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

AMENDMENT 002
RFP NO. OSCA 14-042
TITLE: Specialized Treatment Provider for Treatment Court
ORIGINAL ISSUE DATE: February 24, 2014

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

RETURN PROPOSAL TO:

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

or

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

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

CONTRACT PERIOD: DATE OF AWARD THROUGH JUNE 30, 2017

DELIVER SUPPLIES/SERVICES FOB DESTINATION TO THE FOLLOWING ADDRESS:

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 Request for Proposal. The contractor further agrees that the language of this RFP 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 RFP 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: Karah Young	DATE: 10/10/16
PRINTED NAME: Karah Young	TITLE:
COMPANY NAME: Alliance Counseling Associates, INC	
MAILING ADDRESS:	
CITY, STATE, ZIP: 210 S Adams Aurora Mo 65605	
E-MAIL ADDRESS: Karahdyoung@yahoo.com	FEDERAL EMPLOYER ID NO.: 205545108
PHONE NO.: 417 8801310	FAX NO.:

NOTICE OF AWARD (OSCA USE ONLY)

ACCEPTED BY OFFICE OF STATE COURTS ADMINISTRATOR AS FOLLOWS: In its entirety as submitted.		
CONTRACT NO.: OSCA 14-042-17		CONTRACT PERIOD: Oct 27, 2016 through Jun 30, 2017
CONTRACTS MANAGEMENT ANALYST: Beth Rodeman	DATE: 11/3/16	DEPUTY STATE COURTS ADMINISTRATOR:

enrollment and participation documentation consists of the following two pages of the E-Verify Memorandum of Understanding (MOU):

- A valid, completed copy of the first page identifying the bidder and
- A valid copy of the signature page completed and signed by the bidder, the Social Security Administration, and the Department of Homeland Security – Verification Division.

4.9.1 The state of Missouri reserves the right to reject any offer which is determined unacceptable for reasons which may include but are not necessarily limited to (1) failure of the offeror to meet mandatory general performance specifications; and/or (2) failure of the offeror to meet mandatory technical specifications; and/or, (3) receipt of any information, from any source, regarding delivery of unsatisfactory product or service by the offeror within the past three years. As deemed in its best interests, the state of Missouri reserves the right to clarify any and all portions of any offer.

4.10 Employee Bidding/Conflict of Interest

Offerors who are employees of the state of Missouri, a member of the general assembly, a statewide elected official, other political subdivisions or publicly funded institutions must comply with Sections 105.450 to 105.458, RSMo regarding conflict of interest. If the offeror and/or any of the owners of the offeror's organization are currently an employee of the state of Missouri, a member of the general assembly, a statewide elected official, other political subdivisions or publicly funded institutions, please provide the following information.

N/A

Name of State Employee, General Assembly Member, or Statewide Elected Official:		
	In what office/agency are they employed?	
	Employment Title:	
Percentage of ownership interest in offeror's organization:		_____ %

PRICING PAGE

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

Service Description	Offeror Firm, Fixed Unit Price	Unit of Service
Assessment	275 -	Per assessment
Assessment option		Per assessment
Assessment update	75	Per assessment
Case Management/Community Support	11.75	Per ¼ hour
Communicable Disease Assessment/Education/Testing		Per ¼ hour
Day Treatment		Per day
Detoxification (Social Setting)		Per day
Early Intervention (Intake)		Per ¼ hour
Early Intervention (Group Education)		Per ¼ hour
Early Intervention (Motivational Interviewing-Individual)		Per ¼ hour
Extended Day Treatment		Per day
Family Conference		Per ¼ hour
Family Therapy	17.25	Per ¼ hour
Group Counseling (Associate SA Counselor)	~~3.01~~	Per ¼ hour
Group Counseling (QSAP)	3.01	Per ¼ hour
Group Counseling (Collateral relationship)		Per ¼ hour
Group Education	2.58	Per ¼ hour
Group Education (Trauma Related)	3.01	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)	13.32	Per ¼ hour
Medication Services		Per ¼ hour
Medication: [Medication Assisted Treatment (MAT)]		Per prescription
Missouri Recovery Support Specialist (MRSS)		Per ¼ hour

OSCA 14-042 Treatment Court Specialized Service Providers

Missouri Recovery Support Specialist Peer (MRSS-P)		Per ¼ hour
Modified Medical Treatment		Per day
Relapse Prevention Counseling		Per ¼ hour
Residential Support		Per day
Treatment Court Day	10.40	Per ¼ hour
Virtual Counseling (Group)		Per ¼ hour
Virtual Counseling (Individual)		Per ¼ hour
Drug/Alcohol Testing: Sample Collection Only (Lab conf. only)		Per test
Sample Collection with 1-panel on-site provided by contractor		Per test
Sample Collection with 2-panel on-site provided by contractor		Per test
Sample Collection with 3-panel on-site provided by contractor		Per test
Sample Collection with 4-panel on-site provided by contractor		Per test
Sample Collection with 5-panel on-site provided by contractor		Per test
Sample Collection with 6-panel on-site provided by contractor		Per test
Sample Collection with 7-panel on-site provided by contractor		Per test
Sample Collection with 8-panel on-site provided by contractor		Per test
Sample Collection with 9-panel on-site provided by contractor		Per test
Drug Testing: Sample Collection and On-Site Test (Kit provided by Treatment Court)		Per test
Drug Testing: Breathalyzer (Equipment provided by contractor)		Per test
Drug Testing: Breathalyzer (Equipment provided by Treatment Court)		Per test

Evidence Based Program and Practice curriculum being utilized: MRT, Matrix, Living in Balance, Prolonged exposure, ACT

Which Cognitive Behavioral intervention staff is qualified to deliver: MRT, Matrix, Prolonged Exposur

COLLECTOR SERVICES PRICING

N/A

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

$_____ 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.

For the following county and circuit:

County: _____ Circuit: _____

County: _____ Circuit: _____

County: _____ Circuit: _____

County: _____ Circuit: _____

County: _____ Circuit: _____

County: _____ Circuit: _____

OSCA 14-042 Treatment Court Specialized Service Providers

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

OSCA 14-042 Treatment Court Specialized Service Providers

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

OSCA 14-042 Treatment Court Specialized Service Providers

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

JUDICIAL CIRCUIT	COUNTY	DWI	ADULT	FAMILY	VETERANS	JUVENILE	MALE	FEMALE
38	Christian							
39	Barry	X	X	X	X		X	X
39	Lawrence	X	X	X	X		X	X
39	Stone	X	X	X	X		X	X
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.

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.

Offeror Name or Subcontractor Name: Alliance Counseling	
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	See reference in previous contract
Address of Reference Company: ✓ Street Address ✓ City, State, Zip	
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	
Dates of Prior Services:	
Dollar Value of Prior Services:	
Description of Prior Services Performed:	

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

_____ _____

Signature of Reference Contact Person *Date of Signature*

EXHIBIT B

PERSONNEL EXPERTISE SUMMARY

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

Personnel	Background and Expertise of Personnel and Planned Duties
1. Kara Young (LCSW) (Name) Counselor (Title) Counselor (Proposed Role/Function)	8 yrs with drug court, PE & MRT certified. Multiple trainings for drug court. group & individual counseling.
2. Thuy Rudy (LPC) (Name) Counselor (Title) Counselor. (Proposed Role/Function)	5 yrs with drug court. PE & MRT trained. Multiple trainings for State & National Drug Court. Group & Individual counseling.
3. Chris Winters (LPC) (Name) Counselor (Title) Counselor (Proposed Role/Function)	5 yrs with drug court. MRT trained. Individual & Group Counseling
4. Keith Clouse (LPC) (Name) Counselor (Title) Counselor. (Proposed Role/Function)	Family, Children, Individual counseling. Play therapy. Individual & Group Counseling
5. (Name) (Title) (Proposed Role/Function)	
6. (Name) (Title) (Proposed Role/Function)	

NF

EXHIBIT C

AFFIDAVIT OF WORK AUTHORIZATION

Comes now _____ as _____ first being duly sworn on my oath
(NAME) (OFFICE HELD)

affirm _____ 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 _____ for the duration of the contract, if awarded, in accordance with
(RFP NUMBER)

RSMo Chapter 285.530 (2). I also affirm that _____ does not and will not knowingly
(COMPANY NAME)

employ a person who is an unauthorized alien in connection with the contracted services related to _____ 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 (person with authority) Printed Name

_____ _____
Title Date

Subscribed and sworn to before me this _____ of _____. I am
(DAY) (MONTH, YEAR)

commissioned as a notary public within the County of _____, State of
(NAME OF COUNTY)

_____, and my commission expires on _____.
(NAME OF STATE) (DATE)

_____ _____
Signature of Notary Date

EXHIBIT D

MISCELLANEOUS INFORMATION

Outside United States

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

Are products and/or services being manufactured or performed at sites outside the continental United States?	Yes ____	No ____
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 voluntary excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

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

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

(1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Kara Young - Counselor

Name and Title of Authorized Representative

Kara Young

Signature

10/8/14

Date

ATTACHMENT 2

N/A

THIRD PARTY SAVINGS REPORT

The contractor must submit a quarterly third party savings report to OSCA and each drug court, if requested. A separate report shall be completed for each quarter services were provided for each drug court. The report is due 30 days following the close of each quarter. At a minimum, the report shall contain the information outlined below.

Report for _____ Treatment Court.

Type of Treatment Court Adult/Juvenile/Family (circle one)

Quarter/year being reported: _____/_____

(July thru Sept.) – (Oct. thru Dec.) – (Jan. thru March) – (April thru June)

Third Party Savings Potential	**Name of Insurer/Agency**	**Amount collected for co-payment or deductible**	**Total amount of savings to the Treatment Court**
Insurance Coverage			
Deductible			
Co-Payment			
Co-Insurance			
Medicaid Coverage			
Other State Agency			
Other			

Office of State Courts Administrator

NA

Collector Guideline Acceptance Form
OSCA 14-042

The bold and italicized language below is added by Amendment 002

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 results to OSCA and my employer***

Collector Printed name **Signature** **Date**

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

Drug Court Judge/Coordinator **Circuit** **Date**

Copy of reference page from contract 14-042-03 with Karah D. Young LLC

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: ____

Formatted Table

Offeror Name or Subcontractor Name: Karah Young	
Reference Information (Prior Services Performed For:)	
Name of Reference Company	Stone and Lawrence County Drug Court
Address of Reference Company ✓ Street Address ✓ City, State, Zip	PO Box 118 Galena, MO 65656
Reference Contact Person Information ✓ Name ✓ Phone # ✓ E-mail Address	Judge Alan Blankenship, PO BOX 118, Galena, MO 65656, 417-357-3000, 417-342-6925, alan.blankenship@courts.mo.gov Judge Scott Sifferman, 240 N. Main, Mt. Vernon, MO 65712, 417-466-2471, scott.sifferman@courts.mo.gov Shawn Billings, PO BOX 118 Galena MO 65656 417-357-3000, shawn.billings@courts.mo.gov
Dates of Prior Services	Since 2008
Dollar Value of Prior Services	$100,000
Description of Prior Services Performed	Performing treatment services for drug court programming, assessment, group education, group counseling and mental health/substance abuse counseling

Reference Information (Prior Services Performed For:)	
Name of Reference Company:	
Address of Reference Company: ✓ Street Address ✓ City, State, Zip	
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	