



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

**CONTRACT RENEWAL 002  
CONTRACT NO. OSCA 14-042-34  
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](mailto: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>Cathy Schroer</i>		DATE 5/10/16
PRINTED NAME Cathy Schroer, AAS		TITLE Director of Business
COMPANY NAME Southeast Missouri Behavioral Health		
MAILING ADDRESS 5536 Hwy 32 PO Drawer 459		
CITY, STATE, ZIP Farmington, Mo. 63640-0459		
E-MAIL ADDRESS cschroer@semobh.org		FEDERAL EMPLOYER ID NUMBER [REDACTED]
PHONE NUMBER 573-756-5749	FAX NUMBER 573-431-0048	

**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 14-042-34	CONTRACT PERIOD July 1, 2016, through June 30, 2017	
CONTRACTS PRINCIPLE MANAGEMENT ANALYST <i>Beth Rodeman</i>	DATE 5/20/16	DEPUTY STATE COURTS ADMINISTRATOR <i>Carl Brown</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	\$120.00	Per assessment
Assessment option	\$212.00	Per assessment
Assessment update	\$53.30	Per assessment
Case Management/Community Support	\$10.08	Per ¼ hour
Communicable Disease Assessment/Education/Testing	\$9.81	Per ¼ hour
Day Treatment	\$53.40	Per day
Detoxification (Social Setting)	\$83.40	Per day
Early Intervention (Intake)	\$15.60	Per ¼ hour
Early Intervention (Group Education)	\$2.68	Per ¼ hour
Early Intervention (Motivational Interviewing-Individual)	\$13.86	Per ¼ hour
Extended Day Treatment	\$19.23	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)	\$3.13	Per ¼ hour
Individual Counseling	\$13.86	Per ¼ hour
Individual Counseling (Collateral Relationship)	\$17.01	Per ¼ hour
Individual Counseling (Co-Occurring Disorder)	\$21.37	Per ¼ hour
Individual Counseling (Trauma Related)	\$17.94	Per ¼ hour
Medication Services	Actual Cost	Per ¼ hour
Medication: [Medication Assisted Treatment (MAT)]	Actual Cost	Per prescription

Missouri Recovery Support Specialist (MRSS)	\$5.00	Per ¼ hour
Missouri Recovery Support Specialist Peer (MRSS-P)	\$5.00	Per ¼ hour
Modified Medical Treatment	N/A	Per day
Relapse Prevention Counseling	\$16.00	Per ¼ hour
Residential Support	\$15.00	Per day
Treatment Court Day	\$10.08	Per ¼ hour
Virtual Counseling (Group)	\$5.98	Per ¼ hour
Virtual Counseling (Individual)	\$13.86	Per ¼ hour
Drug/Alcohol Testing: Sample Collection Only (Lab conf. only)	\$20.00	Per test
Sample Collection with 1-panel on-site provided by vendor	\$2.50	Per test
Sample Collection with 2-panel on-site provided by vendor	\$5.00	Per test
Sample Collection with 3-panel on-site provided by vendor	\$7.50	Per test
Sample Collection with 4-panel on-site provided by vendor	\$10.00	Per test
Sample Collection with 5-panel on-site provided by vendor	\$12.50	Per test
Sample Collection with 6-panel on-site provided by vendor	\$12.50	Per test
Sample Collection with 7-panel on-site provided by vendor	\$12.50	Per test
Sample Collection with 8-panel on-site provided by vendor	\$12.50	Per test
Sample Collection with 9-panel on-site provided by vendor	\$12.50	Per test
Drug Testing: Sample Collection and On-Site Test (Kit provided by Treatment Court)	\$20.00	Per test
Drug Testing: Breathalyzer (Equipment provided by vendor)	\$25.00	Per test
Drug Testing: Breathalyzer (Equipment provided by Treatment Court)	\$15.00	Per test

**Evidence Based Program and Practice curriculum being utilized: Illness Management and Recovery (IMR), IDDT (Co-Occurring), Living in Balance (Hazeldon), Moral Recognition Therapy (MRT)**

**Which Cognitive Behavioral intervention staff is qualified to deliver: Cognitive Restructuring, Motivational Interviewing, Stage of Change Treatment Interventions, Moral Recognition Therapy**