



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

**CONTRACT RENEWAL 002
CONTRACT NO. OSCA 14-042-26
TITLE: Specialized Treatment Provider
for Treatment Court
ISSUE DATE: April 27, 2016**

**OSCA CONTACT: Beth Rodeman
PHONE NO.: (573) 522-2617
FAX NO.: (573) 522-6152
E-MAIL: osca.contracts@courts.mo.gov**

RETURN RENEWAL NO LATER THAN: May 27, 2016

RETURN RENEWAL VIA FAX OR E-MAIL TO THE CONTACT ABOVE, OR BY MAIL TO:

**(U.S. Mail)
Office of State Courts Administrator
Attn: Contract Unit
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**

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

CONTRACT RENEWAL PERIOD: JULY 1, 2016, THROUGH JUNE 30, 2017

DELIVER SUPPLIES/SERVICES FOB DESTINATION TO THE FOLLOWING LOCATIONS:

VARIOUS LOCATIONS THROUGHOUT THE STATE OF MISSOURI

The contractor 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 of the renewal. The contractor further agrees that the language of this renewal shall govern in the event of a conflict with his/her proposal. The contractor further agrees that upon receipt of an authorized purchase order or when this renewal is countersigned by an authorized official of the Office of State Courts Administrator, a binding contract shall exist between the contractor and the Office of State Courts Administrator.

SIGNATURE REQUIRED

AUTHORIZED SIGNATURE <i>Linda Grgurich</i>		DATE May 24, 2016
PRINTED NAME Linda Grgurich		TITLE President
COMPANY NAME Pathways Community Behavioral Healthcare, Inc.		
MAILING ADDRESS 1800 Community Drive		
CITY, STATE, ZIP Clinton, MO 64735		
E-MAIL ADDRESS lgrgurich@pbhc.org		FEDERAL EMPLOYER ID NUMBER [REDACTED]
PHONE NUMBER 660-885-8131	FAX NUMBER 660-885-3690	

NOTICE OF AWARD (OSCA USE ONLY)

ACCEPTED BY OFFICE OF STATE COURTS ADMINISTRATOR AS FOLLOWS: <i>In its entirety as submitted.</i>		
CONTRACT NUMBER OSCA 14-042-26	CONTRACT PERIOD July 1, 2016, through June 30, 2017	
CONTRACTS PRINCIPLE MANAGEMENT ANALYST <i>Beth Rodeman</i>	DATE <i>6/25/16</i>	DEPUTY STATE COURTS ADMINISTRATOR <i>[Signature]</i>

Pricing Page

The contractor must provide firm, fixed prices for the services identified below. The prices stated herein shall be legally binding for the entire contract period.

Service Description	Vendor Firm, Fixed Unit Price	Unit of Service
Assessment	\$132.00	Per assessment
Assessment option	\$145.00	Per assessment
Assessment update	\$66.00	Per assessment
Case Management/Community Support	\$13.33	Per ¼ hour
Communicable Disease Assessment/Education/Testing	Refer Out	Per ¼ hour
Day Treatment	\$98.00	Per day
Detoxification (Social Setting)	\$19.00	Per day
Early Intervention (Intake)	\$118.00	Per Assessment
Early Intervention (Group Education)	\$2.60	Per ¼ hour
Early Intervention (Motivational Interviewing-Individual)	\$21.43	Per ¼ hour
Extended Day Treatment	\$19.04	Per ¼ hour
Family Conference	\$13.33	Per ¼ hour
Family Therapy	\$15.00	Per ¼ hour
Group Counseling (Associate SA Counselor)	\$5.15	Per ¼ hour
Group Counseling (QSAP)	\$5.92	Per ¼ hour
Group Counseling (Collateral relationship)	\$3.00	Per ¼ hour
Group Education	\$2.60	Per ¼ hour
Group Education (Trauma Related)	\$2.60	Per ¼ hour
Individual Counseling	\$13.33	Per ¼ hour
Individual Counseling (Collateral Relationship)	\$13.33	Per ¼ hour
Individual Counseling (Co-Occurring Disorder)	\$13.33	Per ¼ hour
Individual Counseling (Trauma Related)	\$13.33	Per ¼ hour
Medication Services	\$50.00	Per ¼ hour
Medication: [Medication Assisted Treatment (MAT)]	Cost plus 5%	Per prescription

Missouri Recovery Support Specialist (MRSS)	Refer Out	Per ¼ hour
Missouri Recovery Support Specialist Peer (MRSS-P)	Refer Out	Per ¼ hour
Modified Medical Treatment	N/A	Per day
Relapse Prevention Counseling	\$13.33	Per ¼ hour
Residential Support	\$19.00	Per day
Treatment Court Day	\$13.33	Per ¼ hour
Virtual Counseling (Group)	\$3.00	Per ¼ hour
Virtual Counseling (Individual)	\$13.33	Per ¼ hour
Drug/Alcohol Testing: Sample Collection Only (Lab conf. only)	\$8.00	Per test
Sample Collection with 1-panel on-site provided by vendor	\$12.00	Per test
Sample Collection with 2-panel on-site provided by vendor	\$12.00	Per test
Sample Collection with 3-panel on-site provided by vendor	\$12.00	Per test
Sample Collection with 4-panel on-site provided by vendor	\$12.00	Per test
Sample Collection with 5-panel on-site provided by vendor	\$12.00	Per test
Sample Collection with 6-panel on-site provided by vendor	\$12.00	Per test
Sample Collection with 7-panel on-site provided by vendor	\$16.00	Per test
Sample Collection with 8-panel on-site provided by vendor	\$16.00	Per test
Sample Collection with 9-panel on-site provided by vendor	\$16.00	Per test
Drug Testing: Sample Collection and On-Site Test (Kit provided by Treatment Court)	\$8.00	Per test
Drug Testing: Breathalyzer (Equipment provided by vendor)	\$6.00	Per test
Drug Testing: Breathalyzer (Equipment provided by Treatment Court)	\$0.00	Per test

Evidence Based Program and Practice curriculum being utilized:

Pathways utilizes the following EBP's, depending on the specific drug court contract: Matrix Model, Moral Reconciliation Therapy; Guided Good Choices; Dialectical Behavioral Therapy; Motivational Interviewing; Seeking Safety; Signs Of Suicide and; Trauma Focused Cognitive Behavioral Therapy. Furthermore, for each OSCA funded courts, our agency is able to provide Medication Assisted Treatment and physician services for all eligible consumers.

Which Cognitive Behavioral intervention staff is qualified to deliver:

Any cognitive behavioral therapy that is offered/provided to consumers will be provided by agency staff who are qualified and have the appropriate training to provide such clinical interventions/services.

COLLECTOR SERVICES PRICING

Firm, fixed price for collector services performed \$ _____ per hour
\$ 8.00 per test

The Contractor should quote a price per hour **or** per test. Only one will be accepted. The price shall not change during the contract period.

Pricing shall be for the following county(ies) and circuit(s):

County: Callaway County Circuit: 13th

County: Cole County Circuit: 19th

County: Osage County Circuit: 20th

County: Henry County Circuit: 27th

County: Vernon County Circuit: 28th

County: Cedar County Circuit: 28th

Pricing Page, Continued

Instructions: 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) your agency shall provide services. Check the appropriate level of service that shall be provided: DWI, Adult, Family, Veterans and/or Juvenile. Check the applicable gender for which services shall be provided.

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

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

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

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

Note: Effective January 1, 2017, Taney County will become the 46th Circuit in Missouri. Until then, it will continue to be included in the 38th circuit.

Exhibit A

Office of State Courts Administrator



Collector Guideline Acceptance Form OSCA 14-042-26

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

- I have provided a completed background check, and ✓
- I have registered with the Family Care Safety Registry (FCSR), and I have provided a copy of the results of the FCSR background screening to results OSCA/my employer.

Christopher E. Anderson *Christopher E. Anderson* 5/4/16
Collector Printed name Signature Date

Pathways *[Signature]* 5/9/16
Treatment Provider/Agency Printed Name Signature Date

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

[Signature] 20th 05-19-16
Drug Court Judge/Coordinator Circuit Date

Office of State Courts Administrator



Collector Guideline Acceptance Form OSCA 14-042-26

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

- I have provided a completed background check, and
- I have registered with the Family Care Safety Registry (FCSR), and I have provided a copy of the results of the FCSR background screening to results OSCA/my employer.

KATHLEEN J CAREW Kathleen J Carew 5-3-16
 Collector Printed name Signature Date

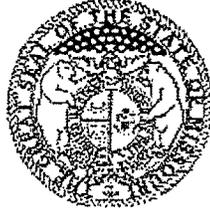
Pathways Anda Grunick 5/24/16
 Treatment Provider/Agency Printed Name Signature Date

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

L. J. H. 19th Ble County 5-9-16
 Drug Court Judge/Coordinator Circuit Date

Exhibit A

Office of State Courts Administrator



Collector Guideline Acceptance Form OSCA 14-042-26

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

- I have provided a completed background check, and
- I have registered with the Family Care Safety Registry (FCSR), and I have provided a copy of the results of the FCSR background screening to results OSCA/my employer.

Lisa K. Spath Lisa K. Spath 5/3/16
Collector Printed name Signature Date

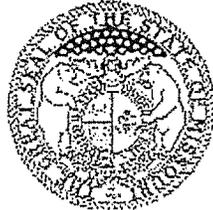
Pathways Anda Gynwich 5/24/16
Treatment Provider/Agency Printed Name Signature Date

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

[Signature] 19th Cole County 5-9-16
Drug Court Judge/Coordinator Circuit Date

Exhibit A

Office of State Courts Administrator



Collector Guideline Acceptance Form OSCA 14-042-26

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

- I have provided a completed background check, and
- I have registered with the Family Care Safety Registry (FCSR), and I have provided a copy of the results of the FCSR background screening to results OSCA/my employer. ✓

<u>Tracy Frazier</u>	<u>Tracy Frazier MACRAAC</u>	<u>5-4-16</u>
Collector Printed name	Signature	Date

<u>Pathways</u>	<u>Andie Cynich</u>	<u>5/24/16</u>
Treatment Provider/Agency Printed Name	Signature	Date

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

<u>James R. Buhel</u>	<u>28</u>	<u>5-4-16</u>
Drug Court Judge/Coordinator	Circuit	Date

Exhibit A

Office of State Courts Administrator



Collector Guideline Acceptance Form OSCA 14-042-26

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

- I have provided a completed background check, and
- I have registered with the Family Care Safety Registry (FCSR), and I have provided a copy of the results of the FCSR background screening to results OSCA/my employer.

Janice Hendrix Janice Hendrix 5-3-16
 Collector Printed name Signature Date

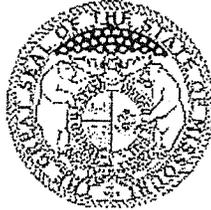
Pathways Stanley Fox 5/7/2016
 Treatment Provider/Agency Printed Name Signature Date

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

David M. Howard 28th Circuit 5-3-2016
 Drug Court Judge/Coordinator Circuit Date

Exhibit A

Office of State Courts Administrator



Collector Guideline Acceptance Form OSCA 14-042-26

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

I have provided a completed background check, and

I have registered with the Family Care Safety Registry (FCSR), and I have provided a copy of the results of the FCSR background screening to results OSCA/my employer. ✓

Jacy Denyer Jacy Denyer BSC/PRADC 5/3/16
Collector Printed name Signature Date

Katherine Behrens Health Katherine Behrens B.S. CRADC 5/3/2016
Treatment Provider/Agency Printed Name Signature Date

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

David M. Hensch 28th Circuit 5-3-2016
Drug Court Judge/Coordinator Circuit Date

Exhibit A

Office of State Courts Administrator



Collector Guideline Acceptance Form OSCA 14-042-26

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

- I have provided a completed background check, and
- I have registered with the Family Care Safety Registry (FCSR), and I have provided a copy of the results of the FCSR background screening to results OSCA/my employer.

STANLEY FORD Stanley Ford 5/3/2016
Collector Printed name Signature Date

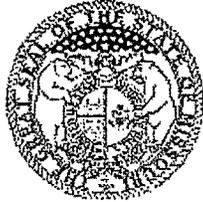
Pathways Behavioral Health Stanley Ford 5/3/2016
Treatment Provider/Agency Printed Name Signature Date

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

David M. Hancock 28th Circuit 5-3-2016
Drug Court Judge/Coordinator Circuit Date

Exhibit A

Office of State Courts Administrator



Collector Guideline Acceptance Form OSCA 14-042-26

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

- I have provided a completed background check, and
- I have registered with the Family Care Safety Registry (FCSR), and I have provided a copy of the results of the FCSR background screening to results OSCA/my employer.

Stephanie McFadden SMcFadden 5/3/16
Collector Printed name Signature Date

Pathways Kendra Gynard 5/24/16
Treatment Provider/Agency Printed Name Signature Date

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

Don A. Williams 20th 05-03-16
Drug Court Judge/Coordinator Circuit Date

Exhibit A

Office of State Courts Administrator



Collector Guideline Acceptance Form OSCA 14-042-26

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

I have provided a completed background check, and

I have registered with the Family Care Safety Registry (FCSR), and I have provided a copy of the results of the FCSR background screening to results OSCA/my employer. ✓

Emma Shumate

Collector Printed name

Emma Shumate

Signature

5.4.16

Date

David Kente / Pathways

Treatment Provider/Agency Printed Name

David Kente Program Director

Signature

5-24-16

Date

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

Pat Angel

Drug Court Judge/Coordinator

27th

Circuit

5-24-16

Date

Exhibit A

Office of State Courts Administrator



Collector Guideline Acceptance Form OSCA 14-042-26

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

- I have provided a completed background check, and
- I have registered with the Family Care Safety Registry (FCSR), and I have provided a copy of the results of the FCSR background screening to results OSCA/my employer. ✓

STEPHEN DITTMER [Signature] 5/23/16
Collector Printed name Signature Date

Pathways [Signature] 5/23/16
Treatment Provider/Agency Printed Name Signature Date

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

[Signature] 13TH Judicial Circuit 5/23/16
Drug Court Judge/Coordinator Circuit Date

Office of State Courts Administrator



Collector Guideline Acceptance Form OSCA 14-042-26

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

- I have provided a completed background check, and
- I have registered with the Family Care Safety Registry (FCSR), and I have provided a copy of the results of the FCSR background screening to results OSCA/my employer.

Jennifer Storkball [Signature] 5/18/16
 Collector Printed name Signature Date

David Kutz / Pathways [Signature] 5-24-16
 Treatment Provider/Agency Printed Name Signature Date

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

[Signature] 27th 5-24-16
 Drug Court Judge/Coordinator Circuit Date

Exhibit A

Office of State Courts Administrator



Collector Guideline Acceptance Form OSCA 14-042-26

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

- I have provided a completed background check, and
- I have registered with the Family Care Safety Registry (FCSR), and I have provided a copy of the results of the FCSR background screening to results OSCA/my employer. ✓

Christina Capek

Collector Printed name

Christina Capek

Signature

5-18-16

Date

David Lantz / Pathways

Treatment Provider/Agency Printed Name

David Lantz

Signature

5-24-16

Date

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

Patricia

Drug Court Judge/Coordinator

27th

Circuit

5-24-16

Date

Exhibit A

Office of State Courts Administrator



Collector Guideline Acceptance Form OSCA 14-042-26

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

- I have provided a completed background check, and
- I have registered with the Family Care Safety Registry (FCSR), and I have provided a copy of the results of the FCSR background screening to results OSCA/my employer.

Michelle D Keithley Michelle D Keithley 5/18/16
Collector Printed name Signature Date

David Lente / Pathways David Lente 5-18-16
Treatment Provider/Agency Printed Name Signature Date

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

Pat Angel 27th 5-24-16
Drug Court Judge/Coordinator Circuit Date

Office of State Courts Administrator



Collector Guideline Acceptance Form OSCA 14-042-26

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

- I have provided a completed background check, and
- I have registered with the Family Care Safety Registry (FCSR), and I have provided a copy of the results of the FCSR background screening to results OSCA/my employer.

Timothy L. Muller [Signature] 5/17/16
Collector Printed name Signature Date

Dolby / Pathways David G. [Signature] 5-24-16
Treatment Provider/Agency Printed Name Signature Date

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

[Signature] 27th 5-24-16
Drug Court Judge/Coordinator Circuit Date

Office of State Courts Administrator



Collector Guideline Acceptance Form OSCA 14-042-26

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

- I have provided a completed background check, and
- I have registered with the Family Care Safety Registry (FCSR), and I have provided a copy of the results of the FCSR background screening to results OSCA/my employer. ✓

Robert Wissman Robert Wissman 5/04/16
 Collector Printed name Signature Date

David Leitz / Pathways Del / RL 5-24-16
 Treatment Provider/Agency Printed Name Signature Date

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

Patricia 27th 5-24-16
 Drug Court Judge/Coordinator Circuit Date

Office of State Courts Administrator



Collector Guideline Acceptance Form OSCA 14-042-26

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

- I have provided a completed background check, and
- I have registered with the Family Care Safety Registry (FCSR), and I have provided a copy of the results of the FCSR background screening to results OSCA/my employer.

Yolanda Denny [Signature] 5/3/2016 410241
 Collector Printed name Signature Date

Pathways [Signature] 5/24/16
 Treatment Provider/Agency Printed Name Signature Date

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

[Signature] 19th Ste County 5-9-16
 Drug Court Judge/Coordinator Circuit Date