or other drug abuse in the family, provided to two (2) or more family members age thirteen (13) or older and/or below the age of thirteen (13) if such family member possesses the requisite social and verbal skills to participate in and benefit from counseling. Group collateral relationship counseling may be provided by a family therapist or a QSAP for groups that include members aged 13 years or older. Those involving younger children must be provided by staff whose qualifications are outlined in 9 CSR 30-3.110. Group size shall not exceed 12 members.

In the event two or more members from a family attend the same group counseling session, an invoice may be submitted for only one of the family members. However, a progress note shall be entered in the records of all family members who are active consumers.

#### **11. Group Education**

Group education is the presentation and application of recovery-related information, including group discussion, to consumers in accordance with individualized treatment plans. Group sizes shall not exceed an average of 30 clients per calendar month.

#### **12. Individual Counseling**

Individual counseling must consist of a goal oriented process in which the client in therapy interacts on a face-to-face basis with the treatment provider in accordance with the treatment plan to relieve symptoms and resolve problems related to alcohol/drug dependency that interfere with the client's ability to function in society. Individual counseling shall only be performed by a qualified substance abuse professional, an associate counselor or an intern/practicum student as described in 9 CSR 10-7.110(5). (see 9 CSR 30-3.110 (5)).

#### **13. Individual Counseling (Collateral Relationship)**

The contractor may provide Individual Counseling (Collateral Relationship) as a component of the substance abuse treatment program. This service consists of individual face-to-face assessment, counseling, and/or education, designed to address and resolve issues related to codependency and alcohol and/or other drug abuse in the family, provided to a family member(s) age thirteen (13) or over and/or to a family member below the age of thirteen (13) who possesses the requisite social and verbal skills to participate and benefit from counseling. Staff providing this service must meet requirements as a family therapist or QSAP that has training in family recovery. Services provided to children under 12 years may be provided by staff in accordance with 9 CSR 30-3.110(8).

**14. Individual Counseling (Co-Occurring Disorder)**

The contractor may provide Individual Counseling (Co-Occurring Disorder), as part of the approved treatment program. This service consists of structured, goal-oriented therapeutic interaction between a participant and a counselor designed to identify and resolve issues related to substance abuse and co-occurring mental illness disorder(s) which interfere with the participant's functioning.

Individual Counseling (Co-Occurring Disorder) shall be provided in accordance with the Center for Substance Abuse Treatment's publication, Substance Abuse Treatment for Persons with Co-Occurring Disorders (TIP 42). Clinical documentation of this service in progress notes in the participant's record must clearly distinguish this service from Individual Counseling for substance abuse. Staff providing this service must be QSAPs that are also licensed mental health professionals or hold the Co-Occurring Counseling Professional credential from the Missouri Substance Abuse Professional Credentialing Board (MSAPCB).

**15. Medication Services**

The contractor may provide Medication Services, as appropriate. This service consists of goal-oriented interaction to assess the appropriateness of medications to assist in a participant's treatment, to prescribe appropriate medications, and to provide ongoing management of a medication regimen.

Services shall be provided by a physician or a qualified advanced practice nurse, licensed pursuant to Section 335.016, RSMo.

Key service functions may include the following:

- Assessment of the participant's presenting condition;
- Mental status exam;
- Review of symptoms and screening for medication side effects;
- Review of client functioning;
- Assessment of the participant's ability to self-administer medication;
- Participant education regarding the effects of medication and its relationship to the participant's chemical addiction and/or mental disorder; and
- Prescription of medications when indicated.

**16. Medication**

FDA-approved medications prescribed for substance use disorder to consumers as a component of substance abuse treatment may be provided.

**17. Treatment Court Day**

Treatment Court Day is staff participating in treatment court staffing and hearings, as required by the treatment court.

**18. Drug/Alcohol Testing**

The vendor shall provide collection services for drug testing services as deemed necessary by the treatment court. All individuals collecting samples for drug testing must follow the Collector Standards (attachment 3) and submit a completed the Collector Guidance Acceptance form before providing this service.

Note: The Clark Community Mental Health Center proposes that individual treatment services will be primarily performed by a Licensed Professional Counselor. This same provider will serve as the liaison to the Treatment Court. Regarding groups, Treatment Court referrals will participate in already established groups that are located in both Monett, Missouri and Aurora, Missouri. These groups will be led by certified substance abuse counselors and QSAPs approved by the DBH/DMH.

The Clark Community Mental Health Center intends to provide most of the above services through SROP and other DBH/DMH program funding before utilizing Treatment Court funding. Though the agency will provide all services listed above as deemed necessary, it is the intention of the organization to focus on the provision of assessment, individual/group counseling and community support so as to make best use of available funds.



Three-Year Accreditation

**Organization**

Clark Community Mental Health Center  
104 W Main Street  
Pierce City, MO 65723

**Organizational Leadership**

Frank Compton, M.S.W., President/CEO

**Survey Dates**

June 3-5, 2013

**Survey Team**

Joanne M. Furze, B.S., CSW, Administrative Surveyor  
Debbie C. Dacus, LPE, Program Surveyor

**Programs/Services Surveyed**

- Community Integration: Mental Health (Adults)
- Community Integration: Mental Health (Children and Adolescents)
- Crisis Intervention: Mental Health (Adults)
- Crisis Intervention: Mental Health (Children and Adolescents)
- Health Home: Comprehensive Care (Adults)
- Health Home: Comprehensive Care (Children and Adolescents)
- Outpatient Treatment: Integrated: AOD/MH (Adults)
- Outpatient Treatment: Mental Health (Children and Adolescents)

**Survey Outcome**

Three-Year Accreditation  
Expiration: June 2016

JEREMIAH W. (JAY) NIXON  
GOVERNOR



RECEIVED

MAR 10 2014

CLARK CENTER KEITH SCHAFER, Ed.D.  
DIRECTOR

MARK STRINGER  
DIRECTOR  
DIVISION OF  
BEHAVIORAL HEALTH  
(573) 751-9489  
(573) 751-7814 FAX

STATE OF MISSOURI  
DEPARTMENT OF MENTAL HEALTH

1706 EAST ELM STREET  
P.O. BOX 687  
JEFFERSON CITY, MISSOURI 65102  
(573) 751-4122  
(573) 751-8224 FAX  
[www.dmh.mo.gov](http://www.dmh.mo.gov)

March 3, 2014

Brad Ridenhour, Vice President of Clinical Services  
Clark Community Mental Health Center  
P.O. Box 100  
Pierce City, MO 65723

Dear Mr. Ridenhour:

The Department of Mental Health, Division of Behavioral Health (Division) has received your request on behalf of Clark Community Mental Health Center to add the Serious and Repeat Offender Program (SROP) to your sites in Monett and Aurora.

In review of your application, the Division has verified the need and approves your request for an SROP program at the proposed locations. The SROP program will need to comply with Core Rules and Certification Standards as an outpatient treatment program 9 CSR30-3.130. In addition, as an SROP program provider (Level IV Treatment) a consumer must complete at least 75 hours of treatment in no less than 90 days. Services must include a minimum of 35 hours of individual and/or group counseling. The total number of hours, beyond the 75 hour minimum, for successful completion of the episode of care is left to the discretion of the program's clinical staff based on the specific clinical needs of the consumer.

Prior to these changes becoming effective, you must complete the *Organization Information Change* form. The form may be accessed online at:  
[https://extranet.mo.gov/dmh/ADA\\_CPSPProviderForms/default.aspx](https://extranet.mo.gov/dmh/ADA_CPSPProviderForms/default.aspx) Your agency should not offer the specified services until you have received a fully executed contract amendment.

If you have any further questions about this matter, you may contact me at (573) 526-8048.

Sincerely,

A handwritten signature in cursive script that reads "Mark Rembecki".

Mark Rembecki  
SATOP Director

ec: Tom Kimbro  
Laurie Eppe  
Nora Bock

Lori Franklin  
David Thompson

**EXHIBIT B**

**PERSONNEL EXPERTISE SUMMARY**

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

Personnel	Background and Expertise of Personnel and Planned Duties
<p>1. <u>Ken Kuschel MA, LPC</u> (Name) <u>Outpatient &amp; ADA Counselor</u> (Title) <u>ADA Counselor (primary individual counselor) and Court Liaison</u> (Proposed Role/Function)</p>	<p>Mr. Kuschel has been a Licensed Professional Counselor in the State of Missouri for 14 years. For the past four (4) years he has held a national certification in addictions counseling, the CAS (certified addictions specialist). He has extensive experience in treating those with addictions and co-occurring disorders. For three (3) years he was an adolescent substance abuse counselor contracted with the Department of Defense. In that role he practiced a family treatment approach. Additionally, Mr. Kuschel has experience working with those who have trauma related concerns.</p>
<p>2. <u>Wesley Starlin MS, LPC</u> (Name) <u>ADA/ACI Administrator</u> (Title) <u>Assessor/Diagnostician</u> (Proposed Role/Function)</p>	<p>Mr. Starlin serves the qualified mental health professional (QMHP) for the Clark Center ADA program. He is responsible for providing multi-axial diagnoses for ADA program participants. Mr. Starlin, a licensed professional counselor, is a QSAP. He will primarily complete the ISAP assessment, which includes the DSM diagnoses, required for CSTAR program participation.</p>
<p>3. <u>Kerry Sponseller</u> (Name) <u>SATOP Administrator</u> (Title) <u>Group Counselor</u> (Proposed Role/Function)</p>	<p>Ms. Sponseller has over twenty years of experience in the substance abuse treatment field. She has many certifications as an addictions counselor. She has been a QSAP since 2002 and an RSAP since 2006. She is an approved Clinical Supervisor of substance abuse counselors. Ms. Sponseller will assist in providing group education and counseling.</p>
<p>4. <u>Donna Thomas</u> (Name) <u>Substance Abuse Counselor</u> (Title) <u>Group Counselor</u> (Proposed Role/Function)</p>	<p>Ms. Thomas is a SATOP Qualified Professional as well as a Certified Reciprocal Alcohol Drug Counselor (CRADC). She has nearly five years of experience in substance abuse treatment field. Ms. Thomas will assist in providing group education and counseling.</p>
<p>5. <u>Gregg Mercer</u> (Name) <u>Substance Abuse Counselor</u> (Title) <u>Group Counselor</u> (Proposed Role/Function)</p>	<p>Mr. Mercer has a RASAC II certification. Mr. Mercer will assist in providing group education and counseling.</p>
<p>6. <u>Sam Helmkamp</u> (Name) <u>Care Coordinator</u> (Title) <u>Community Support Worker</u> (Proposed Role/Function)</p>	<p>Mr. Helmkamp is a seasoned Community Support Worker with over 15 years of experience. He provides community support for both the mentally ill and substance abuse populations.</p>

# KEN KUSCHEL

kenkusch@gmail.com

## EDUCATION

1998 – 2000 Forest Institute of Professional Psychology, APA Doctorate Program; 3.9gpa; 85 credit hours; Conferred MA in Clinical Psychology.

## SKILLS SUMMARY

- Director/Manager with expertise in human relations
- Superb written and oral communication skills
- Organizational and Strategic Planning
- Staff Training, Supervision and Professional Skills Enhancement
- Program Administrations & Policy Development
- Continuous Quality Improvement Oversight
- Mental Health Services Administration
- Community Outreach

## PROFESSIONAL EXPERIENCE

**February 2014 – Present Clark Community Mental Health Center**

Licensed Professional Counselor providing AOD and other counseling and assessment services to individuals and families.

**July 2013 – February 2014 Piney Ridge Treatment Center**

**Director, Clinical Services**

Administer programs involved with treatment of children and adolescents who have experienced trauma and sexual abuse. Supervise professional staff and provide oversight for completion of Progress Notes, Treatment Plans, Psychosocial and other administrative functions.

**June 2010-June 2013 Science Applications International Corporation**

**ASACS located with AFNORTH International School in The Netherlands.**

Develop and implement a community-based adolescent substance abuse prevention and treatment program within military/NATO environment. The duties include intake, screening, assessment, case management, providing AOD training and specialized education on a variety of topics, treatment planning, discharge and continuing care planning, records management, and participation in quality assurance. The essential prevention and education role includes classroom education for adolescents, in-service training to community agencies, community education, screening for and facilitation of prevention support groups for youth from high risk environments, and participate in community awareness campaigns.

**June 2008-February 2010 Morningstar Counseling Services**

**Licensed Professional Counselor**

Professional counseling for children and adults experiencing various mental health and/or adjustment issues. Psychological assessment and interpretation. Part time employment.

**April 2008-December 2009 Mental Health Management – Corrections**

**Chief Mental Health/Licensed Professional Counselor**

Direct the provision of clinical mental health services to 350 offenders while collaborating with Department of Corrections and other contractors, as well as presenting Suicide Prevention/Intervention training. Leadership in setting, achieving, and monitoring of facility strategic and organizational goals. Oversight of all aspects of staff performance; annual performance evaluation, progressive discipline, grievance resolution, staff training. Provided Continuous Quality Improvement (CQI) audits for program compliance and ensure successful completion of corrective action plans. Provided clinical counseling, assessment and testing for variety of patient issues.

**November 2007 – April 2008 Northwest Counseling and Guidance/ Marathon County Journey Program Clinical Mental Health Coordinator**

Provide leadership and direction for mental health services for children and adolescents in a Day Treatment Program. Supervised and directed professional staff transitioning from a Level model program to Relational cognitive/behavioral model of care. Facilitated supportive services/counseling for client and family members. Chaired multidisciplinary team, including community agencies, in developing a working Individualized Treatment Plan.

**January 2003 - November 2007 Lifecare Family Services, Inc. Director**

Lifecare Family Services was a 501(c)(3), not-for-profit organization committed to revealing Christ by addressing the physical, emotional, and spiritual needs of the individual or family through counseling and other ministries such as the New Life Women's Center and Kingdom Life Bookstore. To achieve our goals, Lifecare provided professional clinical counseling; New Life Women's Center provided residential housing for homeless/pregnant women; and Kingdom Life provided resources to encourage continued personal growth and development.

Directly responsible for the development of programs and policy (manuals, SOP) in the provision of counseling services, the New Life women's Center (Residential housing), and Kingdom Life Books and Gifts. I directed all ministry operations including Human Resources; budgeting, purchasing, and negotiating contracts with school districts and insurance providers. Supervised staff and assured compliance with state and federal regulations associated with counseling, housing, and human resource industries.

**License/Certifications:**

**Licensed Professional Counselor / Missouri 2002026260 Expires June 2015**

**National Provider Number: 1306837604**

**Certified Addiction Specialist (CAS); C-4580; American Academy of Health Care Providers**

**Bereavement Facilitator Level 1 Training Program**

**Certified Facilitator: 7 Habits of Highly Effective Military Families and 7 Habits of Highly Effective Teens.**

**PROFESSIONAL MEMBERSHIPS**

**NATIONAL BOARD OF CERTIFIED COUNSELORS (NBCC) - National Certified Counselor (NCC)**  
**AMERICAN ASSOCIATION OF CHRISTIAN COUNSELORS – Member**

**References:**

James Weaver, Senior Pastor, First Baptist Church, Cassville  
602 West St.  
Cassville, MO 65625

David Sater, Missouri State Representative, District 68  
Room 200 BC  
Jefferson City, MO 65101

Dale Wayman, former Clinical Supervisor, Army Division, Science Applications Int. Corp.  
15248 Royal Grove Drive  
Noblesville, IN. 46060

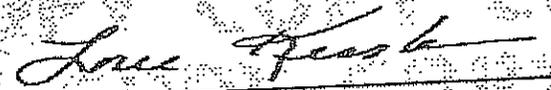
Rick Petersen; Adolescent Substance Abuse Counseling Services, Landstuhl Region  
Clinical Supervisor, Army Division  
Science Applications International Corporation Civ: 49.6731.86.7147

State of Missouri

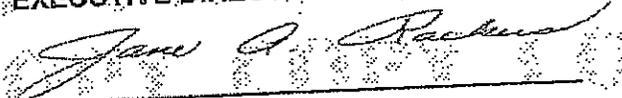
Department of Insurance, Financial Institutions and Professional Registration  
Division of Professional Registration  
Committee for Professional Counselors  
Licensed Professional Counselor

VALID THROUGH JUNE 30, 2015  
ORIGINAL CERTIFICATE/LICENSE NO. 2002026260

KEN W KUSCHEL



EXECUTIVE DIRECTOR



DIVISION DIRECTOR



American Academy  
of Health Care Providers

IN THE  
Addictive Disorders

CERTIFIED ADDICTION SPECIALIST

**KEN KUSCHEL**  
MA, LPC, CAS

Certificate Number: C-4580

Expires: 3/18/2014

Specialization: Drugs

# CERTIFICATE of ACHIEVEMENT

This is to certify that

**KENNETH KUSCHEL**

Florida License:  
License Number: 2002026260/MO

has completed the course

Motivational Interviewing and Co-Occurring Disorders (15 Hours)

December 27, 2009

Dawn-Elise Snipes, Ph.D.  
President, AICEUs.com

NBCC #6261, NAADAC #599, Texas #5009, ADACBGA 09-02-17-083, CAADAC 08-09-109-0311, CBBS #PCE4556  
Approved by the FL Board of Mental Health Counseling, Marriage and Family Therapy and Clinical Social Work and the Florida Board of Nursing #50-8363.  
Please retain your certificate for 7 years.  
Verification code: efv3xHavxJ

# Wesley A. Starlin

## PROFILE

- ◆ Efficient in completing tasks on time and correctly.
- ◆ Empathetic, courteous, professional, and prompt.
- ◆ Proficient in Microsoft Office (Word, Excel, PowerPoint), Anasazi, CIMOR, WYSIWYG.

## EDUCATION

**Bachelor of Science Degree with comprehensive major in Industrial Psychology**

Graduation: April 2006

- ◆ Northwest Missouri State University ~ Maryville, Missouri

**Masters in Counseling, Community Agency Emphasis**

Graduation: May 2009

- ◆ Missouri State University
- ◆ **Internship**

- Center for Resolutions: Provided counselling to individuals, couples, and families.

### Certifications

- ◆ License Professional Counselor (LPC)
  - License Number 2009026320
- ◆ Qualified Substance Abuse Professional (QSAP)
- ◆ National Certified Counselor (NCC)
- ◆ Qualified Mental Health Professional (QMHP)

## WORK EXPERIENCE

June 2009 – Present

**Clark Community Mental Health Center**

### *Alcohol and Drug Abuse Program Administrator/Diagnostician*

- ◆ Manage and grow the outpatient ADA program
- ◆ Increase positive relationships with referral sources
- ◆ Submit program reports to both agency CEO and state reporting (CSTAR)
- ◆ Diagnose all incoming clients and place in appropriate program for treatment
- ◆ Enter all "ISAPS" in state system CIMOR
- ◆ Create logistics for both outpatient mental health and ADA outpatient organizations

### *Electronic Health Record Manager*

- ◆ Manage the electronic health record (Anasazi) company wide
- ◆ Reporting for various departments
- ◆ Creating new forms (pages) through "WYSIWYG" program
- ◆ Considered local "Anasazi Expert"
- ◆ Attend advanced training through Cerner Corporation for Anasazi and WYSIWYG

### *Intake/referral Specialist*

- ◆ Manage and grow the outpatient program through and contact with clients and other businesses.
- ◆ Utilize CIMOR and enter demographic information on every new admission.
- ◆ Provide appropriate referral within and outside agency.
- ◆ Manage outpatient clinician's schedules.
- ◆ Provide report data and analysis to VP of Operations and Clinical Director regarding performance of outpatient office.
- ◆ Every referral comes through this position to ensure appropriateness and accuracy.
- ◆ Provisionally utilize DSM IV diagnostic criteria on every initial screening.

### *Access Crisis Intervention (ACI) Program Director*

- ◆ Schedule and direct trainings.
- ◆ Create the ACI schedule.
- ◆ Develop training standards in accordance to DMH policy.
- ◆ Create and distribute satisfaction surveys and analyze data.

## WORK EXPERIENCE (continued)

### *Outpatient Clinician, LPC, QSAP*

- ◆ Provided outpatient therapy for children, adolescents, and adults.
- ◆ Utilized Psychosocial Rehabilitation to assist clients in reintegrating into society.
- ◆ Worked closely with case managers to ensure all ethical standards are being met as well as effectively utilizing therapeutic interventions.
- ◆ Wrote assessments, treatment plans, and progress notes.
- ◆ Utilized DSM-IV diagnostic criteria when making diagnostic impressions.
- ◆ Continue education through CEU course trainings.
- ◆ Provided individual substance abuse and dependence counseling.
- ◆ Lead group for co-occurring substance abuse and anger management.
- ◆ Provided co-occurring individual and family counseling (substance abuse and mental health).
- ◆ Worked in conjunction with probation and parole officers in completing substance abuse counseling requirements as well as co-occurring diagnoses.

### **Center for Resolutions, LLC:**

*Manager-Parent Aide, Mentor, CIT*

Springfield, MO

August 2008 – June 2009

- ◆ Assisted parents in developing effective methods of discipline and home management techniques.
- ◆ Worked with parents who have been recently reunited or attempting reunification with their children, to regain an effective family structure.
- ◆ Mentored children who need a positive influence in their lives.
- ◆ Built rapport with all clients and build a trusting, effective therapeutic relationship.
- ◆ Managed and supervise all Parent Aides, Mentors, and Tutors.
- ◆ Attended Family Support Team meetings, and convey progress or lack of by the family, parent(s), or children.
- ◆ Marketed the Parent Aide Program to various referral sources, including Children's Division and Alternative Opportunities.
- ◆ Provided supervision for Parent Aides when needed, in cooperation with owner.

### **Banta Foods Inc.:**

*Pricing Coordinator*

Springfield, MO

February 2007 – September 2008

- ◆ Promoted to Pricing Coordinator after five months.
- ◆ Analyzed pricing schemes for customers through the use of formulas and deviated pricing.
- ◆ Worked with buyers to help manage cost basis for all products.
- ◆ Evaluated and control contract pricing for customers, track deviations for bill-back to vendors.
- ◆ Processed credits, debits, and pickups.
- ◆ Manipulated crystal reports to pull data from AS 400, also Strategy.
- ◆ Investigated reasons for incorrect pricing.
- ◆ Managed all Economics Laboratory bill-back disputes and data entry.
- ◆ Trusted to be professional, accurate, and diligent in handling large amounts of money within bid, chain, and price-book header information.

*Bid Coordinator*

Springfield, MO

August 2006 – February 2007

- ◆ Used competitor invoices to accurately compare Banta's product to the competition. Used Excel to display formulas to show the customer the potential savings/cost of switching distributors. If packaging of competitor is different, create a formula to show customer what the competition would have charged if they had the same pack size.
- ◆ Distributed updated produce pricing weekly, to select sales representatives.
- ◆ Investigated why costumers were charged under five percent over actual cost for a product.
- ◆ Assisted customer service department.

### **Diagonal Community School:**

*Middle School SFL Coordinator*

Diagonal, IA

April 2006 – August 2006

- ◆ Coordinated activities for middles school aged individuals. Created situations for children to learn to cooperate, and have fun while giving them opportunities to challenge themselves, physically and academically.

### **Bubba's BBQ Fixins: Assistant Manager**

Maryville, MO

August 2005 – April 2006

- ◆ Assisting the head cook in preparing food for the line to distribute to costumers. Occasionally prepare meals on the line within five minutes of an order.
- ◆ Prepared interior of new restaurant. Performed painting, staining, carpentry work, and minor plumbing. Working at a face pace was expected to meet the deadline of having it finished.

### **Iowa Select Farms: Farm Technician**

Iowa City, IA

June 2000 - August 2004

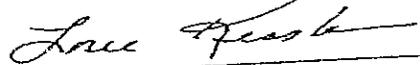
- ◆ Raised 1,000-5,000 pigs to ship to nursery; vaccinate, wean, feed, and sort. Fed sows three times daily. Vaccinated and castrated piglets. Worked in teams to complete work in eight hours. Offered a job as a first line manager to not return to school.

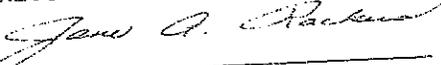
State of Missouri

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

VALID THROUGH JUNE 30, 2015  
ORIGINAL CERTIFICATE/LICENSE NO. 2009024320

WESLEY ADAM STARLIN

  
EXECUTIVE DIRECTOR

  
DIVISION DIRECTOR

No. 5966

# Missouri Substance Abuse Professional Credentialing Board

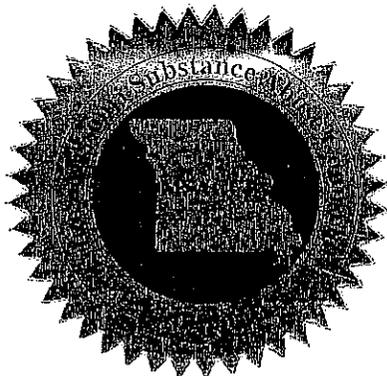
Hereby recognizes that

*Wesley A. Starlin*

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

**Recognized Associate Substance Abuse Counselor II**

**Awarded November 17, 2010**



*Steve Roberts, CRAAC, CCTP*  
\_\_\_\_\_  
President

*Ronald CRAAC, CCTP*  
\_\_\_\_\_  
Secretary

Kerry J. Sponseller

Over 20 years of combined education and professional experience in substance abuse counseling and case management.

**Trainings/Education/Certification:**

B.A. -Criminal Justice Studies - Kent State University -1992  
Clinical Supervision Training - 2009  
Qualified Substance Abuse Professional (QSAP) 2002 – current  
Registered Substance Abuse Professional (RSAP) – 2006 -current

**Professional Experience:**

- Extensive experience facilitating educational groups, individual counseling and family therapy on assigned case load.
- Developed and implemented treatment plans and case management service plans on assigned case load.
- Assisted inmates with aftercare plans and transitioning back into their communities.
- Completed ASI/ISAP assessments on assigned case load.
- Conducted GPRA interviews and follow –up.
- Worked with Probation and Parole to assure treatment compliance and update on progress in treatment.
- Represented CJRC on assigned case-load working with the Greene County Adult Drug Court Program and the Mothers Choosing Change Adult Drug Court Program.
- Staffed clients with Probation and Parole, Prosecuting Attorney, Defense Attorney and Judge in Greene County.
- Attended U.S Parole Hearings at Eglin Air Force Base.
- Testified for the Prosecutor's Office in St. Robert and Rolla on Offenders who were in violation of conditions of probation.
- Extensive history working with the courts on providing documentation regarding progress in treatment and compliance with probation.
- Presented educational lecture series to families and schools in Anchorage, Alaska.
- Engaged clients in adventured based counseling in Anchorage, Alaska.

## Work History

**Certified Qualified Professional Counselor 04-29-2000 – 12-7-2012**

Traffic Safety Awareness Programs

Camdenton, Missouri – 417-868-8727

**Registered Substance Abuse Professional – November 2007 – present**

Clark Community Mental Health

104 West Main

Pierce City, MO 65606 -417-235-6610

**Registered Substance Abuse Professional**

Carol Jones Recovery Center

2411 W. Catalpa

Springfield, MO. 65801 -- 417-862-3455

**Probation Officer –November 2004 to July 2006**

O.C.C.S

186 North Adams Ave

Lebanon, MO.65536

**Certified Qualified Professional Counselor 11-29-1999 -11-1-2004**

Kansas City Community Center

Tipton Substance Abuse Intervention Services- Department of Corrections

Route 2 Box 176

Tipton MO 65801 --(660)433-2031

**Certified Adult Targeted Case Manger -10-98 -12-99**

Life Management Center

525 West Fifteenth Street

Panama City Florida, 32401

**Substance Abuse Counselor -1994 -1998**

Volunteers of America --ARCH – ASSIST

412 West 5<sup>th</sup> Avenue

Anchorage, Alaska 99501

**Case Manager 7-93-7-94**

CARE –AWARE Components

3407 North East Avenue

Panama City , Florida 32401

**Case Management Internship -6-92-9-92**

Department of Justice – Federal Bureau of Prisons

Tyndall Federal Prison Camp –T.A.F.B -Florida

No. 3499

**Missouri Substance Abuse Counselors'  
Certification Board, Inc.**

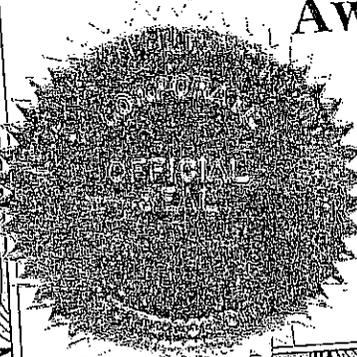
Hereby recognizes that

***Kerry Jo Sponseller***

has met all the standards and qualifications required of a  
substance abuse professional as determined by the  
Certification Board and is hereby conferred the title of

**Registered Substance Abuse Professional**

**Awarded this 15<sup>th</sup> day of September, 2006**



*[Signature]* CASAC  
President

*[Signature]* CASAC  
Secretary

No. 3499

Missouri Substance Abuse Professional Credentialing Board

Hereby Certifies that

***Kerry J. Sponseller***

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



President

Expiration Date: 4/30/2014

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

No. 5425

Missouri Substance Abuse Professional Credentialing Board

Hereby Certifies that

***Kerry J. Sponseller***

Continues to meet the standards and qualifications of a  
SATOP Qualified Professional  
as determined by the Board.

A handwritten signature in black ink, appearing to read "Kerry J. Sponseller", written over a horizontal line.

President

Expiration Date: 4/30/2014

# Donna Thomas

---

## Experience

**SATOP Qualified Professional (SQP) at Clark Community Mental Health Center**

December 2013 - Present (4 months)

Certification approved by the Missouri Substance Abuse Professional Credentialing Board to provide the following SATOP components:

Offender Management Unit (OMU), Offender Education Program (OEP), Adolescent Diversion Education Program (ADEP), Weekend Intervention Program (WIP)

**Certified Reciprocal Alcohol Drug Counselor (CRADC) at Clark Community Mental Health Center**

February 2012 - Present (2 years 2 months)

**Certified Behavior Health Case Manager & Rehab Specialist at DaySpring Behavioral Health Services, Tulsa, OK**

March 2011 - July 2011 (5 months)

In home and in school mental health case management provided to adults and children in Northeastern Oklahoma.

**Child Support Investigator at State of Missouri**

January 2010 - March 2011 (1 year 3 months)

**Community Support Worker at Lafayette House**

2008 - 2010 (2 years)

**Community Support Worker at Ozark Center Community Care Program**

June 2007 - February 2008 (9 months)

**Substance Abuse Counselor at Ozark Center New Directions**

April 2005 - June 2007 (2 years 3 months)

**Probation and Parole Officer II at State of Missouri**

July 1998 - April 2005 (6 years 10 months)

- Supervised convicted felons and some misdemeanor offenders within the community.
- Initial assessments of subject's history including prior offenses, social, financial and mental health issues as well as substance abuse issues, and on going assessments including drug screening SA issues.
- Made referrals to community agencies that addressed and treated such issues, monitored offender's compliance in programs.
- Conducted investigations , such as home and employment investigations, Presentence Investigations, violations of probation/parole orders, reports to the courts with a recommendation of action

- Required to appear in court to testify to offender's behavior in the community and to justify my recommendations to the court.
- Supervised caseload of sexual offenders for five years.
- Served as District 9, Joplin office, MO Offender Registration Liaison, DNA Collection Liaison, Polygraph Liaison and Sexual Offender Assessment and Treatment Liaison.
- As Sexual Offender Treatment Liaison, was responsible for monitoring Treatment Providers Compliance with State Regulations and Guidelines. Investigations of Treatment Providers suspected to be in non-compliance reporting findings to State Sex Offender Treatment Liaison.

**Social Service Worker at Lafayette House**

September 1996 - July 1998 (1 year 11 months)

Social Service Worker in Domestic Violence program. Victim services and advocacy within the community and in court procedures. Safety planning and life skills.

**Certifications**

**Certified Reciprocal Alcohol Drug Counselor**

Missouri Substance Abuse Professional Credentialing Board License 6652 January 2013 to October 2014

**Tobacco Treatment Specialist**

Mayo Clinic Nicotine Dependence Center, Rochester, MN License 06-13-051P July 2013 to July 2015

**SATOP Qualified Professional (SQP)**

Missouri Substance Abuse Credentialing Board License 7749 December 2013 to October 2016

**Skills & Expertise**

- Mental Health Treatment
- Conflict Resolution
- Public Speaking
- Microsoft Office
- Crisis Intervention
- Community Outreach
- Nonprofits
- Customer Service
- Fundraising
- Psychological Assessment
- Social Services
- Case Management
- Mental Health Counseling
- Adolescents
- Group Therapy
- Public Safety
- Substance Abuse Prevention

CBT  
Behavioral Health  
Psychology  
Leadership Development  
Teaching  
Public Relations  
Psychotherapy  
Patient Advocacy  
Mental Illness  
Autism Spectrum Disorders  
Life Skills  
Decision Analysis  
Crisis Communications  
Suicide Prevention  
Smoking Cessation  
Tobacco Treatment  
Pervasive Developmental Disorders  
Child Advocacy  
Service Coordination  
Behavioral Interviewing  
Criminal Investigations  
Interdisciplinary Collaboration  
Victim Services  
Motivational Interviewing  
Addiction Recovery  
Teamwork  
Post Traumatic Stress  
Analytical Assessment  
Client Rapport  
Life Coaching  
Case Management

---

## Education

Missouri Southern State University  
Bachelor of Science (B.S.), Criminal Justice/Law Enforcement Administration, 1990 - 1996

---

No. 6652

# Missouri Substance Abuse Professional Credentialing Board

Hereby recognizes that

***DONNA M. THOMAS***

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

***CERTIFIED RECIPROCAL ALCOHOL DRUG COUNSELOR***

Awarded on **JANUARY 17, 2013**



*Cliff Johnson* CA # 11-01-0112  
\_\_\_\_\_  
President

*Alicia Ozunbeyu* MACSAPP  
\_\_\_\_\_  
Secretary

No. 7749

# Missouri Substance Abuse Professional Credentialing Board

Hereby recognizes that

***Donna M. Thomas***

has met all the standards and qualifications required of  
a SATOP professional as determined by the  
Credentialing Board and is hereby conferred the title of

***SATOP Qualified Professional***

**Awarded on December 12, 2013**



*Cliff Par* *CAAAAB*  
\_\_\_\_\_  
President

*Alicia Ozanbeign* *MAESAPP*  
\_\_\_\_\_  
Secretary

Name: Gregg Alexander Mercer

Employment: Clark Community Mental Health Care Center

Position: Substance Abuse Counselor

Certification: RASAC II (MO)

### **Examples of Work**

Provides individual and group counseling, therapeutic intervention, and/or substance abuse education classes to clients and family members to assist them in recognizing problems and causal factors related to substance abuse and developing alternative/coping behaviors.

Develops, revises, and implements treatment plans in cooperation with clients to assist them in remaining substance-free and coping with social, marital, legal, financial, and/or employment problems.

Supervises a caseload of substance abuse offenders within a treatment setting.

Interviews clients, family members, and others to gather information for use by the treatment team; explains the program methods and objectives and obtains their cooperation in the treatment/rehabilitation process.

Participates on a multi-disciplinary treatment team to develop and implement treatment plans.

Performs follow-up activities for outpatients and/or aftercare clients to obtain referral services such as support group counseling, halfway house counseling, and/or vocational training.

Develops client progress reports and evaluations according to agency and program requirements.

Participates in on-the-job training, workshops, and seminars.

Reviews policies and procedures.

Exercises independence within established facility and agency policies under the supervision of a higher-level counselor; work is reviewed through conferences, reports, and observations.

Performs other related work as assigned.

### **Knowledge, Skills, and Abilities**

Intermediate knowledge of substance abuse problems and their effects on the individual and family members.

Intermediate knowledge of substance abuse counseling and treatment principles, practices, and techniques.

Intermediate knowledge of human behavior, attitudes, and motivations and their applicability in the treatment/rehabilitation of the substance abuser and/or offender.

Introductory knowledge of agency and facility policies and procedures pertaining to the treatment/rehabilitation of individuals with substance use or chemical dependency.

Introductory knowledge of individual and group behavior.

Introductory knowledge of interviewing techniques.

Introductory knowledge of current social, economic, and health problems of individuals with substance abuse problems.

Introductory knowledge of resources available to individuals with substance abuse problems.

Ability to obtain the cooperation of clients and family members in the treatment/rehabilitation process.

Ability to recognize symptoms of substance abuse and elicit information concerning underlying reasons for addiction.

Ability to supervise a caseload of substance abuse offenders.

Ability to conduct substance abuse assessments, write bio-psychosocial assessment summaries, and develop client progress reports and evaluations.

Ability to conduct substance abuse education classes.

Ability to prepare and maintain documentation of services, treatment records, and reports.

Ability to communicate effectively.

Ability to establish and maintain effective working relationships with staff, volunteers, and the general public.

No. 7507

# Missouri Substance Abuse Professional Credentialing Board

Hereby recognizes that

***Gregg A. Mercer***

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

***Recognized Associate Substance Abuse Counselor II***

**Awarded on July 8, 2013**



*Clyde J. ...*  
\_\_\_\_\_  
President

*Alicia Danberg* *MAESAPP*  
\_\_\_\_\_  
Secretary

# SAM HELMKAMP

3

**EDUCATION:** Missouri Southern State College  
Joplin, MO  
1977-1978

Central Business College  
Wichita, KS  
1971  
Associate Degree in Technical Design

## Clark Community Mental Health Center

12/96 - Present    Community Support Worker/Care Coordinator

5/96 - 12/96    PSR Program

See Job Description.

See List of Continuing Education Courses.

**EMPLOYMENT:** BLARC  
7/90 - 3/96    Monett, MO

Programs:

1. Day Program
  2. Supported Living
  3. Supported Employment
  4. Sheltered Workshop Setting
  - 5.
1. Day Program: Worked with mentally retarded consumers one-on-one on treatment programs, worked with Regional Center caseworkers to develop IHPs, attended monthly review and yearly IHP planning meetings with consumers and caseworker, supervised four other staff and interacted with parents and family members of consumers. I was the Med Tech for this program.
  2. Supported Living: Worked with team to ready consumer for supported living, developed support plan budget:
    - a. Located apartment or home and worked with landlords of these properties (HUD, EOH).
    - b. Help arrange for utility hook-ups (phone, gas, electric, cable, etc.).
    - c. Secure furnishings and food.
    - d. Train staff - Develop staffing charts for # of hours of service.
    - e. Develop transportation schedules.
    - f. Set up bank accounts - maintain checkbook and assist in paying bills.
    - g. Direct care during staff vacations and staff shortages.
    - h. Assisted consumers in medication compliance.
    - i. Assisted consumers in making doctor appointments.
  3. Supported Employment: Mentally Retarded and Mentally Ill: Worked with Vocational Rehabilitation to certify an individual for supported employment:
    - a. Assess consumers for their abilities.
    - b. Contact potential employers.
    - c. Interview staff for job coaching.
    - d. Perform job developing.
    - e. Train consumers for employment.
    - f. Match consumer with coach and employer.
    - g. Gave support to consumer and coach after employment began.
  4. Sheltered Workshop: My main assignment was Production Manager for the Workstation. My duties were:
    - a. Contact potential industries to bid contracts.
    - b. Develop time studies and develop production plans.
    - c. Train staff to assist consumers.
    - d. Develop material handling plans for shipping and receiving.
    - e. Billing and payroll for these jobs.
    - f. Develop a recycling program with the City of Cassville.
    - g. Worked with Regional Center caseworkers to develop training plans for MR consumers.
    - h. Worked with Clark Center's Community Support Workers training plans for MI consumers.
    - i. Work with Vocational Rehabilitation caseworkers to certify consumers for Supported Employment.
    - j. Was vehicle maintenance coordinator for all agency vehicles (12).

k. Assisted consumers in medication compliance.

Special Accomplishment: My duties as a direct care provider for MRDD individuals was recognizing weaknesses and strengths. I found that while an individual could not read, they could identify colors. In order for this person to be able to cook, I developed a system for colors on the cook stove to identify which burner worked with which control knob. This led to cookbooks with pictures in order to assist the individual prepare meals. While training staff the team would develop other ways to use the color system to set up medication pill planners, set up day program schedules, hygiene schedules, etc.

Transcript for Helmkamp, Sam

Course Name	Completed	Hours	Instructor Name	Organization
Welcome to the Relias Learning Management System (RLMS)	10/18/2011	0.00	Essential Learning	Clark Community Mental Health Center
HIPAA for Mental Health Professionals - Retired 20111223	10/19/2011	1.00	Essential Learning	Clark Community Mental Health Center
HIPAA Privacy Rule - Retired 20111223	10/19/2011	1.00	Essential Learning	Clark Community Mental Health Center
Confidentiality and HIPAA - Retired 20120531	10/19/2011	3.00	Essential Learning	Clark Community Mental Health Center
Methamphetamine: Effects, Trends, and Treatment - Retired 20131231	11/2/2011	1.50	Essential Learning	Clark Community Mental Health Center
Understanding PTSD for Paraprofessionals	11/16/2011	2.50	Essential Learning	Clark Community Mental Health Center
CCMHC Policy & Procedures Manual	4/17/2013	3.00		Clark Community Mental Health Center
HIPAA for Healthcare Professionals: How To Avoid Disciplinary and Malpractice Actions	1/29/2014	1.25	Essential Learning	Clark Community Mental Health Center
Cognitive Processing Therapy for PTSD in Veterans & Military Personnel	2/28/2012	1.25	Essential Learning	Clark Community Mental Health Center
A Biopsychosocial Model of Addiction	7/16/2012	1.00	Essential Learning	Clark Community Mental Health Center
Nonviolent Crisis Intervention	11/1/2012	8.00	Savannah Charleston	Clark Community Mental Health Center
Alcohol and the Family	12/4/2012	2.00	Essential Learning	Clark Community Mental Health Center
Workplace Violence	2/11/2013	1.50	Essential Learning	Clark Community Mental Health Center
Confidentiality of Substance Abuse Treatment Information - Retired 20140307	2/26/2013	1.00	Essential Learning	Clark Community Mental Health Center
Cyber Access Direct Inform	1/6/2012	1.50		
Merk Medication Co. Inservice Diabetes	1/17/2012	1.00		
E-Mail Training on New Computer System	2/10/2012	1.00		
Mental Health First Aid USA	3/9/2012	12.00		

DLA-20 Training 3/23/2012 4.00

CPI Training 11/1/2012 8.00

101 power point Mo. CMHC HCH 11/15/2012 1.00

Wellness Health Coaching 12/12/2012 13.00

emerging drugs of abuse herbal incense, bath salts, and purple drank 8/14/2013 2.00

Time Management 9/27/2013 1.00

Inadequate Response in Adult Patients Treated for Major Depressive D/O and Bipolar D/O 11/18/2013 1.00

Total Hours: 73.50

I certify that the trainings listed above were completed by me.

Sam Helmkamp  
Staff Name

Sam Helmkamp  
Staff Signature

Care Coordinator  
Job Title

Amy M Johnson MSN, RN

Amy M Johnson MSN, RN, CPN  
Director Continuing Education  
Director, Nursing Accreditation, Lead  
Nurse Planner  
[ajohnson@reliaslearning.com](mailto:ajohnson@reliaslearning.com)  
270-253-3379 Direct Line  
800-729-9198 ext. 259

RELIAS LEARNING

Completed courses indicated as being owned by Relias Learning were completed by the learner account identified on this transcript.

**EXHIBIT C**

**AFFIDAVIT OF WORK AUTHORIZATION**

Comes now Brad Ridenour as Vice President of Clinical Services first being duly sworn on my oath  
(NAME) (OFFICE HELD)  
affirm Clark Community Mental Health Center is enrolled and will continue to participate in a federal work  
(COMPANY NAME)  
authorization program in respect to employees that will work in connection with the contracted services  
related to OSCA 14-042 for the duration of the contract, if awarded, in accordance with  
(RFP NUMBER)  
RSMo Chapter 285.530 (2). I also affirm that Clark Center does not and will not knowingly  
(COMPANY NAME)  
employ a person who is an unauthorized alien in connection with the contracted services related to  
OSCA 14-042 for the duration of the contract, if awarded.  
(RFP NUMBER)

*In Affirmation thereof, the facts stated above are true and correct (The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 285.530, RSMo).*

*[Signature]*  
Signature (person with authority)

Brad Ridenour MS, LPC  
Printed Name

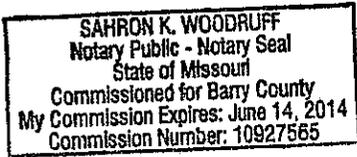
Vice President of Clinical Services  
Title

3/13/14  
Date

Subscribed and sworn to before me this 13 of March 2014. I am  
(DAY) (MONTH, YEAR)  
commissioned as a notary public within the County of Lawrence, State of  
(NAME OF COUNTY)  
Missouri, and my commission expires on 6-14-2014.  
(NAME OF STATE) (DATE)

*Sharon K. Woodruff*  
Signature of Notary

March 13, 2014  
Date





Company ID Number: 566013

## THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION MEMORANDUM OF UNDERSTANDING

### ARTICLE I

#### PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Department of Homeland Security (DHS) and Clark Community Mental Health Center (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). This MOU explains certain features of the E-Verify program and enumerates specific responsibilities of DHS, the Social Security Administration (SSA), and the Employer. E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of the Employment Eligibility Verification Form (Form I-9). For covered government contractors, E-Verify is used to verify the employment eligibility of all newly hired employees and all existing employees assigned to Federal contracts or to verify the entire workforce if the contractor so chooses.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). Authority for use of the E-Verify program by Federal contractors and subcontractors covered by the terms of Subpart 22.18, "Employment Eligibility Verification", of the Federal Acquisition Regulation (FAR) (hereinafter referred to in this MOU as a "Federal contractor with the FAR E-Verify clause") to verify the employment eligibility of certain employees working on Federal contracts is also found in Subpart 22.18 and in Executive Order 12989, as amended.

### ARTICLE II

#### FUNCTIONS TO BE PERFORMED

##### A. RESPONSIBILITIES OF SSA

1. SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.
2. SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by SSA as governed



Company ID Number: 566013

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

<b>Employer Clark Community Mental Health Center</b>	
<b>Debbie Schoon</b>	
Name (Please Type or Print)	Title
<b>Electronically Signed</b>	<b>06/06/2012</b>
Signature	Date
<b>Department of Homeland Security – Verification Division</b>	
<b>USCIS Verification Division</b>	
Name (Please Type or Print)	Title
<b>Electronically Signed</b>	<b>06/06/2012</b>
Signature	Date

<b>Information Required for the E-Verify Program</b>	
<b>Information relating to your Company:</b>	
Company Name:	Clark Community Mental Health Center
Company Facility Address:	104 W. Main
	Pierce City, MO 65708
Company Alternate Address:	P. O. Box 100
	Pierce City, MO 65708
County or Parish:	LAWRENCE
Employer Identification Number:	237218344

# E-Verify



Company ID Number: 566013

North American Industry Classification Systems Code:	624
Administrator:	
Number of Employees:	20 to 99
Number of Sites Verified for:	1
<b>Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:</b>	
• MISSOURI 1 site(s)	

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name:	Debbie Schoon	Fax Number:	(417) 476 - 1082
Telephone Number:	(417) 476 - 1034		
E-mail Address:	schoond@clarkmentalhealth.com		

# E-Verify

Employment Eligibility Verification

Welcome  
Debbie Schoon

User ID  
DSCH1733

Last Login  
12:10 PM - 03/07/2014

Log Out



Click any for help

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

## Company Information

Company Name:	Clark Community Mental Health Center	<a href="#">View / Edit</a>
Company ID Number:	566013	
Doing Business As (DBA) Name:		
DUNS Number:		
<b>Physical Location:</b>		
Address 1:	104 W. Main	
Address 2:		
City:	Pierce City	
State:	MO	
Zip Code:	65708	
County:	LAWRENCE	
<b>Mailing Address:</b>		
Address 1:	P. O. Box 100	
Address 2:		
City:	Pierce City	
State:	MO	
Zip Code:	65708	
<b>Additional Information:</b>		
Employer Identification Number:	237218344	
Total Number of Employees:	20 to 99	
Parent Organization:		
Administrator:		
<b>Organization Designation:</b>		
Employer Category:	None of these categories apply	

NAICS Code:	624 - SOCIAL ASSISTANCE	<a href="#">View / Edit</a>
Total Hiring Sites:	1	<a href="#">View / Edit</a>
Total Points of Contact:	1	<a href="#">View / Edit</a>

[View MOU](#)

**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 <u>    </u>	No <u>  X  </u>
Describe and provide details:		

**EXHIBIT E**

Certification Regarding

Debarment, Suspension, Ineligibility and Voluntary Exclusion

Instructions for Certification

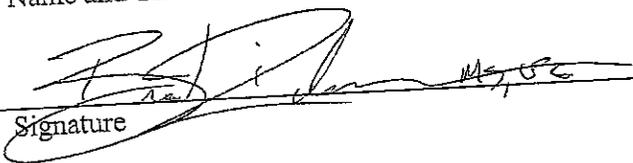
1. By signing and submitting this proposal, the prospective recipient of Federal assistance funds is providing the certification as set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later 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.

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.

Brad Ridenour MS, LPC      Vice President of Clinical Services  
Name and Title of Authorized Representative

  
Signature

3/13/14  
Date