



**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**

Addiction Awareness, LLC 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. Addiction Awareness, LLC further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. Addiction Awareness, LLC 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 Addiction Awareness, LLC and the Office of State Courts Administrator.

**SIGNATURE REQUIRED**

AUTHORIZED SIGNATURE <i>Lisa Doyle</i>		DATE 3/13/14
PRINTED NAME Lisa Doyle, MA, CRADC, ICRC, CAMF, CDVIF, QMHP, SAP		TITLE Chief Administrative Officer
COMPANY NAME Addiction Awareness, LLC		
MAILING ADDRESS PO Box 8843		
CITY, STATE, ZIP St. Joseph, MO 64508		
E-MAIL ADDRESS lisadoyle@addictionawarenessllc.com		FEDERAL EMPLOYER ID NO. 43-1915941
PHONE NO. 816-749-4060	FAX NO. 816-749-4061	

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

ACCEPTED BY OFFICE OF STATE COURTS ADMINISTRATOR AS FOLLOWS: <i>AS SUBMITTED</i>		
CONTRACT NO. <i>OSCA 14-042-01</i>	CONTRACT PERIOD <i>July 1, 2014 through June 30, 2015</i>	
CONTRACTS COORDINATOR <i>Yderbert J. Conner</i>	DATE <i>4-22-2014</i>	DEPUTY STATE COURTS ADMINISTRATOR <i>Russell Rottmann</i>

Addiction Awareness LLC  
PO Box 8843  
St. Joseph, MO 64508

Original

March 13, 2014

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

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

Dear Review Committee,

Addiction Awareness LLC is pleased to provide the attached proposal for specialized treatment services for RFP **OSCA 14-042** for Buchanan County, Andrew County, and Clay County.

Sincerely,

A handwritten signature in black ink that reads "Lisa Doyle" followed by a stylized flourish and the text "MA CRADC".

Lisa Doyle, MA, CRADC, ICRC, CAMF, CDVIF, QMHP, DOT SAP  
Chief Administrative Officer and Counselor

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- V. Pricing Page
- VI. Renewal Options
- VII. Exhibit A – Addiction Awareness LLC’s References      Reference Letters
- VIII. Exhibit B – Personnel Expertise Summary      Resumes of personnel
- IX. Exhibit C – Affidavit of Work Authorization
- X. Exhibit D – Miscellaneous Information
- XI. Exhibit E – Debarment Certificate



**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**

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

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

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Addiction Awareness, LLC 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. Addiction Awareness, LLC further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. Addiction Awareness, LLC 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 Addiction Awareness, LLC and the Office of State Courts Administrator.

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AUTHORIZED SIGNATURE <i>Lisa Doyle</i>		DATE 3/13/14
PRINTED NAME Lisa Doyle, MA, CRADC, ICRC, CAMF, CDVIF, QMHP, SAP		TITLE Chief Administrative Officer
COMPANY NAME Addiction Awareness, LLC		
MAILING ADDRESS PO Box 8843		
CITY, STATE, ZIP St. Joseph, MO 64508		
E-MAIL ADDRESS lisadoyle@addictionawarenessllc.com		FEDERAL EMPLOYER ID NO. 43-1915941
PHONE NO. 816-749-4060	FAX NO. 816-749-4061	

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

ACCEPTED BY OFFICE OF STATE COURTS ADMINISTRATOR AS FOLLOWS:	
CONTRACT NO.	CONTRACT PERIOD

OSCA 14-042 Treatment Court Specialized Service Providers

CONTRACTS COORDINATOR	DATE	DEPUTY STATE COURTS ADMINISTRATOR
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**EXECUTIVE SUMMARY AND NARRATIVE**

**A. Introduction:**

Addiction Awareness, LLC was established in 2000 to service Nebraska in providing education programs that would serve as early intervention to serious community issues such as Addiction Education, Anger Management and Relapse Prevention.

Currently, Addiction Awareness LLC operates in two primary locations – providing additional training, education and counseling as necessary in other areas. The St. Joseph office is located at 3442 Ashland, which is one block off of the main highway through St. Joseph and about a mile from interstate 29, so it is very accessible to all areas of St. Joseph, and to all modes of transportation. This is the main office for all Addiction Awareness business and offers a full range of services. These will be outlined in this proposal, but is also attached in **Section A Attachment 1 – Registration Form**. The Liberty office is open on Tuesdays and Thursdays, and offers substance abuse, domestic violence batterer’s intervention, anger management and moral reconnection therapy. If census increases, or additional services are needed, Mondays and Wednesdays can be added to those services.

In St. Joseph, MO, we have offered a large variety of services for 7 years. A comprehensive list of these services can be viewed at [www.aaesllc.webs.com](http://www.aaesllc.webs.com). The services include chemical dependency screenings, evaluations, individual counseling sessions, couples counseling sessions, family counseling sessions, moral reconnection therapy, domestic violence batterer’s intervention evaluations and groups, anger management screenings and group, and one day education classes on addiction education, relapse prevention, and money management. We have numerous services that also assist families in their recovery process, which includes parenting and family education for the offender, as well as Adult Child of Dysfunctional Families Syndrome and Codependency Group.

We have served over 150 drug court clients in 5 years. We have had 96 clients successfully complete the entire program and have over 45 still actively involved in services. We offer substance abuse outpatient services for another 200 on average per month who are private fee clients, meaning they pay for their entire treatment.

In addition, we provide Domestic Violence Batterer’s Intervention Education Services for private fee clients, as well as for the Buchanan County Domestic Violence Treatment Court, servicing 70 to 150 clients on average as well. For every 2 clients that engaged in these services, 1 on average successfully completes. 2013 consumer satisfaction statistics include 9.77/10 rating from consumers on the group being a valuable experience for them, 9.62/10 rating from consumers on the staff’s ability to lead the group effectively, and 9.77/10 rating from consumers on how helpful treatment has been for them.

In August 2008, Addiction Awareness LLC became fully certified as a Women’s Owned Business by the State of Missouri, as well as Department of Mental Health Alcohol and Drug Department. We began day outpatient services in October of 2008, and began afternoon outpatient services in March of 2009. State Addiction Awareness LLC Number verification, No Tax due letter, WBE certification, and DMH/ADA certification documentation attached.

**Section A Attachment 2 - *Addiction Awareness LLC No Tax Due Letter***

**Section A Attachment 3 - *WBE Certification***

**Section A Attachment 4 - DMH Certification**

Lisa Doyle, Chief Administrative Officer of Addiction Awareness, LLC was the Chemical Dependency Department Director of Family Guidance Center in St. Joseph, MO from October 2000 until June 2006. During this time, the department complied with all contractual requirements and received consistently highly favorable marks for the services for the Buchanan County Drug Court program. Ms. Doyle continues to be actively involved in the day to day operations of every aspect of service provided for the drug court contract while at Family Guidance and has continued for the last 2 years while at Addiction Awareness. In addition, since the last drug court proposal in 2011, Ms. Doyle has achieved numerous additional certifications and appointments which include:

- Certified Reciprocal Alcohol & Drug Counselor
- Certified Clinical Supervisor by the Missouri Substance Abuse Professional Credentialing Board
- Member of the International Certification & Reciprocity Consortium
- Certified Anger Management Facilitator
- Certified Domestic Violence Intervention Facilitator
- Qualified Mental Health Professional
- Substance Abuse Professional with the Department of Transportation
- Approved Training Provider for the Missouri Substance Abuse Professional Credentialing Board
- Board Member for the Missouri Substance Abuse Professional Credentialing Board
- Board Member for the Missouri Department of Mental Health State Advisory Council

The complete staff accreditations are all outlined in the table of organization included in expertise section.

Section A - Attach-1

ADDICTION AWARENESS LLC

(aaesllc.webs.com)

PO BOX 8843

816-749-4060

3442 ASHLAND  
ST JOSEPH, MO 64508

117b MAIN STREET  
LIBERTY, MO 64068

EMAIL: lisadoyle@addictionawarenessllc.com

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #'S: \_\_\_\_\_

SOC SEC: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

WHO REFERRED YOU TO US? \_\_\_\_\_

CLASSES OFFERED: \_\_\_\_\_ MORAL RECONATION THERAPY \$20/WK FOR 16 WK MIN.

\_\_\_\_\_ VICTIM IMPACT-OFFERED 1<sup>ST</sup> SUN OF THE MONTH \$85

\_\_\_\_\_ RELAPSE PREVENTION/ADDICTION ED - OFFERED 2<sup>ND</sup> SUN OF THE MONTH \$85

\_\_\_\_\_ ANGER MANAGEMENT \$20/week for a minimum of 6 weeks

\_\_\_\_\_ PARENTING/FAMILY \$20/week for 4 weeks.

\_\_\_\_\_ CODEPENDENCY GROUP \$20/week for weeks 2-10, 10 week minimum

\_\_\_\_\_ SUBSTANCE ABUSE OUTPATIENT ASSESSMENT (free within 30 days of release from  
DOC with verification, a CSC resident, a Fellowship House resident). \$60

\*Substance Abuse: Phase 1 min 4 hrs/wk for min of 12 wks, Phase 2 min 2 hrs/wk for min of 12 wks.

\_\_\_\_\_ ANGER MANAGEMENT ASSESSMENT \$60

\_\_\_\_\_ DOMESTIC VIOLENCE BATTERER'S INTERVENTION ASSESSMENT \$60

*\*additional \$60 will be do at your 5<sup>th</sup> group if you are deemed eligible for the class to cover additional ongoing evaluation costs for the court.*

\_\_\_\_\_ OTHER SERVICES: \_\_\_\_\_

Client : (check all that apply)

\_\_\_\_\_ is pregnant \_\_\_\_\_ is an IV drug user \_\_\_\_\_ has a domestic related charge

\_\_\_\_\_ is on probation for: \_\_\_\_\_

\_\_\_\_\_ is utilizing this program to get their license back in Missouri.

- All MRT and Substance Abuse clients will be subjected to random UA's and will need to carry an additional \$5 with them per week if their name is chosen.

\*\$25 reschedule fee applies to anyone scheduling a one day class, assessment, or individual session without at least 4 hours notice or are a no call no show, unless excused by your PO.

YOUR CLASS WILL BE ON: \_\_\_\_\_ for the following time frame: \_\_\_\_\_

\*THERE ARE NO REFUNDS AT ALL AND NO CHANGE GIVEN PERIOD - NO EXCEPTIONS!

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*signing this denotes that you have reviewed and agree with all information presented & agree to comply.



STATE OF MISSOURI  
Department of Revenue  
Taxation Bureau

Section A: Attach. 2

VENDOR NO TAX DUE

ADDICTION AWARENESS LLC  
PO BOX 8843  
ST JOSEPH MO 64508

DATE ISSUED: JUNE 2, 2008

FEDERAL IDENTIFICATION NUMBER: 431915941

The Department of Revenue, State of Missouri, certifies that based on the information provided the above listed taxpayer/vendor and its disclosed affiliates do not sell taxable tangible personal property or provide taxable services in the State of Missouri. As a result, the above vendor and its disclosed affiliates are in compliance with Section 34.040.6, RSMo.

This statement does not limit the authority of the Director of Revenue to assess and/or collect liabilities under appeal or that become known to the Missouri Department of Revenue as a result of audit or determination of successor liability.

This certificate will remain valid until such time as the business activity changes. Please note that any change in or deviation from the operation of this business as originally described will render this letter inapplicable.

DIRECTOR OF REVENUE OR DELEGATE  
STATE OF MISSOURI

BY:

A handwritten signature in cursive script that reads "David J. Zanone".

David J. Zanone  
Manager, Sales/Use Tax

CS:DU1301

CBN045  
200815400300364



***State of Missouri***  
***Office of Administration***  
***Office of Equal Opportunity***

*Kelvin L. Simmons*  
*Commissioner of Administration*

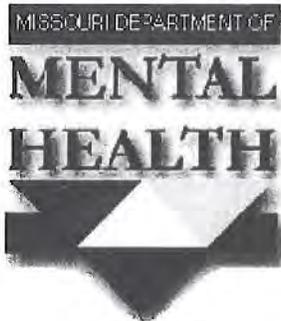
*Celeste Metcalf*  
*Director*

*This is to certify **Addiction Awareness, LLC** qualifies as a **Woman-Owned Business Enterprise** that has met the eligibility criteria established by the State of Missouri, Office of Administration.*

*Celeste Metcalf, Director, Office of Equal Opportunity*

*Certification Number W03500 Date of Issue 7/26/2011 Date of Expiration 8/1/2014*

Section A: Attach 3



*Having demonstrated compliance with certification standards for organizations providing substance abuse treatment,*

# Addiction Awareness, LLC

*is fully certified by*

The Department of Mental Health  
Division of Alcohol and Drug Abuse

*to provide the following services:*

## Outpatient: Supported Recovery

1291

Certificate Number

April 1, 2012—March 31, 2015

Date



  
Deputy Director

Section A: Attach 4

## **B. Drug Court Purpose**

Substance abuse is entangled in so many of the bad choices that people make. A high percentage of all adults arrested test positive for illicit drugs. It is important for all of us to remember that each drug court represents the combined efforts of justice and treatment professionals to actively intervene and break the cycle of substance abuse, addiction, crime, delinquency, and child maltreatment.

In this blending of justice, treatment, and social service systems, the drug court participant undergoes an intensive regimen of substance abuse treatment, case management, drug testing, supervision and monitoring, and immediate sanctions and incentives while reporting to regularly scheduled status hearings before a judge with expertise in the drug court model. When everything is working right, and everyone brings their best to the process, a drug court can also increase the probability of participants' success by providing supplementary client focused services such as mental health treatment, trauma and family therapy, and job skills training.

Addiction Awareness, LLC is well poised to continue to fulfill the purpose of drug court through the provision of high quality services fulfilling not only the contractual requirements but also the spirit as well. During Ms. Doyle's tenure as department director at Family Guidance, her department adhered to all contractual guidelines, including requirements regarding numbers participating in each group. In addition, quality of the services provided was monitored and observed regularly, as well as quality programming was implemented on a daily basis, such as corrective thinking. This program has stayed true to corrective thinking, because utilizing this programming, along with the 12 step approach has always been effective in helping clients in their quest for sobriety. In addition, the program has implemented many new curriculums that were recommended by SAMSHA, which include but are not limited to: Moral Reconciliation Therapy, Anger Management, Brief Counseling for Marijuana Dependence, Motivational Interviewing, Matrix Model, Dialectical Behavioral Therapy, and Brief Strength-Based Case Management for Substance Abuse.

All of these programs can be found on <http://www.nrepp.samhsa.gov/>.

While having a drug court contract the last five years, Addiction Awareness has maintained consistent staffing throughout. This program has been successful at initiating a drug court orientation program for both programs in St. Joseph, enlisting the help of drug court graduates to volunteer their time to provide essential information and guidance in orientation, as well as speaking to current clients about their story and issues that impede their recovery. This orientation has been beneficial in assisting clients with starting out their drug court experience in a positive manner. Addiction Awareness continues to expand services and resources to continue to improve the program. Staff has been in constant attendance of all drug court staffing and maintains consistent contact with probation officers. Addiction Awareness staff also has called meetings to address needs of the drug court contract. This communication has been noted from supervisors and will be able to continue during a new contract.

In 2012, Addiction Awareness was awarded a Serious Repeat Offenders Contract, which was renewed again in 2013, and has diverted DWI Court participant funding needs through this funding source through the Missouri Substance Abuse Traffic Offenders Program. The cover sheet to this contract is enclosed to verify participation. We have served over 40 participants through this contract for the DWI Court program.

## **Section B Attachment – SROP Contract**

	<b>State of Missouri Department of Mental Health Contract Amendment</b>	<i>Contract Description: SATOP Services Amendment Description: Rate Increase Effective Date: October 1, 2013</i>
	Contract Number: ADA-ER02031301	State Vendor #: 43191594100

**Contractor Information:**

Contractor Name: Addiction Awareness, LLC  
Mailing Address: PO BOX 8843  
City, State Zip: St. Joseph MO 64508

The above referenced contract between the Addiction Awareness, LLC and the Department of Mental Health is hereby amended as follows:

1. In accordance with the provider rate increase appropriated by the General Assembly and approved by the Governor, the contract pricing page is replaced by the attached.
2. Attachment A (Business Associate Agreement) is replaced by the attached.
3. Attachment C (SATOP Program Model Menu of Services) is replaced by the attached.
4. This amendment shall be effective October 1, 2013. All other terms and conditions shall remain unchanged.

*In witness thereof, the parties below hereby execute this agreement.*

 Title owner/Chief Admin Date 11/22/13  
Authorized Signature for the Contractor

Daniel D. Haug Date 11-26-13  
Authorized Signature for the Department of Mental Health



# Master Pricing Page – SATOP Services

Revision Date  
10-01-13

Service Description	Unit of Service	CIMOR Procedure Code	Service Billable For:					Unit Price
			WIP	CIP	YCIP	SROP	Central Support OMU	
Alternative Language Interpreting	As Pres	T1013 HE	X	X	X	X		As Pres
Assessment	Each (1)	H0001		X		X		\$137.44
Assessment (with ASI-MV)	Each	H0001 GQ		X		X		\$144.70
Assessment Update	Each (1)	H0001 52		X		X		\$55.43
Case Management	1/4 Hour	T1016				X		\$11.53
Central Support OMU Service	Quarterly	Quarterly Invoice					X	\$500.00
Drug Test	One Panel	80101				X		\$2.86
Extended Day Treatment	1/4 Hour	T1002				X		\$19.23
Family Conference	1/4 Hour	90887				X		\$13.86
Group Counseling	1/4 Hour	H0005		X		X		\$3.13
Group Counseling	1/4 Hour	H0005 HA			X			\$3.13
Group Education	1/4 Hour	H0025 HQ		X		X		\$2.68
Group Education	1/4 Hour	H0025 HQ HA			X			\$2.68
Group Education (Trauma Related)	1/4 Hour	H0025 HQ ST				X		\$3.13
HIV Pre-Test Counseling	1/4 Hour	H0047				X		\$10.20
HIV or TB Post-Test Counseling	1/4 Hour	H0047 TS				X		\$10.20
Individual Counseling	1/4 Hour	H0004		X		X		\$13.86
Individual Counseling	1/4 Hour	H0004 HA			X			\$13.86
Individual Counseling (Co-Occurring Disorder)	1/4 Hour	H0004 HH				X		\$21.37
Individual Counseling (Trauma Related)	1/4 Hour	H0004 ST				X		\$17.94
Individual Counseling (Relapse Prevention)	1/4 Hour	H0004 59				X		\$13.86
Interpreting Services (Deaf/Hard of Hearing)	As Pres	T1013	X	X	X	X		As Pres
Laboratory Testing	As Pres	80076				X		As Pres
Medication	As Pres	99199				X		As Pres
Medication – Vivitrol	As Pres	99199 HK				X		AS Pres
Medication Services (APN – Established Patient)	1 unit	99212 52				X		\$22.35
Medication Services (APN – Established Patient)	1 unit	99213 52				X		\$33.53
Medication Services (APN – Established Patient)	1 unit	99214 52				X		\$55.88
Medication Services (APN – Established Patient)	1 unit	99215 52				X		\$89.41
Medication Services (APN – Established Patient Telehealth)	1 unit	99212 52 TN				X		\$22.35
Medication Services (APN – Established Patient Telehealth)	1 unit	99213 52 TN				X		\$33.53
Medication Services (APN – Established Patient Telehealth)	1 unit	99214 52 TN				X		\$55.88
Medication Services (APN – Established Patient Telehealth)	1 unit	99215 52 TN				X		\$89.41
Medication Services (APN – New Patient)	1 unit	99201 52				X		\$22.35



# Master Pricing Page – SATOP Services

Revision Date  
10-01-13

Service Description	Unit of Service	CIMOR Procedure Code	Service Billable For:					Unit Price
			WIP	CIP	YCIP	SROP	Central Support OMU	
Medication Services (APN – New Patient)	1 unit	99202 52				X		\$44.71
Medication Services (APN – New Patient)	1 unit	99203 52				X		\$67.06
Medication Services (APN – New Patient)	1 unit	99204 52				X		\$100.59
Medication Services (APN – New Patient)	1 unit	99205 52				X		\$134.12
Medication Services (APN – New Patient Telehealth)	1 unit	99201 52 TN				X		\$22.35
Medication Services (APN – New Patient Telehealth)	1 unit	99202 52 TN				X		\$44.71
Medication Services (APN – New Patient Telehealth)	1 unit	99203 52 TN				X		\$67.06
Medication Services (APN – New Patient Telehealth)	1 unit	99204 52 TN				X		\$100.59
Medication Services (APN – New Patient Telehealth)	1 unit	99205 52 TN				X		\$134.12
Medication Services (Psychiatric Diagnostic Evaluation –APN)	1/4 Hour	90792 52				X		\$33.53
Medication Services (Psychiatric Diagnostic Evaluation –APN Telehealth)	1/4 Hour	90792 52 TN				X		\$33.53
Medication Services (Psychiatric Diagnostic Evaluation – Psychiatrist)	1/4 Hour	90792 AF				X		\$59.60
Medication Services (Psychiatric Diagnostic Evaluation – Psychiatrist Telehealth )	1/4 Hour	90792 AF TN				X		\$59.60
Medication Services (Psychiatric Diagnostic Evaluation – Physician)	1/4 Hour	90792				X		\$52.98
Medication Services (Psychiatric Diagnostic Evaluation –Physician Telehealth)	1/4 Hour	90792 TN				X		\$52.98
Medication Services (Psychiatrist – Established Patient)	1 unit	99212 AF				X		\$39.74
Medication Services (Psychiatrist – Established Patient)	1 unit	99213 AF				X		\$59.60
Medication Services (Psychiatrist – Established Patient)	1 unit	99214 AF				X		\$99.34
Medication Services (Psychiatrist – Established Patient)	1 unit	99215 AF				X		\$158.94
Medication Services (Psychiatrist – Established Patient Telehealth)	1 unit	99212 AF TN				X		\$39.74
Medication Services (Psychiatrist – Established Patient Telehealth)	1 unit	99213 AF TN				X		\$59.60
Medication Services (Psychiatrist – Established Patient Telehealth)	1 unit	99214 AF TN				X		\$99.34
Medication Services (Psychiatrist – Established Patient Telehealth)	1 unit	99215 AF TN				X		\$158.94
Medication Services (Psychiatrist - New Patient)	1 unit	99201 AF				X		\$39.74
Medication Services (Psychiatrist - New Patient)	1 unit	99202 AF				X		\$79.47
Medication Services (Psychiatrist - New Patient)	1 unit	99203 AF				X		\$119.20
Medication Services (Psychiatrist - New Patient)	1 unit	99204 AF				X		\$178.81
Medication Services (Psychiatrist - New Patient)	1 unit	99205 AF				X		\$238.41



# Master Pricing Page – SATOP Services

Revision Date  
10-01-13

Service Description	Unit of Service	CIMOR Procedure Code	Service Billable For:					Unit Price
			WIP	CIP	YCIP	SROP	Central Support OMU	
Medication Services (Psychiatrist - New Patient Telehealth)	1 unit	99201 AF TN				X		\$39.74
Medication Services (Psychiatrist - New Patient Telehealth)	1 unit	99202 AF TN				X		\$79.47
Medication Services (Psychiatrist - New Patient Telehealth)	1 unit	99203 AF TN				X		\$119.20
Medication Services (Psychiatrist - New Patient Telehealth)	1 unit	99204 AF TN				X		\$178.81
Medication Services (Psychiatrist - New Patient Telehealth)	1 unit	99205 AF TN				X		\$238.41
Medication Services (Physician - Established Patient)	1 unit	99212				X		\$35.32
Medication Services (Physician - Established Patient)	1 unit	99213				X		\$52.98
Medication Services (Physician - Established Patient)	1 unit	99214				X		\$88.30
Medication Services (Physician - Established Patient)	1 unit	99215				X		\$141.27
Medication Services (Physician - Established Patient Telehealth)	1 unit	99212 TN				X		\$35.32
Medication Services (Physician - Established Patient Telehealth)	1 unit	99213 TN				X		\$52.98
Medication Services (Physician - Established Patient Telehealth)	1 unit	99214 TN				X		\$88.30
Medication Services (Physician - Established Patient Telehealth)	1 unit	99215 TN				X		\$141.27
Medication Services (Physician - New Patient)	1 unit	99201				X		\$35.32
Medication Services (Physician - New Patient)	1 unit	99202				X		\$70.64
Medication Services (Physician - New Patient)	1 unit	99203				X		\$105.96
Medication Services (Physician - New Patient)	1 unit	99204				X		\$158.93
Medication Services (Physician - New Patient)	1 unit	99205				X		\$211.91
Medication Services (Physician - New Patient Telehealth)	1 unit	99201 TN				X		\$35.32
Medication Services (Physician - New Patient Telehealth)	1 unit	99202 TN				X		\$70.64
Medication Services (Physician - New Patient Telehealth)	1 unit	99203 TN				X		\$105.96
Medication Services (Physician - New Patient Telehealth)	1 unit	99204 TN				X		\$158.93
Medication Services (Physician - New Patient Telehealth)	1 unit	99205 TN				X		\$211.91
Office Family Therapy	1/4 Hour	T1006				X		\$17.94
Vocational Support	1/4 Hour	H2025				X		\$13.86
Weekend Intervention Program	Each (1)	10000	X					\$458.14

## **2.0 PERFORMANCE REQUIREMENTS**

2.0.1 Addiction Awareness LLC has and will provide services for the Office of State Courts Administrator (hereinafter referred to as OSCA) and the Drug Court in accordance with the provision and requirements stated herein.

Addiction Awareness LLC is a certified substance abuse treatment program provider, certified by the Missouri Department of Mental Health (DMH), Division of Alcohol and Drug Abuse. In addition, Addiction Awareness LLC will remain on the certified substance abuse treatment program provider listing certified by DMH for the duration of the contract.

Addiction Awareness LLC will only serve participants with OSCA funds who are referred by the Drug Courts and are domiciled in Missouri. Addiction Awareness LLC agrees and understands that the Drug Courts is the sole referral source for this contract and will obtain approval for the termination of any participant from the program.

The Drug Court will have the authority to determine the composition of groups for counseling and education purposes. Addiction Awareness, LLC will have private pay referrals in drug court groups only as appropriate.

Addiction Awareness LLC will provide services at 3442 Ashland Ave, St Joseph, MO. and/or Community Supervision Center, 3305 Faraon Street as needed. All services are available to clients from Buchanan and Andrew counties. Addiction Awareness LLC has established this program in Buchanan County since April 2008. It is a reasonable distance for all clients in Buchanan and Andrew counties.

If Addiction Awareness LLC elects or is required to vacate their current facilities and to secure new or different facilities, Addiction Awareness LLC will notify OSCA and the court(s) at least thirty (30) days prior to the date of relocation.

Addiction Awareness LLC will provide a facility approved by the court(s) if changes are needed.

Addiction Awareness LLC will provide the services described herein on an as needed, if needed basis, and as approved by the Buchanan County Drug Court Team.

Addiction Awareness LLC will offer services in the evenings and on weekends as well. In addition, Addiction Awareness LLC will work with Drug Courts on the development of provisions for emergency counseling and/or evaluation, including jail screenings as needed.

Addiction Awareness LLC will participate in any research project or outcome study initiated by or required of OSCA or the Drug Courts.

Any programmatic changes to this contract as a result of statute, rule or regulation, or court order adopted after the proposal receipt, which would materially alter the services to be provided will be accomplished by a formal contract amendment.

Addiction Awareness will work with clients alternative methods of payment prior to billing drug court, including but not limited to, working with insurance carriers to gain approval for treatment services provided. If a third party requires the member to pay any cost-sharing (such as co-payment, coinsurance, or deductible) the treatment court shall pay the cost-sharing amounts.

***A staff member qualified specifically in making insurance claims has been hired in assisting in the process and assuring that this avenue is utilized prior to use of OSCA funds.***

The treatment court's liability for such cost-sharing amounts shall not exceed the amount the treatment court would have paid under Addiction Awareness llc's price for the service. This Addiction Awareness LLC may retain up to one hundred (100) percent of its third party collections if all of the following conditions exist:

- Total collections received do not exceed the total amount of Addiction Awareness llc's financial liability for the participant.
- There are no payments made by OSCA related to fee-for-service.
- Such recovery is not prohibited by Federal or State law.

In addition, Addiction Awareness will not connect a personal computer or electronic computing device to an OSCA computer or network without prior written approval from OSCA.

2.0.5 An evidence-based, manualized curriculum is recommended. A list of evidence-based practices is provided under the National Registry of Evidence based Programs and Practices (NREPP). Cognitive Behavioral intervention is recommended with the use of the Risk and Needs Triage (RANT®). Medication Assisted Treatment (MAT) is recommended to be an available option.

***Denoted below costs where indicated in RFP.***

2.1.1 Addiction Awareness will maintain information detailing third party savings. OSCA may request this information during the contract period (Example: see Attachment 2). Addiction Awareness shall maintain records in such a manner as to ensure that all money collected from third party resources may be identified on behalf of participants. Addiction Awareness, LLC shall make these records available for audit and review and certify that all third party collections are identified and used as a source of revenue.

2.1.2 Addiction Awareness may retain up to one hundred (100) percent of its third party collections if all of the following conditions exist:

- Total collections received do not exceed the total amount of Addiction Awareness, LLC's financial liability for the participant.
- There are no payments made by OSCA related to fee-for-service.
- Such recovery is not prohibited by Federal or State law.

## **2.2 Program Services**

### **2.2.1 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.

*Addiction Awareness shall provide a face to face "prescreening" to provide drug court with additional treatment information to determine client eligibility. This "prescreening" is not listed on the cost page because it is done free of charge when probation officers and/or the court deem it appropriate and make the referral.*

*Addiction Awareness shall provide a face to face intake session with all participants within seven (7) calendar days of the date of referral from the treatment court unless otherwise amended and/or directed by the treatment court. Any exceptions will be documented in the client record.*

*This Addiction Awareness LLC's assessment will be, at a minimum:*

- *Be completed by a qualified substance abuse professional (QSAP),*
- *Provide a Substance Abuse Questionnaire personality profile – provided by Professional Online Testing Solutions, Inc. – [online-testing.com](http://online-testing.com). \*attached as a part of the assessment attachment.*
- *Include screening for an individual's history of trauma and current personal safety,*
- *Identify information including, but not limited to, name, age, sex, race, sexual orientation and presenting problem,*
- *Include addiction severity index,*
- *Provide presenting situation,*
- *Contain substance abuse history;*
- *Contain social and family history;*
- *Provide medical evaluation: HIV/STD/TB/ Risk and Service needs,*
- *Contain educational and vocational history,*
- *Contain treatment history including the date, length of stay, outcome and name of the facility for all psychiatric and substance abuse services, and*
- *Provide recommendation and clinical justification for the level of care of the treatment services.*

*Addiction Awareness has averaged a 1-2 day turn around since receiving the contract, and goes to the county jail in Buchanan and Andrew to facilitate proper and quicker referrals of those clients.*

*Upon admission, Addiction Awareness, LLC will administer an assessment to each client. This service will include the following for clients admitted to outpatient programs;*

*A client's probation officer will send a referral form to Addiction Awareness, LLC. Upon receipt of the form, client will be contacted to set up the initial screening by telephone. At the conclusion of that interview, an appointment will be set up to complete the full assessment utilizing Addiction Severity Index. A report will be prepared and sent to the probation officer prior to the next court date. The client will be given a start date of the following Monday to begin treatment as well as for the first session with their counselor.*

*Addiction Awareness LLC will complete an assessment on all participants within seven (7) days of admission to the program, unless otherwise amended and/or directed by the Drug Courts. Any exceptions will be documented in the client record. Admission message will be completed in person or over the phone by a qualified clinician or administrative assistant. In the later, it will be reviewed by a qualified clinician. All assessments will be completed in person and in its entirety by a qualified clinician.*

<b><i>Section 2.2.1 Attachment A</i></b>	<b><i>Screening and Assessment Addendum</i></b>
<b><i>Section 2.2.1 Attachment B</i></b>	<b><i>Sample Addiction Severity Index Assessment</i></b>
<b><i>Section 2.2.1 Attachment C</i></b>	<b><i>SAQ testing example and information</i></b>
<b><i>Section 2.2.1 Attachment D</i></b>	<b><i>Drug Court Treatment Orientation Manual</i></b>

# Attachment A

<b>Addiction Awareness LLC</b> <b>PO Box 8843</b> <b>St. Joseph, MO 64508</b> <b>3442 Ashland Ave.</b> <b>St. Joseph, MO 64506</b> <b>816-205-0082</b>	IV Drug User?
<b>Screening/Assessment Addendum</b>	Pregnant?
<b>Name:</b>	
Date of Screening	
Did you lose your driv.license?	
Are you going to use this tx to get it back?	
Phone number:	
Number of Dependents:	
Referral source: (PO?) Name/Address/phone #	
Social Security Number:	
Date of Birth:	
Total Arrests / %drug/alcohol related:	
Total Convictions:	
Probation or Parole (and date released)	
Probation/Probation requirement (release done and on file):	
Occupational Status:	
Employer:	
Work hours (shift, days, evenings, etc):	
Weekly pay:	
Spouse's employment:	
Spouse's employer:	
Spouse's Work hours(shift, days, evenings, etc.)	
Spouse's weekly pay:	
Private insurance(self and/or spouse)/or other relevant financial information	
Other agencies or departments involved with this client:	
Program/Services requested:	
Time frame needed:	
Reason for referral/seeking services at this time:	
Problem Areas:	
Last usage (what drug, how much if known)	
Medication (include psychiatric diagnosis):	
Dr's name and address:	

What do you expect/need from treatment at this time?	
SUBSTANCE USE IN THE PAST 30 DAYS (include script or OTC use):	
Have you ever thought you should cut down on your drinking and/or substance use?	
Have people annoyed you by criticizing your drinking or drug usage?	
Have you ever felt "bad" or "guilty" about your drinking or drug usage? Have you felt remorse after drinking/using?	
Have you ever had an "eye-opener" to steady nerves in the a.m. after drinking or using?	
Do you take prescribed medication beyond doctor's orders? Are your prescriptions running out before the allotted time?	
Do you find it hard to enjoy life without drugs? Have you tried to quit using or drinking but can't?	
Do you feel that your problems would go away when you use or drink?	
NEED FOR DETOX SERVICES:	
SUBSTANCE USE & PSYCHIATRIC TREATMENT AND HISTORY:	
<p>Each affirmative response earns one point. One point indicates a possible problem. Two points indicate a probable problem</p> <p>Do you have decreased ambition since started drinking, using, or gambling?  Do you crave drinking, using or gambling at a definite time of the day?  Do you drink, use or gamble alone?  Have you lost memory while drinking or using?</p>	

CURRENT LIVING SITUATION/TRANSPORTATION STATUS/FAMILIAL A/D HISTORY:

SOCIAL (Description of peer association, isolation/hypersocialization – do you turn to “lower” companions and inferior life style when drinking/using or gambling?):

OCCUPATION/SCHOLASTIC: (Absenteeism because of chemical use, decreased performance, dismissal – Have you missed work due to drinking or drug use or gambling, or gone to work under the influence of either?- Has drinking, gambling or using caused you financial problems?):

EMOTIONAL/BEHAVIORAL STATUS AND HISTORY: - Has drinking, using or gambling caused you to lose sleep?

CURRENT PHYSICAL HEALTH STATUS: (Emesis, blackouts/passouts, hallucinations, tremors, convulsions, serious injury/illness, surgery, handicaps- medical complications due to drug use or alcohol abuse?)

Gambling: Do you gamble? (if yes, continue)

1. Has gambling ever made your home life unhappy?
2. Have you ever gambled to get money with which to pay debts or otherwise solve financial difficulties?
3. After losing, did you feel you must return as soon as possible to win back your losses?
4. Did you often gamble until your last dollar was gone?
5. Did you ever borrow to finance your gambling?

SPIRITUAL(Change or conflict within belief system, do you believe drinking or using is making your life unhappy?):

LEGAL ISSUES AND HISTORY NOT DESCRIBED ABOVE:

OTHER RELEVANT INFORMATION TO CONSIDER FOR TREATMENT- has drinking, gambling or using affected your reputation?, :	
DISPOSITION/JUSTIFICATION:	
Signature:	
Title	
Date:	

**MEETS CRITERIA OF THE FOLLOWING: -CIRCLED**

**DSM-IV Diagnostic Criteria for Alcohol Abuse**

1. A maladaptive pattern of alcohol abuse leading to clinically significant impairment or distress, as manifested by one or more of the following, occurring within a 12-month period:
  - a) Recurrent alcohol use resulting in failure to fulfil major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions or expulsions from school; or neglect of children or household).
  - b) Recurrent alcohol use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine).
  - c) Recurrent alcohol-related legal problems (e.g., arrests for alcohol-related disorderly conduct).
  - d) Continued alcohol use despite persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the alcohol (e.g., arguments with spouse about consequences of intoxication or physical fights).
2. These symptoms must never have met the criteria for alcohol dependence.

**DSM-IV Diagnostic Criteria for Alcohol Dependence**

A maladaptive pattern of alcohol use, leading to clinically significant impairment or distress, as manifested by three or more of the following seven criteria, occurring at any time in the same 12-month period:

1. Tolerance, as defined by either of the following:
  - a) A need for markedly increased amounts of alcohol to achieve intoxication or desired effect.
  - b) Markedly diminished effect with continued use of the same amount of alcohol.
2. Withdrawal, as defined by either of the following:
  - a) The characteristic withdrawal syndrome for alcohol (refer to DSM-IV for further details).
  - b) Alcohol is taken to relieve or avoid withdrawal symptoms.
3. Alcohol is often taken in larger amounts or over a longer period than was intended.
4. There is a persistent desire or there are unsuccessful efforts to cut down or control alcohol use.
5. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol or recover from its effects.
6. Important social, occupational, or recreational activities are given up or reduced because of alcohol use.
7. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the alcohol (e.g., continued drinking despite recognition that an ulcer was made worse by alcohol consumption).

### Criteria for Substance Abuse

- A. A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:
- a. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home
  - b. Recurrent substance use in situations in which it is physically hazardous
  - c. Recurrent substance-related legal problems
  - d. Continued substance use despite having persistent or recurrent social or interpersonal problems caused by or exacerbated by the effects of the substance
- B. The symptoms have never met the criteria for Substance Dependence for this class of substance.

### Criteria for Substance Dependence

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

1. Tolerance, as defined by either of the following:
  - a. a need for markedly increased amounts of the substance to achieve intoxication or desired effect
  - b. markedly diminished effect with continued use of the same amount of the substance
2. Withdrawal, as manifested by either of the following:
  - a. the characteristic withdrawal syndrome for the substance (refer to Criteria A and B of the criteria sets for Withdrawal from the specific substances)
  - b. the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms
3. The substance is often taken in larger amounts or over a longer period than was intended
4. There is a persistent desire or unsuccessful efforts to cut down or control substance use
5. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects
6. Important social, occupational, or recreational activities are given up or reduced because of substance use
7. The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance

### REFERRED TO SUPPORTED RECOVERY BASED ON CIRCLED ITEMS:

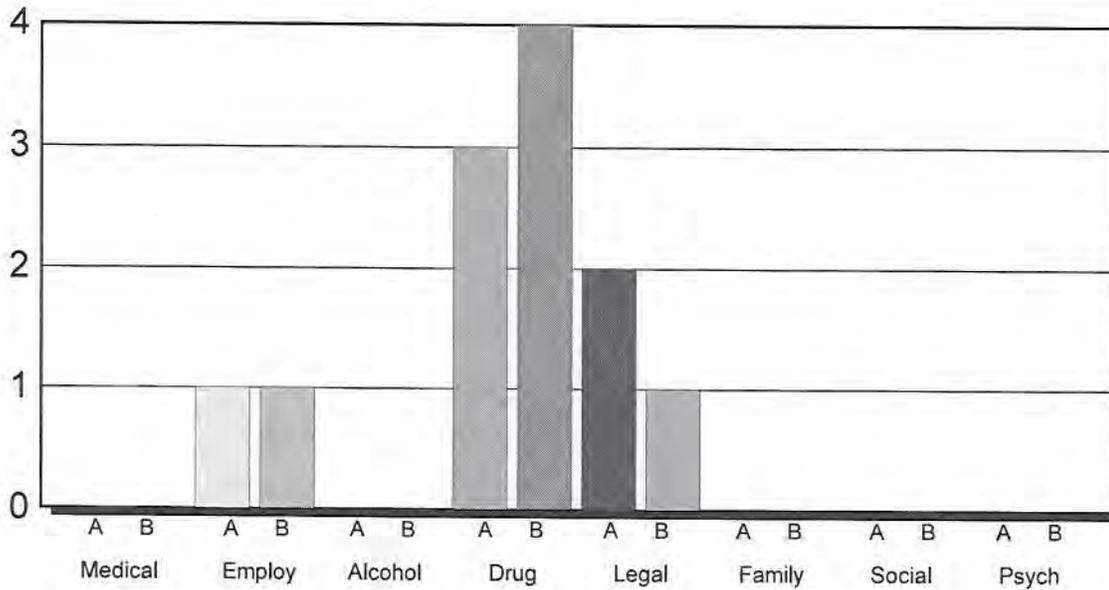
This level of care offers treatment on a regularly scheduled basis, while allowing for a temporary increase in services to address a crisis, relapse, or imminent risk of relapse. Services should be offered on approximately a weekly basis, unless other scheduling is clinically indicated.

(A) Eligibility for supported recovery shall be based on: 1. Lack of need for structured or intensive treatment; 2. Presence of adequate resources to support oneself in the community; 3. Absence of crisis that cannot be resolved by community support services; 4. Willingness to participate in the program, keep appointments, participate in selfhelp, etc.; 5. Evidence of a desire to maintain a drug-free lifestyle; 6. Involvement in the community, such as family, church, employer, etc.; and 7. Presence of recovery supports in the family and/or community. (B) Expected outcomes for supported recovery are to: 1. Maintain sobriety and minimize the risk of relapse; 2. Improve family and social relationships; 3. Promote vocational/educational functioning; and 4. Further develop recovery supports in the community. (C) The program shall offer at least three (3) hours of service per week. Each person shall be expected to participate in any combination of services determined to be clinically necessary.

## GRAPHS

The following is a graph showing the client's perception of his problems, column A, and his desire for treatment, column B.

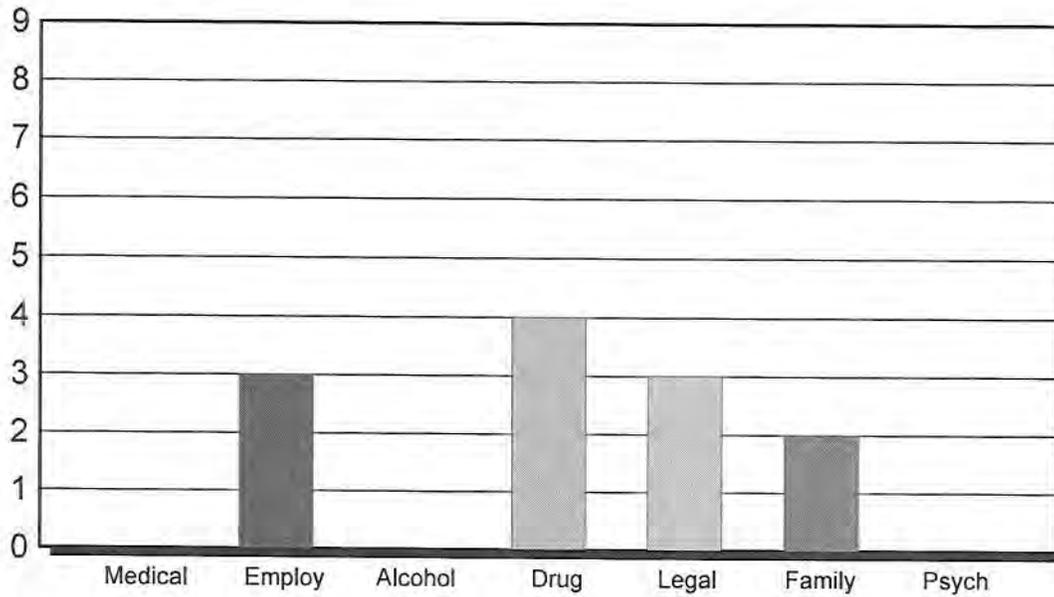
### Client Perception of Problem and Need for Treatment



Legend:  
0-Not at all, 1-Slightly, 2-Moderately, 3-Considerably, 4-Extremely  
A = Perceived Problems, B = Desire for Treatment.

The following is a graph showing the interviewer's severity rating of the client's need for treatment or additional treatment in each of the seven sections of the Addiction Severity Index.

### INTERVIEWER SEVERITY RATINGS



Legend:  
0-1: No real problem, 2-3: Slight Problem, 4-5: Moderate Problem,  
6-7: Considerable Problem, 8-9: Extreme Problem

**DSM-IV Dependence Diagnostic Criteria**

Listed below are seven questions related to the DSM-IV criteria for the diagnosis "**Substance Dependence.**" Dependence is a maladaptive pattern of substance use leading to clinically significant impairment or distress. Each question is answered separately for alcohol and any drug other than alcohol that the patient has used, and may require further follow-up if answered YES.

	Alcohol	Other Substances
1. During the past year, did you ever notice that the same amounts of drugs or alcohol didn't have the same effect as they used to or that you had to drink more alcohol or use more drugs to get the same effect?	NO	YES
2. During the past year, have you experienced physical distress when you quit drinking or taking drugs or have you found yourself taking alcohol or a drug to avoid withdrawal symptoms?	NO	YES
3. During the past year, have you used more alcohol or drugs or used over a longer period of time than you had originally planned?	NO	YES
4. During the past year, have you wanted or tried unsuccessfully to cut down or control your substance use?	YES	YES
5. During the past year, have you spent a great deal of time either obtaining, using or recovering from the effects of alcohol or drugs?	NO	YES
6. During the past year, have you given up any work, family or leisure activities because of your use of substances?	NO	YES
7. During the past year, have you continued to use alcohol or drugs despite knowing that you have a physical or emotional problem that is either caused by or made worse by your substance use?	NO	NO

If three or more of the seven questions are answered "YES", criteria for DSM-IV Diagnosis of **Substance Dependence** have been met. Alcohol and Other Substances are evaluated separately. If either question 1 or question 2 is answered "YES", there is possible evidence of tolerance and/or withdrawal. This suggests the likelihood of Physiological Dependence and may necessitate a medical referral.

	Number of Questions Answered Yes		Question 1 or 2 Answered Yes
Alcohol	1	Alcohol	NO
Other Substances	6	Other Substances	YES

**DSM-IV Abuse Diagnostic Criteria  
(Applies Only to Those Patients Not Meeting Dependence Criteria)**

Listed below are 4 questions related to the DSM-IV criteria for the diagnosis "**Substance Abuse**". The essential feature of Substance Abuse is a maladaptive pattern of substance use marked by recurrent and significant adverse consequences related to repeated use of substances occurring during a 12-month period. Each question is answered separately for alcohol and any drug other than alcohol that the patient has used, and may require further follow-up if answered YES.

	Alcohol	Other Substances
1. During the past year, has your use of alcohol or drugs contributed to difficulty or inability to meet responsibilities at home, school or work?	NO	YES
2. During the past year, have you used alcohol or drugs even when your use could be putting yourself in physical danger (use while driving, participating in sports, operating heavy machinery, etc.)?	NO	YES
3. During the past year, has your alcohol or drug use led to any problems with the legal system such as drunk and disorderly arrests, being picked up for drug possession, etc?	NO	YES
4. During the past year, have you continued to use alcohol or drugs even though this use has contributed to problems with others, such as arguments with friends or family, physical fights, etc?	NO	YES

Abuse criteria are evaluated **only** for patients not meeting Dependence criteria. A "YES" answer to one or more of the four questions meet the DSM-IV criteria for **Substance Abuse**. Alcohol and Other Substances are evaluated separately.

	Number of Questions Answered Yes
Alcohol	0
Other Substances	4



# SUBSTANCE ABUSE QUESTIONNAIRE (SAQ)



[www.online-testing.com](http://www.online-testing.com)

Scale Description

Scale Interpretation

Test Features

## SUBSTANCE ABUSE QUESTIONNAIRE

The **Substance Abuse Questionnaire (SAQ)** is an adult substance (alcohol and other drugs) abuse assessment instrument or test that also assesses aggressiveness, resistance, and stress handling abilities. The SAQ has 153 items, takes 25 to 30 minutes to administer and reports are available on-site within 2½ minutes of test data input. The SAQ is an adult (male and female) automated (computer-scored) self-administered test. The SAQ has six measures or scales: 1. Truthfulness Scale, 2. Alcohol Scale, 3. Drugs Scale, 4. Aggressiveness Scale, 5. Resistance Scale and 6. Stress Coping Abilities Scale.

### Applications

- Adult court and probation department (misdemeanor and felony) assessment.
- Substance (alcohol and other drugs) abuse screening.
- Counseling and treatment intake screening.
- Agency, counseling and professional mental health evaluations.

## Six Scales (Measures)

The six SAQ scales are described as follows:

1. **Truthfulness Scale:** Measures how truthful the client was while completing the SAQ. It identifies denial, defensiveness, problem minimization, and attempts to fake good.
2. **Alcohol Scale:** Measures the client's alcohol proneness and alcohol-related problems. Alcohol refers to beer, wine and other liquor.
3. **Drugs Scale:** Measures illicit drug use and the severity of abuse. Drugs refer to marijuana, crack, cocaine, amphetamines, barbiturates, and heroin.
4. **Aggressiveness Scale:** Measures the client's self-assertiveness, social dominance, and tendency to act out.
5. **Resistance Scale:** Measures the client's resistance, uncooperativeness, and defensiveness. It's advantageous for staff to know how cooperative the client will be in intervention, treatment, and supervisory settings.
6. **Stress Coping Abilities Scale:** Measures one's ability to cope effectively with tension, stress, and pressure. Stress exacerbates emotional and mental health symptoms. This is a non-introversive way to screen for the presence of established emotional and mental health problems.

The SAQ is much more than just a test for alcohol and drug use or abuse. It also measures client truthfulness when tested along with client aggressiveness, resistance, and stress handling abilities. Many of these important behaviors are missed by other tests.

## Why Use the SAQ?

A concise, objective, and standardized assessment instrument that provides substance (alcohol and other drugs) use and abuse information along with other attitudinal, behavioral and stress handling abilities is rare. When identifying substance use/abuse, it's very important to know if the client was being truthful. And, from a supervisory and counseling/treatment perspective, it's equally important to establish how aggressive and resistant the client will be. When screening patients, defendants and probationers, it facilitates intervention and outcome to identify the presence of established emotional and mental health problems. When a client scores at or above the 90th percentile on the Stress Coping Abilities Scale, that client very likely has a serious emotional/mental health problem and should be referred for a comprehensive psychological evaluation, diagnosis, and treatment plan. Obviously, all clients don't have serious problems, yet you need to screen the clients in your program to identify those that do.

At one sitting of approximately 30 minutes' duration, staff can acquire a vast amount of important and helpful information. As noted earlier, early problem identification facilitates timely intervention, referral, and treatment outcome.

## Advantages of Screening

Screening and assessment instruments filter out individuals with problems that may require referral for more comprehensive evaluation, appropriately respond to different levels of supervision, or benefit from different types of counseling and treatment programs. This filtering system works as follows:

SAQ Risk Ranges

Risk Category	Risk Range Percentile	Total Percentile
Low Risk	0 - 39%	39%
Medium Risk	40 - 69%	30%
Problem Risk	70 - 89%	20%
Severe Problem	90 -100%	11%

Reference to the above table shows that a problem is not identified until a scale score is at or above the 70th percentile. These risk range percentiles are based upon the many clients and patients that have completed the SAQ. This procedure is fair and avoids extremes such as over-identification and under-identification of problems.

Using the above table for reference (contingent upon adopted policy), 11% of the people screened (Severe Problem) could be referred for evaluation, treatment, or additional services. **In this example, 89% of the people screened would not be referred for additional (and often unnecessary, as well as expensive) services.**

**Savings (dollars) would be large with no compromises in clients receiving appropriate evaluation and/or treatment services.** Indeed, it is likely that more clients would receive help. Without a screening program, there is usually more risk of over or under-utilization of additional professional services.

### Test Booklets

SAQ test booklets are provided free. These booklets contain 153 items and are written at a 5th to 6th grade reading level. If a person can read the newspaper, they can read the SAQ.

### Reports

In brief, SAQ reports summarize the client's self-report history, explain what attained scores mean and offer specific score-related recommendations.

Within 2½ minutes of test data entry, automated (computer-scored) 3-page reports are printed on-site. These reports summarize a lot of information in an easily understood format. For example, reports include an SAQ profile (graph), which summarizes all scale scores at a glance. Also included are scale scores, an explanation of what each score means and specific score-related recommendations. In addition, significant items (direct admissions) are highlighted, and answers to a built-in interview (last sequence of items) are presented. Emphasis is placed on having meaningful reports that are easily understood and helpful.

### Reliability and Validity

The SAQ has a proprietary built-in database that insures inclusion of administered SAQ tests in a confidential (no names) manner. SAQ reliability, validity, and accuracy statistics are reported in the document titled "SAQ: An Inventory of Scientific Findings." Annual database analysis further demonstrates that SAQ scales have high reliability and validity coefficients.

For example, inter-scale consistencies (coefficient alphas) for SAQ scales are reported in the following table for 3,184 clients tested with the SAQ. This is one among many samples.

### SAQ Reliability (N=3,184, 2002)

<u>SAQ Scales</u>	<u>Coefficient Alpha</u>	<u>Significance Level</u>
Truthfulness Scale	.88	p<.001
Alcohol Scale	.93	p<.001
Drugs Scale	.91	p<.001
Aggressiveness Scale	.86	p<.001
Resistance Scale	.85	p<.001
Stress Coping Abilities	.95	p<.001

All SAQ scales have alpha coefficients well above the professionally accepted standard of .80 and are highly reliable. And, all coefficient alphas are significant at the p<.001 level.

Early validity studies used criterion measures and were validated with other tests like the Minnesota Multiphasic Personality Inventory (MMPI) L-Scale and F-Scale, 16PF, SAQ-Adult Probation III, Defendant Questionnaire, Taylor Manifest Anxiety, etc. Much of this research is summarized in the document titled "SAQ: An Inventory of Scientific Findings." Subsequently, database analysis based studies further support SAQ reliability, validity, and accuracy.

### Staff Member Input

The SAQ is to be used in conjunction with experienced staff judgment. When available, court records and counseling or treatment records should be reviewed. Experienced staff should also interview the client. For these reasons, the following statement is contained in each SAQ report: "SAQ reports are confidential and are considered working hypotheses. No diagnosis or decision should be based solely upon SAQ results. The SAQ is to be used in conjunction with experienced staff judgment."

### Unique SAQ Features

**Truthfulness Scale:** Identifies denial, problem minimization, and faking. It is now clear that many probationers attempt to minimize their problems. A Truthfulness Scale is now a necessary component in contemporary probationer tests. The SAQ Truthfulness Scale has been validated with the Minnesota Multiphasic Personality Inventory (MMPI), polygraph exams, other tests, experienced staff judgment and truthfulness studies. The Truthfulness Scale has been demonstrated to be reliable, valid and accurate. In some respects, the SAQ Truthfulness Scale is similar to the MMPI's L and F-Scales. It consists of a number of items that most people agree or disagree with.

**Truth-Corrected Scores:** Have proven to be very important for assessment accuracy. The proprietary truth correction program is comparable to the MMPI K-Scale correction. The SAQ Truthfulness Scale has been correlated with the 5 other scales. The truth correction equation then converts raw scores to Truth-Corrected scores. Truth-Corrected scores are more accurate than raw scores. Raw scores reflect what the client wants you to know. Truth-Corrected scores reveal what the client is trying to hide.

**Aggressiveness Scale:** Is often defined in terms of punitive behavior. And, we are familiar with the aggressive-frustration hypothesis that postulates aggressive behavior is largely a response to frustration. The Aggressiveness Scale refers to a person's ranking on an outgoing to assaultive behavior scale. High risk scores on the Aggressiveness Scale manifest strong self-assertiveness, social dominance and a tendency toward hostility.

**Resistance Scale:** Measures defensiveness, non-compliance and oppositional behavior. This scale score varies directly with the suspect's attitude, feelings and outlook. This scale also measures defensiveness, resistance to help and uncooperativeness. Some people resist help, whereas others accept it.

**Stress Coping Abilities Scale:** Measures how well the probationer handles stress, tension and pressure. How well a person manages stress can effect their adjustment and mental health. We now know that stress exacerbates emotional and mental health problems. This scale is a non-introversive way to screen established (diagnosable) mental health problems. A probationer scoring at or above the 90th percentile on the Stress Coping Abilities Scale should be referred for a more comprehensive evaluation and diagnosis. This important area of inquiry is missed by other probationer screening tests.

**More than just another alcohol or drug test.** In addition to alcohol and drugs, the SAQ assesses other important areas of inquiry like truthfulness, denial and faking, aggressiveness and stress coping abilities. The SAQ is specifically designed for substance abuse assessment. It provides the information needed for understanding probationer attitudes and behavior.

**Reading Impaired Assessment.** Reading impaired probationers represent 20+ percent of probationers tested. This represents a serious problem to many other probationer tests. In contrast, Behavior Data Systems has developed an alternative for dealing with this problem, i.e., a short form of the SAQ and "human voice audio."

**Confidentiality:** Behavior Data Systems encourages test users to delete probationer's names from diskettes before they are returned to Behavior Data Systems. Once probationer names are deleted, they are gone and cannot be retrieved. Deleting probationer names does not delete demographics or test data, which is downloaded into the SAQ database for subsequent analysis. This proprietary name deletion procedure involves a few keystrokes and insures client confidentiality.

**Test Data Input Verification:** Allows the person that inputs test data from the answer sheet into the computer to verify the accuracy of their data input. In brief, test data is input twice, and any inconsistencies between the first and second data entries are highlighted until corrected. When the first and second data entries match, staff can continue. This proprietary Test Data Input Verification procedure is optional, yet it is strongly recommended by Behavior Data Systems.

**Inventory of Scientific Findings:** Much of the SAQ research has been gathered together in one document titled "SAQ: An Inventory of Scientific Findings." This document summarizes SAQ research - as the studies were completed. This innovative chronological reporting format was established largely because of the SAQ database, which permits annual database analysis of all tests administered. It also allows the reader to observe the evolution of the SAQ into its current state-of-the-art position.

**Orientation and Training Manual:** The "SAQ: Orientation and Training Manual" (O&T Manual) explains how the SAQ works. This manual is a must read for staff that will be using the SAQ. O&T Manual content includes, but is not limited to, the following: instructions for testing, an explanation of how scores are derived, a description of how court and corrections information is used, specifies unique SAQ features and much more.

## SUBSTANCE ABUSE QUESTIONNAIRE SCALE INTERPRETATION

This test interpretation is provided as a ready reference to augment this dialogue. There are several levels of interpretation ranging from viewing the Substance Abuse Questionnaire (SAQ) as a self-report to interpreting scale elevation and scale inter-relationships.

The following table is a starting point for interpreting SAQ scale scores.

SCALE RANGES		
Risk Category	Risk Range Percentile	Total Percentage
Low Risk	0 - 39%	39%
Medium Risk	40 - 69%	30%
Problem Risk	70 - 89%	20%
Severe Problem	90 - 100%	11%

A problem is not identified until a scale score is at the 70<sup>th</sup> percentile or higher. **Elevated** scale scores refer to percentile scores that are at or above the 70<sup>th</sup> percentile. **Severe problems** are identified by scale scores at or above the 90<sup>th</sup> percentile. Severe problems represent the highest eleven percent of clients evaluated with the SAQ, which has been normed on thousands of male and female clients. And this normative sample continues to expand with each test that is administered.

### SCALE INTERPRETATION

**1. Truthfulness Scale:** Measures how truthful the client (male or female) was while completing the test. This scale identifies guarded and defensive people who attempt to fake good. Truthfulness Scale scores in the 70 to 89<sup>th</sup> percentile range are accurate. Truthfulness Scale scores at or above the 90<sup>th</sup> percentile mean that all SAQ scales are inaccurate (invalid) because the client was overly guarded, read things into test items that aren't there, was minimizing problems or was caught faking answers. Clients with reading impairments might also score in this 90 to 100th percentile scoring range.

If not consciously deceptive, clients with elevated Truthfulness Scale scores are uncooperative, fail to understand test items or have a need to appear in a good light. The Truthfulness Scale is important because it shows whether-or-not the client answered test items honestly.

**Truthfulness Scale scores at or below the 89th percentile indicate that all other scale scores are accurate.** One of the first things to check when reviewing an SAQ report is the Truthfulness Scale score. Was the client truthful when taking the test? Or conversely, was the client in denial, minimizing problems or attempting to "fake good" while completing the test? In other words, was the client truthful (honest, sincere or guileless) when answering SAQ test items?

**2. Alcohol Scale:** Measures alcohol use and the severity of abuse. Alcohol refers to beer, wine and other liquor. It is a licit or legal substance. An elevated (70 to 89<sup>th</sup> percentile) Alcohol Scale score is indicative of an emerging or problematic drinking problem. An Alcohol Scale score in the Severe Problem (90 to 100<sup>th</sup> percentile) range identifies serious drinking problems.

Other Alcohol Scale items are printed as "significant items" when they are admitted to. Severely elevated Alcohol and Drugs Scale scores indicate polysubstance abuse and the highest score usually identifies the client's substance of choice.

Alcohol Scale scores in the Severe Problem (90 to 100<sup>th</sup> percentile) range are a malignant sign. Indeed, Alcohol Scale scores in the Severe Problem range often exacerbate or magnify the behaviors associated with other elevated scale scores when the client drinks. The Alcohol Scale score can be interpreted independently or in combination with other SAQ scales.

**3. Drugs Scale:** Measures drug use and the severity of abuse. Drugs refer to marijuana, ice, crack, ecstasy, amphetamines, cocaine, barbiturates, heroin, etc. An elevated (70 to 89<sup>th</sup> percentile) Drugs Scale score identifies emerging drug problems. A Drugs Scale score in the Severe Problem (90 to 100<sup>th</sup> percentile) range identifies established drug problems.

Admissions to Drugs Scale items are printed as "Significant Items." Concurrently elevated Drugs and Alcohol Scale scores are indicative of polysubstance abuse, and the highest score usually reflects the probationer's substance of choice.

A Severe Problem Drugs Scale score usually exacerbates or magnifies the behaviors associated with other elevated scores when drugs are being used. A particularly dangerous situation exists when the Drugs Scale and the Aggressiveness Scale are elevated. In these instances the client can inappropriately act out. Elevated Drugs Scale score can contribute (exacerbate) to impaired stress coping abilities. Elevated Drugs Scale score are often associated with increased resistance. A general rule is co-elevated scale scores are problematic. And when co-elevated scale scores are in the Severe Problem range problematic behaviors are usually exacerbated. Co-elevated scale scores in the Severe Problem range are a malignant (very dangerous) pattern.

**4. Aggressiveness Scale:** Measures the client's self-assertiveness, aggressive or outgoing behavior. Aggressiveness usually refers to social dominance with a hostile tendency. Aggressive conduct disorders are characterized by persistent, domineering, punitive and even assaultive verbal and physical conduct.

An elevated Aggressiveness Scale score is indicative of increased acting out behavior and impulsiveness. Severe Problem (90 to 100<sup>th</sup> percentile) scorers represent the extreme and can represent a problematic lack of social concern. Severe problem scorers sometimes cross the line between aggressive behavior and inappropriate acting out.

An aggressive person who also manifests substance (alcohol and other drugs) abuse exacerbates impaired judgment and associated acting out -- a malignant combination. At the least these people can be bothersome and distracting.

Elevated Aggressiveness Scale and Resistance Scale score can codetermine defiance, rebelliousness, confrontational and protesting behaviors. The Aggressiveness Scale can be interpreted independently or in combination with other SAQ scales.

**5. Resistance Scale:** measures client uncooperativeness, defensiveness and resistance to help. This scale score varies directly with client's attitude. Some people resist involvement/help with others, whereas others are more accepting.

In authoritarian environments (e.g., school, jobs, etc.) as well as counseling milieus decisions regarding cooperation versus resistance are made. Conscious resistance can incorporate passive features like withholding of information or involvement, whereas unconscious resistance has been studied from several theoretical positions (e.g., psychoanalysis, other personality themes). This Resistance Scale measures client resistance and leaves theoretical interpretations to the evaluator.

An elevated (70 to 89<sup>th</sup> percentile) Resistance Scale score identifies defensive, non-compliant or oppositional attitudes and behavior. These uncooperative people respond best to structure and clarification of expectations as well as consequences. Yet they can be fault finding and critical.

A Severe Problem (90 to 100<sup>th</sup> percentile) range, Resistance Scale score reflects extreme non-compliance, resistance and even defiance. These clients can be hostile, cooperate grudgingly and can be antagonistic. They tend to be unfriendly, alienated and spiteful.

The Resistance Scale measures client defensiveness and uncooperativeness. These people resist authority and being told what to do. They tend to be contrarian and are protective of personal information. Their resistance impacts their relationships and relations with authoritarian figures.

Resistance can be viewed as a character trait. In other words, resistant personality pattern characterized by uncooperative behavior and unchanging rebelliousness. This is a behavior pattern in which noncompliance is often dominant. Character traits are enduring aspects of a person's personality and can be difficult to change. As such, the Resistance Scale might only be exacerbated (not diminished) by other SAQ scale scores. You can expect people with elevated Resistance Scale scores. These individuals typically don't like being told what to do. The Resistance Scale can be interpreted independently or in combination with other SAQ scales.

**6. Stress Coping Abilities Scale:** Measures the client's ability to cope effectively with stress, tension, and pressure. It is now understood that stress exacerbates symptoms of mental and emotional problems. Thus, an elevated Stress Coping Abilities Scale score in conjunction with other elevated SAQ scale scores can help in understanding the client's situation. Such problem augmentation applies to substance (alcohol and other drugs) abuse, resistance or aggressiveness.

When a Stress Coping Abilities Scale score is in the problem (70 to 89<sup>th</sup> percentile) range the client would likely benefit from completing a stress awareness and management program.

When a Stress Coping Abilities Scale score is in the Severe Problem (90 to 100<sup>th</sup> percentile) range it is very likely that the client has a diagnosable mental health problem. In these instances consideration should be given to referral to a certified/licensed mental health professional for a comprehensive evaluation and diagnosis, if warranted.

The Stress Coping Abilities Scale is a non-introversive way to screen emotional and mental health problems. Elevated scores provide considerable insight into how the client handles perceived stress, distress, impaired morale, low self-esteem and substance abuse. The Stress Coping Abilities Scale can be interpreted independently or in conjunction with other SAQ scale scores.

\* \* \* \* \*

In conclusion, it was noted that there are several "levels" of SAQ interpretation ranging from viewing the SAQ as a self-report to interpreting scale elevations and inter-relationships. Staff can then utilize SAQ findings within the context of the client's situation.



AGGRESSIVITY SCALE RISK RANGE: MEDIUM-HIGH RISK PERCENTILE: 69  
This person's response pattern on the Aggressivity Scale is in the Medium Risk (40 to 69th percentile) range. Although a pattern of inappropriate aggressiveness is not indicated, this person has aggressive tendencies. Low frustration tolerance, impulsivity and sensitivity can contribute to aggressiveness and acting-out. RECOMMENDATIONS: Carefully review this client's court-related history for domestic violence or offenses committed on impulse. A reality oriented counseling approach can be effective. Counseling (individual or group) might be considered to resolve frustration-aggression syndrome problems. Additional areas of inquiry: stress coping, substance abuse and resistance.

DRUGS SCALE RISK RANGE: PROBLEM RISK PERCENTILE: 70  
This client's response pattern on the Drugs Scale is in the Problem Risk (70 to 89th percentile) range. Drug-related problems are indicated. Either this client has a drug problem or is a recovering (drug problem, but does not use anymore) drug abuser. A pattern of drug abuse is indicated. RECOMMENDATIONS: Drug-related treatment (inpatient or outpatient counseling) and/or Narcotics Anonymous (NA) or Cocaine Anonymous (CA) participation on a consistent basis is recommended. Relapse is possible. Interview this client carefully regarding his or her history and pattern of drug use. Treatment compliance monitoring is desirable. Apathy, denial and moodiness are common problems. This is a Problem Risk Drugs Scale score.

RESISTANCE SCALE RISK RANGE: MEDIUM-HIGH RISK PERCENTILE: 60  
This client's response pattern on the Resistance Scale is in the Medium Risk (40 to 69th percentile) range. Under perceived stress or during periods of substance abuse, this client can become resistant, passive aggressive, demanding and/or complaining. RECOMMENDATIONS: Firm structure along with clearly understood behavioral expectations and consequences for non-compliance. Individualized and supportive treatment or counseling with emotional support of endeavor is recommended. When frustrated, resistance becomes more apparent.

STRESS COPING SCALE RISK RANGE: PROBLEM RISK PERCENTILE: 87  
This client's response pattern on the Stress Coping Scale is in the Problem Risk (70 to 89th percentile) range. This person is not coping effectively with stress. Symptoms of stress include irritability, anxiety, depression, interpersonal conflict and, in some cases, even substance abuse. Stress is contributing to adjustment problems. RECOMMENDATIONS: Review available records and if mental health problems are identified, treatment should be upgraded. Stress management counseling would be helpful and mental health counseling may be needed. Stress, or this client's inability to cope with stress, is contributing to an impaired adjustment.

SIGNIFICANT ITEMS: The following self-report responses represent topics that may help in understanding the respondent's situation.

NAME: Example Report

SAQ REPORT

ALCOHOL

DRUGS

- 18. Drinking a serious problem.
- 22. Concerned about own drinking.
- 32. Wants help for drinking prblm.
- 39. Admits has a drinking problem.
- 81. Drinking is a serious problem.
- 96. Admits has a drinking problem.
- 147. Drinking is a severe problem.
- 150. Highly motivated for help.

- 7. Admits has a drug problem.
- 67. Admits has a drug problem.

AGGRESSIVITY

RESISTANCE

- 66. Admits overly aggressive.

- 71. Doesn't want help/advice.

MULTIPLE CHOICE(CLIENT'S SELF-REPORT):

- 143. One prior chemical dependency admission.
- 144. Substance of choice has been alcohol.
- 145. During past year: considers self suicidal.
- 146. Client's self report: on probation.
- 147. Considers drinking: severe problem.
- 148. Considers drug use: slight problem.
- 149. Few minor physical or medical problems.
- 150. Motivation for alcohol treatment: wants help.
- 151. Motivation for drug treatment: undecided.
- 152. States is a recovering drug abuser.

RECOMMENDATIONS:

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STAFF MEMBER SIGNATURE

DATE

SAQ RESPONSES

1- 50	TFFTTTTFFT	FTTFFTTTTT	FTFTFTTFTT	FTFTTFTFTT	FTFTTFTFTT
51-100	FFFFFTFTT	TTFTTFTFTF	TTFTTFTFFF	TFFFTFTFTT	TFFTTFTFTF
101-150	FT31314331	2314332244	2323223224	4233312423	1321111321
151-153	221				

ADDICTION AWARENESS LLC

FACE SHEET/CHART REVIEW

(in order! On the left side of chart)

- \_\_\_\_\_ REGISTRATION FORM
- \_\_\_\_\_ CLIENT RESPONSIBILITIES & RIGHTS
- \_\_\_\_\_ GRIEVANCE POLICIES/CONFIDENTIAL OF RECORDS
- \_\_\_\_\_ FEE PAYMENT/GROUP CONFID/CONSENT TO TX
- \_\_\_\_\_ Proof of Residency – envelope with canceled postmark and/or driver’s lic
- \_\_\_\_\_ RELEASES TO: \_\_\_\_\_
- \_\_\_\_\_ CLIENT ORIENTATION
- \_\_\_\_\_ ASI and Screening assessments
- \_\_\_\_\_ Consumer Satisfaction Survey
- \_\_\_\_\_ DISCHARGE SUMMARY FORM
- \_\_\_\_\_ Drug Court Billing Form

Additional Notes/Supervision Issues/To Do’s:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CLIENT: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

***To be done by front office staff before file is put in file cabinet***

ADDICTION AWARENESS LLC

FACE SHEET/CHART REVIEW

(in order! On the right side of chart)

Treatment Plans, Progress Notes, Program Summaries – filed in reverse chronological order.

Note Dates of Individual Sessions:

Note Dates of Treatment Plans at All Phases:

Note Missing Program Summaries:

CLIENT: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

***To be done by front office staff before file is put in file cabinet***



# **ADDICTION AWARENESS LLC**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## **CLIENT RESPONSIBILITIES**

**Initials:** \_\_\_\_\_

In order to receive credit for successfully completing this program, a client must:

1. Arrive on Time
2. Be alcohol and other drug free
3. Complete and sign all required forms and all assignments
4. Pay all fees.
5. Cooperate and respect clinician, as well as one another
6. Provide us with complete and accurate information.
7. Notify us promptly if you are unable to attend an urgent appointment if one is scheduled for you.

\*\*\*\*\*

## **CLIENT RIGHTS**

**Initials:** \_\_\_\_\_

All Students will:

1. Be treated with respect and dignity and will be free of any type of abuse.
2. Receive services irregardless of race, sex, creed, marital status, national origin or handicap.
3. To be informed of your rights in understandable language through verbal and/or written communication;
4. To receive prompt evaluation, care and treatment;
5. To be actively involved in treatment decisions;
6. To be informed about treatment in clear language and have access to treatment records in sufficient time for decision making;
7. To receive services in the least restrictive environment;
8. To receive services in a clean and safe setting;
9. To be the subject of research only with your informed written consent;
10. To not be denied services because of race, gender, sexual preference, creed, marital status, national origin, disability or age;
11. To confidentiality of records in accordance with federal and state laws and regulations;
12. To be treated with dignity and addressed in a respectful age appropriate manner;
13. To be free from verbal, physical and financial abuse, neglect, corporal punishment, humiliation, threats or exploitation;
14. To initiate a complaint about BHR services without fear of reprisals in accord with BHR's Complaint and Grievance Policy.
15. To access private mental health and /or medical or legal professionals at your own expense;
16. To receive assistance with referrals to self-help and advocacy group support services.

# **ADDICTION AWARENESS LLC**

## **CLIENT COPY**

### **CLIENT RESPONSIBILITIES**

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# ADDICTION AWARENESS LLC

\*\*\*\*\*

## GRIEVANCE PROCEDURE

Please contact Lisa Doyle, ADDICTION AWARENESS LLC, at 816-205-0082, if there is a problem or complaint. Besides having the right to complain directly to Addiction Awareness, LLC, you have the right to file a complaint with the Department of Mental Health Client Rights Monitor, or the Department of Mental Health Division of Consumer Affairs. See contact information below:

Client Rights Monitor  
Department of Mental Health  
P.O. Box 687  
Jefferson City, MO 65102  
1-800-364-9687

Office of Consumer Affairs  
Department of Mental Health  
P.O. Box 687  
Jefferson City, MO 65102  
1-800-364-9687

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

\*\*\*\*\*

### **Confidentiality of Alcohol and Drug Abuse Patient Records:**

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser.

- UNLESS:**
1. *The patient consents in writing.*
  2. *The disclosure is allowed by a court order, or*
  3. *The disclosure is made to medical personnel in a medical evaluation. emergency or to*
- qualified personnel for research, audit or program*

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

See 42 USC 290dd- and 42 USC 290ee- for Federal laws and 42 CFR Part 2 for Federal regulations.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff: \_\_\_\_\_

# **ADDICTION AWARENESS LLC**

## **CLIENT COPY**

\*\*\*\*\*

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## COMMUNITY RULES

- 1: No using or drinking while in treatment.
- 2: Show respect at all times. No threats or physical violence. Any will be reported to both individual's P.O.
- 3: What is said here – STAYS HERE!
- 4: Attend two self-help meetings (NA/AA meetings) weekly. Bring verification sheet with you on 1<sup>st</sup> day of attendance for the week.
- 5: Follow dress code: No t-shirts, caps, or other clothing that reflects drug culture or alcohol advertising. No cut-off t-shirts, tank tops or midriffs. Caps are to be removed upon entering the building. No handkerchiefs, headbands worn on the head, legs or arms. No seductive or revealing apparel.
- 6: While in treatment, emotional entanglements are unacceptable with peers of your treatment community.
- 7: You may not get permission from staff to not attend treatment, or begin or end early.
- 8: Assignments are to be done by target date. All assignments are due the next day unless otherwise noted.
- 9: All four chair legs on the floor.
- 10: No food, drinks or candy in the group rooms-unless it is expressly written and approved by your counselor in your treatment plan.
- 11: Judge the behavior, not the person.
- 12: No using staff phone or going into staff offices without verbalized prior authorization.
- 13: Attend all groups and appointments on time.
- 14: All prescriptions and over the counter drugs must be approved by your counselor/PO prior to taking anything.
- 15: No gossiping in or outside treatment.
- 16: No rescuing or making excuses for one another. Everyone is responsible for his or her own behavior.
- 17: Please take care of bathroom and smoking needs prior to group times. It is rude and inconsiderate to leave group once it has begun.
- 18: This is your treatment! Respect it! Take care of the areas you will be spending time in. If you suspect someone of being dishonest in his or her recovery, learn how to confront it assertively. Use your groups as support; that is why they are here.
- 19: No cell phones in group – leave in car or turn over to counselor when entering group.

**HARD AND FAST RULES** – These are designed to provide a safe environment. Violation of any of the following program rules will result in a recommendation of your discharge from this program.

- 1: *No possession or use of alcohol or drugs on site.*
- 2: *No sexual activity on-site and with other clients will be allowed.*
- 3: *No violence or threats of violence.*
- 4: *Respect others: No theft, vandalism or destruction of property.*
- 5: *Confidentiality is a must and will not be broken. Remember, upon admission, you signed a release to your probation officer. We will work together to help ensure your success in this program to your best interest.*
- 6: *Continued disregard of any of the above guidelines may lead to possible discharge.*

Client signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Client signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ADDICTION AWARENESS LLC

### Group Confidentiality Agreement

I promise to hold confidential all communications made by participants and all information obtained from or about any participant while receiving education in this program. I am making this promise in consideration of the mutual promises made by all participants in this group and in return for benefits available from group. I understand that the purpose of this agreement is to help assure that each member of the group will feel more comfortable revealing personal information about themselves, enabling the therapists to obtain as much information as possible necessary for effective education.

Please sign this form. Should you have any questions at any time, please ask.

**I have read, understand and agree to the information and policies described in this program information form on \_\_\_\_\_ (today's date).**

---

### Client Signature

### Consent to Treatment

I voluntarily consent for Addiction Awareness LLC to provide evaluation and treatment services as well as other necessary services as determined with my treatment provider to me. I acknowledge that I have been given a copy of the Client Rights and Responsibilities document and Notice of Confidentiality. I understand that if I have further questions about the information, I may ask for assistance.

I understand that as part of my healthcare, this organization originates and maintains health records and collects data that is used for Treatment, Payment, Health Care Operations, Auditing and Research and for reporting required evaluation data. These records describe my health history, symptoms, examination and test results, diagnoses, treatment and any plans for future care or treatment. Any evaluation data reported is identity protected and reprinted only in aggregate form. I also give my consent to release my name and required medical information to medical laboratories for laboratory testing and obtaining results needed as part of my treatment.

I understand and consent to the need and right of the organization to summon emergency medical service or transportation and to release appropriate information for such service or billing purposes. I understand that I have the right to file a grievance if I am dissatisfied with the services I have received or if my legal rights have been infringed upon. I understand that a grievance should be reported in writing and that every grievance reported shall be thoroughly investigated.

I understand that this consent is voluntary and that I can withdraw my consent for treatment at any time.

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Client Name

---

Client Signature

---

Date



***You are cordially Invited!***

Free Family Group Tuesday nights 7-8 p.m. for all ACTIVE Addiction Awareness DVI or Substance Abuse Outpatient Clients and their family.

Please contact Lisa for questions.



# Addiction Awareness LLC

## CLIENT ORIENTATION

1. Name (please print) \_\_\_\_\_

Initial after you have reviewed the following and agree with it:

2. Review Assignments (FORCE, Drug List, Interferences, Steps & Concepts, Unmanageables, Insanities, Life Story)

\_\_\_\_\_

3. Group participation expectations:

a. Rules for Group \_\_\_\_\_

b. Community Roles \_\_\_\_\_

c. Memo on Confidentiality \_\_\_\_\_

4. Feedback– how to give it, how to receive it \_\_\_\_\_

7. Received self help group information. \_\_\_\_\_

8. Received information regarding emergency evacuation \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

## MISSION, PHILOSOPHY AND PRINCIPLES

### MISSION STATEMENT

The mission of the program is to help each client make better decisions to lead more happy and productive lives.

### PHILOSOPHY OF TREATMENT

#### THE TWELVE SUGGESTED STEPS OF RECOVERY

These steps are most often used in the recovery programs of Alcoholics Anonymous, Narcotics Anonymous, Al-Anon, and Alateen. We use them because they have worked the best for the greatest number of individuals for the longest periods of time. You will need to know them.

HONESTY	1.	We admitted we were powerless over alcohol and drugs, and that our lives had become unmanageable.	
HOPE	2.	Came to believe that a power greater than ourselves could	restore us to
		sanity.	
FAITH	3.	Made a decision to turn our will and our lives over to the	care of
		God as we understood Him.	
COURAGE	4.	Made a searching and fearless moral inventory of ourselves.	
INTEGRITY	5.	Admitted to God, ourselves, and to another human being the	exact nature of our
		wrongs.	
WILLINGNESS	6.	Were entirely ready to have God remove all these defects	of character.
HUMILITY	7.	Humbly ask Him to remove our shortcomings.	
ACCEPTANCE	8.	Made a list of all persons we had harmed, and became	willing to make
		amends to them all.	
JUSTICE	9.	Made direct amends to such people wherever possible,	except when to do so would
		injure them or others.	
PERSEVERANCE			
	10.	Continued to take personal inventory and when we were	wrong, promptly admitted it.
SPIRITUAL	11.	Sought through prayer and meditation to improve our	
AWARENESS		conscious contact with God as we understood Him, praying	only for knowledge of His
		will for us and the power to carry	
SERVICE	12.	Having had a spiritual awakening as the result of these	steps, we tried to carry this message
		to alcoholics/addicts and to	
		practice these principles in all our affairs.	

### PROGRAM STRUCTURE

Our program is designed to provide a continuum of care to individuals suffering from chemical dependency or experiencing difficulties with substance abuse. Our program offers a comprehensive array of services which treat the "whole person." Programming is however, designed around several major themes which together, form the framework of our services.

#### ✂ **Addiction Education**

The intended outcome of this learning track includes:

3. breakdown of the denial process or other defense mechanisms
4. recognition of how current problems in living are the result of addiction
5. understanding family involvement in the addiction process
6. re-examination of values
7. identification of personal relapse/recovery pattern

#### ✂ **Step Work**

No treatment method has had greater success in the treatment of addiction than the 12-Step approach. Participants of our programs are required to participate in this highly successful method. Our Step Work learning track provides the participants with a background of the 12-Steps and assists each in working Steps 1-12.

#### ✂ **Corrective Thinking**

This learning track is designed to assist participants in identifying how current thinking has predictable self-destructive results. The intended outcome of this track is to provide new ways of viewing and responding to life events. Since thinking precedes behavior, restructuring thoughts can result in positive behavioral changes.

#### ✂ **Relapse Prevention**

Since relapse is a recurring part of the recovery process, it is essential to provide participants with tools which are designed to interrupt the relapse potential. Relapse prevention focuses on recognizing situations that might stimulate use or the desire to use. This learning track assists participants in managing those situations differently and thus, to reduce the opportunities for relapse.

### SELF HELP/MUTUAL HELP PROGRAM PROCESSES

We value the self-help and mutual-help process. You will recover only if you want to. You must be involved in your recovery. We don't believe in forcing you to recover. It is your responsibility and will happen only if you truly want it to. We also believe that you can't do it alone. You've probably tried to do it alone before... and it hasn't happened. You need others to help you. Our program is about helping you to help yourself, and about you helping others to help themselves. We are not bad people trying to be good, we are sick people trying to get well!!

In every society there is a need for the members to learn responsibility and the ability to cooperate effectively with his/her fellow members. In our program we have established a structure of responsibility for all members. The program really belongs to the participants. It requires that all members work together to accomplish its tasks. Our program is set up like a large family, with all staff and members having some responsibility for the program. Participants of the program are required to contribute to the overall program by taking on "helping" roles in our groups. The purpose of our structure is to provide

everyone with an opportunity to contribute to the program and to begin to learn better skills for coping with the confusion and problems that are created by them when they, (some for the first time), try to deal with life without the use of mood altering drugs. The roles which members can assume are posted in the facility.

The only way a program like the Pioneer Program can work is if people help each other. All members are in the program for a shared purpose--- changing to become a recovering and successful member of our society. This will happen only if each person is committed to making those changes and is willing to help themselves and others who share the same problem. Part of helping each other is what we call "holding people accountable".

Holding people accountable includes being aware of one's own recovery issues, as well as assisting others in gaining awareness of their attitudes and behaviors... showing responsible concern for self and others. This is accomplished, in part, by bringing each other's attention to non-recovery attitudes and behaviors. This means that you don't let people do or say the negative things without doing something about it. This works both ways. If you do something negative, someone is going to hold you accountable. If you see someone else do something negative, you are expected to hold them accountable.

### COMMUNITY RULES

3. No using or drinking while in treatment.
4. Show respect at all times. No threats or physical violence. Any will be reported to both individuals' P.O.
5. What is said here – STAYS HERE!
6. Attend two self-help meetings (NA/AA meetings) weekly. Bring verification sheet with you every Monday. You cannot get verification sheets signed twice in one day.
7. Follow dress code: No t-shirts, caps, or other clothing that reflects drug culture or alcohol advertising. No cut-off t-shirts or midribs. Caps are to be removed upon entering the building. No handkerchiefs or headbands worn on the head, legs or arms. No seductive or revealing apparel.
8. While in treatment, emotional entanglements are unacceptable with peers of your treatment community.
9. You may not get permission from staff to not attend treatment. If you are ill, you will need to come in to the treatment facility.
10. Assignments are to be done by target date. All assignments are due the next day unless otherwise noted.
11. All four chair legs on the floor.
12. No food, drinks or candy in the group rooms – unless it is expressly written and approved by your counselor in your treatment plan.
13. Judge the behavior, not the person.
14. No using staff phone or going into staff offices without verbalized prior authorization.
15. Attend all groups and appointments on time.
16. All prescriptions and over the counter drugs must be approved by your counselor/PO prior to taking anything.
17. No gossiping in or outside treatment.
18. No rescuing or making excuses for one another. Everyone is responsible for his or her own behavior.
19. Please take care of bathroom and smoking needs prior to group times. It is rude and inconsiderate to leave group once it has begun.
20. This is your treatment! Respect it! Take care of the areas you will be spending time in. If you suspect someone of being dishonest in his or her recovery, learn how to confront it assertively. Use your groups as support; that is why they are here.

**HARD AND FAST RULES** – These are designed to provide a safe environment. Violation of any of the following program rules will result in a recommendation of your discharge from this program.

1. *No possession or use of alcohol or drugs on site.*
2. *No sexual activity on-site and with other clients will be allowed.*
3. *No violence or threats of violence.*
4. *Respect others: No theft, vandalism or destruction of property.*
5. *Confidentiality is a must and will not be broken. Remember, upon admission, you signed a release to your probation officer. We will work together to help ensure your success in this program to your best interest.*
6. *Continued disregard of any of the above guidelines may lead to possible discharge.*

### **Force**

I FORCED my way into Alcohol and Drug Treatment by my:

---

---

---

---

If you need more space to write out your FORCE assignment, you are making it too complicated. KEEP IT SIMPLE. Your FORCE for treatment is that very last event or set of circumstance brought about because of your alcohol and/or drug use, which brings pressure to bear upon you to seek treatment. Usually, entering treatment was NOT your own idea. It most often is the recommendation or suggestion of someone else. (i.e. Spouse, probation officer, doctor, judge, lawyer, employer, etc.) The bottom line is that coming for treatment often looks better to you than whatever else the consequence for your behavior might be.

### DRUG LIST

List all mood-altering chemicals you have used on the back.

## INTERFERENCES

FORMAT: I interfered in the life of \_\_\_\_\_, \_\_\_\_\_ (person, relationship) by my \_\_\_\_\_ (specific behavior).

Condition: \_\_\_\_\_ (high, drunk, sober or dry).

An interference is taking ownership of a SPECIFIC negative behavior that caused harm to others. If the interference is on a minor, then the age needs to be stated with the name. This must be reviewed and signed by two peers before it can be presented. It is your responsibility to get it signed even if it means coming in early to treatment.

### STEPS AND CONCEPTS

Step 1: We admitted we were powerless over alcohol and other drugs, and our lives have become unmanageable.

*Concept: Powerless, because it is an illness*

*We did not ask for it,*

*We are victims.*

*Unmanageable – our lives always have been, are now, and always will be unmanageable as we can not accurately predict the outcome of any situation. We are only responsible for the effort we put into whatever we do, and can take credit for that effort. If we put forth our best effort, we can handle the outcome, no matter what it is.*

Step 2: Came to believe that a power greater than ourselves could restore us to sanity.

*Concept: Sanity is reality. Reality is seeing things the way they really are and acting appropriately.*

Step 3: Made a decision to turn our will and our lives over to the care of God as we understood him.

*Concept: Follow the program. Not one person has failed who has sincerely followed the AA/NA program. IT WORKS!!!!!!!*

---

Your assignment is to memorize this and recite it in Community. In order to accomplish the memory part, it will be important for you to consider what each Step and Concept means, how it fits in your life. Discuss your thoughts and ideas with others in your community. Listen to what Steps and Concepts mean to others, hear their ideas and thoughts, then begin to memorize them for yourself.

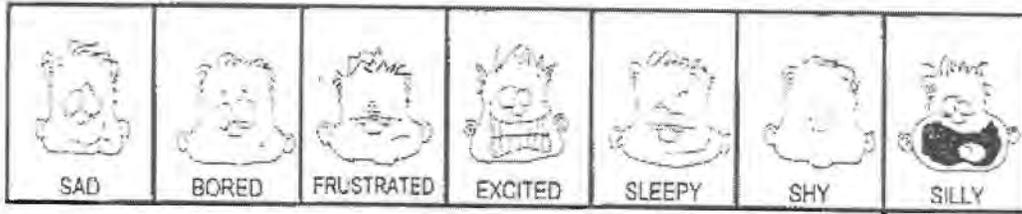
### UNMANAGEABLES/INSANITIES

FORMAT: It's unmanageable for me \_\_\_\_\_  
*Example: It's unmanageable for me that my wife divorced me.*

FORMAT: It is insanity that \_\_\_\_\_  
*Example: It is insanity that I beat up my wife.*

*An UNMANAGEABLE is something that we have NO CONTROL over. (Disease).*

*An INSANITY is a behavior that is inappropriate. (chemical use)*



**RELIEVED**

**WORRIED**

**BELONG**

**FED UP**

**UNHAPPY**

**PULLED**

**APART**

**DIFFERENT**

**STUCK**



ANGRY



SURPRISED

**IGNORED**

**NERVOUS**

**TORN UP**

**SCARED**

**ON HOLD**

**CROWDED**

**OUT**



AFRAID



DEPRESSED

**TRAPPED**

Here are some words and faces to help describe how you feel about your parents not living together. Print up the page and circle those that best describe how you feel. You may want to share your "feelings" page with your parents or a friend.



CONFUSED



OVER-WHELMED



ASHAMED



JEALOUS

## Feedback

"I see, I feel, I hear"

Feedback is how you FEEL about another's work:

I feel sad about...

I feel mad about...

I feel scared about...

I feel glad about...

Also,

I feel confused about...

I feel good about...

Feedback is how you SEE that person:

You appear sad...

I sense your anger...

You look mad...

It seems like...

It seems like...

I noticed that...

**IMPROPER FEEDBACK**

Feedback is not JUDGEMENT:

You should...

You shouldn't...

You are...

Feedback is not RESCUING:

I know it was hard for you...

You had it so bad...

It has been difficult for you...

Feedback is not ADVICE GIVING:

Try this...

I think you should...

Feedback is not QUESTIONS:

Why...

What...

When...

## RULES FOR GROUPS

Groups work is at the heart of our program. While every person is unique, many similarities are shared with each other. In group, participants learn by sharing their own experiences whether they are good or bad. Group members also learn that they are not alone in their personal struggles. With the help of the group, recognizing understanding and hopefully resolving certain problems is accomplished.

You are expected to participate actively in our groups. Speak-up in group. What you have to say can help others. Use your group to address your own treatment issues as well...let others know how you are doing so you can get their help.

In group "anything goes" as long as whatever you do does not violate a few simple rules of the group as designed to promote a "safe" environment for the participants to ventilate their true feelings and emotions to others. By observing these rules everyone can say exactly how they feel, about themselves, you and past behavior.

The following are some basic group rules that govern group sessions. These rules help keep the group under control so people can work and grow. These rules are repeated before every group so we won't forget them.

1. Only one person speaks at a time (this eliminates "cross talk").
2. Only use personal pronouns when speaking (i.e. I, me, mine).
3. When the counselor or expediter calls time out, that means everyone stops talking immediately.
4. Be on time for group and groomed appropriately.
5. Listen attentively to everyone who shares.
6. Be as open and honest as you can while being sensitive to the needs of others.
7. REMEMBER – WHAT IS SAID IN GROUP STAYS IN GROUP!

## **CONFIDENTIALITY**

As you know, there are times when in trying to get away from the clinical atmosphere that a staff member may suggest going out of the building and into the community to talk or have a non threatening discussion group. Since many of our staff are well known in St. Joseph area, it is possible that if you are seen with them someone could assume that you are a client. This is a potential confidentiality issue. You need to know that you have the right to refuse to have any individual or group discussion out in the community, even if you are the only one in the group that is refusing and you should always be asked first. If you do choose to go out, you also have the right to be in a non-smoking atmosphere if you so desire.

By agreeing to go out, you are taking your confidentiality into your own hands. Of course, if someone in the public were to approach a staff member about you, they would refer to you as a friend, acquaintance or someone from work.



**For Anyone New Coming to A.A.  
For Anyone Referring People to A.A.**

This information is both for people who may have a drinking problem and for those in contact with people who have, or are suspected of having, a problem. Most of the information is available in more

detail in literature published by A.A. World Services, Inc. This sheet tells what to expect from Alcoholics Anonymous. It describes what A.A. is, what A.A. does, and what A.A. does *not* do.

#### **what is A.A.?**

Alcoholics Anonymous is an international fellowship of men and women who have had a drinking problem. It is nonprofessional, self-supporting, multiracial, apolitical, and available almost everywhere. There are no age or education requirements. Membership is open to anyone who wants to do something about his or her drinking problem.

#### **Singleness of Purpose and Problems Other Than Alcohol**

Alcoholism and drug addiction are often referred to as "substance abuse" or "chemical dependency." Alcoholics and nonalcoholics are, therefore, sometimes introduced to A.A. and encouraged to attend A.A. meetings. Anyone may attend *open* A.A. meetings. But only those with a *drinking* problem may attend *closed* meetings or become A.A. members. People with problems other than alcoholism are eligible for A.A. membership *only* if they have a drinking problem.

George E. Vaillant, M.D., nonalcoholic trustee of the A.A. General Service Board, made the following statement: "Singleness of purpose is essential to the effective treatment of alcoholism. The reason for such exaggerated focus is to overcome denial. The denial associated with alcoholism is cunning, baffling, and powerful and affects the patient, helper, and the community. Unless alcoholism is kept relentlessly in the foreground, other issues will usurp everybody's attention."

#### **What Does A.A. Do?**

1. A.A. members share their experience with anyone seeking help with a drinking problem; they give person-to-person service or "sponsorship" to the alcoholic coming to A.A. from any source.
2. The A.A. program, set forth in our Twelve Steps, offers the alcoholic a way to develop a satisfying life without alcohol.

#### **Proof of Attendance at Meetings**

Sometimes, courts ask for proof of attendance at A.A. meetings.

Some groups, with the consent of the prospective member, have the A.A. group secretary sign or initial a slip that has been furnished by the court together with a self-addressed court envelope. The referred person supplies identification and mails the slip back to the court as proof of attendance.

Other groups cooperate in different ways. There is no set procedure. The nature and extent of any group's involvement in this process is entirely up to the individual group. This proof of attendance at meetings is not part of A.A.'s procedure. Each group is autonomous and has the right to choose whether or not to sign court slips. In some areas the attendees report on themselves, at the request of the referring agency, and thus alleviate breaking A.A. members' anonymity.

#### **Conclusion**

The primary purpose of A.A. is to carry its message of recovery to the alcoholic seeking help. Almost every alcoholism treatment tries to help the alcoholic maintain sobriety. Regardless of the road we follow, we all head for the same destination, recovery of the alcoholic person. Together, we can do what none of us could accomplish alone. We can serve as a source of personal experience and be an ongoing support system for recovering alcoholics.

**401 Group**  
**401 S. 11th Street**  
**St. Joseph MO 64501**  
**Buchanan County (816) 364-9179**

Day	Time	Topic	Open	Closed	Special Need:
-----	------	-------	------	--------	---------------

Monday	12:00 PM	Daily Reflections / Acceptance	closed
Monday	05:30 PM	Living Sober / Came To Believe	closed
Monday	08:00 PM	Grapevine Meeting	closed
Tuesday	12:00 PM	Daily Reflections / Gratitude	open
Tuesday	05:30 PM	As Bill Sees it	closed
Tuesday	08:00 PM	New Comer's Meeting	open
Wednesday	09:00 AM	Chairpersons Choice	closed
Wednesday	12:00 PM	Daily Reflections / Spirituality	closed
Wednesday	05:30 PM	Big Book	closed
Wednesday	08:00 PM	Big Book	closed
Thursday	12:00 PM	Daily Reflections / Serenity	closed
Thursday	05:30 PM	Big Book	open
Thursday	08:00 PM	Traditions	closed
Friday	12:00 PM	Daily Reflections / H.O.W.	closed
Friday	05:30 PM	Traditions	closed
Friday	08:00 PM	Steps	closed
Friday	11:00 PM	Candlelight Meeting	closed
Saturday	12:00 PM	Big book / Living Sober	open
Saturday	05:30 PM	Big Book / Experence, Strength & Hope	closed
Saturday	08:00 PM	Speaker Meeting	open
Sunday	02:00 PM	Chairpersons Choice	open
Sunday	08:00 PM	Chairpersons Choice	open

**510 Group**  
**1207 1/2 Frederick Ave.**  
**St. Joseph MO 64501**

**Buchanan County (816) 364-2654**  
**Non-Smoking**

[Get a Map](#)

The link to the mapping site is for your convience only. AA/District 2 does not endorse this site or any advertisements that may be found on it.

Day	Time	Topic	Open	Closed	Special Needs	Non Smoking	Handicap Accessabl
Monday	12:00 PM	Open Discussion Meeting	closed			Yes	
Tuesday	12:00 PM	Open Discussion Meeting	closed			Yes	
Wednesday	12:00 PM	Open Discussion Meeting	closed			Yes	
Thursday	12:00 PM	Open Discussion Meeting	closed			Yes	
Friday	12:00 PM	Open Discussion Meeting	closed			Yes	
Friday	07:00 PM	potluck 1st friday of month	open			Yes	
Friday	08:00 PM	Open Discussion Meeting	open			Yes	
Saturday	12:00 PM	Open Discussion Meeting	closed			Yes	
Sunday	10:00 AM	Speaker Meeting	open			Yes	

**Accent On Sobriety**  
**404 S. 8th**  
**St. Joseph MO 64501**

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**Buchanan County (816) 279-5767**  
**Non-Smoking**

Day	Time	Topic	Open	Closed	Special Needs	Non Smoking	Handicap Accessible
Monday	12:00 PM	Daily Reflections	closed			Yes	
Monday	07:00 PM	12 & 12	closed			Yes	
Tuesday	12:00 PM	As Bill Sees it	closed			Yes	
Tuesday	06:30 PM	Big Book Meeting	closed			Yes	
Wednesday	12:00 PM	Chairpersons Choice	closed			Yes	
Wednesday	07:00 PM	As Bill Sees it	closed			Yes	
Thursday	12:00 PM	Daily Reflections	closed			Yes	
Thursday	07:00 PM	As Bill Sees it	closed			Yes	
Friday	12:00 PM	Grapevine Meeting	closed			Yes	
Friday	07:00 PM	Stick Meeting	closed			Yes	
Saturday	10:00 AM	Chairpersons Choice	closed			Yes	
Saturday	12:00 PM	Living Sober	open			Yes	
Saturday	07:00 PM	Chairpersons Choice	closed			Yes	
Saturday	07:00 PM	1st Saturday speaker,rest big book study	open			Yes	
Sunday	12:00 PM	Came To Believe	closed			Yes	
Sunday	07:00 PM	Came to Believe	closed			Yes	

**Sobriety & Beyond**  
**1123 South 10th**  
**St. Joseph MO 64503**

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**Corner of 10th & Penn northeast corner tan door go upstairs, Old**

Day	Time	Topic	Open	Closed	Special Needs	Non Smoking	Handicap Accessible
Tuesday	10:00 AM	Big Book Meeting	closed				
Tuesday	08:00 PM	Big book or step study	closed				
Wednesday	09:30 PM	Grapevine Meeting	closed				
Friday	08:00 PM	Big Book Meeting	closed				
Saturday	11:00 PM	Candlelight Meeting	open				
Sunday	05:00 PM	Open Discussion Meeting	open				

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**Sober Skirts**  
**2801 Sacramento**

**St. Joseph MO 64507  
Huffman Methodist Church Enrichment Center - 2nd Floor  
Buchanan County  
Handicap Accessible  
Non-Smoking**

Day	Time	Topic	Open Closed	Special Needs	Non Smoking	Handicap Accessible
Tuesday	07:00 PM	Open Discussion Meeting	closed		Yes	Yes

**Savannah Bootstraps  
511 W. Market St.  
Savannah MO 64485  
1st Christian Church  
Andrew County  
Handicap Accessible  
Non-Smoking**

[Get a Map](#)

The link to the mapping site is for your convenience only. AA/District 2 does not endorse this site or any advertisements that may be found on it.

Day	Time	Topic	Open Closed	Special Needs	Non Smoking	Handicap Accessible
Monday	08:00 PM	closed discussion meeting	closed		Yes	Yes
Thursday	08:00 PM	Open Discussion Meeting	open		Yes	Yes
Saturday	08:00 PM	closed discussion meeting	closed		Yes	Yes

**NEW HOPE**

Savannah, MO  
1004 Hall Ave- LaVerna Village  
Community Building  
Kevin 816-324-5589  
Tom 816-752-8037  
Group Conscience Last Sunday 5 pm

**Sunday 6:30 pm-O**

**Tuesday 6:30 pm-O**

**STEPPING STONES**

St. Joseph, MO

401 S. 11th- Upstairs

Ruth 816-364-6224

Wende 816-232-0369

Group Conscience 3rd Sunday 4 pm

**Sunday 12 pm-O, OT**

**7 pm-O, OT**

**Monday 12 pm-O, OT**

**7 pm-O, LT**

**Tuesday 12 pm-O, GR**

**7 pm-O, IP**

**Wednesday 12 pm-O, WL**

**7 pm-C, TR**

**Thursday 12 pm-O, SS**

**7 pm-O, ST**

**Friday 12 pm-O, OT**

**7 pm-O, OT**

**Saturday 12 pm-O, NC**

**7 pm-O, CL, SY**

Revision 2/28/2014

**Open Speaker Meetings**

A Better Way- 1st Sunday 7 pm

Living Miracles- 1st Friday 7 pm\*

Stepping Stones- 2nd Thursday 7 pm

New Attitudes- 3rd Friday 8 pm\*

New Hope- 3rd Sunday 6:30 pm\*

NARCOTICS ANONYMOUS

SUMMER 2009

MOKAN AREA NA

PO BOX 1431

ST. JOSEPH MO 64502

LOCAL 816-233-3095

TOLL FREE 888-751-6262

Mokanna64501@yahoo.com

Area Service Committee Meeting

1st Sunday each month at 1 pm

106 South 7th St. Joseph MO

Activities Committee Meeting

Time/ Location to be announced

Chair- Marvin G. 816-244-8372

Hospitals & Institutions Committee Meeting

2nd Tuesday each month at 5:30 pm

401 S. 11th- Upstairs St. Joseph MO

Chair- Jeff B. 816-248-9087

Outreach Committee Meeting

Time/ location to be announced

Chair- Jeff J. 816-248-9145

PI Committee Meeting

Time/ Location to be announced  
Chair- Kristen V. 573-578-5650

**BETTER WAY**

Tarkio, MO 5th and Main Street  
Tarkio County Health Clinic- Basement  
Denise 660-725-4813  
Ashley S. and Jason E. 660-623-0707  
Mike K. 660-623-0149  
Group Conscience Last Tuesday 5:30 pm

**Saturday 7 pm-O, SM**

**Sunday 7 pm-C, CL**

**Tuesday 7 pm-O, SM**

**NEW ATTITUDES**

St. Joseph, MO 106 South 7th  
German American Building- 1st Floor  
Jeff J. 816-248-9145  
Stacy S. 816-261-0934  
Chuck B, 816-383-3864  
Robyn M. 816-273-6393  
Group Conscience 3rd Sunday 1 pm

**Sunday 8 pm-O, SY**

**Monday 8 pm-O, NC, LT**

**Tuesday 8 pm-O, SS**

**Wednesday 8 pm-C, TR**

**Thursday 8 pm-O, SP**

**Friday 8 pm-O, CL, GR**

**Saturday 8 pm-O, CL, ST**

**STONE STREET RELIEF**

Falls City, NE 7th and Stone Street  
Dave S. 402-801-0085  
Group Conscience last Wednesday 8:10 pm

**Wednesday 7 pm-O**

**NEVER ALONE**

Maryville, MO 549 W. 4th- Wesley Foundation  
Chris 660-254-2308  
Kristen 573-578-5650  
Group Conscience 1st Saturday 1pm

**Monday 6 pm-O, CD**

**Wednesday 6 pm-C, LT**

**Friday 8 pm-C, CL, ST**

**Saturday 12 pm-O, OT**

**STEPPING INTO SERENITY**

St. Joseph, MO 401 Sylvania  
Bea M. 816-351-8036  
Mary B. 816-248-0412  
Group Conscience last Saturday 3 pm

**Tuesday 1:15 pm-O**

**Thursday 1:15 pm-O**

**Thursday 5:30 pm-O**

**Friday 1:15 pm-O**

**Friday 5:30 pm-O**

**Saturday 12 pm-O**

**LIVING MIRACLES**

Atchison, KS 840 Kearney  
Kenny and Corina 913-367-1197  
Glenn 816-294-0582  
Ken 816-364-1551  
Group Conscience last Sunday 3 pm

**Tuesday 7 pm-C**

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**Wednesday 7 pm-O, CL**

**Friday 12 pm-O**

**7 pm-O**

**Saturday 7 pm-C, CL**

**NEW LIFE THE NA WAY**

Hiawatha, KS 210 Lodge- 1st Baptist Church  
Nick 785-288-8717

John S. 785-741-2323

Gina S. 785-741-2324

Group Conscience Last Thursday 8:30 pm

**Thursday 7:30 pm-O**

**SATURDAY NIGHT ALIVE**

Rulo, NE At Trinity Methodist Church

Joe and April 402-245-3368

Group Conscience last Saturday 6:30 pm

**Saturday 7 pm-O**

**LEGEND**

*O Open Meeting - Anyone wishing to  
experience our fellowship*

*C Closed Meeting - For addicts or those  
who might have a drug problem*

*\* Ninety Minutes NC Newcomer*

*CL Candlelight SS Steps*

*SM Smoking GR Gratitude*

*LT Literature Study CD Speaker Tape*

*TR Traditions WL Willingness*

*ST Stick Meeting OT Open Topic*

*SY Spirituality IP IP Study*

*SP Spiritual Principles*



### **2.2.2 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. This will be done on a fee for service basis with a contracted diagnostician. 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, Addiction Awareness, LLC shall be expected to render diagnoses in accordance with DBH requirements.

### **2.2.3 Assessment Update**

In the event a treatment court participant has received the assessment from any program operated by Addiction Awareness, LLC within the past six (6) months, Addiction Awareness, LLC 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.

2.2.3.1 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.

### **2.3 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.

*At this time, Addiction Awareness is not a CSTAR program, however, we do continue to provide these services without fee reimbursement in order to facilitate the success of the client. These services are outlined in the treatment plan, program summary, and/or progress notes of the client.*

### **2.4 Communicable Diseases Risk Assessment, Education, Testing & Counseling**

Addiction Awareness, LLC 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 Addiction Awareness, LLC 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.

***Services provided during group education with staff in attendance, provided by :***

**Mitzi Teliczan, Northwest Region Lead Agency St. Joseph/Buchanan Co. Health Dept. (816) 271-4659**

**2.5 Day Treatment**

Day treatment services shall consist of a comprehensive package of services and therapeutic structured activities designed to achieve and promote recovery from substance abuse/dependence and improve consumer functioning. It shall include structured therapeutic activities and group education. Day treatment is delivered in the Community Based Primary Treatment level of care.

*Client who are in need of this level of care are welcome to come to the morning, evening and Sunday treatment services. They are also allowed to stay in the therapeutic setting of the facility when there is no groups being facilitated in one of the lounge areas so that they can be in a safe environment. These hours are not billed to the contract, but are offered to the client to assist in their success in their recovery. Several clients have taken us up on this in the past several years.*

**2.6 Detoxification (Social Setting)**

Social setting detoxification services consist of 24-hour, supervised monitoring, aid, counseling and medication administration, as prescribed, to assist an intoxicated person's withdrawal from alcohol, other drugs, or both, in a safe, humane, and effective manner. This level of care is provided by trained staff in a residential setting.

**2.7 Detoxification (Modified Medical)** This service consists of 24-hour, medically supervised monitoring, aid, and counseling and medication administration, as prescribed, to assist an intoxicated person's withdrawal from alcohol, other drugs, or both, in a safe, humane, and effective manner. A licensed physician or advanced practice nurse (APN) who is engaged in a collaborative practice arrangement, as defined by law, must be on call at all times. All services shall be delivered under the direction of a licensed physician or APN in accordance with physician/APN-approved policies and physician/APN-monitored procedures or clinical protocols. This service shall be supervised by a registered nurse (RN) with relevant education, experience and competency. Appropriate nurse staffing patterns must be maintained to meet the care needs of each consumer and must have registered or licensed nursing staff present 24 hours per day. Counseling, community support work, and other services as necessary shall be provided to resolve immediate crises.

**Addiction Awareness does not offer these two services, however, are able to refer to Family Guidance Center or Heartland Behavioral Health here in St. Joseph for these services. We have also utilized and referred clients to St. Francis Hospital in Maryville, and KCCC in Kansas City to provide these services.**

## 2.8 **Early Intervention (Intake)**

Early Intervention is designed for adult drug court and veterans treatment court participants who score low risk/low need on the RANT™ (Quadrant 4). A clinical assessment is not needed for participants who score low risk/low need, however an intake session (consisting of approximately ½ hour) will be needed to schedule classes and gather information.

***Addiction Awareness will utilize the attached Bio-Psycho-Social Assessment worksheet. The client will fill out this worksheet prior to seeing a clinician. The clinician will then review this information and use this information in helping to formulate early intervention group that the client will be participating in. The clinician will either be a QSAP or a RASAC under the clinical supervision of a Missouri Substance Abuse Professional Credentialing Board approved clinical supervisor. The Clinician will be the clinician who provides the early intervention group.***

## 2.9 **Early Intervention (Group Education)**

Early Intervention is designed for adult drug court and veterans treatment court participants who score low risk/low need on the RANT™ (Quadrant 4). Group education will consist of approximately ten one-hour to 1.5 hour sessions. Groups should be comprised of two or more offenders offered over an 8 to 12 week period with participants able to enter and exit the group at any time during the group topic rotation after meeting program requirements.

***Addiction Awareness intends to offer this group on Sundays from 3-4 p.m. for a 10 week cycle. The program will keep a spreadsheet for those who have attended and certificates of completion will be provided to the participant with email documentation to the probation officer to confirm completion.***

**THE GROUP WILL EMPLOY EARLY INTERVENTION CURRICULUM FROM SAMSHA, MATRIX INTENSIVE OUTPATIENT TREATMENT FOR PEOPLE WITH STIMULANT USE DISORDERS: CLIENT'S HANDBOOK – AS WELL AS ADDRESSING THE FOLLOWING TOPICS:**

- **Myth-Busting:** Substances and Addiction: Present factual information about drug effects; expand awareness of the behavioral, medical and psychological consequences of substance abuse; facilitator and group members challenge and correct the distorted beliefs about substance use and abuse.
- **Impact of Substance Abuse on Families and Social Relationships:** Understand the effects of substance abuse on the family; learn resources available for the recovery process of family members.
- **Motivation and Stages of Change:** Understand stages of change theory; help consumers reframe the impact of substance abuse on their lives; develop an internal need for behavioral change.
- **Decision Making and Understanding Criminal Thinking Errors:** Learn how thoughts and emotions contribute to behavior; learn that thoughts and emotions can be controlled; identify thoughts, emotions and behaviors related to consequences.
- **Life Management and Goal Setting:** Review significant events in life since birth; prioritize aspects of life; discuss and set life goals; examine conflict between goals and past behaviors; managing life; managing money.
- **Anger Management and the Happy Home:** Educate about anger and interpersonal relationships; develop self-control skills to manage overwhelming emotions; teach specific anger management techniques such as time-outs and conflict resolution; teach functional family relationships.

- **Stress Management:** Consumers will learn about stress management techniques that can be helpful in recovery such as meditation, relaxation training, exercise, nutrition and spiritual development.
- **What is Recovery?:** Learn recovery skills; learn basic tools of recovery; understand triggers and cravings; learn techniques for stopping thoughts that can lead to substance abuse.
- **Relapse Prevention for Substance Abuse and Criminal Thinking:** Addresses the following topics: is alcohol use ok for me?; avoiding idle time; understanding relapse drift; how work life affects recovery; guilt and shame; sex and recovery; warning signs of relapse; new friends.

### **2.10 Early Intervention (Motivational Interviewing - Individual)**

Early Intervention is designed for adult drug court and veterans treatment court participants who score low risk/low need on the RANT™ (Quadrant 4). This shall consist of two to three Motivational Interviewing (MI) individual counseling sessions. The individual MI sessions shall occur at the beginning and end of the 8-12 week early intervention program period. The MI session provides the opportunity to encourage and reinforce healthy life plans and decisions.

***Addiction Awareness will offer this service on a case by case basis by either a QSAP or a RASAC under the clinical supervision of a Missouri Substance Abuse Professional Credentialing Board approved clinical supervisor.***

# Addiction Awareness

## BIO/PSYCHO/SOCIAL ASSESSEMENT (PERSONAL HISTORY/ADDICTION SEVERITY INDEX)

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (P.O. Box)

\_\_\_\_\_  
(City) (County) (State) (Zip) (Phone)

How long have you lived at this address? Years \_\_\_\_\_ Months \_\_\_\_\_

House \_\_\_\_\_ Apartment \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_ Amount Monthly \_\_\_\_\_

Number of people living at this address: \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex: \_\_\_\_\_

Race: White \_\_ Black \_\_ Hispanic \_\_ American Indian \_\_ Asian \_\_ Other \_\_\_\_\_

Religious Preference: Protestant \_\_ Catholic \_\_ Jewish \_\_ Islamic \_\_ Other \_\_\_\_\_

Have you been in a controlled environment in the last 30 days?

No \_\_ Yes \_\_ Jail \_\_ A&D \_\_ Medical Treatment \_\_ Psychiatric Treatment \_\_ Other \_\_\_\_\_

If Yes, how many days? \_\_\_\_\_

Presenting Problem (what brings you here?): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MEDICAL HISTORY (PHYSICAL HEALTH)

1. Have you or any of your immediate family ever been diagnosed or treated for any of the following?

	Yes	No	Who (relationship)
Diabetes	_____	_____	_____
Low Blood Sugar	_____	_____	_____
Heart Problems	_____	_____	_____
Gastritis	_____	_____	_____
Pancreatitis	_____	_____	_____
High Blood Pressure	_____	_____	_____
Low Blood Pressure	_____	_____	_____
Epilepsy	_____	_____	_____
Ulcers	_____	_____	_____
Cancer	_____	_____	_____
Depression	_____	_____	_____
HIV/AIDS	_____	_____	_____
Other	_____	_____	_____

2. Height \_\_\_\_\_ Weight \_\_\_\_\_ Gained or lost weight in the last 30 days? \_\_\_\_\_

3. In the last 3 months, have you had trouble:

Sleeping	Yes _____	No _____	Fatigue	Yes _____	No _____
Staying Awake	Yes _____	No _____	Unusual Pains	Yes _____	No _____
Loss of Appetite	Yes _____	No _____	Other	_____	
Breathing	Yes _____	No _____			

4. Are you presently taking any prescribed medications? Yes \_\_\_ No \_\_\_ If Yes, please list below:

Name of Medication	Dosage Frequency	Reason Prescribed	Who Prescribed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Do you have any physical handicaps? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list: \_\_\_\_\_

6. Do you have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list: \_\_\_\_\_

7. How many times in your life have you been hospitalized for medical reasons, excluding detox? Reason for hospitalization: \_\_\_\_\_
8. How long ago was your last hospitalization? Years \_\_\_\_ Months \_\_\_\_
9. Do you have any chronic medical problems? Yes \_\_\_ No \_\_\_ If yes, specify: \_\_\_\_\_
10. Have you had any major injuries? Yes \_\_\_ No \_\_\_ If yes, specify: \_\_\_\_\_
11. Do you receive a pension for a physical disability? If yes, specify: \_\_\_\_\_
12. How many days of the past 30 have you experienced medical problems? \_\_\_\_
13. How troubled or bothered have you been by medical problems in the last 30 days?  
Not at all \_\_\_ Slightly \_\_\_ Moderately \_\_\_ Considerably \_\_\_ Extremely \_\_\_
14. How important to you is treatment for the medical problem?  
Not at all \_\_\_ Slightly \_\_\_ Moderately \_\_\_ Extremely \_\_\_

## EDUCATIONAL/EMPLOYMENT/SUPPORT STATUS

1. How many years of school have you completed? (GED=12 years) Years \_\_\_\_ Months \_\_\_\_  
Attended High School (where): \_\_\_\_\_  
Year Graduated \_\_\_\_\_ Year Received GED \_\_\_\_\_
2. Have you completed any special or technical training, i.e., VocTech? Years \_\_\_\_ Months \_\_\_\_
3. Do you have a valid driver's license? Yes \_\_\_ No \_\_\_ If not, why? \_\_\_\_\_
4. Are you currently employed? Yes \_\_\_ No \_\_\_ If yes, how long? \_\_\_\_\_
5. How long was your longest full-time job? Years \_\_\_\_ Months \_\_\_\_
6. What is your usual (or last) occupation? Be specific: \_\_\_\_\_
7. Does someone contribute the majority of your support? Yes \_\_\_ No \_\_\_  
If yes, who and how much? \_\_\_\_\_
8. If yes, does this constitute the majority of your support? Yes \_\_\_ No \_\_\_
9. How many days were you paid for working during the last 30 days? \_\_\_\_
10. How much money did you receive from the following sources in the last 30 days?  
Employment (net income) \_\_\_\_\_ Pension/Social Security \_\_\_\_\_  
Unemployment Compensation \_\_\_\_\_ Mate, Family, Friends \_\_\_\_\_  
DPA/Welfare/Food Stamps \_\_\_\_\_ Illegal Encounters \_\_\_\_\_
11. How many people depend on you for the majority of their food, shelter, etc.? \_\_\_\_\_
12. How many days did you have employment problems in the last 30 days (unemployed): \_\_\_\_\_

## CHEMICAL (ALCOHOL/DRUG) HISTORY

1. At what age did you first use alcohol/drugs? \_\_\_\_\_ What did you use? \_\_\_\_\_
2. Has your alcohol/drug use affected your relationship with family and friends? Yes \_\_\_ No \_\_\_
3. What was your longest period of abstinence? \_\_\_\_\_ How long did you remain sober? \_\_\_\_\_
4. Method of Use: Oral \_\_\_ Smoking \_\_\_ Nasal \_\_\_ IV \_\_\_ Other \_\_\_

	Days used <u>In last 30</u>	Method <u>of use</u>	Age of <u>first use</u>	Do you consider this to be a problem?	
				Yes	No
Alcohol	_____	_____	_____	_____	_____
Cocaine	_____	_____	_____	_____	_____
Heroin	_____	_____	_____	_____	_____
Barbiturates	_____	_____	_____	_____	_____
Marijuana	_____	_____	_____	_____	_____
Amphetamines	_____	_____	_____	_____	_____
Methamphetamines	_____	_____	_____	_____	_____
PCP	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

5. How many times have you had alcohol D.T.'s? \_\_\_\_\_ Overdosed on drugs? \_\_\_\_\_
6. How many times have you been treated for alcohol abuse? \_\_\_\_\_ Drug Abuse? \_\_\_\_\_
7. How many times were you in for Alcohol detox? \_\_\_\_\_ Drug detox? \_\_\_\_\_
8. How much money did you spend the last 30 days on Alcohol? \_\_\_\_\_ Drugs? \_\_\_\_\_
9. How many days have you been treated in an out-patient setting, A&D in the last 30 days?  
(include AA and NA) \_\_\_\_\_
10. How many days in the last 30 did you drink or use: Alcohol? \_\_\_\_\_ Drugs? \_\_\_\_\_
11. How many days in the last 30 were you intoxicated? \_\_\_\_\_ High? \_\_\_\_\_
12. How troubled/bothered have you been by this use? Alcohol \_\_\_\_\_ Drugs \_\_\_\_\_  
0= Not at all 1= Slightly 2= Moderately 3= Considerably 4= Extremely
13. How important is treatment to you now for the use of Alcohol? \_\_\_\_\_ Drugs? \_\_\_\_\_  
0= Not at all 1= Slightly 2= Moderately 3= Considerably 4= Extremely
14. List below all previous treatment experiences (including in and out-patient):

<u>Agency</u>	<u>Location</u>	<u>Dates</u>	<u>In/Out-Patient</u>
_____	_____	_____	_____
_____	_____	_____	_____

## LEGAL HISTORY

1. Current charge (Felony, Diversion, Misdemeanor) \_\_\_\_\_
2. Date of Sentence \_\_\_\_\_ Length \_\_\_\_\_ Expiration \_\_\_\_\_
3. Status: Probation \_\_\_\_\_ Parole \_\_\_\_\_ Other \_\_\_\_\_
4. Current Violation(s), (P.V.'s) \_\_\_\_\_

5. Drunk Driving Arrest(s) # \_\_\_\_\_ Date(s) \_\_\_\_\_
6. Drunk Driving Conviction(s) # \_\_\_\_\_ Date(s) \_\_\_\_\_

7. ARREST RECORD: List all the times you have been arrested in the last 10 years. Give dates and current status. *Use the back of this sheet if more room is necessary.*

Charge	Date Arrested	Convicted (yes/no)	Incarcerated (yes/no)	Current Status
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## FAMILY HISTORY

Have any of your relatives had what you would call a significant drinking, drug use or psychiatric problem – one that did not lead or should have led to treatment?

	Mother's Side Alc./ Drug / Psych	Father's Side Alc./ Drug / Psych	Siblings Alc./ Drug / Psych
Grandmother	_____	G. Mother _____	Brother _____
Grandfather	_____	G.Father _____	Brother _____
Mother	_____	Father _____	Sister _____

Aunt \_\_\_\_\_ Aunt \_\_\_\_\_ Sister \_\_\_\_\_  
 Uncle \_\_\_\_\_ Uncle \_\_\_\_\_ Children \_\_\_\_\_

## PERSONAL/MARITAL/FAMILY/SOCIAL RELATIONSHIPS

1. Marital Status: Married \_\_\_ Remarried \_\_\_ Widowed \_\_\_ Separated \_\_\_ Divorced \_\_\_  
 Never Married \_\_\_ Common Law \_\_\_

2. How long have you been in this status (if never married, start with age 18):

Years \_\_\_ Months \_\_\_

3. Number of children \_\_\_ If you have children, do you have custody? Yes \_\_\_ No \_\_\_

4. Do you live with anyone who has a current alcohol or drug problem? Yes \_\_\_ No \_\_\_

5. With whom do you spend most of your free time? Family \_\_\_ Friend(s) \_\_\_ Alone \_\_\_

6. Have you had significant periods in your life, especially in the last 30 days, where you have experienced serious problems getting along with your (answer Yes or No):

	Life	30 days		Life	30 days
Mother	___	___	Sexual Partner/Spouse	___	___
Father	___	___	Children	___	___
Brother/Sister	___	___	Close Friend(s)	___	___
Other Family	___	___	Neighbor(s)	___	___

7. Have you ever been: sexually \_\_\_ physically \_\_\_ emotionally \_\_\_ verbally \_\_\_ abused as a child \_\_\_ or as an adult \_\_\_?

8. How many days in the past 30 have you had serious conflicts with your family? \_\_\_

9. How many days in the last 30 have you had serious conflicts with other people? \_\_\_

10. How troubled or bothered have you been in the last 30 days by family problems:

Not at all \_\_\_ Slightly \_\_\_ Moderately \_\_\_ Considerably \_\_\_ Extremely \_\_\_

11. Your spouse's name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_ Phone \_\_\_\_\_

12. Your spouse's address \_\_\_\_\_ Zip Code \_\_\_\_\_

13. Do you support your children (child support)? Yes \_\_\_ No \_\_\_

14. How much child support do you pay monthly? \_\_\_\_\_ Amount in arrears \_\_\_\_\_

15. Who do we contact in case of emergency? \_\_\_\_\_ Phone \_\_\_\_\_

## PSYCHIATRIC STATUS

1. Have you ever been treated for any psychological or emotional problems in a hospital?  
 Yes \_\_\_ No \_\_\_ Number of times \_\_\_

<u>Agency</u>	<u>Location</u>	<u>Date</u>	<u>In-Pt</u>	<u>Out-Pt</u>
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2. How many times have you been treated as an outpatient or private patient for any psychological or emotional problems? \_\_\_

3. Do you receive a pension for psychiatric disability? Yes \_\_\_ No \_\_\_

4. Have you had a significant period in the last 30 days or in your lifetime wherein you have experienced any of the following? (Do not include those that were a direct result of drug or alcohol use)

	Life	30 days		Life	30 days
Serious Depression	_____	_____	* Attempted suicide	_____	_____
Serious anxiety	_____	_____	* Thoughts of suicide	_____	_____
Hallucinations	_____	_____			
Controlling violent behavior	_____	_____			
Trouble understanding, concentrating or remembering?				_____	_____
Been prescribed medication for an psychological or emotional problem?				_____	_____

\* Are you contemplating suicide? Yes \_\_\_ No \_\_\_

5. How many days in the last 30 did you experience these emotional problems? \_\_\_

6. How much have you been troubled or bothered by these psychological or emotional problems in the last 30 days?

Not at all \_\_\_ Slightly \_\_\_ Moderately \_\_\_ Considerably \_\_\_ Extremely \_\_\_

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## ADDITIONAL INFORMATION

What do you do with your free time?

Play Sports \_\_\_ Watch TV \_\_\_ Read \_\_\_ Exercise \_\_\_ Other \_\_\_\_\_

What percentage of your time do you spend recreationally? \_\_\_\_\_%

Military History Yes \_\_\_ No \_\_\_ If yes, what branch \_\_\_\_\_ Year: From \_\_\_\_\_ To \_\_\_\_\_

Highest rank attained \_\_\_\_\_ Type of discharge \_\_\_\_\_

Goals for the Future (be specific):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

List Behavior Changes you would like to make (be specific):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## FINANCIAL

Total Indebtedness \_\_\_\_\_

Amount in Arrears \_\_\_\_\_

Ever filed bankruptcy? Yes \_\_\_ No \_\_\_ If yes, Amount \_\_\_\_\_ Year(s) \_\_\_\_\_

# DRUG/ALCOHOL SCREENING PROTOCOL

Adapted from the Michigan Alcoholism Screening Test

DIRECTIONS: If a statement is true about you, put a check (✓) in the space under YES. If a statement is not true, put a check in the space under NO. Please answer ALL questions.

	YES	NO
1. Do you consider your drug/alcohol behavior normal?	___	___
2. Do you ever experience memory loss or convulsions the day after heavy drug/alcohol use?	___	___
3. Does your spouse (or parents) ever worry or complain about your drug/alcohol use?	___	___
4. Can you stop using drugs/alcohol without a struggle once you have begun?	___	___
5. Do you ever feel bad about your drug/alcohol use?	___	___
6. Do friends or relatives think that your drug/alcohol use is normal?	___	___
7. Do you ever try to limit your drug/alcohol use to certain times or places?	___	___
8. Are you always able to stop using drugs/alcohol when you want to?	___	___
9. Have you ever gone to Alcoholics Anonymous or Narcotics Anonymous, or other self-help groups for your drug/alcohol use?	___	___
10. Have you ever gotten into fights while using drugs or alcohol?	___	___
11. Has drug/alcohol use ever created problems with you and your spouse (or parents?)	___	___
12. Has your spouse (or family member) ever gone to anyone for help about your drug/alcohol use?	___	___
13. Have you ever lost friends, girlfriends or boyfriends because of your drug/alcohol use?	___	___
14. Have you ever gotten into trouble at school or work because of your drug/alcohol use?	___	___

Revision March 1, 2014

- |  | YES | NO  |
|--|-----|-----|
| 15. Have you ever lost a job (or been suspended or expelled from school) because of your drug/alcohol use?   | ___ | ___ |
| 16. Have you ever neglected your obligations, family, work or school for two or more days in a row because you were using drugs/alcohol?   | ___ | ___ |
| 17. Do you ever use drugs/alcohol before noon?   | ___ | ___ |
| 18. Have you ever been told that you have liver trouble?   | ___ | ___ |
| 19. Have you ever had seizures, severe shaking, heard voices, seen things that were not there, or felt out of control and panicky after heavy drug/alcohol use?  | ___ | ___ |
| 20. Have you ever gone to anyone for help about your drug/alcohol use?   | ___ | ___ |
| 21. Have you ever gone to a hospital because of your drug/alcohol use?   | ___ | ___ |
| 22. Have you ever been a patient in a psychiatric hospital or on a psychiatric ward, or in a general hospital where drug/alcohol was part of the problem?  | ___ | ___ |
| 23. Have you ever been a patient in a psychiatric or mental health clinic, or gone to a doctor, social worker or clergyman for help with an emotional problem in which drug/alcohol use played a part? | ___ | ___ |
| 24. Have you ever been arrested (even for a few hours) because of behavior related to drug/alcohol use?  | ___ | ___ |
| 25. Have you ever been arrested for driving while intoxicated?   | ___ | ___ |

Total of yes's \_\_\_\_\_

**RECOMMENDATIONS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
STAFF SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR SIGNATURE

• Clinician needs to complete progress note for the file:

Initial completed: \_\_\_\_\_

### **2.11 *Extended Day Treatment***

Addiction Awareness, LLC shall provide Extended Day Treatment services, as appropriate. This service shall provide consultative services by a Registered Nurse for the purpose of monitoring and managing a consumer's health.

#### **2.11.1 Key service functions shall include:**

- Evaluation of the participant's physical condition and the need for detoxification services;
- Obtaining initial patient medical histories and vital signs;
- Monitoring health status during social setting detoxification;
- Monitoring general health needs and meeting with participants about medical concerns;
- Disease prevention, risk reduction and reproductive health education;
- Triaging medical conditions that occur during treatment and managing medical emergencies;
- Conferring with a physician as necessary or advocating for medical services through managed care organizations;
- Arranging or monitoring special dietary needs for medical conditions;
- Reviewing medication requirements with participant, educating the individual about the benefits of taking medications as prescribed and monitoring medication compliance;
- Educating participants about the medication(s) prescribed to them;
- Consulting with the physician or pharmacy to confirm medications prescribed;
- Consulting with participants on use of over-the-counter medications and monitoring their use;
- Therapeutic injection of medication (subcutaneous or intramuscular);
- Monitoring lab levels including consultation with physicians, consumers, and clinical staff;
- Coordination of medication needs with pharmacies, clients, and families, including the use of indigent drug programs;
- Monitoring medication side-effects including the use of standardized evaluations; and
- Monitoring physician orders for treatment modifications requiring patient education.

***Addiction Awareness will not be providing this service.***

**2.12 *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.

**Addiction Awareness will provide this service on a case by case basis, as approved by the Drug Court Team, to support the success of the client in recovery.**

**2.13 *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.

**Addiction Awareness will provide this service on a case by case basis, as approved by the Drug Court Team, to support the success of the client in recovery and shall be provided by Lisa Doyle, who is qualified under the requirements of 9 CSR 30-3.110.**

**2.14 Group Counseling (Associate SA Counselor)**

*Group counseling services at Addiction Awareness LLC will be 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.*

*Currently – several of the RASAC’s have numerous other certifications and have been instrumental at providing direct support for clients in their long term recovery process. The expertise of this staff is noted in that section of the RFP.*

*Counseling groups will not exceed an average of 12 clients, and will meet specialized needs of the clients when appropriate. Often groups do consist of more than one facilitator as Addiction Awareness has a strong network of qualified volunteers that meet criteria for associate substance abuse counselor as they work to complete their certification.*

*\*Please see group schedule for topics.*

**2.15 Group Counseling (QSAP)**

*Group counseling at Addiction Awareness under this section will be 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.*

*Counseling groups will not exceed an average of 12 clients, and will meet specialized needs of the clients when appropriate. Often groups do consist of more than one facilitator as Addiction Awareness has a strong network of qualified volunteers that meet criteria for associate substance abuse counselor as they work to complete their certification.*

*Additionally, Addiction Awareness provides certified counselors to provide Moral Reconciliation Therapy to participants that are deemed in need of this therapy. These counselors are not only certified by the state board, but by the Correctional Counseling of Memphis, TN. There are other programs in the area who offer this service but have clinicians providing the service who are not qualified by the Correctional Counseling program of Memphis, TN.*

**2.16 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.*

- 2.16.1 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.

**Addiction Awareness will provide this service on a case by case basis, as approved by the Drug Court Team, to support the success of the client in recovery and shall be provided by Lisa Doyle, who is qualified under the requirements of 9 CSR 30-3.110.**

**2.17 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.

*Addiction Awareness employs a wide range of group education. Once again, groups average 12 or less, which include education, however, does go higher but never exceeds 30 clients in one room.*

*The group schedule outlines the various groups, and the curriculum listed at the conclusion of the price page outline the variety of education employed.*

**2.18 Group Education (Trauma Related)**

*Group Education (Trauma Related) is the presentation of recovery and trauma related information and its application, along with group discussion, directly related to the attainment of individualized treatment plan objectives. Addiction Awareness, LLC shall use evidence-based models of trauma treatment provided by staff with specific training related to trauma and addiction. Trauma Education groups provided must be gender specific.*

*Addiction Awareness provides Men's Issues Group and Women's Issues Group that are led by the same gender to address issues that can affect their individual recovery. These groups are lead with SAMSHA recommended curriculum as well.*

**SEE CURRENT GROUP SCHEDULE ATTACHED.**

<i>START 10/1/13</i>	<i>Monday</i>	<i>Staff</i>	<i>Tuesday</i>	<i>Staff</i>	<i>Wednesday</i>	<i>Staff</i>	<i>Thursday</i>	<i>Staff</i>
<b>9-10 Education</b>			1. Addiction Education 2. Alcohol Education 3. Other Addictions	<b>Lori or Penny</b>			1. 12 steps 2. Big Book/NA Book 3. Other forms of tx	<b>Lori or Penny</b>
<b>10:00-1100 Counseling</b>			Obstacles to Recovery/ Assignments Processing	<b>Lori and Penny</b>			Moving beyond our past/ Assignments Processing	<b>Lori and Penny</b>
<b>1110-1210 Education</b>			1. Relapse Prevention 2. Feelings & Stress Management 3. Spirituality	<b>Lori or Penny</b>			1. CODA 2. ACOA 3. Family Issues	<b>Lori or Penny</b>
<b>5-6 Education</b>	1. Addiction Education 2. Alcohol Education 3. Other Addictions <b>JD</b>	<b>Co-occurring Disorders Lisa/Lori</b>	1. Addiction Education 2. Alcohol Education 3. Other Addictions	<b>JD</b>	1. Addiction Education 2. Alcohol Education 3. Other Addictions	<b>Penny</b>	1. 12 steps 2. Big Book/NA Book 3. Other forms of tx	<b>Penny</b>
<b>600-700</b>	Obstacles to Recovery/ Assignments Processing	<b>JD</b>	Obstacles to Recovery/ Assignments Processing	<b>JD</b>	Moving beyond our past/ Assignments Processing	<b>Lori and Penny</b>	Moving beyond our past/ Assignments Processing	<b>Lori and Penny</b>
<b>710-810 Education</b>	1. Relapse Prevention 2. Feelings & Stress Management 3. Spirituality	<b>Lori</b>	1. CODA 2.ACOA 3. Family Issues <b>FAMILY MEMBERS WELCOME DORA</b>	<b>MRT - MORAL RECONATION THERAPY - LORI</b>	Gender Groups	<b>Steve or Jack/Lori or Penny</b>	1. Relapse Prevention 2. Feelings & Stress Manage 3. Spirituality LORI	<b>DOMESTIC VIOLENCE BATTERERS INTERVENTION - PENNY</b>
Sundays	<b>4p.m.</b>	<b>5 p.m.</b>	<b>6 p.m.</b>	<b>7 p.m.</b>				
	1. Addiction Education 2. Alcohol Education 3. Other Addictions <b>PENNY</b>	Obstacles to Recovery/ Assignments Processing <b>ANITA/PENNY</b>	1. Relapse Prevention 2. Feelings & Stress Management 3. Spirituality <b>ANITA/PENNY</b>	Feelings Management - <b>PENNY</b>		If dvi/sub abuse - pays \$20/week at each	Can pay \$40 and after 1st four hours - rest of the week is free	Phase 1 is 4 hrs/wk min & 12 wks min Phase 2 is 2 hrs/wk min & 12 wks min

**FROM DEPARTMENT OF MENTAL HEALTH STANDARDS:**

Program Schedule. A current schedule of groups and other structured program activities shall be maintained. (A) Each person shall actively participate in the program schedule, with individualized scheduling and services based on the person's treatment goals, level of care, and physical, mental, and emotional status. (B) Group sessions shall address therapeutic issues relevant to the needs of persons served. Some of these scheduled group sessions may not be applicable to or appropriate for all persons and should be attended by each individual on a designated or selective basis. Examples of designated or selective groups may include parenting, budgeting, anger management, domestic violence, co-occurring disorders, relapse intervention track, etc. (10) Therapeutic Setting. Services shall be provided in a therapeutic, alcohol and drug free setting. (A) Productive, meaningful, age-appropriate alternatives to substance use shall be encouraged for each individual. (B) Any incident of client use of alcohol or drugs shall be documented in the client's record. (C) An incident of possession or use of alcohol or drugs may result in termination from the program, particularly in residential settings. (D) Repeated incidents of possession or use shall result in termination from the program. (E) The program shall not allow gambling or wagering on its premises or as part of its activities.

**SEE BELOW FOR APPROVED CURRICULUM - YOU CAN REPLACE WITH CURRICULUM OF YOUR OWN ON OCCASION BUT THIS CURRICULUM SHOULD BE USED REGULARLY UNLESS APPROVED OTHERWISE BY LISA. THANK YOU!!!**

*do not take them out of the office - but copy if you need something - and return all books there so your fellow staff members can find them when needed.*

SENT TO STAFF BY EMAIL PDF ATTACHED FILES: Family Group, Relapse Prevention, Women's Group, and Addiction Education -Marijuana - Men's Group -

Relapse Prevention - Client's Handbook and or Relapse prevention therapy (maroon book)

as well as <http://store.samhsa.gov/shin/content/SMA06-4217/CounselorsManual.htm>

Addiction/alcohol Education - Drug and alcohol education workbook

as well as attached, and the early recovery section of Client's Handbook (on shelf in resource room)

Other Addiction Education - lots in the file cabinet of each drugs.

Feelings Management - emotional freedom workbook, anger busting workbook, <http://facs.pppst.com/feelings.html>

Stress Management - <http://stresscourse.tripod.com/>

Spirituality - the 12 steps - a way out - A spirituality

12 steps/Big Book - we have lots of NA and AA workbooks/books on the shelf - and/or The 12 steps for everyone who really wants them, hazelden

community corrections project - client recovery workbook

Codependency - Breaking Free - a recovery workbook for facing codependence

ACOA - Adult children of alcoholics workbook for healing

\*please offer suggestions of curriculum you use that you would like to add to one of these scheduled groups.

**2.19 Individual Counseling**

Individual counseling Addiction Awareness will 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 will 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)).**

**2.20 Individual Counseling (Collateral Relationship)**

Addiction Awareness, LLC will 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).

**Addiction Awareness will provide this service on a case by case basis, as approved by the Drug Court Team, to support the success of the client in recovery and shall be provided by Lisa Doyle, who is qualified under the requirements of 9 CSR 30-3.110.**

**2.21 Individual Counseling (Co-Occurring Disorder)**

Addiction Awareness, LLC will provide Individual Counseling (Co-Occurring Disorder), as part of the approved treatment program. This service will consist of a 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. This service will be provided by a Qualified Mental Health Professional, if 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). If co-occurring counselors are not available, this service will be billed under the individual counseling section 2.19. The Qualified Mental Health Professionals have completed co-occurring training as provided by the MSAPCB and TIP 42.

**2.22 Individual Counseling (Trauma Related)**

Individual Counseling (Trauma Related) consists of structured, goal-oriented therapeutic interaction between a participant and a specially-trained counselor designed to resolve issues related to psychological trauma, personal safety and empowerment of the client in the context of substance abuse problems. Addiction Awareness, LLC shall use evidence-based models of trauma treatment provided by staff with specific training related to trauma and addiction. Individual Counseling (Trauma Related) shall be provided by a licensed mental health professional who is a QSAP with specialized trauma training and/or equivalent work experience.

**Addiction Awareness will not be providing services under 2.22, but will continue to pursue training to meet this need.**

**ADDICTION AWARENESS COUNSELING SESSION SUMMARY NOTES (SOAP Notes)**

**Client Name:** \_\_\_\_\_ **Session Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ - \_\_\_\_\_  
\*\*\*\*\*

**Client Description:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Subjective Complaint:** \_\_\_\_\_  
\_\_\_\_\_

**Objective Findings:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Assessment of Progress:** (especially related to treatment plan goal #) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Staff Perception/Intervention:** (what did you do?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Plans for Next Session:** include goal #/assignment \_\_\_\_\_  
\_\_\_\_\_

**Needs for Supervision:** \_\_\_\_\_

**On Assessment note and treatment plan update individual sessions:**

**How the 5 domains of recovery are being addressed:**

(Abstinence, Legal Issues, Education/Employment, Social Connectedness, Housing, Mental/Physical Health and Well being, and any notes about individual strengths/needs description that also needs to be noted on treatment plan)  
\_\_\_\_\_  
\_\_\_\_\_

**Admit to** \_\_\_\_\_ **Phase under** \_\_\_\_\_ **funding.**

**Version 4/1/13**

\_\_\_\_\_  
Clinician Date Supervisor (if reviewed) Date

## REFERRED TO SUPPORTED RECOVERY BASED ON CIRCLED ITEMS:

This level of care offers treatment on a regularly scheduled basis, while allowing for a temporary increase in services to address a crisis, relapse, or imminent risk of relapse. Services should be offered on approximately a weekly basis, unless other scheduling is clinically indicated.

(A) Eligibility for supported recovery shall be based on. 1. Lack of need for structured or intensive treatment; 2. Presence of adequate resources to support oneself in the community;  
3. Absence of crisis that cannot be resolved by community support services; 4. Willingness to participate in the program, keep appointments, participate in selfhelp, etc.;  
5. Evidence of a desire to maintain a drug-free lifestyle; 6. Involvement in the community, such as family, church, employer, etc.; and 7. Presence of recovery supports in the family and/or community. (B) Expected outcomes for supported recovery are to. 1. Maintain sobriety and minimize the risk of relapse; 2. Improve family and social relationships;  
3. Promote vocational/educational functioning; and 4. Further develop recovery supports in the community. (C) The program shall offer at least three (3) hours of service per week. Each person shall be expected to participate in any combination of services determined to be clinically necessary. PLEASE REVIEW THIS GUIDE; AND USE THE ATTACHED FORM FOR ALL COUNSELING SESSIONS -

## GUIDE TO SOAP NOTES

- Client Description: Manner of dress, physical appearance, illnesses, disabilities, energy level, general self-presentation. (Only update after first session)
- Subjective Complaint: Presenting problem(s) or issue(s) from the client's point of view. What the client says about causes, duration, and seriousness of issue(s). If the client has more than one concern, rank them based on client's perception of their importance.
- Objective Finding: Counselor's observation of the client's behavior during the session. Verbal and nonverbal, including eye contact, voice tone and volume, body posture. Especially note any changes and when they occur (such as a client who becomes restless in discussing a topic or whose face turns red under certain circumstances). Note discrepancies in behavior.
- Assessment of Progress: Counselor's view of the client, beyond what the client said or did. Continual evaluation of client in terms of emotions, cognitions, and behavior. Identification of themes and patterns in what client says and does. Use of developmental (Erikson, social learning theory) or mental health models (DSM-IV). Include your hypotheses, interpretations, and conceptualization of client.
- Plans for Next Session: Plans for client, not for the counselor. Short and long-term goals. How you want to interact with client; what you may plan to respond to in next session with client (follow-up on family issues discussed). Do you plan to help client focus on thoughts, feelings, or behaviors? What particular strategy or theoretical approach might you use? What do you base your plan on?
- Needs for Supervision/Plans for Counselor: What reading or research do you need to do in preparation? Practice? What help do you need from your supervisor?

## DIRECTLY FROM CERTIFICATION STANDARDS:

Individual Counseling. Individual counseling is a structured, goal-oriented therapeutic process in which an individual interacts on a face-to-face basis with a counselor in accordance with the individual's rehabilitation plan in order to resolve problems related to substance abuse which interfere with the person's functioning.

(A) Key service functions of individual counseling may include, but are not limited to:

1. Exploration of an identified problem and its impact on functioning;
  2. Examination of attitudes, feelings, and behaviors that promote recovery and improved functioning;
  3. Identification and consideration of alternatives and structured problem-solving;
  4. Decision making; and
  5. Application of information presented to the individual's life situation in order to promote recovery and improved functioning.
- (B) 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).

**MEETS CRITERIA OF THE FOLLOWING: -CIRCLED**

**DSM-IV Diagnostic Criteria for Alcohol Abuse** - 1. A maladaptive pattern of alcohol abuse leading to clinically significant impairment or distress, as manifested by one or more of the following, occurring within a 12-month period:

- a) Recurrent alcohol use resulting in failure to fulfil major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions or expulsions from school; or neglect of children or household).
  - b) Recurrent alcohol use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine).
  - c) Recurrent alcohol-related legal problems (e.g., arrests for alcohol-related disorderly conduct).
  - d) Continued alcohol use despite persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the alcohol (e.g., arguments with spouse about consequences of intoxication or physical fights).
2. These symptoms must never have met the criteria for alcohol dependence.

**DSM-IV Diagnostic Criteria for Alcohol Dependence**- A maladaptive pattern of alcohol use, leading to clinically significant impairment or distress, as manifested by three or more of the following seven criteria, occurring at any time in the same 12-month period:

1. Tolerance, as defined by either of the following:
  - a) A need for markedly increased amounts of alcohol to achieve intoxication or desired effect.
  - b) Markedly diminished effect with continued use of the same amount of alcohol.
2. Withdrawal, as defined by either of the following:
  - a) The characteristic withdrawal syndrome for alcohol (refer to DSM-IV for further details).
  - b) Alcohol is taken to relieve or avoid withdrawal symptoms.
3. Alcohol is often taken in larger amounts or over a longer period than was intended.
4. There is a persistent desire or there are unsuccessful efforts to cut down or control alcohol use.
5. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol or recover from its effects.
6. Important social, occupational, or recreational activities are given up or reduced because of alcohol use.
7. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the alcohol (e.g., continued drinking despite recognition that an ulcer was made worse by alcohol consumption).

**A. Criteria for Substance Abuse - A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:**

- a. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home
  - b. Recurrent substance use in situations in which it is physically hazardous
  - c. Recurrent substance-related legal problems
  - d. Continued substance use despite having persistent or recurrent social or interpersonal problems caused by or exacerbated by the effects of the substance
- B. The symptoms have never met the criteria for Substance Dependence for this class of substance.

**Criteria for Substance Dependence - A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:**

1. Tolerance, as defined by either of the following:
  - a. a need for markedly increased amounts of the substance to achieve intoxication or desired effect
  - b. markedly diminished effect with continued use of the same amount of the substance
2. Withdrawal, as manifested by either of the following:
  - a. the characteristic withdrawal syndrome for the substance (refer to Criteria A and B of the criteria sets for Withdrawal from the specific substances)
  - b. the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms
3. The substance is often taken in larger amounts or over a longer period than was intended
4. There is a persistent desire or unsuccessful efforts to cut down or control substance use
5. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects
6. Important social, occupational, or recreational activities are given up or reduced because of substance use
7. The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance

### **2.23 Medication Services**

Addiction Awareness, LLC 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.

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

2.23.2 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.

### **2.24 Medication**

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

*Addiction Awareness will be providing these services through referrals with working relationships with enclosed documented physicians per the policy attached. The only services that will be billed to the contract will be the individual counseling necessary to track the key service functions listed above.*

**ATTACHMENT 2.23-2.24 - MEDICATION ASSISTED TREATMENT PROGRAM POLICY AND DOCTOR LIST FOR REFERRALS**

**AA, LLC**

**PAGES 20  
NUMBER 27**

**POLICIES AND  
PROCEDURES**

**Effective Date: June 1, 2012**

**Medication  
Assisted Treatment  
Program**

**PURPOSE: To set out a protocol for Medication Assisted Treatment.**

- I. Initial screening or intake procedures determine a client's eligibility and readiness for medication-assisted treatment for opioid and alcohol addiction (MAT) and admission to an opioid and alcohol treatment program (ADDICTION AWARENESS). Ongoing assessment should begin as soon as a client is admitted to Addiction Awareness. It provides a basis for individualized treatment planning and increases the likelihood of positive outcomes.
- II. Staff will complete MAT client packet and complete the Addiction Severity Index (ASI)
- III. **Initial Screening**
  - A. **First Contact**

The screening process begins when a client or family member first contacts Addiction Awareness, often via telephone or a visit to Addiction Awareness. This contact is the first opportunity to establish an effective therapeutic alliance among

staff members, clients, and clients' families. Staff members should be prepared to provide immediate, practical information that helps potential clients make decisions about MAT, including the approximate length of time from first contact to admission, what to expect during the admission process, and types of services offered. A brief exploration of clients' expectations and circumstances can reveal other information they need for considering MAT.

### **B. Goals of Initial Screening**

- **Crisis intervention.** Identification of and immediate assistance with crisis and emergency situations (see “Screening of Emergencies and Need for Emergency Care” below)
- **Eligibility verification.** Assurance that an client satisfies Federal and State regulations and program criteria for admission to Addiction Awareness
- **Clarification of the treatment alliance.** Explanation of client and program responsibilities
- **Education.** Communication of essential information about MAT and ADDICTION AWARENESS operations (e.g., dosing schedules, ADDICTION AWARENESS hours, treatment requirements, addiction as a brain disease) and discussion of the benefits and drawbacks of MAT to help clients make informed decisions about treatment
- **Identification of treatment barriers.** Determination of factors that might hinder an client's ability to meet treatment requirements, for example, lack of childcare or transportation.

### **C. Screening of Emergencies and Need for Emergency Care**

Emergencies can occur at any time but are most common during induction to MAT and the acute treatment phase (see [chapter 7](#)). In particular, clients who exhibit symptoms that could jeopardize their or others' safety should be referred immediately for inpatient medical or psychiatric care. If possible, staff members who conduct initial screening and assessment should make appropriate referrals before clients are admitted to Addiction Awareness. Identifying and assessing emergencies may require staff familiarity with the components of a mental health status examination (see “Psychosocial Assessment” below).

### **D. Suicidality**

Initial screening and periodic assessments should help determine whether those indicating risks of suicide need additional services (e.g., hospitalization for protection or treatment, outpatient mental treatment, or evaluation for antidepressant medication).

## **Behavioral and Circumstantial Indicators of Suicide Risk**

- Talk about committing suicide
- Trouble eating or sleeping
- Drastic changes in behavior
- Withdrawal from friends or social activities
- Loss of interest in hobbies, work, or school
- Preparations for death, such as making a will or final arrangements
- Giving away prized possessions
- History of suicide attempts
- Unnecessary risk taking
- Recent severe losses
- Preoccupation with death and dying
- Loss of interest in personal appearance
- Increased use of alcohol or drugs

#### **Expressed Emotions That May Indicate Suicide Risk**

- Can't stop the pain
- Can't think clearly
- Can't make decisions
- Can't see any way out
- Can't sleep, eat, or work
- Can't get out of depression
- Can't make the sadness go away
- Can't see a future without pain
- Can't see oneself as worthwhile
- Can't get someone's attention
- Can't seem to get control

#### **Recommended Responses to Indicators of Suicidality**

- Be direct. Talk openly and matter-of-factly about suicide.
- Be willing to listen. Allow expressions of feelings. Accept the feelings.
- Be nonjudgmental. Don't debate whether suicide is right or wrong or feelings are good or bad. Don't lecture on the value of life.
- Get involved. Become available. Show interest and support.
- Don't dare an individual to do it.

- Don't act shocked. This puts distance between the practitioner and the individual.
- Don't be sworn to secrecy. Seek support.
- Offer hope but not glib reassurances that alternatives are available.
- Take action. Remove means, such as guns or stockpiled pills.
- Get help from persons or agencies specializing in crisis intervention and suicide prevention.

### **E. Homicidality and threats of violence**

Threats should be taken seriously. For example, if an individual with knowledge of ADDICTION AWARENESS procedures and schedules makes a threat, patterns of interaction between staff and this individual should be shifted. It might be necessary to change or stagger departure times, implement a buddy system. Counseling assignments can be changed, or clients can be transferred to another ADDICTION AWARENESS.

- Asking the client questions specific to homicidal ideation, including thoughts, plans, gestures, or attempts in the past year; weapons charges; and previous arrests, restraining orders, or other legal procedures related to real or potential violence at home or the workplace.
- Documenting violent incidents and diligent monitoring of these records to assess the nature and magnitude of workplace violence and to quantify risk. When a threat appears imminent, all legal, human resource, employee assistance, community mental health, and law enforcement resources should be readied to respond immediately (National Institute for Occupational Safety and Health 1996).

### **F. Admission Procedures and Initial Evaluation**

After initial client screening, the admission process should be thorough and facilitate timely enrollment in Addiction Awareness. This process usually marks clients' first substantial exposure to the treatment system, including its personnel, other clients, available services, rules, and requirements. The admission process should be designed to engage new clients positively while screening for and assessing problems and needs that might affect MAT interventions.

### **G. Timely Admission, Waiting Lists, and Referrals**

The longer the delays between first contact, initial screening, and admission and the more appointments required to complete these procedures, the fewer the clients who actually enter treatment. Prompt, efficient orientation and evaluation contribute to the therapeutic nature of the admission process.

If a program is at capacity, admitting staff should advise clients immediately of a waiting list and provide one or more referrals to programs that can meet their treatment needs more quickly. A centralized intake process across programs can facilitate the admission process, particularly when clients must be referred. For example, if an client accepts

referral to another provider, telephone contact by the originating program often can facilitate the client's acceptance into the referral program. If an client goes willingly to another program for immediate treatment but prefers admission to the original ADDICTION AWARENESS, the admission process should be completed and the client's name added to the waiting list.

Clients who prefer to await treatment at the original site should be added to the waiting list and contacted periodically to determine whether they want to continue waiting or be referred. For individuals who are ineligible, staff should assess the need for other acute services and promptly make appropriate referrals. The consensus panel recommends that each ADDICTION AWARENESS establish criteria to decide which prequalified clients should receive admission priority, especially when a program is near capacity. For example, some programs offer high-priority admission to pregnant women, addicted spouses of current clients, clients with HIV infection or other serious medical conditions, or former clients who have tapered off maintenance medication but subsequently require renewed treatment.

#### **H. Denial of Admission**

Denial of admission to Addiction Awareness will be based on sound clinical practices and the best interests of both the client and Addiction Awareness. Admission denial should be considered, for example, if an client is threatening or violent. Continuity of care should be considered, and referral to more suitable programs should be the rule. Due process and attention to client rights (see [CSAT 2004b](#)) minimize the possibility that decisions to deny admission to Addiction Awareness are abusive or arbitrary.

#### **I. Information Collection and Dissemination**

Collection of client information and dissemination of program information occur by various methods, such as by telephone; through a receptionist; and through handbooks, information packets, and questionnaires. Medical assessments (e.g., physical examinations, blood work) and psychosocial assessments also are necessary to gather specific types of information. Although collection procedures differ among Addiction Awareness, the consensus panel recommends that the following types of information be collected, documented, or communicated to clients:

- **Treatment history.** Addiction Awareness should obtain a new client's substance abuse treatment history, preferably from previous treatment providers, including information such as use of other substances while in treatment, dates and durations of treatment, patterns of success or failure, and reasons for discharge or dropout. Written consent from a client is required to obtain information from other programs (see [CSAT 2004b](#)). (See below for details on other components to include in this history.)
- **Orientation to MAT.** All clients should receive an orientation to MAT, generally extending over several sessions and including an explanation of treatment methods, options, and requirements and the roles and responsibilities of those involved. Each new client also should receive a handbook (or other appropriate materials), written at an understandable level in the client's first language if

possible, that includes all relevant program-specific information needed to comply with treatment requirements. Client orientation should be documented carefully for medical and legal reasons. Documentation should show that clients have been informed of all aspects of the multifaceted MAT process and its information requirements, including (1) the consent to treatment ([CSAT 2004b](#) ), (2) program recordkeeping and confidentiality requirements (e.g., who has access to records and when, who can divulge information without client consent [see [CSAT 2004b](#) ]), (3) program rules, including client rights, grievance procedures, and circumstances under which a client can be discharged involuntarily, and (4) facility safety instructions (e.g., emergency exit routes). Addiction Awareness should require clients to sign or initial a form documenting their participation in the orientation process. Also, clients must receive and sign a written consent to treatment form (see [Appendix 4-A](#); see also [CSAT 2004b](#) ), which is kept on file by Addiction Awareness.

- **Age of client.** Persons younger than age 18 must meet specific Federal and State requirements (at this writing, some States prohibit MAT for this group), and Addiction Awareness must secure parental or other guardian consent to start adolescents on MAT (see discussion below of exemptions from the Substance Abuse and Mental Health Services Administration's [SAMHSA's] 1-year dependence duration rule).
- **Recovery environment.** A client's living environment, including the social network, those living in the residence, and stability of housing, can support or jeopardize treatment.
- **Suicide and other emergency risks.** (See above.)
- **Substances of abuse.** A client's substance abuse history should be recorded, focusing first on opioid and alcohol use, including severity and age at onset of physical addiction, as well as use patterns over the past year, especially the previous 30 days. A baseline determination of current addiction should meet, to the extent possible, accepted medical criteria. Many people who are opioid and alcohol addicted use other drugs and alcohol; this multiple substance use has definite implications for treatment outcomes (see "Substance Use Assessment" below and [chapter 11](#)). Therefore, screening and medical assessment also should identify and document nonopioid and alcohol substance use and determine whether an alternative intervention (e.g., inpatient detoxification) is necessary or possible before an client is admitted to Addiction Awareness.
- **Prescription drug and over-the-counter medication use.** All prescription drug and over-the-counter medication use should be identified. Procedures should be in place to determine any instances of misuse, overdose, or addiction, especially for psychiatric or pain medications. The potential for drug interactions, particularly with opioid and alcohol treatment medications, should be noted (see [chapter 3](#)).
- **Method and level of opioid and alcohol use.** The general frequency, amounts, and routes of opioid and alcohol use should be recorded. If opioid and alcohols are injected, the risk of communicable diseases (e.g., HIV/AIDS, hepatitis C,

endocarditis) increases. Client reporting helps providers assess clients' substance addiction and tolerance levels, providing a starting point to prescribe appropriate treatment medication for stabilization (American Psychiatric Association 2000; Mee-Lee et al. 2001a ).

- **Pattern of daily preoccupation with opioid and alcohols.** A client's daily pattern of opioid and alcohol abuse should be determined. Regular and frequent use to offset withdrawal is a clear indicator of physiological dependence. In addition, people who are opioid and alcohol addicted spend increasing amounts of time and energy obtaining, using, and responding to the effects of these drugs.
- **Compulsive behaviors.** Clients in MAT sometimes have other impulse control disorders. A treatment provider should assess behaviors such as compulsive gambling or sexual behavior to develop a comprehensive perspective on each client.
- **Client motivation and reasons for seeking treatment.** Prospective clients typically present for treatment because they are in withdrawal and want relief. They often are preoccupied with whether and when they can receive medication. Because successful MAT entails not only short-term relief but a steady, long-term commitment, clients should be asked why they are seeking treatment, why they chose MAT, and whether they fully understand all available treatment options and the nature of MAT. Negative attitudes toward MAT may reduce client motivation. However, concerns about motivation should not delay admission unless clients clearly seem ambivalent. In such cases, treatment providers and clients can discuss the pros and cons of MAT. The consensus panel believes that identifying and addressing concerns about and stressing the benefits of MAT as early as possible are essential to long-term treatment retention and maintaining client motivation for treatment.
- **Client personal recovery resources.** A client's comments also can identify his or her recovery resources. These include comments on satisfaction with marital status and living arrangements; use of leisure time; problems with family members, friends, significant others, neighbors, and coworkers; the client's view of the severity of these problems; insurance status; and employment, vocational, and educational status. Identification of client strengths (e.g., stable employment, family support, spirituality, strong motivation for recovery) provides a basis for a focused, individualized, and effective treatment plan (see chapter 6).
- **Scheduling the next appointment.** Unless the program can provide assessment and admission on the same day, the next visit should be scheduled for as soon as possible. To facilitate an accurate diagnosis of opioid and alcohol addiction and prompt administration of the initial dose of medication when other documentation of a client's condition is unavailable, the client should be instructed to report to Addiction Awareness while in mild to moderate opioid and alcohol withdrawal.

## **J. Determination of Opioid and alcohol Addiction and Verification of Admission Eligibility**

### **Federal regulations on eligibility**

Federal regulations state that, in general, opioid and alcohol pharmacotherapy is appropriate for persons who currently are addicted to an opioid and alcohol drug and became addicted at least 1 year before admission (42 CFR, Part 8 § 12(e)). Documentation of past addiction might include treatment records or a primary care physician's report. When an client's status is uncertain, admission decisions should be based on drug test results and client consultations.

### **Exemptions from SAMHSA's 1-year dependence duration rule**

If appropriate, a program physician can invoke an exception to the 1-year addiction history requirement for clients released from correctional facilities (within 6 months after release), pregnant clients (program physician must certify pregnancy), and previously treated clients (up to 2 years after discharge) (42 CFR, Part 8 § 12(e)(3)).

A person younger than 18 must have undergone at least two documented attempts at detoxification or outpatient psychosocial treatment within 12 months to be eligible for maintenance treatment. A parent, a legal guardian, or an adult designated by a relevant State authority must consent in writing for an adolescent to participate in MAT (42 CFR, Part 8 § 12(e)(2)). Clients younger than 18 should receive age-appropriate treatments, ideally with a separate treatment track (e.g., young adult groups).

### **Cases of uncertainty**

When absence of a treatment history or withdrawal symptoms creates uncertainty about an client's eligibility, ADDICTION AWARENESS staff should ask the client for other means of verification, such as criminal records involving use or possession of opioid and alcohols or knowledge of such use by a probation or parole officer. A notarized statement from a family or clergy member who can attest to an individual's opioid and alcohol abuse might be feasible.

The consensus panel does not recommend use of a naloxone (Narcan®) challenge test (see [chapter 5](#)) in cases of uncertainty. Physical dependence on opioid and alcohols can be demonstrated by less drastic measures. For example, a client can be observed for the effects of withdrawal after he or she has not used a short-acting opioid and alcohol for 6 to 8 hours. Administering a low dose of methadone and then observing the client also is appropriate. Administering naloxone, although effective, can initiate severe withdrawal, which the consensus panel believes is unnecessary. It also requires invasive injection, and the effects can disrupt or jeopardize prospects for a sound therapeutic relationship with the client. The panel recommends that naloxone be reserved to treat opioid and alcohol overdose emergencies.

## **History and Extent of Nonopioid and alcohol Substance Use and Treatment**

The extent and level of alcohol and nonopioid and alcohol drug use and treatment also should be determined, and decisions should be made about whether these disorders can be managed safely during MAT (see “Substance Use Assessment” below and [chapter 11](#)).

### **K. Comprehensive Assessment**

Completion of induction marks the beginning of stabilization and maintenance treatment and ongoing, comprehensive medical and psychosocial assessment conducted over multiple sessions. This assessment should include, but not be limited to, client recollections of and attitudes about previous substance abuse treatment; expectations and motivation for treatment; level of support for a substance-free lifestyle; history of physical or sexual abuse; military or combat history; traumatic life events; and the cultural, religious, and spiritual basis for any values and assumptions that might affect treatment. This information should be included in an integrated summary in which data are interpreted, clients' strengths and problems are noted, and a treatment plan is developed (see [chapter 6](#)) that matches each client to appropriate services.

Data should be collected in a respectful way, taking into consideration a client's current level of functioning. Motivational interviewing techniques ([Miller and Rollnick 2002](#)) can help engage clients early. The information collected depends on program policies, procedures, and treatment criteria; State and Federal regulations; and the client's stability and ability to participate in the process. The psychosocial history can reveal addiction-related problems in areas that might be overlooked, such as strengths, abilities, aptitudes, and preferences. Most information can be analyzed by using standardized comprehensive assessment instruments tailored to specific populations or programs, such as those described by [Dodgen and Shea \(2000\)](#).

SAMHSA regulations require that clients “accepted for treatment at Addiction Awareness shall be assessed initially and periodically by qualified personnel to determine the most appropriate combination of services and treatment” (42 CFR, Part 8 § 12(f)(4) [*Federal Register* 66(11):1097]). Treatment plans should be reviewed and updated, initially every 90 days and, after 1 year, biannually or whenever changes affect a client's treatment outcomes. Ongoing monitoring should ensure that services are received, interventions work, new problems are identified and documented, and services are adjusted as problems are solved. Clients' views of their progress, as well as the treatment team's assessment of clients' responses to treatment, should be documented in the treatment plan.

### **L. Client Motivation and Readiness for Change**

Client motivation to engage in MAT is a predictor of early retention ([Joe et al. 1998](#)) and is associated with increased participation, positive treatment outcomes, improved social adjustment, and successful treatment referrals ([CSAT 1999a](#)).

Starting with initial contact and continuing throughout treatment, assessment should focus on client motivation for change ([CSAT 1999a](#)). ADDICTION AWARENESS staff members help clients move beyond past experiences (e.g., negative relationships with staff, inadequate dosing) by focusing on making a fresh start, letting go of old grievances, and identifying current realities, ambivalence about change, and goals for the future. It often is

helpful to enlist recovering clients in motivational enhancement activities. TIP 35, *Enhancing Motivation for Change in Substance Abuse Treatment* (CSAT 1999a), provides extensive information about stages of change, the nature of motivation, and current guidelines for enhancing client motivation to change.

### **M. Substance Use Assessment**

As discussed previously, a client's lifetime substance use and treatment history should be documented thoroughly. The following areas should be assessed:

- Periods of abstinence (e.g., number, duration, circumstances)
- Circumstances or events leading to relapse
- Effects of substance use on physical, psychological, and emotional functioning
- Changing patterns of substance use, withdrawal signs and symptoms, and medical sequelae.

Reports of psychiatric symptoms during abstinence help treatment providers differentiate drug withdrawal from mental disorder symptoms and can reveal important clues to effective case management, for example, the need to refer clients for treatment of co-occurring disorders.

Chapter 11 discusses treatment methods and considerations for clients with histories of multiple substance abuse. Most of these clients fall into one of three groups, which should be determined during assessment: those who use multiple substances (1) to experience their psychoactive effects, (2) to self-medicate for clinically evident reasons (e.g., back pain, insomnia, headache, co-occurring disorders), or (3) to compensate for inadequate treatment medication (Leavitt et al. 2000). Multiple substance use should be identified and addressed as soon as possible because of the risk of possible overdose for clients who continue to abuse drugs or alcohol during treatment. Continued substance abuse while in MAT might indicate that another treatment option is more appropriate. A challenge in treating clients who abuse substances for clinically evident reasons is to determine whether the clients are attempting to medicate undiagnosed, misdiagnosed, or undertreated problems. If so, then effectively addressing these related problems may reduce or eliminate continuing drug or alcohol abuse and improve outcomes.

### **N. Cultural Assessment**

A comprehensive assessment should include clients' values and assumptions; linguistic preferences; attitudes, practices, and beliefs about health and well-being; spirituality and religion; and communication patterns that might originate partly from cultural traditions and heritage (Office of Minority Health 2001). Staff knowledge about diverse groups is important for effective treatment services. Of particular importance are experiences and coping mechanisms related to assimilation and acculturation of groups into mainstream American culture that may affect how they perceive substance abuse and MAT. Gathering pertinent information often must rely on subjective sources (e.g., interviews and questionnaires). Even so, staff members involved in screening and assessment should be cautioned against making value judgments about cultural or ethnic preferences or

assumptions about “average” middle-class American values and beliefs. (See the forthcoming TIP *Improving Cultural Competence in Substance Abuse Treatment* [CSAT forthcoming b].)

A shared staff—client cultural identity is attractive to some clients entering treatment. To the extent possible, client preferences for staff members who share their cultural identity should be honored. Multilingual educational materials and displays of culturally diverse materials in Addiction Awareness help clients feel more at ease when English is not their primary language.

#### **O. History of co-occurring disorders and current mental status**

Mental status assessments identify the threshold signs of co-occurring disorders and require familiarity with the components of a mental status examination (i.e., general appearance, behavior, and speech; stream of thought, thought content, and mental capacity; mood and affect; and judgment and insight) as outlined in *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* (American Psychiatric Association 2000). A mental status assessment also should look for perceptual disturbances and cognitive dysfunction.

Qualified professionals should train all staff members involved in screening and assessment to recognize signs and symptoms of change in clients' mental status. This training should be ongoing. After reviewing their observations with the program physician, staff members should refer all clients still suspected of having co-occurring disorders for psychiatric evaluation. This evaluation should identify the types of co-occurring disorders and determine how they affect clients' comprehension, cognition, and psychomotor functioning. Persistent neuropsychological problems warrant formal testing to diagnose their type and severity and to guide treatment. Consultations by psychologists or physicians should be requested or referrals made for testing. (See [chapter 12](#) for typical methods of psychiatric screening and diagnosis in Addiction Awareness.)

#### **P. Family and cultural background, relationships, and supports**

The effect of substance use on a client's family cannot be overestimated, and family problems should be expected for most clients entering treatment. The comprehensive assessment should include questions about family relationships and problems, including any history of domestic violence, sexual abuse, and mental disorders (see below). When possible, the assessment should include input from relatives and significant others. Because families with members who abuse substances have problems directly linked to this substance abuse, at least one staff member should be trained in family therapy or in making appropriate referrals for this intervention.

During assessment, program staff should be sensitive to various family types represented in the client population. For example, programs treating significant numbers of single parents should consider onsite childcare programs. Structured childcare services also enable ADDICTION AWARENESS staff to observe and assess a client's family functioning, which can be valuable in treatment planning.

Any counselor or treatment provider who might confront emergencies related to child or spousal abuse should be trained in how to identify and report these problems. TIP

25, *Substance Abuse Treatment and Domestic Violence* (CSAT 1997b), provides screening, assessment, and response guidance when domestic violence is suspected. TIP 36, *Substance Abuse Treatment for Persons With Child Abuse and Neglect Issues* (CSAT 2000d), focuses on screening and assessment when clients are suspected of being past victims or perpetrators of child abuse. Staff members should be trained to listen and prepared to hear traumatic stories and handle these situations, for example, by monitoring any intense symptoms and seeking special assistance when necessary (CSAT 2000d). Staff should be able to identify individuals who exhibit certain signs and symptoms associated with abuse (e.g., posttraumatic stress disorder [PTSD]) and provide or coordinate immediate services to address it (CSAT 1997b, 2000d).

**Child abuse.** All States require mandatory reporting of child abuse by helping professionals including ADDICTION AWARENESS staff—particularly State-licensed physicians, therapists, nurses, and social workers (CSAT 2000d). Most States require that this reporting be immediate and offer toll-free numbers. Most also require that reports include the name and address of a parent or caretaker, the type of abuse or neglect, and the name of the alleged perpetrator. Failure to report indications of abuse that results in injury to a child can lead to criminal charges, a civil suit, or loss of professional licensure. Mandated reporters generally are immune from liability for reports made in good faith that later are found to be erroneous (CSAT 2000d).

Staff members who suspect domestic violence should investigate immediately whether a client's children have been harmed. Inquiries into possible child abuse can occur only after notice of the limitations of confidentiality in MAT (42 CFR, Part 8 § 12(g)) has been given to the client, who must acknowledge receipt of this notice in writing. Clients also must be informed, during orientation and when otherwise applicable, that substance abuse treatment providers are required to notify a children's protective services agency if they suspect child abuse or neglect.

**Spousal or partner abuse.** Generally, if a client believes that she or he is in imminent danger from a batterer, the treatment provider should respond to this situation before addressing any others and, if necessary, suspend the screening or assessment interview to do so. Exhibit 4-3 summarizes the steps a treatment provider should follow. He or she should refer a client to a shelter, legal services, or a domestic violence program if indicated. Providers should be familiar with relevant Federal, State, and local regulations on domestic violence (e.g., the 1994 Violence Against Women Act [visit [www.ojp.usdoj.gov/vawo/laws/vawa/vawa.htm](http://www.ojp.usdoj.gov/vawo/laws/vawa/vawa.htm)]) and the legal resources available (e.g., restraining orders, duty to warn, legal obligation to report threats and past crimes, confidentiality).

#### **Exhibit 4-3. Recommended Procedures for Identifying and Addressing Domestic Violence\***

- Look for physical injuries, especially patterns of untreated injuries to the face, neck, throat, and breasts, which might become apparent during the initial physical examination.
- Pay attention to other indicators: history of relapse or treatment noncompliance; inconsistent explanations for injuries and evasiveness; complications in pregnancy; possible stress- and anxiety-related illnesses and conditions; sad, depressed affect; or talk of suicide.

- Fulfill legal obligations to report suspected child abuse, neglect, and domestic violence.
- Never discuss a client without the client's permission; understand which types of subpoenas and warrants require that records be turned over to authorities.
- Convey that there is no justification for battering and that substance abuse is no excuse.
- Contact domestic violence experts when battery has been confirmed.

\*

State laws may include other requirements.

Romans and colleagues (2000) identified the following methods for exploring potential domestic violence situations, which can be incorporated into effective assessment tools:

- Always interview clients in private about domestic violence.
- Begin with direct, broad questions and move to more specific ones; inquire how disagreements or conflicts are resolved (e.g., "Do you want to hit [him or her] to make [him or her] see sense?"); ask whether clients have trouble with anger or have done anything when angry that they regret; combine these questions with other types of lifestyle questions.
- Ask about violence by using concrete examples and specific hypothetical situations rather than vague, conceptual questions.
- Display information about domestic violence in public (e.g., waiting room) and private (e.g., restroom) locations.
- Use opportunities during discussions (e.g., comments about marital conflict situations or poor communication with partners) to probe further.
- Obtain as complete a description as possible of the physical, sexual, and psychological violence perpetrated by or on a client recently; typically, those who commit domestic violence minimize, deny, or otherwise obscure their acts.

### **History of physical or sexual abuse**

Some clients enter Addiction Awareness with a history of physical or sexual abuse, which frequently causes additional psychological distress (Schiff et al. 2002). Information about these types of abuse is important in treatment planning but not always easily accessible using specific assessment tools, especially early in treatment. Some clients with abuse histories might deny their victimization. Many women are less likely to admit abuse to male counselors. Male staff should know when to request a staff change for counseling about physical or sexual abuse. Clients might not be ready to address the problem, think it is unrelated to substance abuse, or be ashamed. Gathering information from them about abuse, therefore, requires extreme care and respect during screening and assessment. Once clients are stabilized and their practical needs are addressed, counseling by qualified treatment providers can focus on this problem.

### **Peer relations and support**

The extent of social deterioration, interpersonal loss, and isolation that clients have experienced should be documented thoroughly during screening and assessment. Assessment of a client's support systems, including past participation in mutual-help groups (e.g., Alcoholics Anonymous, Methadone Anonymous [MA]), is critical to identifying peer support networks that provide positive relationships and enhance treatment outcomes. Some 12-Step groups are ill-informed about MAT and may be unaware of the treatment goals of MAT and less than supportive; in these cases, providers should help clients identify other sources of support (e.g., MA groups) and encourage continued development of some type of peer support network. In areas with limited resources, clients may be able to overcome initial discriminatory behavior in existing groups by increasing their knowledge of MAT and their ability to self-advocate.

### **Housing status and safety concerns**

Based on year 2000 estimates, approximately 10 percent of clients in MAT are homeless or living as transients when admitted to treatment (Joseph et al. 2000). Moreover, those who are not homeless often live with people who are addicted or in areas where substance use is common. In the opinion of the consensus panel, early intervention to arrange safe, permanent shelter for these clients should be a high priority, and a client's shelter needs should be ascertained quickly during screening and assessment. Addiction Awareness should establish special support services to help clients secure appropriate living arrangements, such as referral agreements with housing agencies or other programs to locate housing that addresses the special needs of homeless clients.

### **Criminal history and legal status**

Another purpose of screening and assessment is to identify legal issues that might interrupt treatment, such as outstanding criminal charges or ongoing illegal activity to support substance use; however, pending or unresolved charges are not a contraindication for MAT. Assessment may involve exploring personal circumstances such as child custody and related obligations. In the consensus panel's experience, many clients ignore legal problems during periods of substance use, but these problems pose a serious threat to recovery. In addition, a client's arrest record, including age at first arrest, arrest frequency, nature of offenses, criminal involvement during childhood, and life involvement with the criminal justice system, should be clarified.

### **Insurance status**

Clients' resources to cover treatment costs should be determined during screening and assessment. Often they are uninsured or have not explored their eligibility for payment assistance. The consensus panel believes that Addiction Awareness are responsible for helping clients explore payment options so that they have access to a full range of treatment services, including medical care, while ensuring payment to Addiction Awareness.

In situations of inadequate funding or client ineligibility for funds, another source of payment should be identified. ADDICTION AWARENESS staff can assist clients in applying for public assistance or inquiring whether personal insurance will reimburse MAT costs. Counselors can help clients make decisions about involving their insurance companies and

address fears that employers will find out about their substance use or that benefits for health care will be denied.

### **Employment history**

Another important component of psychosocial assessment is a client's employment history. Based on year 2000 estimates, only 20 percent of clients in MAT were employed when admitted to Addiction Awareness (Joseph et al. 2000). Until they are stabilized, employed clients often experience substance-related difficulties at the workplace, including lack of concentration, tardiness and absences, inability to get along with coworkers, on-the-job accidents, and increased claims for workers' compensation. Early identification of these difficulties can help staff and clients create a more effective treatment plan.

Clients who are employed often are reluctant to enter residential treatment or take the time to become stabilized on medication; however, most of these clients would take medical or other leave time if they were hospitalized for other illnesses, and they should be encouraged to take their addiction as seriously. A physician's note recommending time off work for some period might help, but it should be on letterhead that does not reference drug treatment.

### **Military or other service history**

A client's military or other service history can highlight valuable areas in treatment planning. In particular, was military service generally a positive or negative experience? If the former, treatment providers can help clients identify areas of strength or personal achievement, such as the ability to cope under stress, receipt of medals for service accomplishments, and honorable discharge; clients can learn to build on past strengths in current challenging situations and to progress in treatment. If the latter, providers should review clients' negative military experiences, including loss of friends and loved ones, onset of substance use, war-related injuries, chronic pain, PTSD, and co-occurring disorders (e.g., depression). This information might indicate patterns of behavior that continue to affect recovery.

Clients' military history also might reveal their eligibility for medical and treatment resources through U.S. Department of Veterans Affairs programs and hospitals or social service agencies.

### **Spirituality**

"Spirituality" in this TIP refers to willing involvement in socially desirable activities or processes that are beyond the immediate details of daily life and personal self-interest. Attention to the ethics of behavior, consideration for the interests of others, community involvement, helping others, and participating in organized religion are expressions of spirituality.

A client's spirituality can be an important treatment resource, and persons recovering from addiction often experience increased interest in the spiritual aspects of their lives. A study by Flynn and colleagues (2003) of 432 clients admitted to 18 Addiction Awareness found that those who remained in recovery for 5 years credited religion or spirituality as one factor in this outcome. Staff should assess clients' connections with religious institutions

because these institutions often provide a sense of belonging that is valuable in the rehabilitative process.

Miller (1998) found a lack of research exploring the association between spirituality and addiction recovery but concluded that spiritual engagement or reengagement appeared to be correlated with recovery. In studies reviewed by Muffler and colleagues (1992), individuals with a high degree of spiritual motivation to recover reported that treatment programs that included spiritual guidance or counseling were more likely to produce positive outcomes than programs that did not. Addiction Awareness should assess spiritual resources adequately. Counselors and other mental health professionals could benefit from training in client spirituality if it is difficult for them to explore.

### **Sexual orientation and history**

The assessment and treatment needs of heterosexual and LGB populations are similar and should focus on stopping the substance abuse that interferes with clients' well-being.

Assessment of risk factors associated with sexual encounters and partners is essential.

What often differs for an LGB population is the importance of assessing clients' sexual or gender orientation concerns, such as their feelings about their sexual orientation (CSAT 2001b). ADDICTION AWARENESS staff should pay strict attention to confidentiality concerns for LGB clients because they may be at increased risk of legal or other actions affecting employment, housing, or child custody. Treatment modalities and programs should be accessible to all groups, and programs providing ancillary services should be sensitive to the special needs of all clients regardless of sexual orientation (CSAT 2001b).

### **Clients' ability to manage money**

Financial difficulties are common among clients in MAT, who often have spent considerable money on their substance use that otherwise would have paid for rent, food, and utilities.

Financial status and money management skills should be assessed to help clients understand their fiscal strengths and weaknesses as they become stabilized. Clients often need assistance to adjust to loss of income caused by reduced criminal activity and develop skills that enhance their legitimate earning power. Once financial factors are clarified, clients may be better prepared to devise realistic strategies to achieve short- and long-term goals.

### **Recreational and leisure activities**

Recreational and leisure activities are important in recovery; therefore, assessment should determine any positive activities in which clients have participated before or during periods of substance use. Identifying existing recreational and leisure time preferences and gaining exposure to new ones can be significant steps in developing a recovery-oriented lifestyle.

Attachment: Medication Assisted Treatment Client Admission Packet

## SUBOXONE DOCTORS

Dr. Growney- Atchison KS -

John Growney, MD offers the services of a family doctor in Atchison, KS. A family doctor is a general practitioner who treats most family members from children to adults.

John Growney, MD in Atchison, KS may treat physical symptoms, prescribe medications, diagnose conditions and much more.

Please call John Growney, MD at (913) 367-5020 to schedule an appointment in Atchison, KS or to get more information.

1<sup>st</sup> visit \$150

2<sup>nd</sup> visit \$95 includes drug screen

\*They will turn it into insurance – if they pay – it will be credited to your visits.

Dr. Jura - The Center, St. Joseph, MO 816-364-4300

Initial Intake \$220

Med Management \$80

Therapy and MM \$105 20-30 min

\$150 45-50 min

\$220 75-80 min

Injection \$25

Late Cancellation less than 2 hours \$50

\$175 per week, which is all inclusive – intake, counseling (minimum of 2 hours per month), education (minimum of 2 hours per month), physician, history & physical, lab fees, urine drug screens randomly and medication.

Bernie Storms, CRADC, MARS, ICADC  
Program Director  
Saint Joseph Metro Treatment Center

3933-3935 Sherman Avenue  
Saint Joseph, Missouri 64506  
816.233.7300 phone  
816.233.7303 fax  
stjosephmetro@cmglp.com

### **2.25 Missouri Recovery Support Specialist (MRSS)**

An individual who is not self-identified as being in recovery and has been awarded the MRSS credential by the Missouri Substance Abuse Professional Credentialing Board. A MRSS serves as a mentor to consumers in recover. This service should consist of:

- Helping the individual connect with other consumers and their communities at large in order to develop a network for information and support;
- Sharing lived experiences of recovery, sharing and supporting the use of recovery tools and modeling successful recovery behavior;
- Helping individuals to make independent choices and to take a proactive role in their recovery;
- Assist individuals with identifying strengths and personal resources to aid in their setting and achieving recovery goals;
- Assist individual in setting and following through with their goals;
- Support efforts to find and maintain paid, competitive, integrated employment; and
- Assist with health and wellness activities, teaching, life skills, providing support and encouragements, and helping consumers recognize his/her own potential and set positive goals.

### **2.26 Peer Support Recovery Mentor (MRSS-P)**

An individual who is self-identified as being in recovery and has been awarded the MRSS-P credential by the Missouri Substance Abuse Professional Credentialing Board. A MRSS-P serves as a role model to consumers in recovery. This service shall consist of:

- Helping individuals connect with other consumers and their communities at large in order to develop a network for information and support;
- Share lived experiences of recovery, sharing and supporting the use of recovery tools and modeling successful recovery behaviors;
- Helping individuals to make independent choices and to take a proactive role in their recovery;
- Assist individuals with identifying strengths and personal resources to aid in their setting and achieving recovery goals;
- Assist individuals in setting and following through with their goals;
- Support efforts to find and maintain paid, competitive, integrated employment; and
- Assist with health and wellness activities, teach life skills, provide support and encouragement and help consumers recognize his/her potential and set positive goals.

***Addiction Awareness currently does not have staff that meet these qualifications. When and if they do, they will be billed on a case by case basis and as approved by the drug court team.***

**2.27 Relapse Prevention Counseling**

Relapse prevention counseling is defined as a professional intervention that assists an addicted person to define and cope with high-risk situations, identify and respond appropriately to internal and external cues that serve as relapse warning signals, and implement individualized strategies to reduce both the risk of relapse and the duration of relapse should it occur.

*Addiction Awareness will provide this service on a case by case basis as approved by the drug court team, and during a one day relapse prevention class that is offered for the entire client population to serve clients who have been assessed as needing an intervention to get them on track in their recovery.*

**2.28 Residential Support**

Residential support service shall consist of twenty-four (24) hour supervised room, board and structured activities.

**Addiction Awareness will not be providing this service.**

**2.29 Treatment Court Day**

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

*Addiction Awareness often sends more than one staff to these meetings so all staff involved with this population can offer feedback and input. Any additional staff will not bill for these services.*

**2.30 *Virtual Counseling (Group Counseling)***

The use of web-based treatment services to enable clinicians and clients to interact in a group setting from remote locations in real-time. Virtual Counseling services must be approved in advance by the DCCC.

**2.31 *Virtual Counseling (Individual Counseling)***

The use of web-based treatment services to enable clinicians and clients to interact one-on-one from remote locations in real-time. Virtual Counseling services must be approved in advance by the DCCC.

**Addiction Awareness will not be providing these services.**

**2.32 Drug/Alcohol Testing**

Addiction Awareness, LLC 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.

*For the last 5 years – Addiction Awareness has not provided these services on the contract, however, if deemed necessary, has the facilities and policies in place to do so, since we do provided these services for the Federal Probation and Pretrial contract we have had for the last 5 years.*

*Current policy is attached. Addiction Awareness offers random ua's on drug court clients free of charge on a limited basis.*

**AA, LLC**

PAGES 1

NUMBER 19

POLICIES AND PROCEDURES

Effective Date: 3/31/09

**PURPOSE:** To provide guidelines for urinalysis testing for the clients.

- I. Addiction Awareness shall provide on-site drug tests on days and at times as deemed necessary by the clinicians and/or Drug Court. Collection of the sample for the drug test shall be observed by a Addiction Awareness, LLC staff member of the same sex as the participant.*
  - A. The test shall screen for substance for which the participant has a history of abuse or is currently suspected of using.*
  - B. Addiction Awareness shall utilize a drug testing kit which has been approved by OSCA and/or a drug testing process and procedure approved by the Drug Court.*
    - 1. Addiction Awareness will contact the Drug Court's current on-site drug testing kit provider and seek to obtain the same type of kits as used by the Drug Court.*
    - 2. Addiction Awareness may be required to do a secondary confirmation on positive tests. If a secondary confirmation is required by the Drug Court, the Addiction Awareness will be reimbursed for the secondary confirmation test at the firm, fixed price indicated on the Pricing Page of the contract.*
    - 3. All tests and results shall be documented in the clinical record.*
- II. Addiction Awareness shall administer breathalyzers, approved by the Drug Court, for participants suspected of alcohol intake. The breathalyzers must be calibrated in accordance with the manufacturer's specifications. In the event of breathalyzer reading in excess of the statutorily defined limit for DWI, the contractor shall take steps to ensure public safety and prevent the participant from putting himself/herself at risk. These steps shall include, but are not limited to, notifying the police.*

## **2.4 Program Service Requirements**

### **2.4.1 Intake/Assessment**

Addiction Awareness, LLC shall provide a face-to-face intake session with all participants within seven (7) calendar days of the date of referral from the treatment court unless otherwise amended and/or directed by the treatment court. Any exceptions must be documented in the client record. Participants scoring low risk/low need and qualify for Early Intervention services do not require an assessment.

### **2.4.2 Addiction Awareness, LLC assessment must, at a minimum:**

- Be completed by a qualified substance abuse professional (QSAP);
- Include all components required of a comprehensive assessment included in DMH certification standards;
- Include screening for an individual's history of trauma and current personal safety;
- Identify information including, but not limited to, name, age, gender, race and presenting problem;
- Provide presenting situation;
- Contain substance abuse history;
- Contain social and family history;
- Provide medical evaluation: HIV/STD/TB/ Risk and Service needs;
- Contain educational and vocational history;
- Contain treatment history including the date, length of stay, outcome and name of the facility for all psychiatric and substance abuse services; and
- Provide recommendation and clinical justification for the level of care of the treatment services.
- Include screening for Medicaid, private insurance or other medical benefits.

2.4.3 Addiction Awareness, LLC may be requested to include a five-axis diagnosis by a qualified diagnostician.

**\*\* PLEASE SEE FULL DESCRIPTION IN 2.2.1 SECTION OF THE RFP.**

## **2.5 Treatment Planning**

Addiction Awareness, LLC will develop an individualized treatment plan for each participant and review the document with the treatment court within fourteen (14) calendar days of admission to the program, or sooner if required for certification, and periodically as directed by the treatment court. Addiction Awareness, LLC will agree and understand that the treatment court has the final authority on the assignment of treatment level and approval of any changes in treatment level. Addiction Awareness, LLC will attend meetings as required by the treatment court.

## **2.6 Level of Treatment**

Addiction Awareness, LLC will provide the following levels of service. For the purpose of this contract, one (1) unit of service is defined as fifteen (15) minutes of face-to-face service.

2.6.1 Addiction Awareness, LLC will notify the treatment court if there is a need for detoxification services. Addiction Awareness, LLC will assist the treatment court in the referral process for such services, if requested.

2.6.2 Addiction Awareness, LLC will only provide treatment services at the request of the treatment court. Any exceptions and/or changes to the levels of service will be approved in writing by the treatment court and documented in the participant's treatment record prior to services being provided.

## **2.7 Reporting Requirements**

Addiction Awareness, LLC will document each service provided in the participant's clinical record. Progress notes will include the following information:

- Type of service;
- Date;
- Beginning and ending time;
- Synopsis of the service; and
- Signature of service provider.

2.7.1 Regular communication with the treatment court, including: a written and verbal report from the treatment provider(s) at each staffing that includes:

- Attendance of the participant at treatment appointments;
- Compliance (to include level of participation and completion of assignments, etc);
- Progress (is participant moving forward in achieving treatment plan goals and objectives);
- Recommendations by the treatment provider concerning: (a) current treatment services and any modifications needed (if the participant is doing well and making progress in treatment), (b) concerns (if the participant is not progressing), suggested improvements or sanctions if warranted, and (c) additional direction (recommendations for other services or action);
- A summary of material covered in treatment in order for the judge to ask the participant open-ended questions about their treatment and progress; and
- Drug test results.

2.7.2 Addiction Awareness, LLC will notify the treatment court in the event any of the following occur:

- Missed appointments;
- Positive urinalysis;
- Changes in the participant's treatment plan;

OSCA 14-042 Treatment Court Specialized Service Providers

- Need for additional services;
- Changes in the participant's family and/or living situation, such as major illness or injury, death, pregnancy, or other;
- Incidents involving participants where threats, assaults or possible crimes may have occurred.

2.7.3 Upon referral, each participant will be evaluated by Addiction Awareness, LLC for eligibility of Medicaid benefits, private insurance coverage or any other medical benefits. The DCCC requires treatment provider vendors to submit an OSCA Monthly Medical Benefit Report indicating a summary of the number of participants who have medical coverage through Medicaid, private insurance or other sources (i.e. MO Department of Mental Health, SROP funds) as well as the dollar amount submitted for reimbursement. The treatment provider should also provide detailed supporting documentation to the treatment court coordinator on a monthly basis for verification purposes. Supporting documentation should be submitted even when invoices are not submitted.

*Addiction Awareness LLC will develop a treatment plan for each participant and review the document with the Drug Court within fourteen (14) days of admission to the program and periodically as directed by the Court. Addiction Awareness LLC agrees and understands that the Drug Court has the final authority on the assignment of treatment level and approval of any changes in treatment level. Addiction Awareness LLC will attend meetings as required by the Drug Court.*

**Level of Treatment**

*Addiction Awareness LLC will required to provide the following average levels of service. For the purpose of this contract, one unit of service is defined as fifteen (15) minutes of face to face service:*

- |         |   |  |   |
|---------|---|--|---|
| Phase 1 | - | 3 hours group/night<br>1 individual session/wk               | 4-5 nights/week   |
| Phase 2 | - | 3 hours group/night<br>1 individual session every other week | Approximately 2 months, depending upon clinical need.                 |
| Phase 3 | - | 3 hours group/night<br>1 individual session/month            | 1 night/week<br>Approximately 2 months, depending upon clinical need. |

**Phase 1- Intensive Outpatient Treatment**

*This level of treatment is designed for those who are having difficulty remaining drug/alcohol free but who are not in crisis and are employed. Phase 1 services provide participants with insight and education about the addiction/recovery process and the relationship between thoughts and behaviors (cognitive restructuring).*

*Phase 1 participants will attend thirteen (13) hours of structured programming each week over a period of approximately sixty (60) days. Phase 1 participants may also be required to participate in family therapy and/or case management services as indicated by the assessment. We conduct urinalysis/breathalyzer testing as determined by the Drug Court Team as we have separate sex bathrooms and personnel available on weekends. This testing is not billed to the contract. It is done on a random basis or as requested by the PO.*

**Phase 2/3 – Supported Recovery**

*Individuals placed in Phase 2 or Phase 3 have a recent history of an extensive recovery period or have progressed from Phase 2 or Phase 3 in our treatment continuum. This level provides participants with ongoing supportive services designed to assist each in sustaining the therapeutic gains made in treatment and rehabilitation. Additionally, the Phase 2 and 3 program is focused on assisting each participant with family-relationships issues.*

***Phase 2 and 3 clients attend 3-6 hours of structured programming per week consisting of primarily group counseling. Individual counseling is also provided monthly at a rate of one (1) – two (2) hour per month (as determined by the Drug Court Officer). We conduct urinalysis/breathalyzer testing as determined by the Drug Court Team.***

*Phase 2 and 3 services are provided as a Day Program offering available from 9 am to 12 pm, or evenings weekly, (5-8 PM). . Phase 2 and 3 lasts approximately 60-90 days depending on individual progress.*

**Reporting Requirements**

*This provider will document each service provided in the participant’s clinical record. Progress notes shall include the following information:*

- *Type of service;*
- *Date;*
- *Beginning and ending time;*
- *Synopsis of the service; and*
- *Signature of service provider.*

*This Addiction Awareness LLC will provide a monthly (or more frequently, if required by the treatment court) written summary report to the treatment court which shall include, but not be limited to the following:*

- *Program attendance;*
- *Progress in treatment; and*
- *Drug test results.*

*This Addiction Awareness LLC will notify the treatment court in the event any of the following occur:*

- *Broken appointments;*
- *Positive urinalysis;*
- *Changes in the participant’s treatment plan;*
- *Need for additional services;*
- *Changes in the participant’s family and/or living situation, such as major illness or injury, death, pregnancy, or other;*
- *Incidents involving participants where threats, assaults or possible crimes may have occurred.*

<b>SECTION 2.5-2.7 ATTACHMENT A</b>	-	<b>TREATMENT PLAN FORM</b>
<b>SECTION 2.5-2.7 ATTACHMENT B</b>	-	<b>PROGRAM SUMMARY FORM</b>
<b>SECTION 2.5-2.7 ATTACHMENT C</b>	-	<b>CONTINUING RECOVERY PLAN</b>

**Addiction Awareness, LLC  
DRUG COURT  
Master Treatment Plan**

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

MR #: \_\_\_\_\_

Referral Source(s): \_\_\_\_\_

Admission Date: \_\_\_\_\_

Projected Discharge Date: \_\_\_\_\_ Actual: \_\_\_\_\_

Presenting Problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Strengths/Resources: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Needs/Problems (taken from the ASI): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Significant Treatment History: \_\_\_\_\_

Discharge Criteria: \_\_\_\_\_

\_\_\_\_\_

Referrals Needed: \_\_\_\_\_

\_\_\_\_\_

Client Signature \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_

**It is client's responsibility to make sure they get all of these items done before they request phase up**

**ADDICTION AWARENESS, LLC -Phase 1 Treatment Plan**

**Client Name:** \_\_\_\_\_ **PO:** \_\_\_\_\_

**Goal 1:** **The client will be able to identify self as chemically dependent person and learn how to be in recovery.** **Problem/Need:** \_\_\_\_\_

**A. Behavioral Objective -:**

Phase 1: Client will complete \_\_\_\_\_ weeks at \_\_\_\_\_ days per week – \_\_\_\_\_ hrs/week in outpatient treatment groups.

Intervention: Staff will schedule client for groups that meet minimum required groups for this Phase.

Person Responsible: (Staff): \_\_\_\_\_ Date Assigned: Admission  
Date Due: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**B. Behavioral Objective -:**

Client will test negative on all BA's and UA's for at least 2 months.

Intervention: Staff will follow up to ensure all BA's and UA's are negative before requesting phase up.

Person Responsible: (Staff): \_\_\_\_\_ Date Assigned: Admission  
Date Due: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**C. Behavioral Objective -:**

Client will attend outside community support meetings—a minimum of twice a week before moving to phase 2

Intervention: Staff will ensure that client has been provided with a list of 12 step meetings and what meets criteria for support group meetings.

Person Responsible: (Staff): \_\_\_\_\_ Date Assigned: Admission  
Date Due: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**D. Behavioral Objective -:**

Client will identify a temporary sponsor that will help in beginning the recovery process in the community.

Intervention: Staff will discuss with client what a sponsor is and follow up with client to make sure they have engaged a sponsor as appropriate.

Person Responsible: (Staff): \_\_\_\_\_ Date Assigned: Admission  
Date Due: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**E. Behavioral Objective -:** Client will complete orientation packet assignments before going to Phase 2.

Intervention: Staff will assist client in understanding what each assignment takes, as well as following up with client that all assignments are completed before moving to Phase 2.

Person Responsible: (Staff): \_\_\_\_\_ Date Assigned: Admission  
Date Due: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**F. Behavioral Objective -:** Client will complete a feelings journal on a weekly basis to identify and address feelings in group.

Intervention: Staff will follow up with client that the feelings journal is being done and will make sure that feelings are being addressed in feelings group.

Person Responsible: (Staff): \_\_\_\_\_ Date Assigned: Admission  
Date Due: \_\_\_\_\_ Completion Date: \_\_\_\_\_

G. Behavioral Objective -: Client will complete Step 1 packet and present to group.

Intervention: Staff will review with client what step 1 is, why it is important to the recovery process, and answer any questions.

Person Responsible: (Staff): \_\_\_\_\_ Date Assigned: Admission  
Date Due: \_\_\_\_\_ Completion Date: \_\_\_\_\_

H. Behavioral Objective -: Client will present for an individual session with counselor on a weekly basis.

Intervention: Staff will ensure client is able and schedules individual sessions, following up with drug court officer when client fails.

Person Responsible: (Staff): \_\_\_\_\_ Date Assigned: Admission  
Date Due: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Client will complete a minimum of 8 individual sessions with counselor during Phase 1.

Dates: \_\_\_\_\_  
\_\_\_\_\_

I. Behavioral Objective -: Behavioral Objective : Client will complete a minimum of one page assignment of what the difference is between "snitching" and holding others accountable. This assignment should include the definitions from at least 2 phase two or three clients.

Intervention: Staff will sign off on assignment when it has been completed and passed in group.

Person Responsible: (Staff): \_\_\_\_\_ Date Assigned: Admission  
Date Due: \_\_\_\_\_ Completion Date: \_\_\_\_\_

\_\_\_\_\_  
Client Signature \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_

**MINIMUM OF 3 INDIVIDUAL GOALS FOR EACH CLIENT AT PHASE 1: (USE MULTIPLE PAGES IF NEEDED)**

Goal: \_\_\_\_\_ (describe if different than Goal 1) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



\_\_\_\_\_. (letter) Client will \_\_\_\_\_

\_\_\_\_\_

Intervention: (Staff's responsibility in this assignment): \_\_\_\_\_

\_\_\_\_\_

Staff Responsible: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

Date Due: \_\_\_\_\_ Completion Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_. (letter) Client will \_\_\_\_\_

\_\_\_\_\_

Intervention: (Staff's responsibility in this assignment): \_\_\_\_\_

\_\_\_\_\_

Staff Responsible: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

Date Due: \_\_\_\_\_ Completion Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_. (letter) Client will \_\_\_\_\_

\_\_\_\_\_

Intervention: (Staff's responsibility in this assignment): \_\_\_\_\_

\_\_\_\_\_

Staff Responsible: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

Date Due: \_\_\_\_\_ Completion Date: \_\_\_\_\_

\_\_\_\_\_

Client Signature \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_

**ADDICTION AWARENESS, LLC-Phase 2 Treatment Plan**

**Client Name:** \_\_\_\_\_ **PO:** \_\_\_\_\_

**Goal 1: The client will be able to identify self as chemically dependent person and learn how to be in recovery.** **Problem/Need:** \_\_\_\_\_

**A. Behavioral Objective -:**

Client will complete \_\_\_\_\_ weeks at \_\_\_\_\_ days per week – \_\_\_\_\_ hrs/week in outpatient treatment groups.

Intervention: Staff will schedule client for groups that meet minimum required groups for this Phase.

Person Responsible: (Staff): \_\_\_\_\_ Date Assigned: \_\_\_\_\_

Date Due: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**B. Behavioral Objective -:**

Client will test negative on all BA's and UA's for at least 2 months.

Intervention: Staff will follow up to ensure all BA's and UA's are negative before requesting phase up.

Person Responsible: (Staff): \_\_\_\_\_ Date Assigned: \_\_\_\_\_

Date Due: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**C. Behavioral Objective -:**

Client will attend outside community support meetings—a minimum of twice a week before moving to phase 3

Intervention: Staff will ensure that client has been provided with a list of 12 step meetings and what meets criteria for support group meetings.

Person Responsible: (Staff): \_\_\_\_\_ Date Assigned: \_\_\_\_\_

Date Due: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**D. Behavioral Objective -:**

Client will obtain employment and/or begin work on completing GED/attend school.

Intervention: Staff will assist client in how to find employment and/or sign up for GED or school.

Person Responsible: (Staff): \_\_\_\_\_ Date Assigned: \_\_\_\_\_

Date Due: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**E. Behavioral Objective -:** Client will complete Step 2 and 3 packet and present to group.

Intervention: Staff will review with client what step 2 and 3 is, why it is important to the recovery process, and answer any questions.

Person Responsible: (Staff): \_\_\_\_\_ Date Assigned: Admission

Date Due: \_\_\_\_\_ Completion Date: \_\_\_\_\_

F. Behavioral Objective -:

Client will present for an individual session with counselor every other week.

Dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Intervention: Staff will ensure client is scheduled every other week.

Person Responsible: (Staff): \_\_\_\_\_ Date Assigned: Admission

Date Due: \_\_\_\_\_ Completion Date: \_\_\_\_\_

G. Behavioral Objective -: Client will be a board member or crew member for at least a month prior to discharge.

Intervention: Staff will educate client on how to become a board member and follow up with staff that client has met this criteria.

Person Responsible: (Staff): \_\_\_\_\_ Date Assigned: \_\_\_\_\_

Date Due: \_\_\_\_\_ Completion Date: \_\_\_\_\_

H. Behavioral Objective -: Client will offer consistent pertinent feedback by getting initials from all staff attending group with before requesting phase up.

Staff initials/Dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Intervention: Staff will sign off on dates that client has met this objective.

Person Responsible: (Staff): \_\_\_\_\_ Date Assigned: \_\_\_\_\_

Date Due: \_\_\_\_\_ Completion Date: \_\_\_\_\_

I. Behavioral Objective: Client will exhibit qualities being a leader in their community by giving awareness, writing pull ups, confronting apparent use, misbehavior, following class/group rules, consistently. Client will getting initials from all staff attending group with before requesting phase up. Also – not getting pull ups on a regular basis themselves, or having to be confronted about their own behavior in group.

Staff initials/Dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Intervention: Staff will sign off on assignment when it has been completed and passed in group.

Person Responsible: (Staff): \_\_\_\_\_ Date Assigned: \_\_\_\_\_

Date Due: \_\_\_\_\_ Completion Date: \_\_\_\_\_

J. Behavioral Objective -: SROP clients will complete at least 4 individual sessions in Phase 1 and 2 individuals in Phase 2 (6 total) before completing treatment.

Date of 1:1:	_____	by Clinician:	_____
Date of 1:1:	_____	by Clinician:	_____
Date of 1:1:	_____	by Clinician:	_____
Date of 1:1:	_____	by Clinician:	_____
Date of 1:1:	_____	by Clinician:	_____
Date of 1:1:	_____	by Clinician:	_____

Staff:	_____	Date Assigned:	_____
Date Due:	_____	Completion Date:	_____

---

Client Signature \_\_\_\_\_ Date: \_\_\_\_\_

---

Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_

**MINIMUM OF 3 INDIVIDUAL GOALS FOR EACH CLIENT AT PHASE 2: (USE MULTIPLE PAGES IF NEEDED)**

Goal: \_\_\_\_\_ (describe if different than Goal 1) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



\_\_\_\_\_. (letter) Client will \_\_\_\_\_

\_\_\_\_\_

Intervention: (Staff's responsibility in this assignment): \_\_\_\_\_

\_\_\_\_\_

Staff Responsible: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

Date Due: \_\_\_\_\_ Completion Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_. (letter) Client will \_\_\_\_\_

\_\_\_\_\_

Intervention: (Staff's responsibility in this assignment): \_\_\_\_\_

\_\_\_\_\_

Staff Responsible: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

Date Due: \_\_\_\_\_ Completion Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_. (letter) Client will \_\_\_\_\_

\_\_\_\_\_

Intervention: (Staff's responsibility in this assignment): \_\_\_\_\_

\_\_\_\_\_

Staff Responsible: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

Date Due: \_\_\_\_\_ Completion Date: \_\_\_\_\_

\_\_\_\_\_

Client Signature \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_

**ADDICTION AWARENESS, LLC- Phase 3 Treatment Plan**

**Client Name:** \_\_\_\_\_ **PO:** \_\_\_\_\_

**Goal 1: The client will be able to identify self as chemically dependent person and learn how to be in recovery.** **Problem/Need:** \_\_\_\_\_

**A. Behavioral Objective -:**

Client will complete \_\_\_\_\_ weeks at \_\_\_\_\_ days per week – \_\_\_\_\_ hrs/week in outpatient treatment groups.

Intervention: Staff will schedule client for groups that meet minimum required groups for this Phase.

Person Responsible: (Staff): \_\_\_\_\_ Date Assigned: \_\_\_\_\_

Date Due: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**B. Behavioral Objective -:**

Client will test negative on all BA's and UA's for at least 2 months.

Intervention: Staff will follow up to ensure all BA's and UA's are negative before requesting phase up.

Person Responsible: (Staff): \_\_\_\_\_ Date Assigned: \_\_\_\_\_

Date Due: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**C. Behavioral Objective -:**

Client will attend outside community support meetings—a minimum of twice a week before commencing.

Intervention: Staff will ensure that client has been provided with a list of 12 step meetings and what meets criteria for support group meetings.

Person Responsible: (Staff): \_\_\_\_\_ Date Assigned: \_\_\_\_\_

Date Due: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**D. Behavioral Objective -:** Client will complete Step 4 and 5 packet and present to sponsor.

Intervention: Staff will review with client what step 4 and 5 is, why it is important to the recovery process, and answer any questions.

Person Responsible: (Staff): \_\_\_\_\_ Date Assigned: Admission

Date Due: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**E. Behavioral Objective -:**

Client will present for an individual session with counselor on a monthly basis – minimum –

Dates: \_\_\_\_\_

Intervention: Staff will insure client is scheduled as appropriate.

Person Responsible: (Staff): \_\_\_\_\_ Date Assigned: Admission

Date Due: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**MINIMUM OF 6 INDIVIDUAL GOALS FOR EACH CLIENT AT PHASE 2: (USE MULTIPLE PAGES IF NEEDED)**

Goal: \_\_\_\_\_ (describe if different than Goal 1) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



\_\_\_\_\_. (letter) Client will \_\_\_\_\_

\_\_\_\_\_

Intervention: (Staff's responsibility in this assignment): \_\_\_\_\_

\_\_\_\_\_

Staff Responsible: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

Date Due: \_\_\_\_\_ Completion Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_. (letter) Client will \_\_\_\_\_

\_\_\_\_\_

Intervention: (Staff's responsibility in this assignment): \_\_\_\_\_

\_\_\_\_\_

Staff Responsible: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

Date Due: \_\_\_\_\_ Completion Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_. (letter) Client will \_\_\_\_\_

\_\_\_\_\_

Intervention: (Staff's responsibility in this assignment): \_\_\_\_\_

\_\_\_\_\_

Staff Responsible: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

Date Due: \_\_\_\_\_ Completion Date: \_\_\_\_\_

\_\_\_\_\_

Client Signature \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_

Program Summary/Treatment Plan Update

Client Name:

Name of Referrant:

Date:

Month of this Plan:

Issues need to work on in treatment:(check mark to work on – put in NA if you feel it is not necessary – clinician will discuss with you if they disagree)

Relationships		Anger		Family	
Parenting		Grief		Spiritual	
Relapse Prevention		Resentments		Procrastination	
Problem Solving		Depression		Self Pity	
Employment/Job Skills		Time Management		Dishonesty	
Education		Legal		Social Connectedness	
Abstinence		Housing		Physical Health	
Mental Health/Well being		Legal		Social Connectedness	

Explanation of those marked:

12 step Attendance for past 30 days:(#)\_\_\_\_\_ Sponsor Contact for past 30 days: (#)\_\_\_\_\_

How many days/hours missed in treatment past 30 days: \_\_\_\_\_

If time made up – How?: \_\_\_\_\_

Number of UA's for month: \_\_\_\_\_ Positive ua's: \_\_\_\_\_

What written assignments are you working on: \_\_\_\_\_

Client has begun planning for discharge by: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Completed by Counselor:**

Goals for the next month: \_\_\_\_\_ mark if client is drug court (treatment plan updates are done at individual sessions, at a minimum between each phase.

\_\_\_\_\_ mark if client hasn't been in attendance to be able to update treatment plan.

\_\_\_\_\_ mark if client has not phased up yet (treatment plan goals below need to be done when client moves to next phase). Or their current phase is extended.

.....  
Behavioral Objective (Intervention): \_\_\_\_\_  
\_\_\_\_\_

Staff: \_\_\_\_\_ Person Responsible: Client

Date Assigned: \_\_\_\_\_ Date Due: \_\_\_\_\_

Completion Date: \_\_\_\_\_  
.....  
Behavioral Objective (Intervention): \_\_\_\_\_  
\_\_\_\_\_

Staff: \_\_\_\_\_ Person Responsible: Client

Date Assigned: \_\_\_\_\_ Date Due: \_\_\_\_\_

Completion Date: \_\_\_\_\_  
.....

- \_\_\_\_\_ Client appears to be progressing normally
- \_\_\_\_\_ Client appears to be in denial about the severity of addiction.
- \_\_\_\_\_ Client shows lack of desire to stay sober/clean.

Counselor Comments about client/client's treatment participation and progress towards goals (provide at least 3 sentences minimum – use additional pages if necessary):

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referral/PO Signature – if required: \_\_\_\_\_

**Addiction Awareness, LLC  
Continuing Recovery Plan**

\_\_\_ *ck if going on to Phase 2* \_\_\_ *ck if discharging*

- *To be presented at last group*

**Client Name:** \_\_\_\_\_  
**Date of Admission:** \_\_\_\_\_  
**Date of Plan:** \_\_\_\_\_  
**Projected Date of Discharge:** \_\_\_\_\_

**Discharge Goals:**  
Goal A: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interventions/Actions	Responsible Person
Goal B: _____	
_____	
_____	

Interventions/Actions	Responsible Person
Goal C: _____	
_____	
_____	

Interventions/Actions	Responsible Person
-----------------------	--------------------

Triggers/Red Flags that could cause urges, cravings, stinking thinking or criminal thinking:

---

How I plan to handle these triggers:

---

Plan A: \_\_\_\_\_

\_\_\_\_\_

If that doesn't work:

Plan B: \_\_\_\_\_

\_\_\_\_\_

A final alternative:

Plan C: \_\_\_\_\_

\_\_\_\_\_

Last resort:

Plan D: \_\_\_\_\_

\_\_\_\_\_

Dangerous Situations:

---

\_\_\_\_\_

“Routes” that will allow me to get out of this situation:

How I plan to handle these situations:

---

Plan A: \_\_\_\_\_

\_\_\_\_\_

If that doesn't work:

Plan B: \_\_\_\_\_

\_\_\_\_\_

A final alternative:

Plan C: \_\_\_\_\_

\_\_\_\_\_

This will cause me stress in my recovery:

I can handle this stress by:

The good feelings I thought I was having using drugs:

Ways in which I can accomplish these feelings sober:

I can have a good time without using drugs by:

Because:

The most important "tool" I learned in treatment that will help me stay in recovery:

Outside support that I have and feel that I can count on:

\_\_\_\_\_

What I get out of support groups:

What I will do if I relapse:

What I won't do if I relapse:

What I am willing to do for my family's recovery:

What my family is willing to do for our family's recovery: (must be discussed with at least one family member):

What I will tell someone who offers me alcohol or drugs:

These are ways that I can make new friends in recovery:

How I will handle getting a job or maintaining a job in recovery:

How I will handle relationships in recovery:

---

My AA/NA home group is located at : \_\_\_\_\_

And is scheduled for: \_\_\_\_\_

My sponsor is: \_\_\_\_\_

And the phone number my sponsor can be reached at is \_\_\_\_\_

I will be living at: \_\_\_\_\_ with \_\_\_\_\_

This will be good for me and my recovery because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I will be employed by \_\_\_\_\_

Job description:

Work hours and schedule:

If I do not have employment at discharge, my plan to get employment will be:

I will be furthering my education by:

Physician's Name: \_\_\_\_\_

Does he/she know I am addicted? Yes \_\_\_\_\_ No \_\_\_\_\_

Counselor Recommendations:

\_\_\_\_\_

Client Signature/Date: \_\_\_\_\_

Family Member Signature/Name: \_\_\_\_\_

Staff Signature/Date: \_\_\_\_\_

PO Signature/Date: \_\_\_\_\_

Cc: Client

Original to the chart

# ADDICTION AWARENESS LLC

## EVALUATION

Name: \_\_\_\_\_

Please take a minute to fill out this evaluation on the day. Please use the back to make any suggestions for upcoming classes.

Was your group a valuable experience for you? (even though you most likely had to take it)

No				Somewhat					Yes
1	2	3	4	5	6	7	8	9	10

Comments:

How would you rate your instructor's ability to lead the group today?

Poor				Fair					Great
1	2	3	4	5	6	7	8	9	10

Comments:

How helpful was your instructor in presenting the material?

Of little help									Very helpful
1	2	3	4	5	6	7	8	9	10

Comments:

List 3 things that you learned in group:

---

---

---

How did this group most help you today?

What didn't you like about the group today?

How could this group have been improved?

### **3.0 CONTRACTUAL REQUIREMENTS**

#### **3.1 Entire Agreement**

A binding contract shall consist of: (1) the RFP, amendments thereto, and/or Best and Final Offer (BAFO) request(s) with RFP changes/additions, (2) Addiction Awareness, LLC's proposal including Addiction Awareness, LLC's BAFO, and (3) OSCA's acceptance of the proposal by "notice of award".

3.1.1 The contract expresses the complete agreement of the parties and performance shall be governed solely by the specifications and requirements contained therein. Any change, whether by modification and/or supplementation, must be accomplished by a formal contract amendment signed and approved by and between the duly authorized representative of Addiction Awareness, LLC and OSCA prior to the effective date of such modification. Addiction Awareness, LLC expressly and explicitly understands and agrees that no other method and/or no other document, including correspondence, acts, and oral communications by or from any person, shall be used or construed as an amendment or modification.

#### **3.1.2 Non-Exclusive Agreement**

Addiction Awareness, LLC shall understand and agree that the contract shall not be construed as an exclusive agreement and further agrees that OSCA or the treatment court(s) may secure identical and/or similar services from other sources at anytime in conjunction with or in replacement of Addiction Awareness, LLC's services. OSCA anticipates that several contract awards will be made in order to provide coverage throughout the state of Missouri.

3.1.3 In order to accommodate the specific needs of the various treatment courts, OSCA reserves the right to award contracts to more than one provider per circuit/county.

#### **3.2 Contract Period**

The original contract period shall be as stated on the cover page of the RFP. The contract shall not bind, nor purport to bind, the state of Missouri or the local treatment court for any contractual commitment in excess of the original contract period.

#### **3.3 Renewal Options**

OSCA shall have the right, at its sole option, to renew the contract for five (5) additional one (1) year periods or any portion thereof. In the event OSCA exercises such right, all terms and conditions, requirements and specifications of the contract shall remain the same and apply during the renewal period, pursuant to applicable option clauses of this document. Prices for each renewal shall be mutually agreed to by both vendor and OSCA. OSCA does not automatically exercise the option for renewal.

3.3.1 OSCA reserves the right to offer or to request renewal of the contract at a price less than quoted as well as request additional testing for new substances.

#### **3.4 Price**

All prices shall be as indicated on the pricing page. The state shall not pay nor be liable for any other additional costs including but not limited to taxes, shipping charges, insurance, interest, penalties, termination payments, attorney fees, liquidated damages, etc.

3.4.1 Pricing shall be consistent with those authorized by DMH.

### **3.5 Federal Funds Requirement**

Addiction Awareness, LLC shall understand and agree the procurement(s) may involve the expenditure of federal funds. Therefore, Addiction Awareness, LLC shall not issue any statement, press releases, or other documents describing projects or programs funded in whole or in part with federal money unless the prior approval of OSCA is obtained.

### **3.6 Invoicing and Payment**

Immediately upon award of the contract, Addiction Awareness, LLC shall submit or must have already submitted a properly completed State Vendor ACH/EFT Application, since the state of Missouri intends to make contract payments through electronic funds transfer (EFT).

- If not already submitted, Addiction Awareness, LLC shall obtain a copy of the State Vendor ACH/EFT Application and completion instructions from the Internet at [http://content.oe.mo.gov/sites/default/files/vendor\\_input\\_ach\\_eftd.pdf](http://content.oe.mo.gov/sites/default/files/vendor_input_ach_eftd.pdf). Addiction Awareness, LLC must submit a unique invoice number with each invoice submitted. The unique invoice number will be listed on the state of Missouri's EFT addendum record to enable Addiction Awareness, LLC to properly apply OSCA's payment to the invoice submitted.

#### **3.6.1 Addiction Awareness, LLC shall submit:**

- A monthly detailed invoice to the treatment court(s) no later than the tenth (10<sup>th</sup>) day of the month immediately following the most recent month of service. The invoice must itemize the total number of units (quarter-hours/hourly/daily/per test) on the invoice each month. The pricing of each unit shall be in accordance with the pricing page.
- A detailed monthly log of all participants and the services provided to each participant during the month.
- An OSCA Monthly Medical Benefit Report (MMBR) indicating a summary of the number of participants who have medical coverage through Medicaid, private insurance or other sources (i.e. MO Department of Mental Health, SROP funds) as well as the dollar amount submitted for reimbursement.
- Detailed, supporting documentation for the MMBR to the treatment court coordinator on a monthly basis for verification purposes. Supporting documentation should be submitted even when invoices are not submitted.

3.6.2 The invoices must contain all information requested by OSCA.

3.6.3 OSCA shall pay Addiction Awareness, LLC in accordance with the applicable firm, fixed price stated on the Pricing Page for services actually provided.

3.6.4 The payment shall not be based on the number of treatment court(s) participants.

3.6.5 Other than the payments specified on the pricing page, no other payments or reimbursements shall be made to Addiction Awareness, LLC whatsoever including, insurance, maintenance, licensing, etc.

### **3.7 Vendor Liability**

Addiction Awareness, LLC shall be responsible for any and all injury or damage as a result of Addiction Awareness, LLC's negligence involving any equipment or service provided under the terms and conditions, requirements and specifications of the contract. In addition to the liability imposed upon Addiction Awareness, LLC on account of personal injury, bodily injury (including death), or property damage suffered as a result of Addiction Awareness, LLC's

negligence, Addiction Awareness, LLC assumes the obligation to save the state of Missouri and the local treatment court, including its agencies, employees, and assigns, from every expense, liability, or payment arising out of such negligent act. Addiction Awareness, LLC also agrees to hold the state of Missouri and the local treatment court, including its agencies, employees, and assigns, harmless for any negligent act or omission committed by any subcontractor or other person employed by or under the supervision of Addiction Awareness, LLC under the terms of the contract.

3.7.1 Addiction Awareness, LLC shall not be responsible for any injury or damage occurring as a result of any negligent act or omission committed by the state of Missouri or the local treatment court, including its agencies, employees, and assigns.

3.7.2 Under no circumstances shall Addiction Awareness, LLC be liable for any of the following (1) third-party claims against the state for losses or damages (other than those listed above) (2) loss of, or damage to, the state's records or data or (3) consequential damages (including lost profits or savings) or incidental damages, even if Addiction Awareness, LLC is informed of their possibility.

### **3.8 Vendor Status**

Addiction Awareness, LLC represents himself or herself to be an independent vendor offering such services to the general public and shall not represent himself/herself or his/her employees to be an employee of the state of Missouri or the local treatment court. Therefore, Addiction Awareness, LLC shall assume all legal and financial responsibility for taxes, FICA, employee fringe benefits, workers compensation, employee insurance, minimum wage requirements, overtime, etc., and agrees to indemnify, save, and hold the state of Missouri and the local treatment court, its officers, agents, and employees, harmless from and against, any and all loss; cost (including attorney fees); and damage of any kind related to such matters.

### **3.9 Subcontractors**

Any subcontracts for the products/services described herein must include appropriate provisions and contractual obligations to ensure the successful fulfillment of all contractual obligations agreed to by Addiction Awareness, LLC and OSCA and to ensure that OSCA is indemnified, saved, and held harmless from and against any and all claims of damage, loss, and cost (including attorney fees) of any kind related to a subcontract in those matters described in the contract between OSCA and Addiction Awareness, LLC. Addiction Awareness, LLC shall expressly understand and agree that he/she shall assume and be solely responsible for all legal and financial responsibilities related to the execution of a subcontract. Addiction Awareness, LLC shall agree and understand that utilization of a subcontractor to provide any of the products/services in the contract shall in no way relieve Addiction Awareness, LLC of the responsibility for providing the products/services as described and set forth herein.

### **3.10 Confidentiality**

Addiction Awareness, LLC shall agree and understand that all discussions with Addiction Awareness, LLC and all information gained by Addiction Awareness, LLC as a result of Addiction Awareness, LLC's performance under the contract shall be confidential and that no reports, documentation, or material prepared as required by the contract shall be released to the public without the prior written consent of OSCA.

3.10.1 Addiction Awareness, LLC shall maintain strict confidentiality of all client information or records supplied to it by the treatment court. The contents of such records shall not be

disclosed to anyone other than the treatment court or OSCA and the patient/client or the patient's/client's parent or legal guardian unless such disclosure is required by law.

3.10.2 Addiction Awareness, LLC assumes liability for all disclosures of confidential information by Addiction Awareness, LLC and/or Addiction Awareness, LLCs/provider's subcontractors and employees.

3.10.3 All records processed and created by Addiction Awareness, LLC in the performance of services contain personal information that is restricted from release pursuant to state and federal law, specifically Sections 32.057 and 32.091, RSMo. To the extent Addiction Awareness, LLC or Addiction Awareness, LLC's personnel may have access to any report, return or other information received by OSCA in connection with the administration of the tax laws of the state of Missouri, Addiction Awareness, LLC and Addiction Awareness, LLC's personnel shall comply with Section 32.057, RSMo. Any person making unlawful disclosure of information in violation of such Section shall, upon conviction, be guilty of a Class D felony.

3.10.4 Addiction Awareness, LLC assumes liability for all unauthorized disclosures of confidential information by Addiction Awareness, LLC and/or any of Addiction Awareness, LLC's personnel. In the event that records or copies of any such material are to be destroyed, Addiction Awareness, LLC shall accomplish such destruction in a manner prescribed by OSCA and ensuring the obliteration of all data and preventing improper or unauthorized disclosure of the personal, restricted information. Shredding the materials shall satisfy this requirement. Addiction Awareness, LLC must comply with OSCA policy regarding record retention and destruction.

### **3.11 Authorized Personnel (Immigrant Responsibility Act)**

Addiction Awareness, LLC understands and agrees that by signing the RFP, Addiction Awareness, LLC certifies the following:

- Addiction Awareness, LLC shall only utilize personnel authorized to work in the United States in accordance with applicable federal and state laws. This includes but is not limited to the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) and INA Section 274A.
- If Addiction Awareness, LLC is found to be in violation of this requirement or the applicable state, federal and local laws and regulations, and if the state of Missouri has reasonable cause to believe that Addiction Awareness, LLC has knowingly employed individuals who are not eligible to work in the United States, the state shall have the right to cancel the contract immediately without penalty or recourse and suspend or debar Addiction Awareness, LLC from doing business with the state.

### **3.12 Assignment**

Addiction Awareness, LLC shall agree and understand that, in the event OSCA consents to a financial assignment of the contract, in whole or in part to a third party, any payments made by the state of Missouri pursuant to the contract, including all of those payments assigned to the third party, shall be contingent upon the performance of the prime vendor in accordance with all terms and conditions, requirements and specifications of the contract.

**3.13 Insurance**

Addiction Awareness, LLC shall understand and agree that the state of Missouri and the local treatment court cannot save and hold harmless and/or indemnify Addiction Awareness, LLC or employees against any liability incurred or arising as a result of any activity of Addiction Awareness, LLC or any activity of Addiction Awareness, LLC's employees related to Addiction Awareness, LLC's performance under the contract. Therefore, Addiction Awareness, LLC must acquire and maintain adequate liability insurance in the form(s) and amount(s) sufficient to protect the state of Missouri and the local treatment court, its agencies, its employees, its clients, and the general public against any such loss, damage and/or expense related to his/her performance under the contract.

**SECTION 3.13 - PROFESSIONAL LIABILITY INSURANCE**

Account Number: MO ADDI 8840

Date: 2/12/14 Initials: CA

# CERTIFICATE OF INSURANCE

DARWIN NATIONAL ASSURANCE COMPANY  
C/O: American Professional Agency, Inc.  
95 Broadway, Amityville, NY 11701  
800-421-6694

This is to certify that the insurance policies specified below have been issued by the company indicated above to the insured named herein and that, subject to their provisions and conditions, such policies afford the coverages indicated insofar as such coverages apply to the occupation or business of the Named insured(s) as stated.

**THIS CERTIFICATE OF INSURANCE NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE(S) AFFORDED BY THE POLICY(IES) LISTED ON THIS CERTIFICATE.**

Name and Address of Insured:  
ADDICTION AWARENESS, LLC  
PO BOX 8843  
SAINT JOSEPH MO 64508

Additional Named Insureds:  
LISA C. DOYLE  
ANITA MEEHAN

Type of Work Covered: MENTAL HEALTH COUNSELOR

Location of Operations: N/A  
(If different than address listed above)

Claim History:

Retroactive date is 02/11/2008

Coverages	Policy Number	Effective Date	Expiration Date	Limits of Liability
PROFESSIONAL/ LIABILITY	5002-0815	2/11/14	2/11/15	1,000,000 3,000,000

**NOTICE OF CANCELLATION WILL ONLY BE GIVEN TO THE FIRST NAMED INSURED ON THIS POLICY AND HE OR SHE SHALL ACT ON BEHALF OF ALL INSURED(S) WITH RESPECT TO GIVING OR RECEIVING NOTICE OF CANCELLATION.**

Comments:

This Certificate Issued to:  
Name: ADDICTION AWARENESS, LLC  
PO BOX 8843  
Address: SAINT JOSEPH MO 64508

  
Authorized Representative

**3.14 Property of State**

All reports, documentation, and material developed or acquired by Addiction Awareness, LLC as a direct requirement specified in the contract shall become the property of the state of Missouri. Addiction Awareness, LLC shall agree and understand that all discussions with Addiction Awareness, LLC and all information gained by Addiction Awareness, LLC as a result of Addiction Awareness, LLC's performance under the contract shall be confidential and that no reports, documentation, or material prepared as required by the contract shall be released to the public without the prior written consent of OSCA.

**3.15 Termination**

OSCA reserves the right to terminate the contract at any time, for the convenience of the state of Missouri, without penalty or recourse, by giving written notice to the at least thirty (30) calendar days prior to the effective date of such termination. Addiction Awareness, LLC shall be entitled to receive just and equitable compensation for services and/or supplies delivered to and accepted by the state of Missouri pursuant to the contract prior to the effective date of termination.

3.15.1 OSCA may terminate any agreements they may have, if the service is deemed to be unsatisfactory or fails to meet the goals and objectives of the treatment court. Any termination shall be by giving written notice at least thirty (30) days prior to the effective date.

**3.16 Transition**

Upon award of the contract, Addiction Awareness, LLC shall work with OSCA and any other organizations designated by OSCA to insure an orderly transition of services and responsibilities under the contract and to insure the continuity of those services required by OSCA.

3.16.1 Upon expiration, termination, or cancellation of the contract, Addiction Awareness, LLC shall assist OSCA to insure an orderly transfer of responsibility and/or the continuity of those services required under the terms of the contract to an organization designated by OSCA, if requested in writing. Addiction Awareness, LLC shall provide and/or perform any or all of the following. Addiction Awareness, LLC shall deliver, FOB destination, all records, documentation, reports, data, recommendations, etc., which were required to be produced under the terms of the contract to OSCA and/or to the designee within seven (7) days after receipt of the written request.

3.16.2 Addiction Awareness, LLC shall discontinue providing service or accepting new assignments under the terms of the contract, on the date specified by OSCA in order to insure the completion of such service prior to the expiration of the contract.

**3.17 No Actions, Suits, or Proceedings**

Addiction Awareness, LLC warrants that there are no actions, suits, or proceedings, pending or threatened, that will have a material adverse effect on Addiction Awareness, LLC's ability to fulfill its obligations under this contract. Addiction Awareness, LLC further warrants that it will notify the state of Missouri immediately if Addiction Awareness, LLC becomes aware of any action, suit, or proceeding, pending or threatened, that will have a material adverse effect on vendor's ability to fulfill the obligations under this contract.

### **3.18 Warranty of Vendor Capability**

Addiction Awareness, LLC warrants that it is financially capable of fulfilling all requirements of this contract, that there are no legal proceedings against it that could threaten performance of this contract, and that Addiction Awareness, LLC is a validly organized entity that has the authority to enter into this contract. Addiction Awareness, LLC is not prohibited by any loan, contract, financing arrangement, trade covenant, or similar restriction from entering into this contract.

3.18.1 Addiction Awareness, LLC hereby covenants that at the time of the submission of the proposal Addiction Awareness, LLC has no other contractual relationships which would create any actual or perceived conflict of interest. Addiction Awareness, LLC further agrees that during the term of the contract neither Addiction Awareness, LLC nor any of its employees shall acquire any other contractual relationships which create such a conflict.

### **3.19 Business Compliance**

Addiction Awareness, LLC must be in compliance with the laws regarding conducting business in the state of Missouri. Addiction Awareness, LLC certifies by signing the signature page of this original document and any amendment signature page(s) that Addiction Awareness, LLC and any proposed subcontractors either are presently in compliance with such laws or shall be in compliance with such laws prior to any resulting contract award. Addiction Awareness, LLC shall provide documentation of compliance upon request by OSCA. The compliance to conduct business in the state shall include but not necessarily be limited to:

- Registration of business name (if applicable)
- Certificate of authority to transact business/certificate of good standing (if applicable)
- Taxes (e.g., city/county/state/federal)
- State and local certifications (e.g., professions/occupations/activities)
- Licenses and permits (e.g., city/county license, sales permits)
- Insurance (e.g., worker's compensation/unemployment compensation)

### **3.20 Audit and Records Clause**

As used in this clause, "records" includes books, documents, accounting procedures and practices, and other data, regardless of type and regardless of whether such items are in written form, in the form of computer data, or in any other form. In accepting any contract with the state, the successful vendor(s) agree any pertinent state or federal agency will have the right to examine and audit all records relevant to execution and performance of the resultant contract.

3.20.1 The successful vendor(s) awarded the contract(s) is required to retain records relative to the contract for the duration of the contract and for a period of three (3) years following completion and/or termination of the contract. If an audit, litigation, or other action involving such records is started before the end of the three (3) year period, the records are required to be maintained for three (3) years from the date that all issues arising out of the action are resolved, or until the end of the three (3) year retention period, whichever is later.

3.20.2 Addiction Awareness, LLC agrees to fully cooperate with any audit or investigation from federal, state or local law enforcement agencies.

## **4.0 PROPOSAL INSTRUCTIONS AND REQUIREMENTS**

### **4.1 Submission of Proposal**

Organization of proposal: In order to provide optimal readability of the proposal by evaluators, vendors are strongly encouraged to organize their proposal as follows:

Transmittal Letter  
Table of Contents  
Signed RFP and RFP Amendment Cover Pages  
Pricing Page  
Renewal Options  
Exhibit A – Vendor’s References  
Exhibit B – Personnel Expertise Summary  
Exhibit C – Affidavit of Work Authorization  
Exhibit D – Miscellaneous Information  
Exhibit E – Debarment Certificate

4.1.2 Vendors are cautioned that OSCA will not award a non-compliant proposal and, as a result, any vendor indicating non-compliance with any requirements, terms, conditions and provisions of the RFP will be eliminated from further consideration for award unless OSCA exercises its sole option to competitively negotiate the respective proposal(s) and Addiction Awareness, LLC resolves the noncompliant issues.

4.1.3 Addiction Awareness, LLC's proposal should include:

- An original document, plus two (2) paper copies. The front cover of the original proposal should be labeled “original” and the front cover of all copies should be labeled “copy”.
- One (1) copy of their entire proposal electronically in either Microsoft® Word 2000 (or compatible) or PDF format. The electronic version may be e-mailed to [osca.contracts@courts.mo.gov](mailto:osca.contracts@courts.mo.gov) or on a CD and submitted with the original proposal.

### **4.2 Conciseness/Completeness of Proposal**

It is highly desirable that Addiction Awareness, LLC respond in a complete, but concise manner. It is Addiction Awareness, LLC's sole responsibility to submit information in their proposals as it relates to the evaluation categories. OSCA is under no obligation to solicit such information if it is not included in Addiction Awareness, LLC's response. Addiction Awareness, LLC's failure to submit such information may cause an adverse impact on the evaluation of their proposal. Unnecessary information should be excluded from Addiction Awareness, LLC's proposal.

### **4.3 Open Records**

Addiction Awareness, LLC's proposal shall be considered open record upon award of the RFP pursuant to Section 610.021, RSMo. Addiction Awareness, LLC shall not submit their entire proposal as proprietary or confidential. Also, Addiction Awareness, LLC shall not submit any part of their proposal as confidential unless the proprietary or confidential nature of the material is provided for in the above reference statute. Proprietary or confidential portions of Addiction Awareness, LLC's proposal allowed by the statute shall be separated, sealed and clearly marked as confidential within Addiction Awareness, LLC's proposal. Also, Addiction Awareness, LLC shall provide adequate explanation of what qualifies the material as being held confidential under the provisions of the statute.

#### **4.4 Contract Compliance**

Addiction Awareness, LLC is cautioned when submitting pre-printed terms and conditions regarding proprietary information, copyright, usage restrictions, etc., to make sure such documents do not contain other terms and conditions which conflict with those of the RFP and its contractual requirements. Addiction Awareness, LLC agrees that in the event of conflict between any of Addiction Awareness, LLC's terms and conditions and those contained in the RFP that the RFP shall govern. Taking exception to the state's terms and conditions may render a vendor's proposal non-responsive and remove it from consideration for award.

#### **4.5 Proposal Evaluation/Contract Award**

OSCA anticipates making multiple contract awards, i.e., more than one (1) award, as a result of this RFP to all vendors submitting acceptable proposals.

- OSCA reserves the right to make partial and multiple contract awards.

4.5.1 As deemed in its best interests, OSCA reserves the right to clarify any and all portions of any offer.

4.5.2 On Exhibit A, Addiction Awareness, LLC should provide a list of at least three (3) current customers who have utilized the services from Addiction Awareness, LLC. The list should include the following:

- Name of Reference Company
- Address of Reference Company
- Reference Contact Person Information
- Reference contacts telephone number
- Description of prior items/services performed

4.5.3 Addiction Awareness, LLC shall complete EXHIBIT B, Personnel Expertise Summary. The qualifications of the personnel proposed by Addiction Awareness, LLC to perform the requirements of this RFP, whether from Addiction Awareness, LLC's organization or from a proposed subcontractor, will be subjectively evaluated. Therefore, Addiction Awareness, LLC should submit detailed information related to the experience and qualifications, including education and training, of proposed personnel.

4.5.4 If personnel are not yet hired, Addiction Awareness, LLC should provide detailed descriptions of the required employment qualifications; and detailed job descriptions of the position to be filled, including the type of person proposed to be hired.

4.5.5 Addiction Awareness, LLC may utilize Exhibit B for summarizing the personnel information and should submit detailed resumes for proposed key personnel.

4.5.6 Addiction Awareness, LLC should submit a copy of all licenses and/or certifications for all proposed personnel which may be required by state, federal, and/or local law, statute, or regulation in the course of performance of Addiction Awareness, LLC's profession. If not submitted with the proposal, OSCA reserves the right to request and obtain a copy of any license or certification required to perform the defined services prior to contract award.

#### **4.6 Responsibility and Reliability**

Responsibility and reliability of Addiction Awareness, LLC's organization are considered subjectively in the evaluation process. Therefore, Addiction Awareness, LLC is advised to

submit any information which documents successful and reliable experience in past performances, especially those performances related to the requirements of this RFP.

- 4.6.1 Addiction Awareness, LLC should provide the following information related to previous and current services/contracts performed by Addiction Awareness, LLC's organization and any proposed subcontractors which are similar to the requirements of this RFP:
- Name, address, and telephone number of client/contracting agency and a representative of that client/agency who may be contacted for verification of all information submitted;
  - Dates of the service/contract; and
  - A brief, written description of the specific prior services performed and requirements thereof.
  - The above information may be shown on the form attached as Exhibit A to this RFP or in a similar manner.
- 4.6.2 Addiction Awareness, LLC should present a detailed description of all products and services proposed in the response to this RFP. It is the bidder's responsibility to make sure all products proposed are adequately described. It should not be assumed that the evaluator has specific knowledge of the products proposed; however, the evaluator does have sufficient technical background to conduct an evaluation when presented complete information.
- 4.6.3 Addiction Awareness, LLC may submit preprinted marketing materials with the proposal. However, Addiction Awareness, LLC is advised that such brochures normally do not address the needs of the evaluators with respect to the technical evaluation process and the specific responses which have been requested. Addiction Awareness, LLC is strongly discouraged from relying on such materials in presenting products and services for consideration by the state.
- 4.7 Debarment Certification**  
Addiction Awareness, LLC certifies by signing the signature page of this original document and any amendment signature page(s) that Addiction Awareness, LLC is not presently debarred, suspended, proposed for debarment, declared ineligible, voluntarily excluded from participation, or otherwise excluded from or ineligible for participation under federal assistance programs. Addiction Awareness, LLC should complete and return the attached certification regarding debarment, etc., Exhibit E with the proposal. This document must be satisfactorily completed prior to award of the contract.
- 4.8 Final Determination**  
Any bid which does not comply with the mandatory requirements of the RFP will not be considered for an award. In addition, OSCA reserves the right to reject any bid for reasons which may include but not necessarily be limited to: (1) receipt of any information, from any source, regarding unsatisfactory performance of similar services by Addiction Awareness, LLC within the past five (5) years, and/or (2) inability of Addiction Awareness, LLC to document responsible and reliable past performances similar to the services required, and/or (3) failure of Addiction Awareness, LLC to provide a reference(s).
- 4.9 Affidavit of Work Authorization and Documentation**  
Pursuant to Section 285.530, RSMo, the bidder **must** affirm the bidder's enrollment and participation in a federal work authorization program with respect to the employees proposed to work in connection with the services requested herein by:
- Submitting a completed, notarized copy of Exhibit C, AFFIDAVIT OF WORK AUTHORIZATION and

- Providing documentation affirming the bidder's enrollment and participation in a federal work authorization program (see below) with respect to the employees proposed to work in connection with the services requested herein. E-Verify is an example of a federal work authorization program. Acceptable 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**

Contractors 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 Addiction Awareness, LLC and/or any of the owners of Addiction Awareness, LLC'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.

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 vendor's organization:	_____ %

N/A

**PRICING PAGE**

Addiction Awareness, LLC must provide firm, fixed prices for the services identified below. Should a contract award be made based upon Addiction Awareness, LLC'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	75.00	Per assessment
Assessment option (Multi-axial)	45.00	Per assessment
Assessment update	45.00	Per assessment
Case Management/Community Support	10.50	Per ¼ hour
Communicable Disease Assessment/Education/Testing	10.50	Per ¼ hour
Day Treatment	NA	Per day
Detoxification (Social Setting)	NA	Per day
Detoxification (Modified Medical)	NA	Per day
Early Intervention (Intake)	11.25	Per ¼ hour
Early Intervention (Group Education)	2.50	Per ¼ hour
Early Intervention (Motivational Interviewing-Individual)	10.50	Per ¼ hour
Extended Day Treatment	NA	Per day
Family Conference	12.50	Per ¼ hour
Family Therapy	12.50	Per ¼ hour
Group Counseling (Associate SA Counselor)	2.50	Per ¼ hour
Group Counseling (QSAP)	2.75	Per ¼ hour
Group Counseling ( Collateral relationship)	2.75	Per ¼ hour
Group Education	2.35	Per ¼ hour
Group Education (Trauma Related)	2.50	Per ¼ hour
Individual Counseling	11.25	Per ¼ hour
Individual Counseling (Collateral Relationship)	11.25	Per ¼ hour
Individual Counseling (Co-Occurring Disorder)	11.25	Per ¼ hour
Individual Counseling (Trauma Related)	11.25	Per ¼ hour
Medication Services	NA	Per ¼ hour

OSCA 14-042 Treatment Court Specialized Service Providers

Medication: [Medication Assisted Treatment (MAT)]	*exact cost	Per prescription
Missouri Recovery Support Specialist (MRSS)	NA	Per ¼ hour
Missouri Recovery Support Specialist Peer (MRSS-P)	NA	Per ¼ hour
Relapse Prevention Counseling	2.75	Per ¼ hour
Residential Support	NA	Per day
Treatment Court Day	10.50	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)	*will set up if needed	Per test
Sample Collection with 1-panel on-site provided by vendor	*will set up if needed	Per test
Sample Collection with 2-panel on-site provided by vendor	*will set up if needed	Per test
Sample Collection with 3-panel on-site provided by vendor	*will set up if needed	Per test
Sample Collection with 4-panel on-site provided by vendor	*will set up if needed	Per test
Sample Collection with 5-panel on-site provided by vendor	*will set up if needed	Per test
Sample Collection with 6-panel on-site provided by vendor	*will set up if needed	Per test
Sample Collection with 7-panel on-site provided by vendor	*will set up if needed	Per test
Sample Collection with 8-panel on-site provided by vendor	*will set up if needed	Per test
Sample Collection with 9-panel on-site provided by vendor	*will set up if needed	Per test
Drug Testing: Sample Collection and On-Site Test (Kit provided by Treatment Court)	*will set up if needed	Per test
Drug Testing: Breathalyzer (Equipment provided by vendor)	*will set up if needed	Per test
Drug Testing: Breathalyzer (Equipment provided by Treatment Court)	*will set up if needed	Per test

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

Moral Reconciliation Therapy  
Anger Management  
Brief Counseling for Marijuana Dependence  
Motivational Interviewing  
Matrix Model  
Dialectical Behavioral Therapy  
Brief Strength-Based Case Management for Substance Abuse.  
Co-occurring Disorders Treatment  
Medication Assisted Treatment

All of these can be found at <http://www.nrepp.samhsa.gov/>.

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

Moral Reconciliation Therapy - all not only qualified but certified by CCI to provide this service -  
Lori Brown, Debra Walker, and Rita Ragsdale

Anger Management - Penny Shelton, Lisa Doyle (certified providing supervision)

Motivational Interviewing - All Staff have received training.

Matrix Model - All Staff have received training.

Dialectical Behavioral Therapy - All Staff have received training.

Brief Strength-Based Case Management for Substance Abuse. - All Staff have received training.

Co-occurring Disorders Treatment - Penny Shelton, Lori Brown are working on their 40 hours of co-occurring training. Lisa Doyle and Anita Meehan have completed this training in order to provide goal directed group counseling with this population.

Medication Assisted Treatment - Lori Brown and Debra Walker are both certified in MAT.

All Program Staff have been certified and/or recognized with the **Missouri Substance Abuse Professional Credentialing Board** that provide substance abuse education and counseling.

1).1.1.1.1 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.

**\*\*\* please see section 2.23-2.24**

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	X	X				X	X
5	Buchanan	X	X				X	X
6	Platte		X				X	X
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							

**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: <u>Lisa Doyle</u>	
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	<u>Buckner County Prosecutor Office</u>
Address of Reference Company: ✓ Street Address ✓ City, State, Zip	<u>401 Jules, Buckner County Courthouse Room 132 St. Joseph, Mo 64504</u>
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	<u>Rebecca THOMAS 816-271-1480 816-646-1172 SydKo@MEN.COM</u>
Dates of Prior Services:	<u>Provider for Drug Ct: DU Ct</u>
Dollar Value of Prior Services:	
Description of Prior Services Performed:	<u>Drug Court Provider - Treatment, MR+ - Counseling - Testing &amp;</u>

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:

[Handwritten Signature]  
Signature of Reference Contact Person

3-11-14  
Date of Signature



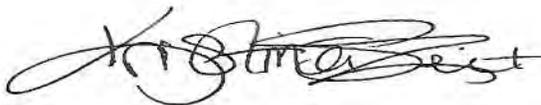
**EXHIBIT A**

**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.

<b>Offeror Name or Subcontractor Name:</b> <u>Addiction Awareness LLC</u>	
<b>Reference Information (Prior Services Performed For:)</b>	
Name of Reference Company:	Buchanan Co. Prosecutor
Address of Reference Company: ✓ Street Address ✓ City, State, Zip	Courthouse - Room 132 401 gules St. Joseph MO 64504
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	Kristina Zeit 816-271-1480
Dates of Prior Services:	DV Court tx provided since 2007
Dollar Value of Prior Services:	Client pays for services
Description of Prior Services Performed:	Full Range of treatment services for DV Court client 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:*



March 12, 2014

\_\_\_\_\_  
*Signature of Reference Contact Person*

\_\_\_\_\_  
*Date of Signature*

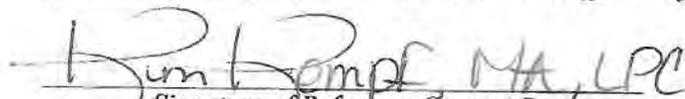
**EXHIBIT A**

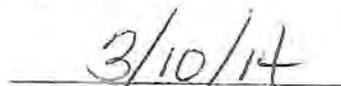
**PRIOR EXPERIENCE**

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

<b>Offeror Name or Subcontractor Name: Addiction Awareness, LLC</b>	
<b>Reference Information (Prior Services Performed For:)</b>	
Name of Reference Company:	YWCA St. Joseph
Address of Reference Company: ✓ Street Address ✓ City, State, Zip	304 North 8 <sup>th</sup> Street, St. Joseph, MO 64501
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	Kim Kempf, Victim Services Director 816-232-4481 <a href="mailto:kkempf@ywcasi.org">kkempf@ywcasi.org</a>
Dates of Prior Services:	10/1/12 - Present
Dollar Value of Prior Services:	\$3400
Description of Prior Services Performed:	Addiction Awareness, LLC serves as a Memorandum of Understanding partner on a Department of Justice Office of Violence Against Women grant with the YWCA St. Joseph serving as the grantee and lead agency. As an MOU partner, Addiction Awareness, LLC provides monthly relapse prevention and money management groups to women participating in the YWCA's Transitional Housing Program.

*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 A**

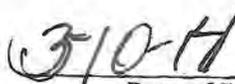
**PRIOR EXPERIENCE**

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: _____ <b>Addiction Awareness LLC</b> _____	
<b>Reference Information (Prior Services Performed For:)</b>	
Name of Reference Company:	<b>Western District of Missouri U. S. Probation &amp; Pretrial Services</b>
Address of Reference Company: ✓ Street Address ✓ City, State, Zip	<b>400 E. 9<sup>th</sup> Street, Room 4510 Kansas City, MO 64106 PH: 816-512-1471 FAX: 816-512-1313</b>
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	<b>Stephanie K. Wiley (or Kurt Habiger in her absence) Senior U.S. Probation Officer Drug/Alcohol Treatment Specialist Contracting Officer Western District of Missouri Office: (816) 512-1329 Fax: (816) 512-1313</b>
Dates of Prior Services:	<b>10/2009-present</b>
Dollar Value of Prior Services:	<b>Varies – it's a per service basis.</b>
Description of Prior Services Performed:	<b>Individual counseling, group counseling, group education, patches, ua's, case management, assessment.</b>

*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



FIFTH JUDICIAL CIRCUIT, DIVISION No. 3  
PATRICK K. ROBB, CIRCUIT JUDGE  
411 JULES STREET  
BUCHANAN COUNTY COURTHOUSE  
ST. JOSEPH, MISSOURI 64501-1790

816-271-1444

March 6, 2014

Drug Court Coordinating Commission  
2112 Industrial Drive  
Jefferson City, MO 65110

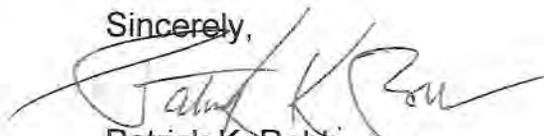
RE: Application of Addiction Awareness to continue as a treatment provider  
for 5th Judicial Circuit Drug Court

Drug Court Coordinating Commission:

This letter is to offer my support for the application of Addiction Awareness to continue as a treatment provider for the 5th Judicial Circuit Drug Court. I have known Lisa Doyle, Chief Administrative Officer of Addiction Awareness, for a number of years and believe she and her agency have done a good job in providing the treatment prong for the Drug Court program in our circuit. Prior to becoming a treatment provider for Drug Court, Ms. Doyle worked at Family Guidance Center (FGC) where she was the substance abuse treatment director. In her role as treatment director for FGC she directed and oversaw the substance abuse treatment for individuals placed in the Drug Court program. I have always appreciated Ms. Doyle's good work and responsiveness in working with the Drug Court team members and clients to provide the substance abuse treatment for individuals placed in the program.

I fully endorse Addiction Awareness, and Lisa Doyle as the Chief Administrative Officer, in her application to continue as a treatment provider for Drug Court in the 5th Circuit. If upon receipt of this letter you have any questions, please feel free to contact me.

Sincerely,



Patrick K. Robb

Jack Buchan  
2316 S. Viking Dr.  
Independence, MO 64057  
816-796-0858

March 12, 2014

To: OSCA representatives  
Re: Buchanan County Drug Court contract

Dear representatives;

This is a letter of endorsement for the continuation of the Buchanan County Drug Court contract with Addiction Awareness LLC.

I presently serve as the Chair on the Board of Directors for AALLC. As such, I am privy to the efforts that have gone into making the Drug Court successful thus far. Mrs. Doyle is tireless in her efforts to serve her clients as well as the court to the utmost of her abilities. I have seen great effort put forth to ensure she is in compliance to the court's expectations and with the contract. Her staff is sensitive to client needs and individual circumstances. Lisa herself has gone to great length to also partner effectively with the Department of Probation and Parole. She takes great pride in the client satisfaction of her services as evidenced by the very high percentages reflected in the regularly administered client satisfaction survey instruments.

I have also personally worked with Mrs. Doyle in another organization when we both operated as front line therapists. I submit to you that she is one of the finest therapists that I have ever worked with. As her Board Chair, I have seen her pass this expertise to her counseling staff on repeated occasions. She ensures that her counselling staff attends copious training to ensure best practices are utilized in the delivery of services to the client. She also takes advantage of the latest & best technology that she can afford to facilitate that service delivery.

I whole heartedly recommend the continuation of this contract with Mrs. Doyle & Addiction Awareness LLC.

Respectfully submitted,



Jack Buchan ICAADC, CRAADC, CS, SQP-R, CCGC



March 12, 2014

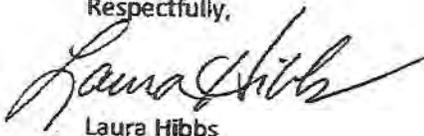
To Whom It May Concern,

I am writing on behalf of Lisa Doyle, Director and Chief Administrative Officer of Addiction Awareness, LLC, and am pleased to do so. I retired from the Missouri Board of Probation and Parole after 32 years of service and as the District Administrator in the local St. Joseph, Missouri office. In that capacity I worked with Lisa professionally for many years. When we met she was the director of the local Drug and Alcohol treatment program where there were many problems. Lisa's exceptional leadership qualities helped to repair much damage done in both the courts and the community as a result of the issues at that facility. Since opening her own facility, her program has grown tremendously here and she is viewed as our local expert in this community. Her education and experience are far superior to others locally. Lisa has much strength as both a business owner and community leader in the field of Drug and Alcohol Treatment. She has been involved in the local Drug Court almost since its inception here in Buchanan County. She is a strong leader both at her business and as previously stated in our community. Her program is an exceptional treatment facility and productive. I have had the honor of serving on her Board of Directors since I retired; as such I have firsthand knowledge of her great abilities as a Program Director and Treatment provider. Many of the client surveys we review as board members support those findings.

Having had experience with several Treatment providers in this area I would highly recommend Lisa be awarded the Drug Court Contract. Her understanding of this type of treatment, her professionalism, expertise and work ethic far exceed any other program in this area or any surrounding area. I believe the best recommendation for any program is whether or not you would recommend it to your family. I have in fact referred 2 family members to her program because of her expertise and better yet her results.

If you have any questions about this reference or require more information, I would be happy to speak to you at your convenience. I can be reached at 816-261-3286 or at [llhibbs1@hotmail.com](mailto:llhibbs1@hotmail.com). Please do not hesitate to contact me. I thank you for your time and consideration for this information.

Respectfully,



Laura Hibbs

03/11/2014

To Whom It May Concern:

Please allow this letter to serve as a personal reference letter for Lisa Doyle. I am a Probation & Parole Officer for the state of Missouri and have known Ms. Doyle for 3 ½ years. She has always been very professional, understanding and compassionate.

Ms. Doyle owns and operates Addiction Awareness and I have used her services as a resource for my clients in need of substance abuse counseling, domestic violence counseling as well as psychotherapy. I regularly receive positive feedback from clients who were in the beginning very reluctant to go to treatment. Her reporting to the appropriate entities is excellent, helping all involved to work as a team for the betterment of the client.

I highly recommend Ms. Doyle in her endeavors with Drug Court. If you wish to speak to me further, I can be reached at 660-259-3465 ext. 233 during regular business hours.

Respectfully,

A handwritten signature in black ink that reads "Linda K. Campbell PPOII". The signature is written in a cursive style with a large initial "L".

Linda K. Campbell, PPOII

DAWN M. WILLIAMS  
Attorney at Law, P.C.

510 North 4<sup>th</sup> Street  
Saint Joseph, MO 64501  
Phone (816)279-8898  
Fax (816)279-2364

March 10, 2014

To Whom It May Concern:

Please accept this letter of support for the continual funding of Addiction Awareness for participation in the Drug/DWI/Treatment Courts in Buchanan County, Missouri.

I have had the privilege of working with Addiction Awareness in connection to the treatment programs for a number of years. These types of treatment programs continue to provide effective alternative treatment for addiction issues for defendants. Many of these individuals have significant others, children and other family members who rely upon them for financial and emotional support. These programs provide a unique opportunity for defendants to stay in the community and continue to be available for their family members and loved ones. It allows them the chance to thrive in society with continued employment and sobriety. As is evident in my practice and experience, continued funding is critical for these companies who provide these programs to allow individuals to rebuild their lives in their community.

Specifically, Addiction Awareness is a vital part of the treatment courts in this area. This company provides a variety of resources for individuals chosen to be in these programs. The effectiveness of this company is based on the versatility and availability of the treatment team and coordinators. Without continued funding, the participants in this area will be forced to use one provider, which in my experience does not have the flexibility many of the participants need to be able to meet all of the demands of their personal life and terms of probation. I am a strong advocate of Addiction Awareness and refer my clients to them for services on a regular basis. I am requesting that this company continue to receive funds to participate in the treatment courts in this area.

Sincerely,  
Dawn Williams



# ALTERNATIVES

*Employee Assistance Programs  
WorkLife Services  
Behavioral Risk Management  
Life and Health Coaching  
DOT Drug Testing Compliance Service*

3100 Broadway, Suite 313  
Kansas City, Missouri 64111  
816-753-8283 ext 222  
Fax 816-531-5709  
al\_dm@alternativeseap.com

March 11, 2014

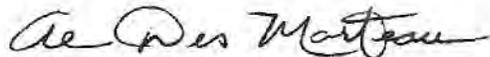
**RE: Lisa Doyle**

To Whom It May Concern:

I am writing to provide a professional reference for Lisa Doyle, an affiliate provider in our EAP network who we have regularly relied on since 9/08. She has proven to be a reliable resource for substance abuse referrals and recommend her without reservations.

If you have any questions or concerns, please do not hesitate to give me a call.

Sincerely,



Al Des Marteau, MS, MA, LPC, CEAP  
VP of Clinical Services



# Ken Thom Counseling Inc.

---

Christian Counseling  
[www.kenthomcounseling.com](http://www.kenthomcounseling.com)

Date: March 11, 2014

To whom it may concern

RE: Addiction Awareness, LLC

Dear Sir:

I have been using Addiction Awareness as a referral source for at least for to five years, possibly longer. I have been satisfied with their alcohol and drug services for clients who may have different levels of need. I am supportive of their efforts to obtain grant money to help them to continue to provide much needed services in the Northwest Missouri area.

Sincerely,

Ken Thom, MS, LPC

**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. <u> Lisa Doyle</u> (Name) <u> Chief Administrative Officer</u> (Title) <u> Administrative and Assessment/Family Counselor</u> (Proposed Role/Function)	Resume attached – including certification, and co-occurring disorders training.
2. <u> Anita Meehan</u> (Name) <u> MSW, CRADC</u> (Title) <u> Counselor, Co-occurring Group Leader</u> (Proposed Role/Function)	<ul style="list-style-type: none"> <li>• Resume Attached</li> <li>• Certification Attached</li> <li>• Numerous years of experience in counseling and recovery.</li> </ul>
3. <u> Jadonna Butler</u> (Name) <u> Certified Counselor</u> (Title) <u> Group Leader &amp; Individual Counselor</u> (Proposed Role/Function)	<ul style="list-style-type: none"> <li>• Resume Attached</li> <li>• Certification Attached</li> <li>• Numerous years of experience in corrections and counseling.</li> </ul>
4. <u> Lori Brown</u> (Name) <u> MARS, MRT, RASAC II</u> (Title) <u> Drug Court and Day Senior Counselor</u> (Proposed Role/Function)	<ul style="list-style-type: none"> <li>• Certifications Attached</li> <li>• Medication Assisted Treatment Certification</li> <li>• Moral Reconciliation Certified Counselor</li> <li>• Has attended 2 drug court conferences</li> <li>• Vital linkage to the drug court team.</li> </ul>
5. <u> Dora Ham</u> (Name) <u> CRADC, SQP</u> (Title) <u> Individual and Family Education Group Counselor</u> (Proposed Role/Function)	<ul style="list-style-type: none"> <li>• Resume Attached</li> <li>• Certification Attached</li> <li>• Corrections Experienced</li> <li>• Numerous Years in Recovery and Counseling Experience.</li> <li>• SATOP SQP</li> </ul>
Additional Staff with documentation attached: Rita Ragsdale – DVI/MRT Lead Educator Penny Shelton – RASAC, Group and Individual Counselor Jack Weddle – RASAC, Group and Individual Counselor – experience in Recovery as well.	Jack Buchan – OMU SQP – Provides clinical supervision, as well as assessments for DWI offenders.

# ADDICTION AWARENESS LLC

## TABLE OF ORGANIZATION

LISA DOYLE, MA, CRADC, ICRC, CAMF, CDVIF, QMHP, DOT SAP

COUNSELOR/CHIEF ADMINISTRATIVE OFFICER/CLINICAL SUPERVISOR

1. RITA RAGSDALE - CDVI LEAD FACILITATOR  
QUALITY ASSURANCE MANAGER MRT Certified
  - 1 a. Steve Bush – DVIF in training
2. JENNIFER HARRIS - OFFICE MANAGER
  - 2 a. Volunteer Maintenance Workers
  - 2 b. Brett Capps – UA Tech
  - 2 c. Dusty Doyle - UA Tech
3. LORI BROWN - OUTPATIENT COUNSELOR/DRUG COURT LIASON
  - a. RASAC II exp 1/2014 MRT Certified
  - b. Medication Assisted Recovery Specialist exp 4/14
  - 3 a. Lindsey Curtin - Counselor in Training/Volunteer
4. Penny Shelton - Outpatient Counselor  
DVIF in training RASACI exp. 8/14
5. JD Butler - Outpatient Counselor  
CDVIF CCJAP exp 4/14 ICRC
6. Dora Ham - Outpatient Counselor  
SQP exp 10/14 CRADC
7. Jack Weddle - Outpatient Counselor RASACI exp 5/14
8. Debra Walker - Liberty Outpatient Counselor CDVIF  
RASACII exp 8/14 Medication Assisted Recovery Specialist exp 4/14
9. Ruth Jackson - Liberty Outpatient Counselor/Anger Management RASACI exp 8/14
10. Anita Meehan - Outpatient Counselor  
CRADC exp 10/14 MA
11. Jack Buchan - SATOP OMU Screener/ Liberty Clinical Supervisor
  - a. Clinical Supervisor Board Trained
  - b. SATOP SQP exp. 10/14 CRADC exp. 10/14

# Lisa Doyle, CRADC QMHP MA

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ADDITIONAL CREDENTIALS: ICRC, CAMF, CDVIF, QMHP, DOT SA

## Objective

To continue broaden my professional knowledge and expand addiction education, as well as counseling to those who are in need of effective recovery.

## Experience

2013-present **PSYCHOLOGY INSTRUCTOR – MISSOURI WESTERN STATE UNIVERSITY, ST. JOSEPH, MO – ADJUNCT FACULTY**

2006-present **Addiction Awareness LLC – administrator – serving over 300 clients.** <http://www.aaesllc.webs.com/>

2005-present **Angel On My Shoulder – Professional Organizer.**  
*\*2 businesses that I run on my own.*

2002-2010 **Village of Cosby – Village Clerk-term ended.**

2002-2010 Highland Community College Highland, KS  
**Sociology and Psychology Adjunct Instructor-teach online and onsite classes – average 4/semester**

- Couldn't do the commute anymore.

**1998-2006 Family Guidance Center St. Joseph, MO**

**Chemical Dependency Department Director (10/99-6/06)**

- Evening Clinical Supervisor March 99-October 99
- Drug Court Outpatient Counselor/Family Therapist July 98-March 99
- Was promoted 3 times in a little over a year.
- Lead stabilization of the programs within the department and the department as a whole.
- Have been noted for my organization, professionalism, and clinical skills.

1992-1998 Gordon Recovery Centers Sioux City, Iowa

**Therapist II Therapist I Addiction Technician**

- Carried a caseload of over 15 residential adolescent clients.
- Structure the program and wrote the curriculum that is still used.
- Took over and structured the family program.

## Education

1993-1996 University of South Dakota Vermillion, SD  
Masters of Arts – Community, Agency, and School Counseling

## Board Member of

**MISSOURI STATE ADVISORY COUNCIL – DEPARTMENT OF MENTAL HEALTH**

**MISSOURI SUBSTANCE ABUSE CERTIFICATION BOARD – MEMBER OF THE LEGISLATIVE SUB COMMITTEE**

## ADDITIONAL RELEVANT EXPERIENCE

- I. AWARDED: ADJUNCT INSTRUCTOR OF THE YEAR, HIGHLAND COMMUNITY COLLEGE 2008
- II. COMPLETED 40 HOUR TRAINING ON CO-OCCURRING DISORDERS, COMPLETED 70 HOUR TRAINING ON MEDICATION ASSISTED TREATMENT.
- III. CONTRACT PROPOSAL REVIEWER FOR JACKSON COUNTY COMBAT.
- IV. CLINICAL SUPERVISION TRAINER FOR MISSOURI BOARD OF SUBSTANCE ABUSE PROFESSIONALS.
  - Have provided at least 2 3 day trainings.
- V. ETHICS TRAINER FOR MISSOURI BOARD OF SUBSTANCE ABUSE PROFESSIONALS.
  - Have provided at least 4 1 day trainings.
- VI. PRESENTER FOR MANY OTHER CONFERENCES AROUND THE STATE ON DOMESTIC VIOLENCE, PROFESSIONAL CODEPENDENCY, AND SUBSTANCE ABUSE TREATMENT ISSUES.
- VII. OUTSTANDING VOLUNTARY SERVICE FOR NORTHERN REGIONAL ADVISOR COUNCIL AS SECRETARY 2000-20001
- VIII. CERTIFIED WITH THE STATE OF MISSOURI AS A WOMEN OWNED BUSINESS ENTERPRISE
- IX. NOTARY PUBLIC SINCE 2008
- X. WOMEN OF EXCELLENCE NOMINEE FOR EMPLOYER OF EXCELLENCE FOR THE YWCA ST JOSEPH.

Missouri Substance Abuse No. 3111  
Professional Credentialing Board

Hereby recognizes that

**LISA C DOYLE**

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 **MAY 11, 2007**



*Kevin Liberty, CPA, CFP®*  
\_\_\_\_\_  
President

*Brenda Atglen, CTR*  
\_\_\_\_\_  
Secretary

# The University of South Dakota



On the recommendation of the Faculty and the  
Graduate School

and under the authority of The Board of Regents  
The University of South Dakota has conferred the degree of

Master of Arts

upon

Misa Christine Ann Steffen Boyle

with all the rights and privileges appertaining to that degree.

Awarded at Vermillion, South Dakota, this 20th day of December, 1996

Karl H. Wagner  
President, Board of Regents

Paul M. Mump  
President of the Faculty

Cheryl Hoffman  
Dean

Jana Rasmussen  
Registrar

The Center for Addiction Studies and Research

awards this

**CERTIFICATE OF COMPLETION**

for

**Substance Abuse Treatment for Persons with Co-Occurring Disorders**

to

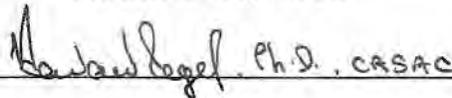
**Lisa Doyle**

who has successfully completed 40 education and training clock hours covering:

the assessment and psychopharmacology of mental disorders and the linkage  
between the mental health services system and substance abuse treatment

as of

October 24, 2013



Howard Fogel, Ph.D., CASAC, Educational Director  
The Center for Addiction Studies and Research

This training is provided under the Missouri Substance Abuse Professional Credentialing Board (MSAPCB) Education Provider #142 and the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) Education Provider #681. Courses have been pre-approved by the Missouri Substance Abuse Professional Credentialing Board (MSAPCB) for certification and continuing education requirements.

*Addiction Awareness, LLC*  
**JOB DESCRIPTION**  
*Job Title: Day Senior Counselor/Drug Court Liason*

**Primary responsibilities:**

1. Group facilitation and Education.
2. Individual counseling
3. Case management
4. Maintaining client case files.
5. Provide Clinical Information to Members of the Buchanan County Drug Court team as appropriate.
6. Provide oversight for the drug court contract and drug court clients, ensuring all clients are seen per contract/treatment plan – if not personally, then by another qualified staff.

**Duties:**

1. Development and implementation comprehensive treatment plans for a caseload of clients.
2. Assess and identify issues for each client and create clear objectives and goals.
3. Track and document progress in case reports while working to meet all required internal and external standards and policies.
4. Continue to work on certification until has reached certified alcohol drug counselor.

**Core Functions:**

1. Coordinate and delivery care to assigned clients. a) Observe/Supervise client interactions. b) Conduct group and individual sessions. c) Conduct addiction assessments when appropriate and when qualified. d) Maintain and update client records. e) Work with clients to develop and implement treatment plans. f) Evaluate progress of client.
2. Participate in all training and supervision activities as provided for staff.
3. Assess client's aftercare needs, issues, and services.
4. Works as a team member with all treatment staff and ancillary personal to promote consistent and coordinated efforts.
5. Prepare and submit as needed treatment and educational outlines, lectures, and other relevant materials as requested by Supervisor.

**Experience:**

Experienced in substance abuse counseling and motivated to work in recovery community.

Degreed or related experience preferred.

*Lori Brown* 10/29/13

Staff Signature

Date

*[Signature]* 10/29/13

Supervisor Signature

Date

# OFFICE OF STATE COURTS ADMINISTRATOR

Presents to

*Lori Brown*

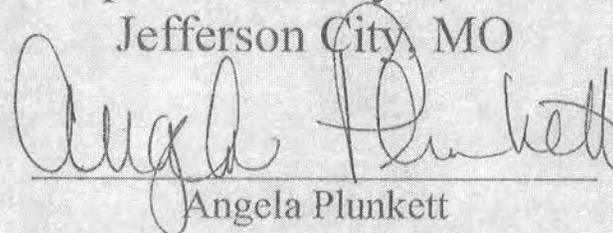
A

Certificate of Completion  
32 hours of continuing education for

**Moral Reconciliation Therapy (MRT) Training**  
Presented by Correctional Counseling, Inc. (CCI)

April 29 to May 2, 2013

Jefferson City, MO

A handwritten signature in cursive script, appearing to read "Angela Plunkett", written over a horizontal line.

Angela Plunkett

Treatment Court Coordinator  
Office of State Courts Administrator

No. 6554

**Missouri Substance Abuse  
Professional Credentialing Board**

Hereby recognizes that

***Lori A. Brown***

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 January 24, 2013**



*Clifford Canase*  
\_\_\_\_\_  
President

*Alicia Orenbeign MACSAPP*  
\_\_\_\_\_  
Secretary

**MMHF BOARD OFFICERS**

*J. Michael Keller*  
President

*Charlie Shields*  
Vice President

*Kathy Carter*  
Secretary-Treasurer

**MISSOURI MENTAL HEALTH FOUNDATION**

1739 E. Elm Street, Suite 103  
Jefferson City, Missouri 65101  
(573) 635-9201  
(573) 635-6584 (fax)  
[www.missourimhf.org](http://www.missourimhf.org)

**MMHF BOARD OF DIRECTORS**

*Alan Baumgartner*

*Carolyn Davis Newport*

*Anne Deaton*

*Ladell Flowers*

*Stacy Welling*

*Philip Willcoxon*

*Debra Walker*

January 8, 2014

Ms. Lori Brown  
Addiction Awareness  
PO Box 8843  
St. Joseph, MO 64508

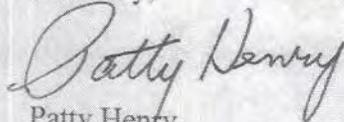
Dear Ms. Brown:

This letter is to inform you that you were nominated for the 2014 Mental Health Champions' Award. Although you were not ultimately selected to receive the award, being nominated is a testament of your courage and commitment to overcoming personal challenges and striving to make life better for yourself and those around you. Your story is inspiring and you have a positive impact on other individuals, as well as your community. Please accept our congratulations on your nomination!

Enclosed is a certificate recognizing your nomination for the 2014 Mental Health Champions' Award. I hope you will be able to attend the Mental Health Champions' Banquet, scheduled for **Tuesday, June 3, 2014**, at the Capitol Plaza Hotel in Jefferson City. Nominees who attend the event will be recognized. In the next few months, staff from the Missouri Department of Mental Health will contact you regarding banquet attendance details.

Again, congratulations on being nominated as a Mental Health Champion!

Sincerely,



Patty Henry  
Executive Director

Enclosure

cc: Lisa Doyle, Addiction Awareness  
DMH Division Representative  
Debra Walker, DMH

*Jack*

**Addiction Awareness, LLC**  
**JOB DESCRIPTION**  
**Job Title: Counselor-Contract Employee**

**Primary responsibilities:**

1. Chemical dependency education
2. Assessments – primarily SROP clients
3. Group facilitation
4. Individual counseling
5. Case management
6. Maintaining client case files.

**Duties:**

1. Development and implementation comprehensive treatment plans for a caseload of clients.
2. Assess and identify issues for each client and create clear objectives and goals.
3. Track and document progress in case reports while working to meet all required internal and external standards and policies.
4. If clinical supervision trained, assist in providing clinical supervision to other counselors as needed.

**Core Functions:**

1. Coordinate and delivery care to assigned clients. a) Observe/Supervise client interactions. b) Conduct group and individual sessions. c) Conduct addiction screenings. d) Maintain and update client records. e) Work with clients to develop and implement treatment plans. f) Evaluate progress of client.
2. Participate in all training and supervision activities as directed.
3. Assess client's aftercare needs, issues, and services.
4. Works as a team member with all treatment staff and ancillary personal to promote consistent and coordinated efforts.
5. Prepare and submit as needed treatment and educational outlines, lectures, and other relevant materials as requested by Supervisor.

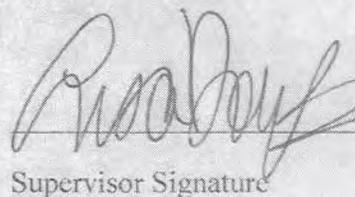
**Experience:**

Experienced in substance abuse counseling and motivated to work in recovery community.

Degreed or related experience preferred.

SATOP certification

 3/15/13  
Staff Signature                      Date

 3/15/13  
Supervisor Signature                      Date

No. 0475

Missouri Substance Abuse Professional Credentialing Board

Hereby Certifies that

*Jack F. Buchan Jr.*

Continues to meet the standards and qualifications of a  
Certified Reciprocal Advanced Alcohol Drug Counselor  
as determined by the Board.



President

Expiration Date: 10/31/2014

No. 5168

Missouri Substance Abuse Professional Credentialing Board

Hereby Certifies that

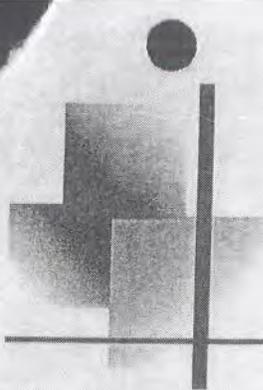
***Jack F. Buchan Jr.***

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



President

Expiration Date: 10/31/2014



This Certificate verifies that

---

Jack Buchan, Jr

completed the

**Clinical Supervision: Building Chemical  
Dependency Counselor Skills Training**

on July 21-23, 2009 and is awarded

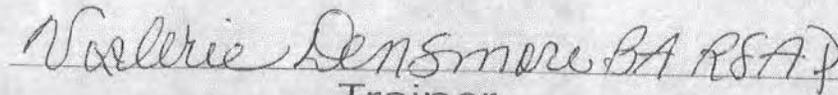
21 contact hours through the MSAPCB



Cert. #752



Trainer



Trainer

Jack F. Buchan, Jr.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**OBJECTIVE:**

A position in addiction and related counseling that maximizes program resource utilization and client/patient care.

**PROFESSIONAL SUMMARY:**

Highly skilled and resourceful Substance Abuse Counselor/Consultant with superb leadership and administrative skills brings a wealth of clinical and therapeutic experience to any organization seeking to improve patient/client services, satisfaction and program performance.

**KEY SKILLS AND ACCOMPLISHMENTS:**

- \* Over twenty years of outstanding success in substance abuse counseling & consulting in both traditional and hospital settings.
- \* Consistently selected to provide leadership in facility operations, staff development, educational programming and QA/CQI.
- \* Recognized for taking initiative in improving consumer services, as well as introducing new programs or program improvements to facilitate rehabilitation and increase of program revenue.
- \* Considered an exceptional educator.
- \* Very detail oriented with exceptional abilities to work independently and with minimal supervision.

**CERTIFICATIONS:**

- \* Internationally Certified Advanced Practice Alcohol and Drug Abuse Counselor (ICAADC)
- \* Missouri Certified Reciprocal Advanced Practice Substance Abuse Counselor (CRAADC) Credentialed since 1984
- \* Certified in Clinical Supervision
- \* Certified Compulsive Gambler Counselor
- \* SATOP Certified for all SATOP services
- \* Certified as a CPM Evaluator and RASAC portfolio reviewer for MSAPCB

### **PROFESSIONAL HISTORY:**

\*\* Midwest ADP (Clay County Drug Court) 4/2008-Present Gladstone, MO.  
Drug Court Professional

Responsible for case load of intensive outpatient treatment clients who are first time felony offenders. Responsibilities include: individual counseling, groups, treatment planning, and case management. Presenting monthly progress reports before the court to promote client compliance with established treatment plan.

### Accomplishments

--Instituting innovative enhancements to existing programs.

--Assumed responsibility for creation of yearlong didactic curriculum for client population.

\*\* Heartland Regional Medical Center - 2000-2008 St. Joseph, MO. -  
Substance Abuse Consultant

--Responsible for substance abuse and dual-diagnostic consulting, with a general adult and adolescent population in this 300 bed hospital with 24 bed inpatient Psychiatric Unit.

--Sole point-of-contact and provider of these services to all physicians in the hospital system, providing diagnostic assessment, counseling, treatment planning and case management for appropriate treatment referrals.

--Specialized in utilizing the Trans-Theoretical Model of Change to assist patients to progress along a continuum of change. This resulted in a transformation from an often aggressive state of denial or post-suicidality to the action-stage-of-change manifested in taking personal responsibility for pursuing recovery from addiction and mental illness.

--Personally established and cultivated relationships with multiple treatment in Missouri and Kansas, resulting in exceptional increase in actual post-discharge placement.

--ACCOMPLISHMENTS:

>Received multiple Awards of Excellence for outstanding consumer care based on agency feedback from consumers physician and nursing staff.

>Cited for excellent documentation skills by an independent auditing agency.

>Improved utilization of public dollars based on significant increases in successful court-ordered treatment mandates.

>Developed addiction/family-system educational track for general psychiatric and dual-diagnosis patients with high acclaim from consumers, psychiatrists and nursing staff.

>Repeatedly received recognition as the Point-of-Contact for education resources and in-service training for medical and nursing students, physicians, nursing staff, chaplain's office and the general public.

\*\* Family Guidance Center for Behavioral Health Care - 1999-2000 St. Joseph, Missouri

- Program Director

--Appointed to this position based on outstanding performance as Assistant Director in meeting institutional goals for success on the addiction treatment side of this community mental health center.

--Developed, implemented and/or directed all aspects of this multiple program facility including:

--Residential treatment programs and Social Detox.

--Intensive out-patient adult; POS/CSTAR and dual diagnosis programs in central and branch offices.

--Drug Court and other Probation and Parole contracts.

--Complete array of SATOP.

--Intensive outpatient co-dependency treatment program.

\*\* Family Guidance Center for Behavioral Health Care - 1994-1999 St. Joseph, Missouri

- Assistant Program Director

--While functioning as Assistant Program Director, was contracted by Family Guidance to North Central Missouri Mental Health to provide temporary Residential Treatment Director services.

(Family Guidance Center-Continued)

\*\* Family Guidance Center for Behavioral Health Care - 1992-1994 St. Joseph, Missouri

- Program Clinical Coordinator

>Improved upon the ADEP program by developing the addition of a unique "Harm Reduction" educational track along with personal QA/CQI indicators which have demonstrated reduced recidivism and increasing numbers of perfect scores between pre-and post-tests.

>Selected as one of only two individuals in Missouri to provide State ADEP programming critique by The Change Co.

>Well known for Physiology lectures in WIP resulting in very favorable consumer and staff feedback on surveys.

>Achieved a "Good" or "Excellent" rating on Consumer Program Evaluations by 99% - 100% of SATOP students over the years.

\*\* Eppley Substance Abuse Treatment Systems - 1987-1988 Smithville, Missouri -

Substance Abuse Counselor

--Hospital-based in-patient treatment program with a for-profit treatment corporation.

\*\* United States Army Reserves - 1980-1992 Independence, Missouri – Behavioral Sciences Specialist, Sergeant

--Also trained as a Combat Medic and as a Lab Technician in the 325th General Hospital.

#### PROFESSIONAL ACTIVITIES:

\* Chair Board of Directors for Addiction Awareness LLC

\* Missouri Substance Abuse Professional's Certification Board (MSAPCB).

--CPM (Oral Boards) Evaluator.

--Portfolio Reviewer.

\* Past Chair, Northern Regional Advisory Council (RAC).

\* Charter Vice-Chair for the Missouri Council for Problem Gambling (MCPG).

\* Member, Civil Involuntary Commitment Coordinating Council.

#### EDUCATION:

\* Baccalaureate program in Addiction Studies at Park University, Parkville, Missouri.

\* Completed medical and behavioral science programs at the Academy of Health Sciences, San Antonio, Texas.

\* Additional hours at William Jewell College, Liberty Missouri and Penn Valley Community College, Kansas City, Missouri in the biological and psychological sciences.

\* On-going seminars, workshops and in-service training.

#### REFERENCES

\* Excellent professional and personal references are available upon request.

JD

**Addiction Awareness, LLC**  
**JOB DESCRIPTION**  
**Job Title: Counselor/Counselor in Training**

**Primary responsibilities:** Chemical dependency education  
Group facilitation Individual counseling  
Case management Maintaining client case files.

**Duties:**

1. Development and implementation comprehensive treatment plans for a caseload of clients.
2. Assess and identify issues for each client and create clear objectives and goals.
3. Track and document resident progress in case reports while working to meet all required internal and external standards and policies.

**Core Functions:** 1. Coordinate and delivery care to assigned clients. a) Observe/Supervise client interactions. b) Conduct group and individual sessions. c) Conduct addiction screenings. d) Maintain and update client records. e) Work with clients to develop and implement treatment plans. f) Evaluate progress of client.

2. Participate in all training and supervision activities as provided for staff.
3. Assess client's aftercare needs, issues, and services.
4. Works as a team member with all treatment staff and ancillary personal to promote consistent and coordinated efforts.
5. Prepare and submit as needed treatment and educational outlines, lectures, and other relevant materials as requested by Supervisor.

**Experience:** Experienced in substance abuse counseling and motivated to work in recovery community.

Degreed or related experience preferred.

Will become recognized by the certification board within 6 months of hire and will continue to work on becoming certified until done so as long as an employee here.

John Butler 3/7/13 [Signature] 3/7/13  
Staff Signature Date Supervisor Signature Date

No. 3714

Missouri Substance Abuse Professional Credentialing Board

Hereby Certifies that

*JaDonna A. Butler*

Continues to meet the standards and qualifications of a  
Certified Criminal Justice Addictions Professional  
as determined by the Board.

*Steve Roberts, ESACII, CCJP*

President

Expiration Date: 4/30/2014

**JaDonna Butler**

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

- Advanced knowledge of cognitive restructuring skills
- Excellent oral and written communication skills
- 10 years of teaching relapse prevention and related lifestyle classes
- Working knowledge of substance abuse cliental
- Ability to work with culturally diverse cliental
- Ability to develop lesson plans and class presentations
- Strong communication and interpersonal skills
- Ability to redirect problematic clients and address sensitive subjects effectively as part of class or client issues
- Ability to evaluated progress of the client
- Ability to assess needs of clients for more personalization
- Excellent knowledge of substance abuse, relapse prevention skills, related lifestyle problems, and aftercare plans

### **Professional Background**

Substance Abuse Counselor II (1999-to date)  
Missouri Department of Corrections-Western Region Treatment Center  
3401 Faraon St. St. Joseph, Mo. 64506

- Responsible for researching the client's history of criminal behavior, drug use, and lifestyle in general.
- Conducting a comprehensive interview with the client and in combination with his background information, assist the client with assessing his treatment plan needs, then developing an appropriate treatment plan applicable for 12 weeks to 6 months.
- Developing specialized treatment plans for low educational level clients.
- Monitoring and recording the client's progress and problems throughout his program.
- Assisting clients with addressing problems in their program.
- Conducting individual sessions regularly with the clients.
- Assisting the client with developing a healthy aftercare plan.

- Teaching 7-10 hours of class weekly concerning cognitive restructuring, substance abuse knowledge, relapse prevention knowledge, and aftercare preparation.
- Conducting interventions with clients as needed.
- Teaching specialty classes of Pathways to Change weekly and monitoring mile markers (short term goals) associated with the class.
- Periodically will serve as acting SACIII supervising other treatment staff.
- Managing caseload of 22 clients.
- Developing reports summarizing client's progress/problems to probation/parole officers and aftercare programs following completion of program.
- Make recommendations to client's probation/parole officer upon completion of program regarding the continuation of care to best meet the current needs of the client.

**Professional Education:**

7 semesters completed of Bachelors Degree in Psychology with minor in Social Work from Northwest Missouri State University Maryville, MO and Missouri Western State University St. Joseph, MO.

*Addiction Awareness, LLC*

**JOB DESCRIPTION**

**Job Title: Counselor**

**Primary responsibilities:**

1. Chemical dependency education
2. Group facilitation
3. Individual counseling
4. Case management
5. Maintaining client case files.

**Duties:**

1. Development and implementation comprehensive treatment plans for a caseload of clients.
2. Assess and identify issues for each client and create clear objectives and goals.
3. Track and document progress in case reports while working to meet all required internal and external standards and policies.
4. If clinical supervision trained, assist in providing clinical supervision to other counselors as needed.

**Core Functions:**

1. Coordinate and delivery care to assigned clients. a) Observe/Supervise client interactions. b) Conduct group and individual sessions. c) Conduct addiction screenings. d) Maintain and update client records. e) Work with clients to develop and implement treatment plans. f) Evaluate progress of client.
2. Participate in all training and supervision activities as provided for staff.
3. Assess client's aftercare needs, issues, and services.
4. Works as a team member with all treatment staff and ancillary personal to promote consistent and coordinated efforts.
5. Prepare and submit as needed treatment and educational outlines, lectures, and other relevant materials as requested by Supervisor.

**Experience:**

Experienced in substance abuse counseling and motivated to work in recovery community.

Degreed or related experience preferred.

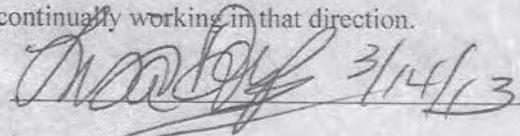
Willing to become certified as soon as time allows, continually working in that direction.



Staff Signature

3-14-13

Date



Supervisor Signature

3/14/13  
Date

DORA HAM

[REDACTED] | [REDACTED] | [REDACTED]  
[REDACTED]

**OBJECTIVE** | Seek employment with Addiction Awareness.

**SKILLS & ABILITIES** | Screen clients for eligibility and appropriateness, collect client information, orientate client to Seek employment with Addiction Awareness program, assess client to determine appropriate services, develop treatment plan with client, perform individual and group counseling, case management, crisis intervention, client education, referrals when necessary, record keeping, and consultations.

**EXPERIENCE** | **SAC II/ WESTERN REGION DIAGNOSTIC CORRECTIONAL CENTER**  
OCTOBER 1995 TO CURRENT.

Substance abuse counselor, pre-release and orientation coordinator.

**QUALITY CONTROL, ASSEMBLY FINISHER. SHERWOOD MEDICAL.**

1981 TO 1993.

Quality control technician, assembly finisher.

**EDUCATION** | **LAFAYETTE HIGH SCHOOL. 412 E. HIGHLAND ST. JOSEPH, MO.,**  
DIPLOMA.

**COMMUNICATION** | Orientation/pre-release coordinator.

**LEADERSHIP** | Serves as ACTING SACIII as needed.

**REFERENCES** | **DEBBY COMSTOCK LINDA GRACE SACII, ERIN WEBER SACII, JADONNA BUTLER SACII.**

No. 5243

**Missouri Substance Abuse Professional Credentialing Board**

Hereby Certifies that

***Dora E. Ham***

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



President

Expiration Date: 10/31/2014

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. 3756

Missouri Substance Abuse Professional Credentialing Board

Hereby Certifies that

***Dora E. Ham***

Continues to meet the standards and qualifications of a  
Certified Reciprocal Alcohol Drug Counselor  
as determined by the Board.

A handwritten signature in cursive script, appearing to read "Cliff Paul", is written over a horizontal line. To the right of the signature, the letters "CCMPC" are printed in a small, sans-serif font.

President

Expiration Date: 10/31/2014

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.

*Addiction Awareness, LLC*  
**JOB DESCRIPTION**  
*Job Title: Counselor*

**Primary responsibilities:**

1. Chemical dependency education
2. Group facilitation
3. Individual counseling
4. Case management
5. Maintaining client case files.

**Duties:**

1. Development and implementation comprehensive treatment plans for a caseload of clients.
2. Assess and identify issues for each client and create clear objectives and goals.
3. Track and document progress in case reports while working to meet all required internal and external standards and policies.
4. If clinical supervision trained, assist in providing clinical supervision to other counselors as needed.

**Core Functions:**

1. Coordinate and delivery care to assigned clients. a) Observe/Supervise client interactions. b) Conduct group and individual sessions. c) Conduct addiction screenings. d) Maintain and update client records. e) Work with clients to develop and implement treatment plans. f) Evaluate progress of client.
2. Participate in all training and supervision activities as provided for staff.
3. Assess client's aftercare needs, issues, and services.
4. Works as a team member with all treatment staff and ancillary personal to promote consistent and coordinated efforts.
5. Prepare and submit as needed treatment and educational outlines, lectures, and other relevant materials as requested by Supervisor.

**Experience:**

Experienced in substance abuse counseling and motivated to work in recovery community.

Degreed or related experience preferred.

Willing to become certified as soon as time allows, continually working in that direction.

*Anita Meehan* 11/8/12

Staff Signature

Date

*[Signature]* 11/8/12

Supervisor Signature

Date

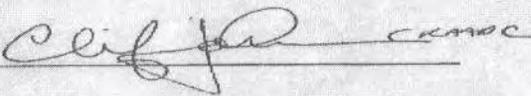
No. 2773

Missouri Substance Abuse Professional Credentialing Board

Hereby Certifies that

*Anita J. Meehan*

Continues to meet the standards and qualifications of a  
Certified Reciprocal Alcohol Drug Counselor  
as determined by the Board.

 CRADC

President

Expiration Date: 10/31/2014



To all whom it may concern  
Greeting:

Be it known that the Curators, having been advised by the Faculty that  
**Anita Jan Meehan**  
has completed the Course of Study required of candidates for the degree of

**Master of Social Work**

and is qualified to receive the same, do confer said degree  
with all the honors and privileges appertaining thereto.

In testimony whereof the signatures of the proper officials and the  
seal of the University are affixed.

Done at the University in the City of Columbia, State of Missouri,  
this eleventh day of May in the year two thousand and seven.

*Don Walworth*  
President of the Board of Curators  
*John H. ...*  
President of the University



*Brady J. Denton*  
Chancellor  
*Paul J. ...*  
The Registrar for Advanced Studies, etc.

University of Missouri.

# ANITA J. MEEHAN

## OBJECTIVE

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To investigate opportunities of employment in the area around St. Joseph and/or Kansas City, Missouri or Kansas.

## EXPERIENCE

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2009 – Current, Part-time

Addiction Awareness, Inc.  
St. Joseph, MO

*Certified Reciprocal Alcohol and Drug Counselor*

- Substance Abuse Professional, maintaining small client load, 6 hours of process group per week.

8/15/05-6/2/10

Midwest ADP, Inc.  
Gladstone, MO

*Certified Reciprocal Alcohol and Drug Counselor (CRADC)*

- Substance Abuse Professional, maintaining client load of 12-18, including individual counseling, group counseling, family counseling, group education, group therapy.

2/17/03 – 12/1/04

Preferred Family Healthcare  
St. Joseph, MO

*Certified Substance Abuse Counselor (CSACI)*

- Substance Abuse Professional, assisting Program Director. Maintaining client caseload of approximately 20 – 30, including individual counseling, family counseling, group education and group therapy.

5/10/00 – 10/8/02

Kansas City Community Center  
at WRDCC, St. Joseph, MO

*Qualified Substance Abuse Counselor (QSAP)*

- Senior Counselor, assisting Program Manager, and responsible for program operations in Program Manager's absence.
- Maintained client caseload of 12-13 clients + 8-12 hours of groups per week, including process group therapy and education classes.
- Employment maintained inside Department of Corrections facility

3/94 - 6/1/00, & 2/02 - 12/02  
(part-time)

Family Guidance Center  
St. Joseph, MO

*Substance Abuse Counselor*

- Advanced from entry level position of teaching education groups to full client caseload.
- Opened satellite substance abuse treatment facility in outlying rural community and administered treatment according to contract with Missouri Department of Corrections (Probation and Parole) for 1-1/2 years.
- Worked with all ages of clients, assisting with lifeskills as well as substance abuse issues.

1/26/79 - 5/1/00

St. Joseph Light & Power Co.  
St. Joseph, MO

*General Clerk, Stores Clerk, Timekeeper*

- Advanced from entry level position in storeroom of power plant to relief duties for Results Clerk, Storekeeper.
- Was assigned new position as General Clerk in Building Services Dept., establishing office procedures, set up filing system and purchasing procedures for department, communicating with all other company departments as well as outside contractors.
- Worked independently in 4 positions as assigned over 21 year employment. Worked with scheduling, budgeting, intra-company, contractor and governmental correspondence, governmental reports, employee record keeping, and coordinating departmental activities. Wrote procedures manual for Results Clerk position.

1971 - 1975

Bell Telephone Co.

Kansas City, MO  
Carmel, NY  
St. Joseph, MO

*Business Office Service Representative*

- Maintained banks of customer accounts, including collections, sales, customer inquiries, changes to accounts (moves, etc.).

EDUCATION

1966 - 1967	Baker University	Baldwin City, KS
1968 - 1971	NWMS	Maryville, MO
1986 - 1991	MWSC	St. Joseph, MO
2004 - 2007	MU	Columbia, MO,

Extension at MWSC in St. Joseph, MO

- B.S., Personnel Psychology
- MSW, Obtained May, 2007  
Practicum was completed in Case Management
- Currently certified as CRADC

[Redacted]

[Redacted]

*Addiction Awareness, LLC*  
**JOB DESCRIPTION**  
*Job Title: Supervisor*

**Primary responsibilities:**

1. DVI, MRT, and Substance Education as assigned.
2. Group facilitation for DVI and MRT clients
3. Individual education for DVI and MRT clients
4. Case management
5. Maintain client case files.
6. Provide dv and mrt numbers on a monthly basis for the Missouri Coalition.
7. Provide Quality Assurance Review on all charts and documentation related to certification and contracts.

**Core Functions:**

1. Coordinate and delivery care to assigned clients. a) Observe/Supervise client interactions. b) Conduct group and individual sessions. c) Conduct dvi and victim screenings. d) Maintain and update client records. e) Work with clients to develop and implement treatment plans. f) Evaluate progress of clients.
2. Participate in all training and supervision activities as provided for staff.
3. Assess client's aftercare needs, issues, and services.
4. Works as a team member with all treatment staff and ancillary personal to promote consistent and coordinated efforts.
5. Prepare and submit as needed treatment and educational outlines, lectures, and other relevant materials as requested by Supervisor.

**Experience:**

Experienced in dvi, substance abuse and MRT, as well as be motivated to work in recovery community.

Degreed or related experience preferred.

Pita Ragdale      1-3-14

Staff Signature

Date

[Signature]      1/3/14

Supervisor Signature

Date

# DOMESTIC VIOLENCE FACILITATOR CERTIFICATION

*Presented to*

**Rita Ragsdale, CDVF**

Who has successfully completed a forty-hour course in Domestic Violence  
At

**Anderson & Anderson Psychological Services**

March 4, 2010

CAADAC Provider # 2N96-341-0805

BBS # PCE 60

CAADE Provider # CP40 793 C 1009

TCBAP # 1697-03

  
*Nancy Anderson, LCSW*  
Signed

*Addiction Awareness, LLC*  
**JOB DESCRIPTION**

**Job Title: Counselor/Counselor In Training** \_\_\_\_\_ *ck if Volunteer*

**Primary responsibilities:**

1. Chemical dependency education
2. Group facilitation
3. Individual counseling
4. Case management
5. Maintaining client case files.
6. Participate in Clinical Supervision until becoming certified – then as needed.

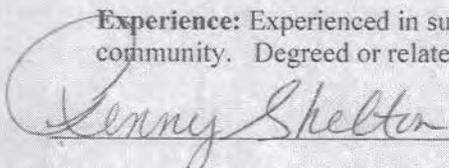
**Duties:**

1. Development and implementation comprehensive treatment plans for a caseload of clients.
2. Assess and identify issues for each client and create clear objectives and goals.
3. Track and document progress in case reports while working to meet all required internal and external standards and policies.
4. If volunteer – will assist in filing and front office duties when able to – in order to help compensate for supervision received working towards certification.

**Core Functions:**

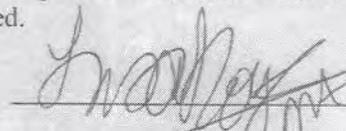
1. Coordinate and delivery care to assigned clients. a) Observe/Supervise client interactions. b) Conduct group and individual sessions. c) Conduct addiction screenings. d) Maintain and update client records. e) Work with clients to develop and implement treatment plans. f) Evaluate progress of client.
2. Participate in all training and supervision activities as provided for staff.
3. Assess client's aftercare needs, issues, and services.
4. Works as a team member with all treatment staff and ancillary personal to promote consistent and coordinated efforts.
5. Prepare and submit as needed treatment and educational outlines, lectures, and other relevant materials as requested by Supervisor.
6. Continue in certification process until becoming certified. (obtaining RASAC I at a minimum within first 6 months of employment – or make reasonable efforts to do so)

**Experience:** Experienced in substance abuse counseling and motivated to work in recovery community. Degreed or related experience preferred.

 10/29/13

Staff Signature

Date

 10/29/13

Supervisor Signature

Date

No. 7612

# Missouri Substance Abuse Professional Credentialing Board

Hereby recognizes that

*Penny A. Shelton*

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 I*

**August 21, 2013-August 21, 2014**



*Cliff Johnson*  
President

*Alicia Orenberg*  
Secretary

*MAESAPP*

[REDACTED]  
[REDACTED]

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## Objective

Mature minded adult female seeking opportunities to use my knowledge, education, special trainings, and passion for work within the social work field.

## Personal Profile

- Organization of Student Social Workers Officer-Historian
- Volunteer: Leukemia & Lymphoma Society, Adopt-A-Family, Backpack Buddies, Organized Neighborhood Watch, PTA, Salvation Army, and more.
- Specialized Training: At Risk Youth, Adoption, Green Dot, and various Brown Bag Lunch trainings.

## Education

Missouri Western State University— St. Joseph, Missouri  
Bachelor of Social Work. May, 2013. (Pending)

## Experience

Progressive Molded Plastic, 05/03-07/08

- Assembled auto parts for GM
- No safety violations, was dependable, volunteered for overtime as company needed
- Worked for company until plant shut down

HPI, 11/98-05/03

- Production of Herbicides and Pesticides
- Packaging of product, set up and tear down of equipment
- Quality control assuring products met state health requirements



No. 7461

# Missouri Substance Abuse Professional Credentialing Board

Hereby recognizes that

*Jackie L. Weddle*

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 I*

May 29, 2013-May 29, 2014



*Cliff Johnson*  
\_\_\_\_\_  
President

*Alicia Oranberg* *MACSAPP*  
\_\_\_\_\_  
Secretary

**EXHIBIT C**

**AFFIDAVIT OF WORK AUTHORIZATION**

Comes now Lisa Doyle as Chief Administrative Officer first being duly sworn on my oath  
(NAME) (OFFICE HELD)  
 affirm Addiction Awareness LLC 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 14-042 for the duration of the contract, if awarded, in accordance with  
(RFP NUMBER)  
 RSMo Chapter 285.530 (2). I also affirm that Addiction Awareness does not and will not knowingly  
(COMPANY NAME)  
 employ a person who is an unauthorized alien in connection with the contracted services related to  
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).*

Lisa Doyle  
 Signature (person with authority)  
Chief Admin Officer  
 Title

Lisa Doyle, Chief Administrative Officer  
 Printed Name  
3/12/14  
 Date

Subscribed and sworn to before me this 12<sup>th</sup> of March, I am  
(DAY) (MONTH, YEAR)  
 commissioned as a notary public within the County of Buchanan, State of  
(NAME OF COUNTY)  
Missouri, and my commission expires on 2-21-2015.  
(NAME OF STATE) (DATE)

Teryl D. Uehlin March 12, 2014  
 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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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.

LISA Doyle, Chief Administrative officer  
Name and Title of Authorized Representative

  
Signature

3/13/14  
Date

**ATTACHMENT 1**

**Please use the link below for current map of the operational treatment courts in Missouri:**

**<http://www.courts.mo.gov/page.jsp?id=271>**

**Click on “Missouri Treatment Courts by Circuit” to access the map.**

**ATTACHMENT 2**

**THIRD PARTY SAVINGS REPORT**

Addiction Awareness, LLC 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)

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

## Attachment 3 Collector Standards

### MISSOURI GUIDELINES FOR DRUG/ALCOHOL COLLECTIONS

#### Ten Principles of a Good Testing Program<sup>1</sup>

1. Design an effective drug detection program, place the policies and procedures into written form (drug court manual) and communicate the details of the drug detection program to the court staff and clients alike.
2. Develop a client contract that clearly enumerates the responsibilities and expectations associated with the court's drug detection program.
3. Select a drug-testing specimen and testing methodology that provides results that are scientifically valid, forensically defensible and therapeutically beneficial.
4. Ensure that the sample-collection process supports effective abstinence monitoring practices including random, unannounced selection of clients for sample collection and the use of witnessed/direct observation sample-collection procedures.
5. Confirm all positive screening results using alternative testing methods unless participant acknowledges use.
6. Determining the creatinine concentrations of all urine samples and sanction for creatinine levels that indicate tampering.
7. Eliminate the use of urine levels for the interpretation of client drug-use behavior. A drug test is either positive (drug presence is as or above the cutoff concentration) or negative (none detected; drug level is below the cutoff concentration).
8. Establish drug-testing results interpretation guidelines that have a sound scientific foundation and that meet a strong evidentiary standard.
9. In response to drug-testing result interpretation guidelines that have a sound scientific foundation and that meet a strong evidentiary standard.
10. Understand that drug detection represents only a single supervision strategy in an overall abstinence monitoring program.

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<sup>1</sup> Carey, Paul, L. M.S. The Drug Court Judicial Benchbook. National Drug Court Institute (2011). Chapter 6 The Fundamentals of Drug Testing (p.113).

## COLLECTOR MINIMUM STANDARDS

Any individual who collects specimens for testing acts as an official representative of the court who is required and trusted to work within the law. A collector shall refrain from manifesting bias or prejudice, or engaging in harassment, including but not limited to race, sex, gender, national origin, ethnicity, disability, age, sexual orientation or marital status.

### Qualifications:

1. A minimum of 21 years of age;
2. Legal United States resident or legally eligible to work in the United States;
3. May be subject to drug and alcohol testing by the local drug court;
4. Shall be subject to background checks by the local court at the collector's expense which will include but may not be limited to: Employment history and references, fingerprint checks for open and closed federal and state criminal records, Sex Offender Registry and the Family Care Safety Registry;
5. DATIA certification and experience are recommended.

### Requirements:

1. Provide monitoring function for the team by collecting urine, saliva, breath and/or hair samples;
2. Document contact with participants and forward to the court within a timely manner so information can be used during staffing sessions as determined by the local court team;
3. Be reasonably available to appear in court if requested;
4. Participate in on-going training such as the Essential Elements of Drug Court (NADCP.org) and drug collection/detection procedures and tampering techniques;
5. Competent in the procedures of drug and alcohol testing as outlined by the local court;
6. Review and understand the local policy and procedure manual and the agreement between the participant and the court;
7. Have a general understanding of drug addiction, alcoholism and treatment;
8. Abide by additional standards, roles and responsibilities set forth by the local court.

### Code of Ethics:

1. Abide by all municipal, state and federal statutes;
2. Maintain professionalism at all times and treat participants with dignity and respect;
3. Maintain the confidentiality and privacy of the participant;
4. Duty to report all actions to the court;
5. Any prior relationships with participants or family members must be reported to the team;
6. Shall not loan money, property, co-sign loans or accept gifts, favors or promises from participants or family members;
7. No fraternization with any participant or family members;
8. Shall not establish a personal or business relationship with participants or family members;
9. Shall not be under the influence of drugs or alcohol when performing duties;
10. Shall not monitor participants at AA, NA or other self-help meetings whose members wish to preserve anonymity;
11. Shall not observe or obtain urine samples or perform urinalysis testing while conducting home, employment or other site visits.

## COLLECTION PROCEDURES

Contracted collectors will be required to follow the procedures below for collection, control and testing of participant urine specimens which ensures the confidentiality and reliability of all test results:

### General Procedures:

1. Collectors shall be the same gender as the participant submitting the specimen.
2. There shall be no physical contact between collector and participant during specimen collection.
3. Specimen collection will be in a secure location which provides privacy from other participants, uninvolved staff and sanitary conditions.
4. Collectors will collect urine specimens as directed by the drug court coordinator/administrator.
5. No participant shall participate in the collection of another participant's urine specimen or have access to collected urine specimens or drug testing equipment and supplies.

### Pre-collection:

1. The participants' identity should be confirmed with a valid photo ID.
2. The participant will sign a label and the chain of custody form if the specimen is being submitted to a lab.
3. The participant will be limited to no more than 24 ounces of water within one hour.
4. All staff handling urine specimens will wear protective gloves.
5. Participants will either wash their hands or wear protective gloves prior to and during specimen procurement in order to prevent contamination of urine specimen.
6. Participants will remove clothing from the groin and buttocks areas to ensure devices are not present which would allow alteration of urine sample.
7. Any item or substance that could be used to dilute, substitute or adulterate shall be immediately reported to the court.
  - a. Such items may include, but are not limited to the following:
    - (1) containers or vials of liquid or urine that could be utilized to substitute or dilute a participant's urine;
    - (2) devices used to supply substances in lieu of the participant providing a fresh specimen;
    - (3) any contraband such as salt, bleach, iodine, visine, soap or other substances that could be used to adulterate urine, and
    - (4) any other contraband identified during the collection process.
  - b. A notice of these prohibited items should be included in the participant manual.
  - c. All confiscation of such items should be documented in a report to the court program along with a photo of the item. If unable to confiscate item, do not apprehend or attempt to use force. Describe the item in detail in a report to the court.

### Collection Process:

1. All collections will be directly observed (witnessed full-frontal).
2. Participants are allowed a maximum of one hour to produce a sample. Those who refuse or fail to produce a urine specimen of at least 30cc (1 oz or half a bottle) within one hour will be considered refusal and no further subsequent attempts to collect the sample shall be conducted.
3. Urine should be collected in the standard individual container provided by a laboratory.
  - a. Disposable collection cups may be used to collect urine specimen and then poured into the bottle.

### Post Collection Process:

1. The sample should be tested for creatinine and temperature (reject if not 90° - 100° F). Other tests may include specific gravity, pH, color and odor to detect possible 'flushing' patterns.
2. The participant will place the cap on the bottle, secure it and rinse the bottle before giving it to the collector.

OSCA 14-042 Treatment Court Specialized Service Providers

- a. The collector will ensure the cap is secured.
  - b. All urine collected for drug testing which is not submitted to the laboratory or used for on-site testing will be disposed of in a toilet and the toilet shall be flushed.
  - c. Urine which is spilled shall be cleaned up promptly with a 10 percent liquid bleach solution or any environmental protection agency approved hospital disinfectant which destroys bacteria.
  - d. The specimen container will be disposed of in a dedicated trash container to which participants do not have access.
3. For specimens submitted to a lab:
- a. The label will be placed on the container in the presence of the participant.
  - b. The collector should ensure the evidence tape is placed over the container lid immediately following specimen collection.
  - c. The collector must complete the lab form, initiate and sign the chain of evidence section on the day collected.
  - d. Specimens shall be placed in a refrigeration unit within 24 hours in a secured area until transported to a laboratory for analysis.
  - e. The collector will make arrangements for the transportation of all urine specimens sent to a laboratory.
4. When the specimens are forwarded via the U.S. Postal Service or United Parcel Service, the individual relinquishing the specimens will sign the chain of evidence section in the "To" section indicating "USPS" or "UPS".
5. For on-site tests:
- a. A chain of custody form may be used similar to one on page 6 of the standards.
  - b. Confirmation tests should be performed if an on-site test result is questionable or a participant contests the results.

# Office of State Courts Administrator



## Collector Guideline Acceptance Form OSCA 14-042

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 my contract with the Office of State Courts Administrator and the court.

I understand I will provide a completed background check at my expense, which shall include, but may not be limited to: employment history and references, fingerprint checks for open and closed federal and state criminal records and Sex Offender Registry. I will also register with the Family Care Safety Registry.

*Lisa Doyle*

*Lisa Doyle*

*3/10/14*

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.

*Cindy Reeder*  
Drug Court Judge/Coordinator

*5<sup>th</sup> Judicial*  
Circuit

*3/10/14*  
Date

## ATTACHMENT 4

### Collector Background Checks/Family Care Safety Registry

The following are the procedures individuals must complete in order to be considered for a contract for collector services with OSCA and the court.

#### **Criminal Background Checks**

1. The contractor can report to their nearest Police Department or Sheriff's Office to be fingerprinted on an Applicant Fingerprint Card. (If the PD or SO has a livescan device then that may be used as well. The PD or SO will need to print the card to provide to the applicant when complete.)
2. The contractor's personal information should be entered into the various fields on the fingerprint card (Name, DOB, SSN, etc.)
3. The Employer field should list the court's name and address.
4. The ORI (Originating Agency Identifier) of the court should be placed in the ORI field on the fingerprint card.
5. The "Reason Fingerprinted" field on the fingerprint card must state "Contractor."
6. The court can mail the fingerprint card to the following address:  

Missouri State Highway Patrol  
Criminal Justice Information Services Division  
P.O. Box 9500  
Jefferson City, MO 65102 - 9500
7. A check or money order in the amount of \$36.50 (if submitted after March 19, 2012) made payable to "The Criminal Records System Fund" should accompany the fingerprint card.

#### **Family Care Safety Registry**

1. Non-commissioned trackers must register with the Family Care Safety Registry. The contractor's personal information must be entered into the various fields on the registration form (Name, DOB, SSN, etc.)
2. The Employer Associated with this Registration field should list the court's name, address and telephone number.
3. The registration form must be signed by the contractor in blue or black ink.
4. Online registration for the Family Care Safety Registry can be found at:

<http://health.mo.gov/safety/fcsr/index.php>

The online registration requires the contractor's social security number and a valid credit card. The cost is \$10.00 plus a \$1.00 processing fee.

5. Registration forms can also be mailed using the a fillable pdf version of the form which can be found at:

OSCA 14-042 Treatment Court Specialized Service Providers

<http://health.mo.gov/safety/fcsr/pdf/WorkerRegistration.pdf>

The completed registration form along with a photocopy of the contractor's Social Security card and \$10.00 fee mail to:

Missouri Department of Health and Senior Services  
Family Care Safety Registry  
P.O. Box 570  
Jefferson City, MO 65102 - 0570

STATE OF MISSOURI  
OFFICE OF STATE COURTS ADMINISTRATOR

**TERMS AND CONDITIONS -- REQUEST FOR PROPOSAL**

**1. TERMINOLOGY/DEFINITIONS**

Whenever the following words and expressions appear in a Request for Proposal (RFP) document or any amendment thereto, the definition or meaning described below shall apply.

- a. **Agency and/or State Agency** means the statutory unit of state government in the state of Missouri for which the equipment, supplies, and/or services are being purchased. The agency is also responsible for payment.
- b. **Amendment** means a written, official modification to an RFP or to a contract.
- c. **Attachment** applies to all forms which are included with an RFP to incorporate any informational data or requirements related to the performance requirements and/or specifications.
- d. **Proposal Opening Date and Time** and similar expressions mean the exact deadline required by the RFP for the receipt of sealed proposals.
- e. **Contractor** means the person or organization that responds to an RFP by submitting a proposal with prices to provide the equipment, supplies, and/or services as required in the RFP document.
- f. **Contract** means a legal and binding agreement between two or more competent parties, for a consideration for the procurement of equipment, supplies, and/or services.
- g. **Contractor** means a person or organization who is a successful contractor as a result of an RFP and who enters into a contract.
- h. **Exhibit** applies to forms which are included with an RFP for the contractor to complete and submit with the sealed proposal prior to the specified opening date and time.
- i. **Request for Proposal (RFP)** means the solicitation document issued to potential contractors for the purchase of equipment, supplies, and/or services as described in the document. The definition includes these Terms and Conditions as well as all Pricing Pages, Exhibits, Attachments, and Amendments thereto.
- j. **May** means that a certain feature, component, or action is permissible, but not required.
- k. **Must** means that a certain feature, component, or action is a mandatory condition. Failure to provide or comply will result in a proposal being considered non-responsive.
- l. **Pricing Page(s)** applies to the form(s) on which the contractor must state the price(s) applicable for the equipment, supplies, and/or services required in the RFP. The pricing pages must be completed and submitted by the contractor with the sealed proposal prior to the specified proposal opening date and time.
- m. **Shall** has the same meaning as the word **must**.
- n. **Should** means that a certain feature, component and/or action is desirable but not mandatory.

**2. APPLICABLE LAWS AND REGULATIONS**

- a. The contract shall be construed according to the laws of the state of Missouri. The contractor shall comply with all local, state, and federal laws and regulations related to the performance of the contract to the extent that the same may be applicable.
- b. To the extent that a provision of the contract is contrary to the Constitution or laws of the state of Missouri or of the United States, the provisions shall be void and unenforceable. However, the balance of the contract shall remain in force between the parties unless terminated by consent of both the contractor and the Office of State Courts Administrator.
- c. The contractor must be registered and maintain good standing with the Secretary of State of the state of Missouri and other regulatory agencies, as may be required by law or regulations.
- d. The contractor must timely file and pay all Missouri sales, withholding, corporate and any other required Missouri tax returns and taxes, including interest and additions to tax.
- e. The exclusive venue for any legal proceeding relating to or arising out of the RFP or resulting contract shall be in the Circuit Court of Cole County, Missouri.

**3. OPEN COMPETITION/REQUEST FOR PROPOSAL DOCUMENT**

- a. It shall be the contractor's responsibility to ask questions, request changes or clarification, or otherwise advise the Office of State Courts Administrator if any language, specifications or requirements of an RFP appear to be ambiguous, contradictory, and/or arbitrary, or appear to inadvertently restrict or limit the requirements stated in the RFP to a single source. Any and all communication from contractors regarding specifications, requirements, competitive proposal process, etc., must be directed to the Contracts Coordinator, unless the RFP specifically refers the contractor to another contact. Such communication should be received at least ten calendar days prior to the official proposal opening date.
- b. Every attempt shall be made to ensure that the contractor receives an adequate and prompt response. However, in order to maintain a fair and equitable procurement process, all contractors will be advised, via the issuance of an amendment to the RFP, of any relevant or pertinent information related to the procurement. Therefore, contractors are advised that unless specified elsewhere in the RFP, any questions received less than ten calendar days prior to the RFP opening date may not be answered.
- c. Contractors are cautioned that the only official position of the State of Missouri is that which is issued in the RFP or an amendment thereto. No other means of communication, whether oral or written, shall be construed as a formal or official response or statement.
- d. The Office of State Courts Administrator monitors all procurement activities to detect any possibility of deliberate restraint of competition, collusion among contractors, price-fixing by contractors, or any other anticompetitive conduct by contractors which appears to violate state and federal antitrust laws. Any suspected violation shall be referred to the Missouri Attorney General's Office for appropriate action.
- e. The Office of State Courts Administrator reserves the right to officially amend or cancel an RFP after issuance.

**4. PREPARATION OF PROPOSALS**

- a. Contractors **must** examine the entire RFP carefully. Failure to do so shall be at contractor's risk.
- b. Unless otherwise specifically stated in the RFP, all specifications and requirements constitute minimum requirements. All proposals must meet or exceed the stated specifications and requirements.
- c. Unless otherwise specifically stated in the RFP, any manufacturer's names, trade names, brand names, information and/or catalog numbers listed in a specification and/or requirement are for informational purposes only and are not intended to limit competition. The contractor may offer any brand which meets or exceeds the specification for any item, but must state the manufacturer's name and model number for any such brands in the proposal. In addition, the

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- contractor shall explain, in detail, (1) the reasons why the proposed equivalent meets or exceeds the specifications and/or requirements and (2) why the proposed equivalent should not be considered an exception thereto. Proposals which do not comply with the requirements and specifications are subject to rejection without clarification.
- d. Proposals lacking any indication of intent to offer an alternate brand or to take an exception shall be received and considered in complete compliance with the specifications and requirements as listed in the RFP.
  - e. In the event that the contractor is an agency of state government or other such political subdivision which is prohibited by law or court decision from complying with certain provisions of an RFP, such a contractor may submit a proposal which contains a list of statutory limitations and identification of those prohibitive clauses which will be modified via a clarification conference between the Office of State Courts Administrator and the contractor, if such contractor is selected for contract award. The clarification conference will be conducted in order to agree to language that reflects the intent and compliance of such law and/or court order and the RFP. Any such contractor needs to include in the proposal, a complete list of statutory references and citations for each provision of the RFP which is affected by this paragraph.
  - f. All equipment and supplies offered in a proposal must be new, of current production, and available for marketing by the manufacturer unless the RFP clearly specifies that used, reconditioned, or remanufactured equipment and supplies may be offered.
  - g. Prices shall include all packing, handling and shipping charges FOB destination, freight prepaid and allowed unless otherwise specified in the RFP.
  - h. Prices offered shall remain valid for 90 days from proposal opening unless otherwise indicated. If the proposal is accepted, prices shall be firm for the specified contract period.

## 5. SUBMISSION OF PROPOSALS

- a. Proposals must be submitted hard copy, delivered to the Office of State Courts Administrator, Contracts Coordinator. All proposals must (1) be submitted by a duly authorized representative of the contractor's organization, (2) contain all information required by the RFP, and (3) be priced as required. Delivered proposals must be sealed in an envelope or container, and received in the Office of State Courts Administrator no later than the exact opening time and date specified in the RFP.
- b. The sealed envelope or container containing a proposal should be clearly marked on the outside with (1) the official RFP number and (2) the official opening date and time. Different proposals should not be placed in the same envelope, although copies of the same proposal may be placed in the same envelope.
- c. A proposal which has been delivered to the Office of State Courts Administrator may be modified by signed, written notice which has been received by the Contracts Coordinator prior to the official opening date and time specified. A proposal may also be modified in person by the contractor or its authorized representative, provided proper identification is presented before the official opening date and time. Telephone or telegraphic requests to modify a proposal shall not be honored.
- d. A proposal which has been delivered to the Office of State Courts Administrator may only be withdrawn by a signed, written notice or facsimile which has been received by the Contracts Coordinator prior to the official opening date and time specified. A proposal may also be withdrawn in person by the contractor or its authorized representative, provided proper identification is presented before the official opening date and time. Telephone or telegraphic requests to withdraw a proposal shall not be honored.
- e. Contractors delivering a hard copy proposal to Office of State Courts Administrator must sign and return the RFP cover page or, if applicable, the cover page of the last amendment thereto in order to constitute acceptance by the contractor of all RFP terms and conditions. Failure to do so may result in rejection of the proposal unless the contractor's full compliance with those documents is indicated elsewhere within the contractor's response.

## 6. PROPOSAL OPENING

- a. Proposal openings are public on the opening date and at the opening time specified on the RFP document. Only the names of the respondents shall be read at the proposal opening. The contents of the responses shall not be disclosed at this time.
- b. It is the contractor's responsibility to ensure that the proposal is received by Office of State Courts Administrator by the official opening date and time.
- c. Proposals which are not received by the Office of State Courts Administrator prior to the official opening date and time shall be considered late, regardless of the degree of lateness, and normally will not be opened. Late proposals may only be opened under extraordinary circumstances in accordance with 1 CSR 40-1.050.

## 7. EVALUATION/AWARD

- a. Any clerical error, apparent on its face, may be corrected by the Contracts Coordinator before contract award. Upon discovering an apparent clerical error, the Contracts Coordinator shall contact the contractor and request clarification of the intended proposal. The correction shall be incorporated in the notice of award. Examples of apparent clerical errors are: 1) misplacement of a decimal point; and 2) obvious mistake in designation of unit.
- b. Any pricing information submitted by a contractor shall be subject to evaluation if deemed by the Office of State Courts Administrator to be in the best interest of the state of Missouri.
- c. Unless otherwise stated in the RFP, cash discounts for prompt payment of invoices shall not be considered in the evaluation of prices. However, such discounts are encouraged to motivate prompt payment.
- d. Awards shall be made to the contractor whose proposal (1) complies with all mandatory specifications and requirements of the RFP and (2) is the lowest and best proposal, considering price, responsibility of the contractor, and all other evaluation criteria specified in the RFP and any subsequent negotiations.
- e. In the event all contractors fail to meet the same mandatory requirement in an RFP, the Office of State Courts Administrator reserves the right, at its sole discretion, to waive that requirement for all contractors and to proceed with the evaluation. In addition, the Office of State Courts Administrator reserves the right to waive any minor irregularity or technicality found in any individual proposal.
- f. The Office of State Courts Administrator reserves the right to reject any and all proposals.
- g. When evaluating a proposal, the state of Missouri reserves the right to consider relevant information and fact, whether gained from a proposal, from a contractor, from contractor's references, or from any other source.
- h. Any information submitted with the proposal, regardless of the format or placement of such information, may be considered in making decisions related to the responsiveness and merit of a proposal and the award of a contract.
- i. Negotiations may be conducted with those contractors who submit potentially acceptable proposals. Proposal revisions may be permitted for the purpose of obtaining best and final offers. In conducting negotiations, there shall be no disclosure of any information submitted by competing contractors.
- j. Any award of a contract shall be made by notification from the Office of State Courts Administrator to the successful contractor. The Office of State Courts Administrator reserves the right to make awards by item, group of items, or an all or none basis. The grouping of items awarded shall be determined by Office of State Courts Administrator based upon factors such as item similarity, location, administrative efficiency, or other considerations in the best interest of the state of Missouri.
- k. Pursuant to Section 610.021 RSMo, proposals and related documents shall not be available for public review until after a contract is executed or all proposals are rejected.

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1. The Office of State Courts Administrator reserves the right to request clarification of any portion of the contractor's response in order to verify the intent of the contractor. The contractor is cautioned, however, that its response may be subject to acceptance or rejection without further clarification.

### 9. CONTRACT/PURCHASE ORDER

- a. By submitting a proposal, the contractor agrees to furnish any and all equipment, supplies and/or services specified in the RFP, at the prices quoted, pursuant to all requirements and specifications contained therein.
- b. A binding contract shall consist of: (1) the RFP, amendments thereto, and/or Best and Final Offer (BAFO) request(s) with RFP changes/additions, (2) the contractor's proposal including the contractor's BAFO, and (4) Office of State Courts Administrator's acceptance of the proposal by "notice of award" or by "purchase order."
- c. A notice of award does not constitute an authorization for shipment of equipment or supplies or a directive to proceed with services. Before providing equipment, supplies and/or services, the contractor must receive a properly authorized purchase order.
- d. The contract expresses the complete agreement of the parties and performance shall be governed solely by the specifications and requirements contained therein. Any change, whether by modification and/or supplementation, must be accomplished by a formal contract amendment signed and approved by and between the duly authorized representative of the contractor and the Contracts Coordinator or by a modified purchase order prior to the effective date of such modification. The contractor expressly and explicitly understands and agrees that no other method and/or no other document, including correspondence, acts, and oral communications by or from any person, shall be used or construed as an amendment or modification.

### 10. INVOICING AND PAYMENT

- a. The state of Missouri does not pay state or federal taxes unless otherwise required under law or regulation.
- b. The statewide financial management system has been designed to capture certain receipt and payment information. Therefore, each invoice submitted must reference the purchase order number and must be itemized in accordance with items listed on the purchase order. Failure to comply with this requirement may delay processing of invoices for payment.
- c. The contractor shall not transfer any interest in the contract, whether by assignment or otherwise, without the prior written consent of the Office of State Courts Administrator.
- d. Payment for all equipment, supplies, and/or services required herein shall be made in arrears. The state of Missouri shall not make any advance deposits.
- e. The state of Missouri assumes no obligation for equipment, supplies, and/or services shipped or provided in excess of the quantity ordered. Any unauthorized quantity is subject to the State's rejection and shall be returned at the contractor's expense.
- f. All invoices for equipment, supplies, and/or services purchased by the state of Missouri shall be subject to late payment charges as provided in Section 34.055 RSMo.

### 11. DELIVERY

Time is of the essence. Deliveries of equipment, supplies, and/or services must be made no later than the time stated in the contract or within a reasonable period of time, if a specific time is not stated.

### 12. INSPECTION AND ACCEPTANCE

- a. No equipment, supplies, and/or services received pursuant to a contract shall be deemed accepted until the Office of State Courts Administrator has had reasonable opportunity to inspect said equipment, supplies, and/or services.
- b. All equipment, supplies, and/or services which do not comply with the specifications and/or requirements or which are otherwise unacceptable or defective may be rejected. In addition, all equipment, supplies, and/or services which are discovered to be defective or which do not conform to any warranty of the contractor upon inspection (or at any later time if the defects contained were not reasonably ascertainable upon the initial inspection) may be rejected.
- c. The state of Missouri reserves the right to return any such rejected shipment at the contractor's expense for full credit or replacement and to specify a reasonable date by which replacements must be received.
- d. The state of Missouri's right to reject any unacceptable equipment, supplies, and/or services shall not exclude any other legal, equitable or contractual remedies the State may have.

### 13. WARRANTY

- a. The contractor expressly warrants that all equipment, supplies, and/or services provided shall: (1) conform to each and every specification, drawing, sample or other description which was furnished to or adopted by the Office of State Courts Administrator, (2) be fit and sufficient for the purpose expressed in the RFP, (3) be merchantable, (4) be of good materials and workmanship, and (5) be free from defect.
- b. Such warranty shall survive delivery and shall not be deemed waived either by reason of the State's acceptance of or payment for said equipment, supplies, and/or services.

### 14. CONFLICT OF INTEREST

- a. Officials and employees of the state agency, its governing body, or any other public officials of the state of Missouri must comply with Sections 105.452 and 105.454 RSMo regarding conflict of interest.
- b. The contractor hereby covenants that at the time of the submission of the proposal the contractor has no other contractual relationships which would create any actual or perceived conflict of interest. The contractor further agrees that during the term of the contract neither the contractor nor any of its employees shall acquire any other contractual relationships which create such a conflict.

### 15. REMEDIES AND RIGHTS

- a. No provision in the contract shall be construed, expressly or implied, as a waiver by the state of Missouri of any existing or future right and/or remedy available by law in the event of any claim by the state of Missouri of the contractor's default or breach of contract.
- b. The contractor agrees and understands that the contract shall constitute an assignment by the contractor to the state of Missouri of all rights, title and interest in and to all causes of action that the contractor may have under the antitrust laws of the United States or the state of Missouri for which causes of action have accrued or will accrue as the result of or in relation to the particular equipment, supplies, and/or services purchased or procured by the contractor in the fulfillment of the contract with the State of Missouri.

## 16. CANCELLATION OF CONTRACT

- a. In the event of material breach of the contractual obligations by the contractor, the Office of State Courts Administrator may cancel the contract. At its sole discretion, the Office of State Courts Administrator may give the contractor an opportunity to cure the breach or to explain how the breach will be cured. The actual cure must be completed within no more than 10 working days from notification, or at a minimum the contractor must provide the Office of State Courts Administrator within 10 working days from notification a written plan detailing how the contractor intends to cure the breach.
- b. If the contractor fails to cure the breach or if circumstances demand immediate action, the Office of State Courts Administrator will issue a notice of cancellation terminating the contract immediately.
- c. If the Office Of State Courts Administrator cancels the contract for breach, the Office of State Courts Administrator reserves the right to obtain the equipment, supplies, and/or services to be provided pursuant to the contract from other sources and upon such terms and in such manner as the Office of State Courts Administrator deems appropriate and charge the contractor for any additional costs incurred thereby.
- d. The contractor understands and agrees that funds required to fund the contract must be appropriated by the General Assembly of the state of Missouri for each fiscal year included within the contract period. The contract shall not be binding upon the State for any period in which funds have not been appropriated, and the State shall not be liable for any costs associated with termination caused by lack of appropriations.

## 17. COMMUNICATIONS AND NOTICES

Any notice to the contractor shall be deemed sufficient when deposited in the United States mail postage prepaid, transmitted by facsimile, transmitted by e-mail or hand-carried and presented to an authorized employee of the contractor.

## 18. BANKRUPTCY OR INSOLVENCY

- a. Upon filing for any bankruptcy or insolvency proceeding by or against the contractor, whether voluntary or involuntary, or upon the appointment of a receiver, trustee, or assignee for the benefit of creditors, the contractor must notify the Office of State Courts Administrator immediately.
- b. Upon learning of any such actions, the Office of State Courts Administrator reserves the right, at its sole discretion, to either cancel the contract or affirm the contract and hold the contractor responsible for damages.

## 19. INVENTIONS, PATENTS AND COPYRIGHTS

The contractor shall defend, protect, and hold harmless the State of Missouri, its officers, agents, and employees against all suits of law or in equity resulting from patent and copyright infringement concerning the contractor's performance or products produced under the terms of the contract.

## 20. NON-DISCRIMINATION AND AFFIRMATIVE ACTION

In connection with the furnishing of equipment, supplies, and/or services under the contract, the contractor and all subcontractors shall agree not to discriminate against recipients of services or employees or applicants for employment on the basis of race, color, religion, national origin, sex, age, disability, or veteran status. If the contractor or subcontractor employs at least 50 persons, they shall have and maintain an affirmative action program which shall include:

- a. A written policy statement committing the organization to affirmative action and assigning management responsibilities and procedures for evaluation and dissemination;
- b. The identification of a person designated to handle affirmative action;
- c. The establishment of non-discriminatory selection standards, objective measures to analyze recruitment, an upward mobility system, a wage and salary structure, and standards applicable to layoff, recall, discharge, demotion, and discipline;
- d. The exclusion of discrimination from all collective bargaining agreements; and
- e. Performance of an internal audit of the reporting system to monitor execution and to provide for future planning.

If discrimination by a contractor is found to exist, the Office of State Courts Administrator shall take appropriate enforcement action which may include, but not necessarily be limited to, cancellation of the contract, suspension, or debarment by the Office of State Courts Administrator until corrective action by the contractor is made and ensured, and referral to the Attorney General's Office, whichever enforcement action may be deemed most appropriate.

## 21. AMERICANS WITH DISABILITIES ACT

In connection with the furnishing of equipment, supplies, and/or services under the contract, the contractor and all subcontractors shall comply with all applicable requirements and provisions of the Americans with Disabilities Act (ADA).

## 22. TITLES

Titles of paragraphs used herein are for the purpose of facilitating reference only and shall not be construed to infer a contractual construction of language.