

See File FrontPages.pdf

Request for Proposal Amendment # 2



Missouri Department of Mental Health
Office of Administration
Contracts and Procurement Unit
1706 East Elm Street
P.O. Box 687
Jefferson City, MO 65102

RFP # ER20007001

Adolescent CSTAR Pilot Program St. Louis City

Contract Period: Date of Award through June 30, 2007
Date of Issue: **July 13, 2006**

Proposals must be received at the above address
no later than :

2:00 p.m., July 31, 2006

For information pertaining to this RFP contact:
Tim Karle, Procurement Officer II
(573) 751-9170 tim.karle@dmh.mo.gov

Services to be purchased under the
authority of ER200 by the
**DEPARTMENT OF MENTAL HEALTH
DIVISION OF ALCOHOL AND DRUG ABUSE**
1706 EAST ELM STREET, PO BOX 687
JEFFERSON CITY, MO 65102
573-751-4942

Prospective offerors are hereby advised of the attached changes to the Request for Proposal.

I / We hereby agree to provide the services and/or items, at the price(s) stated, pursuant to the requirements of this document and further agree that when this document is countersigned by an authorized official of the Missouri Department of Mental Health, a binding contract, as defined herein, shall exist between the offeror and the Department of Mental Health.

The authorized signer of this document certifies that the offeror (named below) and each of its principals (as defined by 45 CFR 76) are not suspended or debarred by the federal government.

AUTHORIZED SIGNATURE:

PRINTED NAME AND TITLE:

Michael T. Schwend, President and CEO

LEGAL NAME OF ENTITY:

Preferred Family Healthcare, Inc.

DATE:

JULY 28, 2005

MAILING ADDRESS:

900 E. LaHarpe

CITY:

Kirksville

STATE:

MO

ZIP:

63501

COUNTY:

Adair

TELEPHONE:

660-665-1962

FAX:

660-665-3989

CONTACT PERSON:

DICK DILLON

CONTACT PERSON E-MAIL ADDRESS:

ddillon@pfh.org

TAXPAYER ID NUMBER (TIN)

43-1236557

TAXPAYER ID (TIN) TYPE (CHECK ONE)

FEIN SSN

STATE VENDOR NUMBER (IF KNOWN):

5200971

DMH VENDOR NUMBER (IF KNOWN):

5200971

VENDOR TYPE (CHECK ONE)

Corporation Individual State/Local Government Partnership Sole Proprietor Other

In accordance with HIPAA regulations, the offeror hereby declares the following status (check one):

The offeror is a covered entity.

The offeror is a business associate.

NOTICE OF AWARD:

This contract is accepted by the Department of Mental Health as follows:

DEPUTY DIRECTOR FOR ADMINISTRATION, DEPARTMENT OF MENTAL HEALTH

DATE

See File FrontPages.pdf

Amendment # 2 to RFP # ER20007001

Prospective offerors are hereby advised of the following changes to the Request for Proposal:

- 1) Part II, Paragraph 2.1.4, is revised.
- 2) Attachment A, Paragraph 3.2.2, is added.
- 3) Attachment A, Paragraph 3.8.1.a, is deleted.
- 4) Attachment A, Paragraphs 4.3.4.a and 4.3.4.b are deleted.
- 5) Attachment A, Paragraph 4.8.3, is added.
- 6) Attachment A, Paragraph 4.11.2.a is added.
- 7) The Pricing Page is revised to delete all school-based service codes, except individual and group counseling.
- 8) Attachment B, Paragraph 1.1 is revised
- 9) Attachment B, Paragraph 1.2 is added.
- 10) Attachment B, Paragraph 4, is revised.
- 11) Attachment D – The definition of Individual Counseling is revised.
- 12) Attachment E is revised in its entirety.
- 13) Exhibit A, Paragraph 11, is revised.
- 14) Exhibit E, Paragraph 8, is revised.

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**Request for Proposal
Amendment # 1**



Missouri Department of Mental Health
Office of Administration
Contracts and Procurement Unit
1706 East Elm Street
P.O. Box 687
Jefferson City, MO 65102

RFP # ER20007001

**Adolescent CSTAR Pilot Program
St. Louis City**

Contract Period: **Date of Award through June 30, 2007**
Date of Issue: **July 3, 2006**

**Proposals must be received at the above address
no later than :**

2:00 p.m., July 31, 2006

For information pertaining to this RFP contact:
Tim Karle, Procurement Officer II
(573) 751-9170 tim.karle@dmh.mo.gov

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authority of ER200 by the*
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JEFFERSON CITY, MO 65102
573-751-4942

Prospective offerors are hereby advised of the following change to the Request for Proposal:

- 1) **Attachment B, paragraph 1.1 is revised**

I / We hereby agree to provide the services and/or items, at the price(s) stated, pursuant to the requirements of this document and further agree that when this document is countersigned by an authorized official of the Missouri Department of Mental Health, a binding contract, as defined herein, shall exist between the offeror and the Department of Mental Health.

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AUTHORIZED SIGNATURE:		PRINTED NAME AND TITLE: Michael T. Schwend, President and CEO		
LEGAL NAME OF ENTITY: Preferred Family Healthcare, Inc.				DATE: JULY 28, 2005
MAILING ADDRESS: 900 E. LaHarpe		CITY: Kirksville	STATE: MO	ZIP: 63501
COUNTY: Adair				
TELEPHONE: 660-665-1962	FAX: 660-665-3989	CONTACT PERSON: DICK DILLON	CONTACT PERSON E-MAIL ADDRESS: ddillon@pfh.org	
TAXPAYER ID NUMBER (TIN) 43-1236557	TAXPAYER ID (TIN) TYPE (CHECK ONE) <input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN	STATE VENDOR NUMBER (IF KNOWN): 5200971	DMH VENDOR NUMBER (IF KNOWN): 5200971	
VENDOR TYPE (CHECK ONE)				
<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other				

In accordance with HIPAA regulations, the offeror hereby declares the following status (check one):

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DEPUTY DIRECTOR FOR ADMINISTRATION, DEPARTMENT OF MENTAL HEALTH

DATE

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Request for Proposal



Missouri Department of Mental Health
Office of Administration
Contracts and Procurement Unit
1706 East Elm Street
P.O. Box 687
Jefferson City, MO 65102

RFP # ER20007001

Adolescent CSTAR Pilot Program St. Louis City

Contract Period: **Date of Award through June 30, 2007**

Date of Issue: **July 3, 2006**

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2:00 p.m., July 31, 2006

For information pertaining to this RFP contact:

Tim Karle, Procurement Officer II
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authority of ER200 by the*
**DEPARTMENT OF MENTAL HEALTH
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1706 EAST ELM STREET, PO BOX 687
JEFFERSON CITY, MO 65102
573-751-4942

Proposals must be delivered in a **sealed** container to the Department of Mental Health, Contracts and Procurement Unit, 1706 Elm, P.O. Box 687, Jefferson City, Missouri 65102. The offeror should print or type the **RFP Number** and **Return Due Date** on the lower left hand corner of the envelope or package to identify the package as a proposal.

I / We hereby agree to provide the services and/or items, at the price(s) stated, pursuant to the requirements of this document and further agree that when this document is countersigned by an authorized official of the Missouri Department of Mental Health, a binding contract, as defined herein, shall exist between the offeror and the Department of Mental Health.

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TELEPHONE: 660-665-1962	FAX: 660-665-3989	CONTACT PERSON: DICK DILLON	CONTACT PERSON E-MAIL ADDRESS: ddillon@pfh.org	
TAXPAYER ID NUMBER (TIN) 43-1236557	TAXPAYER ID (TIN) TYPE (CHECK ONE) _X_ FEIN ___ SSN	STATE VENDOR NUMBER (IF KNOWN): 5200971	DMH VENDOR NUMBER (IF KNOWN): 5200971	
VENDOR TYPE (CHECK ONE)				
___ Corporation ___ Individual ___ State/Local Government ___ Partnership ___ Sole Proprietor ___ Other				

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DEPUTY DIRECTOR FOR ADMINISTRATION, DEPARTMENT OF MENTAL HEALTH

DATE

See File FrontPages.pdf
Implementation Phase Document Here

Program Pricing Page (CSTAR – SPECIALIZED PROGRAM FOR ADOLESCENTS)

1. *The contractor shall be paid for actual services rendered in accordance with the requirements stated herein and the service definitions stated in Attachment D. All costs associated with providing the required services shall be included in the firm, fixed prices stated herein.*

POS Service Code	POS Service Description	Unit of Service	CIMOR / HIPAA Procedure Code	Firm, Fixed Price
Y3114L	Intake Assessment – Adolescent GAIN	Each	H0001 EP	\$396.33
Y3112K	Diagnostic Evaluation	1/4 Hour	H0001 52	\$26.47
Y3112L	Physician Certification	1/4 Hour	H0001 TS	\$26.47
Y3103K	Day Treatment	1 Hour	H2012	\$9.15
Y3102K	Extended Day Treatment	1/4 Hour	T1002	\$10.36
Y3104K	Individual Counseling	1/4 Hour	H0004	\$12.44
Y31049	Individual Counseling (School Based)	1/4 Hour	H0004	\$12.44
Y3107K	Group Counseling	1/4 Hour	H0005	\$2.81
Y31079	Group Counseling (School Based)	1/4 Hour	H0005	\$2.81
Y3110K	Group Education	1/4 Hour	H0025 HQ	\$2.40
Y31109	Group Education (School Based)	1/4 Hour	H0025 HQ	\$2.40
Y3131K	Trauma Individual Counseling	1/4 Hour	H0004 HH	\$16.11
Y3132K	Trauma Group Education	1/4 Hour	H0025 HQ HH	\$2.81
Y3116K	Office Family Therapy	1/4 Hour	T1006	\$16.11
Y3117K	Home Family Therapy	1/4 Hour	T1006 U8	\$26.60
Y3108K	Individual Codependency Counseling	1/4 Hour	H0004 UK	\$15.27
Y3109K	Group Codependency Counseling	1/4 Hour	H0005 UK	\$2.81
Y3111K	Community Support	1/4 Hour	T1016	\$10.36
Y9450K	HIV Pre-Test Counseling	1/4 Hour	H0047	\$9.15
Y9450L	HIV Post-Test Counseling	1/4 Hour	H0047 TS	\$9.15
Y9451K	STD Pre-Test Counseling	1/4 Hour	H0047	\$9.15
Y9451L	STD Post-Test Counseling	1/4 Hour	H0047 TS	\$9.15
Y9452K	TB Pre-Test Counseling	1/4 Hour	H0047	\$9.15
Y9452L	TB Post-Test Counseling	1/4 Hour	H0047 TS	\$9.15
Y9453K	HEP Pre-Test Counseling	1/4 Hour	H0047	\$9.15
Y9453L	HEP Post-Test Counseling	1/4 Hour	H0047 TS	\$9.15
Y3111K	Outcome Measurement (CSW)	1/4 Hour	T1016 TS	\$10.36
Y3104K	Outcome Measurement (QSAP)	1/4 Hour	H0004 TS	\$12.44
41Y12K	Residential Support CSTAR - Adolescent	1 Day	T2048	\$58.93

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Part I - Introduction and General information

Preferred Family Healthcare (PFH) wishes to bid on the services requested under RFP ER20007001, Adolescent CSTAR Pilot Program, St. Louis City, offered by the Missouri Department of Mental Health Division of Alcohol and Drug Abuse (“the Department”). As the largest provider of publicly-funded adolescent substance abuse treatment in Missouri, PFH is in a unique position to implement and carry out the duties required to fulfill this contract. We are prepared to implement the integrated approach to adolescent treatment, most of which is in place at our other treatment sites, and to provide multiple levels of care in the context of a long-term (more than six month) model.

PFH has specific experience in implementing and providing CSTAR specialized programs for Adolescents. Our involvement goes back to the very beginning stages of this innovative treatment model. Members of our executive staff were directly involved in the initial design and development of the CSTAR program in the early 1990s and Preferred Family Healthcare was awarded the first adolescent CSTAR contract in St. Joseph, Missouri in 1992 (?). We currently operate residential Adolescent CSTAR programs in Kansas City, Jefferson City, Kirksville, and St. Charles MO providing 75 residential beds and over 150 outpatient slots. We have been able to enhance many of our Adolescent CSTAR projects by competing for and winning funding from other sources which pays for services that benefit our CSTAR clients. Among the sources of funding we have integrated into our Adolescent CSTAR projects are: The Center for Substance Abuse Treatment, The Greater Kansas City Healthcare Foundation, and The Children’s Services Authority of St. Charles County. Each dollar we have been able to earn from these additional sources allows us to provide additional, valuable services to our DMH/ADA funded clients at no cost to the Department, or the state of Missouri. We are truly the provider of choice for quality, effective and innovative adolescent substance abuse services.

PFH recognizes that this RFP describes a program that is funded in part by the St. Louis Mental Health Board of Trustees (MHB). PFH is pleased to be a current partner with on an innovative Relapse Prevention Mentoring Project. We appreciate the role MHB has played in partnering with the Department to leverage funding from both agencies to the benefit of residents of the City of St. Louis, MO. PFH understands and agrees that the services funded under this contract would be solely for the benefit of adolescent residents of the City of St. Louis and their families.

PFH prides itself on being an organization that is consistently committed to appropriate growth and change, and to establishing and maintaining a high level of technical competence among our staff. PFH staff maintain and improve their skills by taking advantage of numerous training events provided each year both within and outside of Missouri. We also utilize significant professional learning tools such as the SAMHSA/CSAT Treatment Improvement Protocols (TIPs) and many online resources. We will bring this strong commitment to continuing our professional development to this project as well. We will participate in any training required by the Department.

PFH understands that the Department estimates that approximately \$785,040 will be available for the services requested under this contract. Recognizing the desire of the Department that this program provide care to consumers for a minimum of six months, PFH proposes to provide 6

residential beds and 52 outpatient slots at any time. We believe that our model will allow us to treat 189 unduplicated consumers per year.

PFH is a strong support of the “buy local” philosophy and whenever possible provides services that are supported by hiring and purchasing from the local community. It is our intention to follow this philosophy with this project as well. We will hire locally and whenever competitive purchasing allows us to buy materials, equipment and supplies from Missouri vendors, we will do so.

PFH acknowledges that it has read the entire Scope of Work Section of this RFP in Attachment A and is prepared to fulfill all of the requirements therein. Our proposed method of performance is detailed in Exhibit E of this document.

PART II – PERFORMANCE REQUIREMENTS

2. PERFORMANCE REQUIREMENTS

2.1 Services Provided

PFH agrees to provide services to the Department in accordance with the provisions and requirements stated in this RFP ER20007001. PFH recognizes that these services are to be provided on an as needed, if needed basis to adolescents who reside in the of St. Louis, and to their families. PFH agrees that the Department has made no guarantee of the number of units which could be purchased under this contract, nor of the total amount of dollars which may be expended. PFH agrees that all services must be authorized by the Department.

PFH is familiar with the geographical area which has been defined, within which reimbursable services may be provided and will locate their program site(s) within that area.

PFH agrees to begin providing services under this contract within 90 days of the award of the contract. Our organization has an enviable record of being able to implement programs, often requiring significant activities related to the obtainment and improvement of real property, and to do so well within specific time constraints.

An excellent example of this involved the award of earlier adolescent CSTAR contracts. On December 16, 1999, Preferred Family Healthcare was informed that it had been awarded contracts to provide adolescent CSTAR services in Jefferson City and St. Charles. The establishment of these services required many tasks to be performed including:

- Locating program sites in both St. Charles and Jefferson City,
- Purchasing a total of three group homes appropriate for the program,
- Hiring clinical staff as well as support staff to supervise the three group homes,
- Purchase of the necessary resources to provide quality treatment (i.e. computers, vehicles, and furnishings for the group homes).

In spite of these challenges, the program in Jefferson City underwent provisional certification on January 31, 2000 and began providing services on February 1, 2000. Provisional certification for the St. Charles program occurred on March 1, 2000, and services were provided on March 2, 2000. Jefferson City had its group home and St. Charles had its first group home filled within ten days, and when the second group home in St. Charles was opened, it was filled in less than a week. Less than 75 days from opening the programs, both sites were at 100% utilization regarding POS services.

As an indication of the success of the establishment of these programs are the comments from the provisional certification reviews of both sites:

- “Preferred Family Healthcare has been a provider of adolescent CSTAR services for many years with excellent outcomes”
- “The St. Charles program has followed that tradition by hiring experienced providers with knowledge of CSTAR in a variety of settings”
- “The program has a history of retaining quality leadership. The Jefferson City program has followed that tradition”

- “The program has a reputation of hiring and retaining highly qualified clinicians as has the Jefferson City program”.

Another, more recent example also highlights our ability to implement quality programs quickly and effectively. On April 9, 2004, Preferred Family Healthcare was notified that it was awarded the contract to provide the new Primary Recovery Plus program in Jefferson City, MO. In order to establish services several objectives had to be met, including hiring and training staff, securing and renovating a building, purchasing equipment, and locating medical, psychiatric, and other key community resources.

Over forty-five staff members in Preferred Family were deployed to meet the June 15 deadline to provide services. A building was soon located and renovations to the building planned and executed. An advisory committee was established and met monthly to provide assistance. A caterer was located, staff was hired, and medical and psychiatric services were identified. On June 7, many of the staff who would be working in the program were hired and began a week-long training. An open house to the community and provisional certification took place on June 10. On June 15, the first consumers were admitted to the program.

Preferred Family Healthcare is confident that it can duplicate the success of our ability to swiftly implement new programs with those services identified in this RFP. The key personnel (the Chief Executive Officer, Chief Financial Officer, Senior Vice President of Adolescent Programming, and Treatment Team Leader) who will oversee the establishment of these programs have extensive experience in successfully starting new programs. In addition, a number of professional staff currently employed at Preferred Family Healthcare will assist in the implementation of this project.

2.2 Certification

PFH has earned and maintained certification as a provider substance abuse treatment services for over 25 years, and specifically as a provider of adolescent substance abuse treatment services for over 15 years. We know, understand and follow the specific treatment service requirements mentioned in Section II of this RFP and will maintain certification throughout the contract period.

2.3 Information and Billing Systems

As a long-time contractor with the Department, PFH has the appropriate systems in place to support, maintain, and utilize the Department’s computerized systems for service reporting, billing, and other activities specified in the RFP. PFH agrees to electronically register consumer admissions (in CIMOR, new episodes of care) within five (5) business days of delivering the first service, and to register each service level change (in CIMOR, new program level assignment) within five (5) business days of the effective date of transfer. PFH will also discharge consumers in the Department’s computerized system in a timely and accurate manner, with each discharge registered in the electronic information system no later than five (5) business days following the lapse of 60 days since the last face-to-face contact between the client and program staff. PFH understands and appreciates that the Department will allow up to two units of case management or community support work to be invoiced for efforts designed to re-engage clients during the 60 day period preceding discharge.

PFH will also cooperate with the Department by coordinating data collection and analysis activities with those of the department. We will do this by acquiring adequate computer equipment and training to support State and Federal efforts to uniformly collect and analyze services data, and by cooperating with any additional requests the Department might make regarding these goals.

2.4 **Consumer Satisfaction Survey**

Preferred Family Healthcare has gained a reputation as an agency to rely upon. Much of this is related to our ability to actively listening to what consumers, staff and referral sources are saying to us and to make changes based upon this feedback. This methodology is Preferred Family Healthcare's comprehensive quality improvement system at work.

Preferred Family Healthcare has an extensive internal quality improvement plan that includes focus groups with referral sources, staff, and consumers. Through these groups, participants have been able to provide overwhelming positive input regarding the services provided as well as making suggestions for improving service delivery. In addition to focus groups, our agency's quality improvement plan includes program appraisals, active continuous quality improvement committees, and other opportunities for our consumers, staff, and referral sources to provide the input necessary to improve program services. In fact, Preferred Family Healthcare was selected to present our quality improvement mechanisms at a Division of Alcohol and Drug Abuse meeting of program directors. We were happy to share our successful system with our colleagues.

Preferred Family Healthcare has received positive feedback from our consumers regarding their satisfaction with the services they received. For example, 89% of the 291 adolescent consumers completing satisfaction surveys during the past year were satisfied or very satisfied with their counselor and 92% of the 286 consumers responding were satisfied or very satisfied with their community support worker. Ninety percent (90%) of the consumers responding identified their satisfaction with services provided and 96% of those responding stated that they felt they met their goals while in treatment.

Clients surveyed also indicated the following:

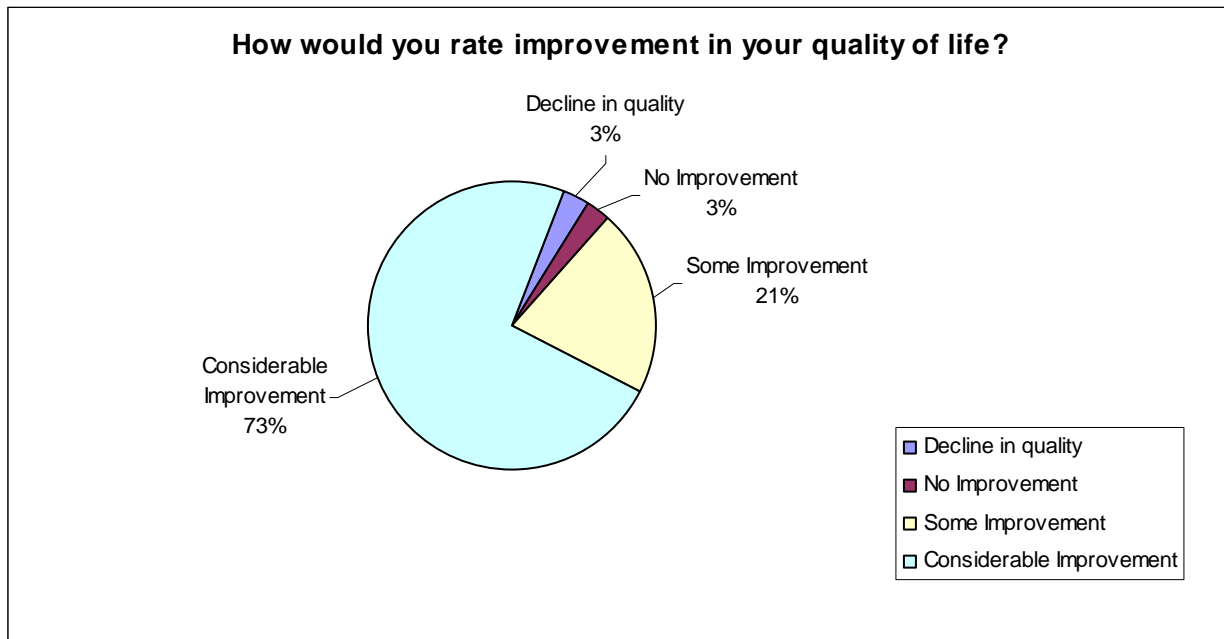
- 100% of the time important issues were discussed and that the family is better prepared to help them in their recovery effort.
- 100% rating that life skills training was provided

We have received many accolades during focus groups from our adolescent consumers.

- "It's helped them change their whole outlook on everything and gets their spirits higher." (Jefferson City client)
- "It's a privilege to be here and I don't look at it as punishment." (Kirksville client)
- "PFH is 'cool' and not as strict as other facilities I have been in." (St. Charles client)

This focus on quality services has resulted in positive outcomes for our consumers. For example, 119 consumers completing outpatient treatment were asked how they would rate

improvement in their quality of life as a result of treatment. The table below shows that nearly all (95%) of the clients felt their quality of life improved as a result of treatment.



Preferred Family Healthcare has evolved throughout its history into a responsive and caring community partner. Our simple but effective mission is “to create conditions that promote the well-being of people.” This goal has contributed to Preferred Family Healthcare being recognized as a leader in providing and managing social service resources throughout Missouri.

Preferred Family Healthcare has an excellent reputation with the Department of Mental Health. Our adolescent programs received the most recent consumer choice award for quality adolescent programming. In addition during the most recent audit of our programs, Department staff listed a number of strengths as described below:

- The agency programs were noted to encourage strong family involvement, particularly within the adolescent CSTAR programs. Documentation demonstrated family involvement, particularly within the Adolescent department.
- A comprehensive quality assurance and quality improvement system has been implemented throughout service areas and administrative operations.
- The agency was noted to be current and progressive in terms of recognition of changing needs of populations served, pursuit of grants and other funding opportunities, improvements to facilities and implementation of evidence based practices.

- PFH staff interviewed across service locations reflected a consistent corporate identity of professionalism, pride in services, and a caring, dedicated attitude towards client services.

Not only do we have a positive track record with the Missouri state government agencies, but we also maintain a good rapport with schools, local courts, attorneys, juvenile officers, social service agencies, and community teams as evidenced by our strong referral base. Supportive correspondence we have received indicates the high level of confidence that other organizations have in our ability to deliver substance abuse programming. They also verify the fact that Preferred Family Healthcare has been successful in meeting the needs of clients with substance abuse problems by providing effective, quality treatment. Please refer to Attachment B for letters of support from agencies throughout the area.

Preferred Family Healthcare has evolved throughout its history into a responsive and caring community partner. Our simple but effective goal is “to create conditions that promote the well-being of people.” This goal has contributed to Preferred Family Healthcare being recognized as a leader in providing and managing social service resources throughout Missouri.

2.5 **Coordination**

PFH believes in collaboration. We are providing examples of several collaborative efforts we have established to assist in the provision of services to the clients who will be served by this contract. Collaborations have been established with:

- Grace Hill Neighborhood Health Center
- Hopewell Community Mental Health Center
- Eleatha Surratt, M.D.
- Comtrea
- New Beginnings

PFH agrees to collaborate with additional agencies, resources and individuals as might be requested or required by the Department in the performance of this contract.

2.6 **Correspondence**

PFH will provide the Department with the name, address, e-mail address and telephone number of PFH’s representative who will be servicing this contract within five (5) days of the award of the contract. PFH agrees that e-mail will be used to transmit documents from the Department to PFH, and that PFH will review and respond to e-mails regarding this contract in a timely manner. It is our general practice to respond immediately, and at least within one business day. PFH will return executed documents to the Department via fax, or other method which may be specified by the Department.

2.7 **Transition of Services**

Should this contract expire, or be terminated or cancelled, PFH will assist the Department to insure an orderly transition of responsibility and/or continuity of the services required under this contract to another organization designated by the Department, which will make a written request for same. Transition activities will include but not be limited to the delivery of all records, documentation, reports, data or recommendations which were required under the terms of this contract, to the Department and/or the Department's designee, within seven (7) days following the receipt of a written request to do so; the continued provision of any part or all of the services contracted in accordance with the terms of this contract for a period not to exceed thirty (30) calendar days following the expiration, termination, or cancellation of the contract, for a price not to exceed the price set forth in this contract; and the discontinuation of services or acceptance of new assignments under this contract on the date specified by the Department so that such services can be completed prior to the expiration of the contract.

2.8 **Charitable Choice Notification**

PFH is not a religious organization, nor do we bring any pre-existing subcontracts with religious organizations to this RFP response. However, PFH may utilize subcontractors that are religious organizations in the future. Should this occur, PFH agrees that it will be our responsibility to ensure that Charitable Choice requirements defined under section 2.8.1 of this RFP are met by any subcontractors providing substance abuse treatment and prevention services. Should this occur, PFH will also require that a written declaration of status as a religious organization shall be provided to the District Administrator at the time a subcontract is executed, prior to the subcontractor providing services.

2.9 **Payments to the contractor**

PFH agrees to be paid for the various units of service provided under this contract in accordance with the firm, fixed prices stated on the program Pricing Page(s) included following the end of Section IV of this proposal. PFH agrees to bill for and be reimbursed for approved expenses for interpretive services required in the course of a consumer's treatment program, in accordance with the Department's policies. PFH has reviewed Attachment E of this RFP regarding payments which may be made during the implementation period of the contract and has indicated, through our signature on this form, our agreement to the terms of the implementation payment schedule.

PFH understands and agrees that no other payments or reimbursements shall be made under this contract other than those specified above. PFH agrees to submit reports when due, or to risk the withholding or rejection of payment under the contract. PFH agrees that the Department may reject payment due to PFH's failure to perform or deliver required work or services. PFH is accustomed to receiving contractual payments from the Department utilizing an Electronic Funds Transfer method, and agrees to receive payments under this contract utilizing that system at the Department's discretion.

2.10 **Maintenance of Effort Requirements**

Per Attachment E of this RFP, PFH understands that there are no Maintenance of Effort requirements connected with this contract.

PART III – GENERAL CONTRACTUAL REQUIREMENTS

PFH is familiar with the General Contractual Requirements 1 – 93 as listed in this RFP, from our responses to past RFPs. We agree to all of the terms listed in this section of the document.

PART IV– PROPOSAL SUBMISSION AND AWARD INFORMATION

PFH is returning our proposal on or before the receipt date and time of July 31, 2006 at 2 P.M., and is including original signatures on all pages requiring such signatures. We are including all attachments required by the Department. PFH is also submitting four (4) paper copies of the original proposal for a total of five (5) paper versions of the proposal. In addition, PFH is providing on CD an electronic copy of the entire proposal in PDF format. We have reviewed the entire Part IV of the document and accept and agree to the conditions and terms contained within this section of the RFP.

EXHIBIT A - ORGANIZATION PROFILE

1. Describe the primary business of the organization.

Preferred Family Healthcare (PFH) provides mental health and substance abuse prevention and treatment services to consumers in the communities it serves.

2. Identify the total number of years in business.

PFH has been in business since 1979, 26 years.

3. Identify the total number of years experience in providing substance abuse treatment services.

PFH has provided substance abuse services since the inception of the organization, 26 years ago.

4. Describe the general history of the organization.

In 1979, PFH began providing substance abuse counseling services for male substance abusers in Kirksville, MO (Adair County). Since that time, PFH has expanded dramatically across the state; we now offer services from 31 sites in 23 cities and towns in Missouri (in addition to one outpatient office in San Antonio, TX). The tables below outline the organization's growth and expansion of services:

Adolescent Substance Abuse Treatment Services

Date Established and Funding Source	Service	Location(s)
1991 DMH	Comprehensive Substance Abuse Treatment And Rehabilitation (CSTAR) Adolescent Services- Outpatient/Residential (8 Beds) Residential moved to Kirksville-1993	St. Joseph, Missouri
1992 DMH	CSTAR Adolescent Outpatient Services- Residential services added in 1993 (expanded to 20 beds)	Kirksville, MO
1997 DMH	CSTAR Adolescent Outpatient Services	Hannibal, Trenton, MO
1999 DMH	CSTAR Adolescent Outpatient Services	Brookfield, MO
2000 DMH	CSTAR Adolescent Outpatient and Residential Services (20 beds)	St. Charles, MO
2000 DMH	CSTAR Adolescent Outpatient and Residential Services (10 beds)	Jefferson City, MO
2003 DMH	CSTAR Adolescent Outpatient and Residential Services (20 beds)	Kansas City, MO Lee Summit, MO (OP only)
2003 Missouri Foundation for Health	Lincoln County Wellness Center- collaborative effort with other mental health providers	Troy, MO

2004 SAMHSA Center for Substance Abuse Treatment (CSAT)	Research based motivational enhancement treatment to adolescents	St. Charles, Troy, MO
2005 Community Children's Services Fund St. Charles County	Outpatient substance abuse treatment for adolescents	Wentzville, MO
2005 Community Children's Services Fund St. Charles County	School based substance abuse counseling and coordination with schools to develop teams of concern to assist high risk youths in the school district	St. Charles County Schools
2006 Health Care Foundation of Greater Kansas City	Specialized services for adolescents with co-occurring disorders	Kansas City, MO

Adult Substance Abuse Treatment Services

Date Established and Funding Source	Service	Location(s)
1979 DMH	Adult Substance Abuse Treatment- residential, social setting detoxification, outpatient (24 beds)	Kirksville, MO
1982 DMH	Substance Use/Abuse Related Traffic Offenders Program	Kirksville, MO (later expanded to Macon, Moberly, Trenton, Liberty, Jefferson City, and St. Louis)
1985 DMH	Adult Substance Abuse Outpatient Treatment	Macon, MO
1992 DMH	Adult Treatment Program converted to evidence based Comprehensive Substance Abuse Treatment and Rehabilitation (CSTAR) model	Kirksville, Macon, MO
1998 DMH	Adult CSTAR Outpatient Services	Brookfield, Chillicothe, Trenton
1999 Mo. Department of Corrections	Adult Outpatient Substance Abuse Services for the Missouri Department of Corrections	Macon, Moberly, Kirksville, Paris, MO (later expanded to Keyetsville, Trenton, Carrollton, Bowling Green, Kahoka)

2000 DMH	Adult Substance Abuse Treatment Program located in St. Louis is acquired by PFH. Social setting detoxification/residential, and outpatient services (50 beds)	St. Louis, MO
2000 DMH	Adult CSTAR Outpatient Services	Liberty, MO
2001 DMH	Adult Residential Substance Abuse Treatment Services (20 beds)	Trenton, MO
2001 US Office of Justice Programs (OJP)	Drug Court Established with PFH the treatment provider	Brookfield, MO
2002 DMH	Adult Outpatient Substance Abuse Treatment Services	Milan, Hamilton, Bethany, MO
2002 DMH	Outpatient Adult CSTAR program in St. Louis is acquired by PFH	St. Louis, MO
2002 (OJP)	Drug Court established with PFH as the treatment provider	Kahoka, MO
2002 DMH	Specialized residential program for individuals with co-occurring disorders offering integrated substance abuse and mental health treatment	Kirksville, MO
2003 City of St. Louis	Substance abuse treatment services for St. Louis Medium Security Institution	St. Louis, MO
2003 OJP/ Mo. Office of State Court Administrator	Drug Court Established with PFH as the treatment provider	Kirksville, Keyetsville, and Milan
2003 Missouri Foundation for Health	Specialized substance abuse treatment services for older adults (program ended 2005)	St. Louis, MO
2004 SAMHSA Center for Substance Abuse Treatment (CSAT)	Substance abuse treatment services for individuals with HIV or at risk of acquiring HIV	St. Louis, MO
2004 St. Louis Mental Health Board	Program to provide mentoring to help individuals avoid relapses	St. Louis, MO
2005 DMH	Adult Outpatient Substance Abuse Treatment	Brentwood, MO
2006 Texas Department of State Health Services	Adult Outpatient Substance Abuse Treatment for Drug Court Participants	San Antonio, Texas

Behavioral Health Programs

Date Established and Funding Source	Service	Location
1993 DMH	Community Psychiatric Rehabilitation Center (CPRC)-outpatient psychiatric services for those with chronic mental illness	Kirkville, MO
1996 DMH	CPRC program is acquired by PFH	Kirkville, Hannibal, MO
1997 DMH/Department of Social Services	Residential Care Facility (57 bed) focused on individuals with mental illnesses is acquired by PFH	Kirkville, MO
1998 DMH	CPRC Services expansion	Trenton, MO
1999 Mo. Division of Family Services	Intensive In-Home Services designed to assist families overcome problems that could result in child placement	Eight county area in Northern Missouri (expanded to four additional counties in 2003)
2000 SAMHSA/CSAT	Outpatient Mental Health Counseling for older adults	Kirkville, MO
2001 DMH	Short-term crisis bed for individuals experiencing emergency mental health situations	Kirkville, MO
2003 Veterans' Administration	Outpatient Mental Health and Telehealth Services for Veterans	Kirkville, MO
2006 DMH	Telehealth Psychiatric Services	Kirkville, MO

Prevention Services

Date Established and Funding Source	Service	Locations
1984 Mo. Department of Mental Health (DMH)	Missouri Institute for Prevention Services- including team training, prevention activities, annual Regional Teen Institute (school and youth driven contract) Contract ended 1994	33 Counties located in Northern Missouri (of 115 Missouri Counties)
1994 DMH	C2000 Regional Support Center- Provides support to community coalitions and groups with local efforts to prevent substance abuse	27 Counties in Northern Missouri
1995 DMH	Fetal Alcohol Syndrome/Fetal Alcohol Effects (FAS/FAE)- educational program providing information on FAS/FAE to students, faculty, and parents	Northern Missouri

1999 DMH	Guiding Adolescents and Parents- Early assessment/referral, support groups, family counseling for high risk youth- Contract ended 2001	Kirksville, Hannibal, Trenton, Missouri
2000 Mo. Department of Health	Sexual Assault Prevention	Northern Missouri
2002 DMH	Substance Abuse Prevention, Intervention, and Resource Initiative (SPIRIT)- school based prevention program that provides prevention technical assistance to school district including presentations and faculty training/development	Edina, Missouri
2003 DMH/ US. Substance Abuse and Mental Health Administration (SAMHSA)	Two Methamphetamine Prevention Specialists involved in initiative to address methamphetamine use. One for Adair County and the other for surrounding counties.	Northern Missouri

5. Describe the organization’s existing presence in community.

PFH currently operates the following programs in the greater St. Louis Metropolitan area:

- Adult residential services at St. Alexius Hospital – South Jefferson Campus. This is the former Archway Program, we currently operate 40 co-ed beds at this location.
- Adult outpatient services at 3800 S. Broadway in St. Louis and at 2945 S. Brentwood Boulevard in St. Louis County.
- Adolescent residential and outpatient services at #2 Westbury Drive in St. Charles (20 beds, co-ed).
- “Teams of Concern” School Intervention Teams in Wentzville and St. Charles School Districts,
- Outpatient adolescent substance abuse counseling office in Wentzville, MO.

6. Describe linkages to, and collaboration experience with, ancillary services and other community resources.

One of the hallmark changes brought about by the Missouri DMH development of the CSTAR model of treatment was the creation of the Community Support function. Previously, most substance abuse treatment services operated “in a vacuum” with regards to ancillary or “wraparound” services provided by other community agencies. The inclusion of Community Support in the CSTAR initiative was one of the most singular breakthroughs in treatment, and put the CSTAR model on the map as a preferred methodology. In the words of Dr. Charles Rapp, whose work served as the basis for development of this function, “The Community is an oasis of resources.” We embrace this philosophy wholeheartedly and have been putting it into practice in the 15 years since CSTAR was developed. PFH is highly experienced at creating community

resource linkages for our clients at all of our locations. We currently employ 66 Community Support Workers (and 8 CSW Supervisors) throughout our system. These individuals identify a wide variety of needs above and beyond substance abuse counseling for our clients and diligently set about fulfilling these needs by working collaboratively with organizations in the communities we serve. We will assist clients in finding safe housing, jobs, financial assistance, physical health services, recreational and artistic expression opportunities, legal aid, and many other services. We already have established relationships with several organizations in the St. Louis area through our adult services, these groups will provide assistance to adolescents as well. Examples include Community Alternatives, MERS/Goodwill, Hopewell Center, Grace Hill Medical, and the Cherokee Recreation Center. We are excited about the ability this contract will give us to collaborate with the St. Louis SLATE program for youth employment services. The United Way of St. Louis lists literally dozens of additional agencies which provide a wide variety of services to youth, and our Community Support Workers under this contract will possess the capability to develop creative collaborations with many of these organizations, just as we have done in St. Charles, Jefferson City, Kansas City, Kirksville and at our other adolescent sites.

We value the various services which can be provided by the faith community as well, and have developed many excellent relationships in the St. Louis area, especially since the opening of our Access to Recovery site in St. Louis. We have working relationships already with West End Mt. Carmel Baptist Church, Hagar's House, Gladys Potter's House, and the Salvation Army among others. We will bring these resources to this project as well. We already have a specific letter of commitment from Williams and Associates for the provision of HIV testing, education, and counseling.

We already treat a sizeable number of St. Louis City youth in our residential program in St. Charles and are familiar with and will continue to collaborate with juvenile justice authorities, social service workers, and other groups who are in unique positions to provide additional resources to the youth we serve. PFH has consistently demonstrated a commitment to working collaboratively with all of the community resources we can find to the benefit of our clients, and will carry this strong commitment into the St. Louis adolescent project. Other collaborations of note in the area are: NCADA – Annual Red Ribbon Week.
NCADA/BJC/Missouri Tobacco Coalition – St. Louis Science Center Project
Healthy Communities in St. Charles and Lincoln - ACT MO funding.

PFH is an active member of the following county-based Sanctioned System of Care teams: St. Charles, Lincoln, Franklin, Warren (not yet sanctioned here).

7. Describe the organization's capacity to successfully implement the program in a culturally competent and sustainable fashion.

Our commitment to providing culturally competent services is well established. We follow the SAMHSA-recommended principles of:

- Staff knowledge of the native language of the patient;
- Staff sensitivity to the cultural nuances of the patient population;

- Staff backgrounds representative of those of the patient population;
- Treatment modalities that reflect the cultural values and treatment needs of the patient population; and
- Representation of the patient population in decision making and policy implementation.

Practically, our treatment includes planning and development of significant culturally diverse activities among staff and consumers alike. Examples would include Black History Week celebrations, Celebrate Diversity luncheons (featuring ethnic recipes), decorating the facility with culturally relevant materials, posters, accent pieces and colors, the observance/acknowledgment of many culturally specific holidays and the development of area cultural resource lists. We make every effort to insure that our staff is culturally diverse and representative of the backgrounds of the clients we serve. As one good example, our adult treatment staff at our St. Louis residential program is very similar to the clientele along racial lines, at about 70% African American. Clients feel more comfortable and are often able to open up better when they believe that the staff members have a shared background and experiences. In the end, we wish to attract the most competent staff, but whenever possible we will try to hire so that “we are our customers”.

With regards to sustainability, PFH has started over a dozen new offices and residential facilities under contract with the Department in the past decade, all of which are still functioning. Since 2000, we have taken over three programs that were not thriving financially under other management, and have been able to maintain and improve the financial health of all of these programs, adding services and improving facilities in some cases. Our internal management practices, including our internally developed client billing/management system, have enabled PFH to attain a remarkable record of growth and fiscal stability. One example will illustrate our point.

Archway Communities was a 30 year old residential adult substance abuse treatment program with \$1.2 million in revenue serving over 1,000 consumers each year. The Board of Archway Communities was actively seeking a non-profit organization with a like mission to acquire the assets as well as the liabilities of the program. The program had been consistently operating at a deficit for the past several years and had several executive directors in that time period. If the Board did not find a stable entity to take them over, the 1,000+, mostly African-American clients would go unserved—a thought unpalatable to the Board. Several other treatment programs looked at this program with its relatively unstable staff and dilapidated building. At first glance, this program’s challenges seemed insurmountable. CEO Michael Schwend chose to see that the program had promise if quick changes could be made – changes that capitalized on the few assets the program had, such as community recognition and a couple of staff members who had been there since the beginning.

Five years after the acquisition, the program, fully integrated into PFH’s array of services, is still serving more than a 1,000 consumers and now operates with excess revenue over expenses. Many of the same personnel are employed as when we took the operation over, including one therapist who is celebrating nearly 35 years of continuous employment with this program. Ask this woman, and her co-workers, why they are still working here, and they will tell you the

simple answer. It is because PFH maintained their jobs as well as their salaries, increased their benefits, improved their environment, and added technology to enhance their ability to perform their jobs. Client care was greatly improved with the increased morale of staff as well as the enhanced programming that management introduced.

8. Describe successful and reliable experience in providing substance abuse treatment services.

Preferred Family began offering services a quarter of a century ago, in 1979. The first residential facility was known as "The Barn", because it was actually in a converted barn on the outskirts of Kirksville, MO. The project formed as part of new initiatives in Federal Block Grant Funding for substance abuse treatment services. That first year, the entire budget of the agency was \$150,000. It was sufficient to pay for a program director, a counselor, a bookkeeper and a secretary. The first year of operations, Preferred provided services to approximately 100 clients.

Fast forward to today. At the close of our 25th year, Preferred Family Healthcare, Inc. now has an annual budget of nearly twenty-three million dollars. We offer services from 31 sites in 23 cities and towns around Missouri. Our company headquarters is still located in Kirksville, but we are now in a sleek, four story, 63,000 square foot facility that is one of the most recognized buildings in town. Our other sites are located in modern, tastefully decorated buildings that are as far from a barn as you can imagine. The original "barn-housed" program, by the way, has taken up residence in a 16,000 square foot building we had built new for us in 1990.

But Preferred's growth is not just about pretty buildings and an expanding funding base – it's about people, the people we serve and the people we are. In 2006, Preferred Family Healthcare, Inc. will provide mental health, substance abuse and developmental disability counseling services to over 9,000 people throughout the state of Missouri. We will provide both temporary and long term residential care and treatment to almost 2,000 adults, others will receive extended residential support because they have no other safe place to live. We have nearly 200 residential substance abuse beds at our various facilities, staffed 24 hours per day.

Our locations serve rural, suburban, and inner city areas of the state, our clients are diverse and reflect every type of age, gender, and ethnic demographic in Missouri. The requirement for admission to our programs is simply the need for our services. In many locations, we provide specialized care, focusing on women's needs, older adults, or adolescents. Preferred is the largest provider of substance abuse treatment to adolescents in the entire state of Missouri. Clients come to us from many sources, such as physicians, social workers, employers, and family members. A large percentage of our clients contact us of their own volition, because they know of our reputation for quality, caring services in their community.

Preferred Family Healthcare's 25+ years show a deliberate, mission-focused pattern of growth. In the earlier years, the Kirksville-based adult substance abuse treatment program became the hub of a wheel whose spokes extended out to nearby communities. As we served more clients, we saw the need to establish satellite offices. Most of these were in those counties bordering Adair County, where we first provided services. Our good, long-term relationships in these areas serve us well as we continue our expansion.

The first major geographical expansion of Preferred Family Healthcare's services occurred in the early '90s when we won a competitive bid to provide adolescent substance abuse treatment services in St. Joseph, Missouri, over 100 miles away from Kirksville. In response to community needs, we opened a residential adolescent program in Kirksville. In 2000, we won bids in Cole County and the greater St. Louis area, also for adolescent services. Three years later, we Soon we added services in the Greater Kansas City area, our first adolescent expansion into a large urban center.

Our recent expansion has included the acquisition of two adult substance abuse programs in St. Louis, representing the assumption of existing programs formerly administered by other agencies into our service matrix.

Preferred Family Healthcare continually improves the quality of treatment we offer through program enhancement and the adoption of evidence-based practices. The agency has often worked with state agencies (e.g., the Missouri Division of Alcohol and Drug Abuse) to develop and implement innovative programming to improve treatment. For example, in 1991, Preferred Family Healthcare opened up the first adolescent Comprehensive Substance Abuse Treatment and Rehabilitation (CSTAR) program in the State of Missouri. In 1992, the adult program in Kirksville became one of the first traditional programs to convert its services to CSTAR programming methodology. This new program allowed Preferred Family Healthcare to provide a more extensive range of services to foster truly individualized treatment for all clients. Through the years, Preferred Family Healthcare staff members have participated in many different committees to improve aspects of the CSTAR program. A more recent example of collaboration is the conversion of the St. Louis residential program to a Primary Recovery Plus program in January 2004. Preferred Family Healthcare staff worked closely with Division of Alcohol and Drug Abuse staff in the development of this program, and our program in St. Louis was one of the first to make the conversion to the new services. This conversion has resulted in improved and expanded services to the people we serve it that area. We are an "early adopter" of evidence based practices and have created many unique and innovative programs as a result of our willingness to grow and adapt. Our Fast Break and Teams of Concerns in St. Charles area schools, our CSAT-funded Safe Haven program in St. Louis City (specialized services for clients with or at high risk of HIV), our Relapse Prevention Mentoring program, funded by the Mental Health Board of St. Louis and the recently funded (by the Health Care Foundation of Greater Kansas City) "New Horizons" program serving KC area adolescents with co-occurring disorders are all excellent examples of our commitment to moving "science to service" by adopting evidence based practices in the programs we create.

Preferred Family Healthcare does business with two divisions of the Missouri Department of Mental Health, as well as state and local corrections offices, local jurisdiction drug courts, the Department of Social Services, and the Department of Public Safety. However, Preferred has not relied solely on state funding, but has also enhanced its programming through the pursuit and acquisition of external funding to provide improved or specialized treatment. Preferred Family Healthcare has won multiple grants from sources like the Missouri Foundation for Health, the City of St. Louis Mental Health Board and the federal Center for Substance Abuse Treatment to provide specialized services to adults and adolescents. Our adult program funding has allowed

us to provide age-relevant counseling for older adults and aggressive outreach and enhanced treatment and services for individuals with HIV (or who are at risk of acquiring the illness). These grants provide specialized training to our staff and include innovative ways to address client retention and support system development. Through the implementation of site-specific new programming, all of our treatment sites have benefited from the training and experience gained in providing these services. Our CSAT "Fast Break" grant in St. Charles MO has provided us with advance experience in using the GAIN tool, which is now being adopted by the department as the assessment of choice. PFH has been using the GAIN for over three years and we have many qualified GAIN providers.

Preferred Family Healthcare has become one of the largest, most qualified providers of substance abuse and mental health services in the state of Missouri. We are pledged to continue seeking ways for our services to become more effective, and more accessible to all persons who need us.

9. Describe experience in providing substance abuse treatment services to the adolescent population.

Today Preferred Family Healthcare is the largest provider of adolescent substance abuse treatment in Missouri, operating residential sites in Kansas City, St. Charles, Kirksville and Jefferson City and outpatient offices at these and other locations.

Our CSTAR adolescent services program began in 1991 and has experienced substantial growth since its inception. Adolescent residential and outpatient services were provided in July 1991 with an eight-bed group home in St. Joseph. Shortly thereafter, we began offering outpatient adolescent programming in Kirksville. Since that time, our CSTAR adolescent service delivery system has evolved into service delivery offerings in numerous communities and the expansion of residential support to 75 beds in four geographical areas of the state. For example, the outpatient program in Kirksville has reached out to serve families in the surrounding communities within a 70-mile radius such as Memphis, Canton, LaGrange, Monticello, Wayland, Macon, Shelbina, Edina, Shelbyville, Clarence, and Unionville. These services are conducted in families' homes, local schools, and satellite offices.

In March 1997, we began serving adolescents in the Trenton area (60 miles west of Kirksville) following a request from that community to Dr. Roy Wilson (Director, Missouri Dept. of Mental Health). Preferred Family Healthcare responded to Dr. Wilson's request that we serve the Trenton community with particular regard to adolescents. Approximately 30 adolescents are currently admitted to the Trenton CSTAR including adolescents from Chillicothe, Brookfield, Bethany, Ridgeway, Princeton and Maysville (a 50-mile radius of Trenton). We established this program without any additional funding from the Department!

As previously mentioned, PFH won two competitive bids and in early 2000, opened residential adolescent treatment programs in St. Charles and Jefferson City, MO. In 2004, PFH took over the operation of the Scott Greening Center in Kansas City, MO, adding yet another residential operation to our adolescent services roster. Also in 2004, we were able to obtain a grant from the Missouri Foundation for Health to open the Lincoln County Wellness Center in Troy, Missouri. For this collaborative program for children, we invited partnerships with both Catholic Family Services and Crider Center for Mental Health, to provide multiple types of counseling all under

one roof. We have just finished work on a petition drive that is placing a children's services tax on the Lincoln County ballot this fall which, if successful, will fully fund the ongoing operation of this successful program. The adolescent residential program in St. Charles has recently been able to expand outpatient services to the western end of this large and populous county, through a grant from the St. Charles County Children and Family Services Authority. The CSAT funded "Fast Break" program has provided in-school services since 2003 and has led to our development of Teams of Concerns in two area school districts.

By expanding our bed capacity and establishing ourselves in many communities, Preferred Family Healthcare has reduced long waiting lists for residential treatment and has made all treatment opportunities available closer to a consumer's home. Aftercare and ongoing support can be continued for consumers who have left the residential environment without the need to make lengthy trips to a program site. The availability of this comprehensive array of services has also allowed for direct outpatient treatment for some adolescents who would otherwise be forced to choose residential treatment. The expansion of adolescent services has taken place as a result of Preferred Family Healthcare's response to the needs of our consumers and communities. The experience and knowledge we have gained through grants such as Fast Break, and New Horizons has improved the quality and effectiveness of the services we provide throughout the company.

10. Describe experience in providing services to consumers with co-occurring disorders.

PFH has found over the years that the client with co-occurring disorders does not thrive under "treatment as usual" (TAU) conditions. There are a variety of reasons for this, including: a) The TAU system does not adapt well to individuals with behavioral problems; many behavior disordered clients are suffering from co-occurring disorders which manifest, in part, in "acting out", violence, or other behaviors which are disruptive or dangerous to other participants, b) Clients with co-occurring disorders often terminate treatment early by their own choice, when they do not feel that all of their needs are being met; they need a more welcoming environment to encourage continuation in treatment, and c) Substance use can be a form of self-medication. The client with a co-occurring disorder seeks (like all of us) to feel "comfortable in his own skin". Although the numbing effects of alcohol, marijuana, cocaine or other addictive drugs are transitory, they often represent the clients' best efforts at trying to deal with the discomfort of their disorders. The problem is wide-spread, and youthfulness is no vaccine. The Center for Mental Health Services noted in 2001 that "nearly 43% of youth receiving mental health services have been diagnosed with a co-occurring disorder". The Center for Substance Abuse Treatment performed a study from 1997 – 2002 that concluded that "Among adolescents entering substance abuse treatment, 62% of males and 83% of females also have an emotional disorder."

PFH has recognized for several years that our clientele will always include a robust representation of people with co-occurring disorders. We follow the guidance of Dr. Kenneth Minkoff, perhaps the most widely acknowledged expert in the field, who has listed the following characteristics of organizations who would effectively work with clients who have co-occurring disorders. In a 1991 groundbreaking report, Dr. Minkoff made the following points:

- Comorbidity should be expected, not considered an exception. Consequently, the whole system must be designed to be welcoming and accessible to patients with all types of dual diagnoses.
- Psychiatric and substance use disorders should be regarded as primary disorders when they coexist, each requiring specific and appropriately intensive assessment, diagnosis, and treatment, in accordance with established practice guidelines.
- Serious psychiatric and substance use disorders are chronic, relapsing illnesses that can be conceptualized by using a disease and recovery model, with parallel phases of treatment or recovery.
- Within each subtype of the treatment population, consumers are in different phases of treatment and at different stages of change with regard to their illness. Thus a comprehensive array of interventions that are phase and stage specific is required.
- Whenever possible, treatment of persons with complex co-morbid disorders should be provided by individuals, teams, or programs with expertise in mental health and substance use disorders.
- The system should promote a longitudinal perspective on the treatment of patients with dual diagnoses, emphasizing the value of continuous relationships with integrated treatment providers, independent of participation in specific programs.
- Admission criteria should not be designed to prevent consumers from receiving services but rather promote acceptance of consumers at all levels of motivation and readiness and with any combination of co-morbid disorders.
- The service system should not begin or end at the boundaries of formal treatment programs; rather, it should include interventions to engage the most detached individuals—for example, those who are homeless.
- The fiscal and administrative operation of the system should support the accomplishment of the system's mission and the implementation of these principles.

PFH trains staff to understand and respond to the challenges of working with clients with co-occurring disorders, and whenever possible we create linkages with community agencies who will assist us in providing services to these clients that might be outside the realm of what we usually have available. When this is not possible, we have been successful in finding funding to purchase the services ourselves. For example, we received a grant this past year to provide psychiatric evaluation, counseling and medication management for adolescents in our Kansas City program from the Healthcare Foundation of Greater Kansas City. We currently have a pending funding request for similar services in St. Louis with the Missouri Foundation for Health. We have described our collaboration with Crider Center for Mental Health on the Lincoln County Wellness Center in item 9 above. We also have a Memorandum of Understanding with Hopewell Center, the Community Mental Health Center which will cover most of our St. Louis adolescent clients, which we executed for a previous grant proposal, and are attaching another MOU with Dr. Eleatha Surratt, an experienced child and adolescent

psychiatrist who will provide specific services for this project. Staff training and awareness allows us to recognize that clients with co-occurring disorders may progress at different rates, suffer different types of setbacks, and exhibit different behaviors than our clients who are not dealing with co-occurring disorders. This in turn fosters an atmosphere of acceptance and insures that clients are treated with balance, respect and tolerance.

As a company, PFH has almost 15 years experience providing mental health and psychiatric serves. This experience has certainly enhanced our ability to provide services those individuals with co-occurring disorders. We also have 3 years of experience providing integrated treatment to individuals who have a mental illness and substance abuse program through the dual program we have in Kirksville, part of the statewide COSIG initiative.

11. Describe experience with, or related to, the startup and implementation of substance abuse programs.

PFH's history is replete with examples of successful start-ups of programs, on-time and as promised. With regard to this proposal, we believe our experience from just a few years ago is particularly relevant. On December 16, 1999, Preferred Family Healthcare was informed that it had been awarded contracts to provide adolescent CSTAR services in Jefferson City and St. Charles. The establishment of these services required many tasks to be performed including:

- locating program sites in both St. Charles and Jefferson City,
- purchasing a total of three group homes appropriate for the program,
- hiring clinical staff as well as support staff to supervise the three group homes,
- purchase of the necessary resources to provide quality treatment (i.e. computers, vehicles, and furnishings for the group homes).

In spite of these challenges, the program in Jefferson City underwent provisional certification on January 31, 2000 and began providing services on February 1, 2000. Provisional certification for the St. Charles program occurred on March 1, 2000, and services were provided on March 2, 2000. The Jefferson City group home and the first St. Charles group home filled within ten days; when the second group home in St. Charles was opened, it was filled in less than a week. Less than 75 days from opening the programs, both sites were at 100% utilization regarding POS services.

As an indication of the success of the establishment of these programs are the comments from the provisional certification reviews of both sites:

“Preferred Family Healthcare has been a provider of adolescent CSTAR services for many years with excellent outcomes”

“The St. Charles program has followed that tradition by hiring experienced providers with knowledge of CSTAR in a variety of settings”

“The program has a history of retaining quality leadership. The Jefferson City program has followed that tradition”

“The program has a reputation of hiring and retaining highly qualified clinicians as has the Jefferson City program”.

Preferred Family Healthcare is confident that it can duplicate the success of our ability to swiftly implement new programs with those services identified in this RFP. The key personnel who will oversee the establishment of this program have extensive experience in successfully starting new programs.

PFH has shown this ability to quickly and effectively implement services again and again. In Trenton, Liberty, St. Louis County to name just a few, we open on time or ahead of time.

12. Describe the financial and human resource capabilities of the organization to implement and sustain the program.

When it comes to financial and human resources capacity, we believe that “size matters”. Even the best non-profits are able to bring but a small percentage of their total revenue to the bottom line after funding all of the services they set out to deliver each year. Five percent of a big budget is a lot more capital than five percent of a small budget. Our ability to manage our programs well, coupled with our successful growth over the years has given us the opportunity to invest in equipment and resources that make us even stronger. This year we are implementing a massive makeover of our financial and client records system. The entire project will end up costing well over half a million dollars, but as we put the pieces in place, we will be able to deliver more services, more efficiently and capture all of the revenue we earn. It will pay for itself many times over, but is only possible because we have the capital base that allows for such an ambitious investment. Having money in the bank also has meant we have been able to weather the inevitable storms that arise when funding streams ebb and flow, and to provide uninterrupted quality services to clients as well as provide job security for our valued staff.

The sheer numbers of our qualified staff also are a major asset we bring to any programming we provide. The shortage of qualified mental health and substance abuse professionals nationwide is well documented. PFH is able to cope with these challenges better than most organizations because we have so many staff at our multiple locations, that we can pull people from one site to another if an acute crisis occurs. A single site agency, for example, might have to shut down services if it lost two or three counselors in the same week or month, but PFH would be able to bring in qualified staff from other locations to fill a temporary need. We constantly perform employee satisfaction and competitive salary surveys, so we don't anticipate this problem arising at any of our locations, but it should be reassuring to all we contract with that this option would be available if needed. PFH encourages ongoing training, assists staff in obtaining certifications and provides excellent benefits. We have a well-developed HR department and are constantly looking for new ways to support and reward our staff.

EXHIBIT B - PRIOR EXPERIENCE OF OFFEROR

The offeror should copy and complete this form for each reference being submitted as demonstration of the offeror'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:	Preferred Family Healthcare, Inc.
Reference Information (Prior Services Performed For):	
Name of Reference Company:	Missouri Department of Mental Health, Division of Alcohol and Drug Abuse
Address of Reference Company:	P.O. Box 687
	Jefferson City, MO 65102
Reference Contact Person Name:	Terry Morris
Contact Person Phone #	(573) 751-8677
Contact Person e-mail address:	Terry.morris@dmh.mo.gov
Dates of Prior Services:	July 1992 to present
Dollar Value of Prior Services	\$7,239,275 (current year funding)
Description of Prior Services Performed	<p>Comprehensive Substance Abuse Treatment (CSTAR)</p> <p>CSTAR Adolescent programming with group home environments and multiple outpatient locations for successful aftercare transition. Preferred Family Healthcare provides services to adolescents in St. Charles, Jefferson City, Kirksville, Trenton, St. Joseph, and Kansas City.</p>

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 the State of Missouri for additional discussions regarding the association of me/my company with the offeror referenced above:

 Signature of Reference Contact Person

 Date

EXHIBIT B - PRIOR EXPERIENCE OF OFFEROR

The offeror should copy and complete this form for each reference being submitted as demonstration of the offeror'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:	Preferred Family Healthcare, Inc.
Reference Information (Prior Services Performed For):	
Name of Reference Company:	City of St. Louis Mental Health Board of Trustees
Address of Reference Company:	4144 Lindell Blvd., Suite 300
	St. Louis, MO 63108
Reference Contact Person Name:	Don Cuvo
Contact Person Phone #	(314) 535-6964
Contact Person e-mail address:	dcuvo@stlmhb.com
Dates of Prior Services:	July 2004 – present
Dollar Value of Prior Services	\$706,040 (total contract, 3 years)
Description of Prior Services Performed	The Relapse Prevention Mentoring Program is an innovative, science-based approach designed to improve the quality of relapse prevention services for consumers recovering from alcohol and/or drug addiction. Relapse Prevention Mentors provide intensive, individualized program planning and development for each client. Daily contacts (at the outset) ensure clients are inundated with relapse prevention activity. The Mentors assist each client in the creation of a support system and the development of a daily activity plan. The Mentors also provide case management, as well as linkages to other community groups, crisis management, and vocational services. Through participation in the Relapse Prevention Mentoring Program, consumers will significantly reduce the duration and frequency of relapse events, and will have demonstrably improved community connections, daily living structure, and fiscal and legal problem resolution.

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Offeror Name:	Preferred Family Healthcare, Inc.
Reference Information (Prior Services Performed For):	
Name of Reference Company:	City of St. Louis Division of Corrections, Medium Security Institution
Address of Reference Company:	7600 N. Hall Street
	St. Louis, MO 63147
Reference Contact Person Name:	Lorenzo Chancelor
Contact Person Phone #	(314) 621-5848 x1055
Contact Person e-mail address:	chancelorL@stlouiscity.com
Dates of Prior Services:	December 2003 to present
Dollar Value of Prior Services	Based on the number of clients, maximum \$8,333 per month
Description of Prior Services Performed	Provision of drug treatment services which adhere to community-based practice standards and the standards of the National Commission for Correctional Health Care (NCCHC). The treatment program is short term, and offered at various levels of intensity for those inmates who need only assessment and drug education, as well as those in need of a more structured and intensive substance abuse treatment regimen. Inmates requiring more intensive services receive both group and individual counseling based on individual assessment and treatment plan development. Treatment goals are personalized to clients and include lapse reduction, relapse prevention and abstinence, among others. All participants are taught skills that will assist them in choosing and maintaining a drug-free lifestyle throughout incarceration and post-release. Clients are assigned to some or all of an array of individual meetings, group education and group counseling sessions based on their needs, goals, and progress in the program.

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Offeror Name:	Preferred Family Healthcare, Inc.
Reference Information (Prior Services Performed For):	
Name of Reference Company:	Missouri Foundation for Health
Address of Reference Company:	Grand Central Building, Suite 400, 1000 St. Louis Union Station
	St. Louis, MO 63103
Reference Contact Person Name:	Terry Plain
Contact Person Phone #	(314) 345-5500
Contact Person e-mail address:	vplain@mffh.org
Dates of Prior Services:	October 1, 2003 – March 31, 2006
Dollar Value of Prior Services	\$317,235 (total contract)
Description of Prior Services Performed	<p>Preferred Family Healthcare established a new, "one-stop" location for affordable mental health, substance abuse, and other counseling services for residents of Lincoln County age 19 and younger, and their families. During the 2 ½ years of grant-funded operation, the Lincoln County Wellness Center provided services to 460 Lincoln County youths and their families.</p> <p>Services provided by the Lincoln County Wellness Center included: individual screening and assessment, substance abuse treatment, mental health counseling, psychiatric consultations, group counseling (for youth), support groups (for families of youth), and community education.</p>

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Offeror Name:	Preferred Family Healthcare, Inc.
Reference Information (Prior Services Performed For):	
Name of Reference Company:	Center for Substance Abuse Treatment Substance Abuse and Mental Health Services Administration
Address of Reference Company:	1 Choke Cherry Road, Room 5-1083
	Rockville, MD 20857
Reference Contact Person Name:	Randolph D. Muck, M.Ed.
Contact Person Phone #	(240) 276-1576
Contact Person e-mail address:	randy.muck@samhsa.hhs.gov
Dates of Prior Services:	September 30, 2003 – September 29, 2006 (3-month no-cost extension pending)
Dollar Value of Prior Services	\$721,907 (total contract)
Description of Prior Services Performed	<p>The "Fast Break" program identifies and provides services to young people in Missouri who are involved in the early stages of substance use or at-risk for future substance abuse problems. The program involves active collaboration with Missouri secondary school districts in St. Charles County and Lincoln County.</p> <p>The school-based program, designed as an early intervention/prevention, is offered over a 6 week period. We utilize the MET/CBT5 manual-based treatment approach, in conjunction with a Safety Net development activity based on the Network Therapy concept. A Certified Alcohol and Substance Abuse Counselor administers the Global Appraisal of Individual Needs (GAIN) assessment to determine the extent of the student's substance use, and then proceeds with the intervention of two individual sessions and three group sessions. A Community Support Worker works with each client to form an individual safety net team, comprised of friends, family, & community members who provide support to the adolescent and encourage drug-free behavior. Monthly drug-free, community-based social events for program graduates and current clients are held to provide an additional "safety net", in the sense that the community is offering and supporting positive and healthy recreational opportunities for youth.</p>

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Offeror Name:	Preferred Family Healthcare, Inc.
Reference Information (Prior Services Performed For):	
Name of Reference Company:	St. Charles County Children and Family Services Authority
Address of Reference Company:	2440 Executive Drive, Suite 214
	St. Charles, MO 63303
Reference Contact Person Name:	Bruce Sowatsky
Contact Person Phone #	(636) 939-6200
Contact Person e-mail address:	bsowatsky@sbcglobal.net
Dates of Prior Services:	September 1, 2005 – present
Dollar Value of Prior Services	\$953,473 (current year funding)
Description of Prior Services Performed	<p>Outpatient substance abuse treatment: creation of a new office in Wentzville, MO.</p> <p>School-Based substance abuse treatment and prevention: includes both school-based counseling services, as well as the implementation of "Teams of Concern" (an early intervention, assessment, and service referral program). Services are currently being provided in 11 schools in 3 school districts in St. Charles County.</p>

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Offeror Name:	Preferred Family Healthcare, Inc.
Reference Information (Prior Services Performed For):	
Name of Reference Company:	Health Care Foundation of Greater Kansas City
Address of Reference Company:	2700 East 18 th Street, Suite 220
	Kansas City, MO 64127
Reference Contact Person Name:	Tracy Skidgel, Executive Assistant
Contact Person Phone #	1-816-241-7006
Contact Person e-mail address:	tskidgel@healthcare4kc.org
Dates of Prior Services:	April 16, 2006 through present
Dollar Value of Prior Services	\$123,482
Description of Prior Services Performed	<p>Provision of integrated co-occurring treatment services for adolescents receiving services in our Kansas City substance abuse treatment facility.</p> <p>A comprehensive approach to providing integrated services to youth with coexisting disorders includes the following: comprehensive assessment which measure each client's psychological functioning & effectively screen for the presence of a co-occurring mental disorder; psychiatrist visits and provision of prescribed medications, individual and group counseling provided by a Therapist who specializes in working directly with co-occurring clients, and training for all staff at the Kansas City treatment site in order to ensure that they are prepared to continually evaluate client needs for mental health treatment and are competent in providing substance abuse counseling to clients with co-occurring disorders.</p>

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 Signature of Reference Contact Person

 Date

EXHIBIT C - Expertise of Key Personnel

(Copy and complete this form for each key person assigned to the program)

Name of Person: Michael Schwend		Title of Position: Chief Executive Officer	
Position Description For this Program	Chief Executive Officer		
# of years employed with the offeror	18	# of years experience in area of service proposed to provide	20
Previous employers, including positions, dates and responsibilities	<p>(Also currently serves as a Peer Review Specialist for the Texas Commission on Alcohol & Drug Abuse. This position involves the peer review of competitive bids submitted to the state of Texas for the provision of alcohol & drug treatment programs.)</p> <p>Prior to his role as Chief Executive Officer, Mike Schwend was employed by Preferred Family Healthcare in the following capacities: Interim Director (1984-1985) and Substance Abuse Counselor (1984).</p> <p>Conwal, Inc. (Washington, DC), 1992. Served as a consultant for the writing & reviewing of a contract to be presented to the Office of Substance Abuse Prevention for the provision of technical assistance services to community-based prevention agencies.</p> <p>St. Joseph's Hospital Care Unit (Alton, IL), 1985-1986. Chemical Dependency Therapist, responsible for program development, patient assessments, group and individual counseling, and patient referral.</p> <p>Social Security Administration (Kirksville, MO), 1981-1983. Served as a Service Representative, oversaw Medicaid entitlement, collection of over-payments, processed retirement claims, issued Social Security numbers.</p>		
Educational Degrees: (include college or university, major, and dates)	<p>Master of Business Administration Williams Woods University, 1997</p> <p>Master of Arts in Counseling and Guidance Northeast Missouri State University, 1990</p> <p>Bachelor of Science in Social Science (Psychology) Northwest Missouri State University, 1983</p>		
Professional Licenses List numbers & expiration dates	None.		
Describe any specialized training completed. Including dates of completion.	None.		
Describe the person's planned duties/role proposed herein:	<p>Duties will include:</p> <ul style="list-style-type: none"> ✓ Program development & implementation ✓ Overall responsibility for maintenance of all certification standards ✓ Responsible for financial transactions & total agency budget (currently in excess of \$22 million) ✓ Develop outside funding sources ✓ Direct and indirect supervision of nearly 500 employees at several locations ✓ Establish a system of program evaluation ✓ Development and implementation of agency policies and procedures ✓ Recruitment and hiring of administrative staff 		

Identify specific information about experience in providing, coordinating and/or supervising substance abuse treatment services or other similar services. Clearly identify the experience, including dates. Describe the person's role and extent of involvement in the experience. Describe the person's experience with, and knowledge of, substance abuse treatment best practices.

Michael Schwend has led Preferred Family Healthcare for over twenty years. Preferred Family Healthcare operated only adult alcohol and drug abuse residential treatment in one location, with less than a \$200,000 annual budget when he began his tenure. Today, Preferred Family Healthcare offers a wide array of services in numerous locations with a staff of 503 individuals and an annual budget over \$22 million. Mr. Schwend's vision and commitment to mental health services in Missouri is outstanding. He has served on the Missouri Alcohol and Drug Abuse State Advisory Council, the Missouri Association of Alcohol and Drug Abuse Providers, and several local committees and boards. Mr. Schwend also received a Governor's appointment to a Purchasing Review Committee to evaluate the purchase of services by the Department of Mental Health, and was recently appointed by the Governor to the Board of Governors of Truman State University. Through his 21 years experience in the field of substance abuse treatment, Mike Schwend has gained extensive knowledge of and first-hand experience in substance abuse treatment best practices.

EXHIBIT C - Expertise of Key Personnel

(Copy and complete this form for each key person assigned to the program)

Name of Person: Linda Grgurich		Title of Position: Chief Operating Officer	
Position Description For this Program	Chief Operating Officer		
# of years employed with the offeror	15	# of years experience in area of service proposed to provide	15
Previous employers, including positions, dates and responsibilities	<p>Prior to her role as Chief Operating Officer, Linda Grgurich was employed by Preferred Family Healthcare in the role of Senior Vice President for Behavioral Health and Educational Programs (1991-2002).</p> <p>Kirksville College of Osteopathic Medicine (Kirksville, MO), 1991. Coordinated activities related to the grant "A Model Simulated Patient Remediation Program" for the improvement of clinical and communication deficiencies found in medical students.</p>		
Educational Degrees: (include college or university, major, and dates)	<p>Master of Business Administration William Woods University, 1997</p> <p>Master of Arts in Education Administration (Secondary) Truman State University, 1998</p> <p>Bachelor of Science in Education (Communication Arts) Truman State University, 1992</p>		
Professional Licenses List numbers & expiration dates	None.		
Describe any specialized training completed. Including dates of completion.	Missouri Spring Institute Training Completed May 2005		
Describe the person's planned duties/role proposed herein:	<p>Duties will include:</p> <ul style="list-style-type: none"> ✓ Fiscal and human resource oversight ✓ Facility management ✓ Legislative liaison ✓ Contract negotiation ✓ Ensuring program compliance 		
<p>Identify specific information about experience in providing, coordinating and/or supervising substance abuse treatment services or other similar services. Clearly identify the experience, including dates. Describe the person's role and extent of involvement in the experience. Describe the person's experience with, and knowledge of, substance abuse treatment best practices.</p>			
<p>Since her tenure began at Preferred Family Healthcare in 1991, Linda Grgurich has risen through the ranks of the organization to become the chief operating officer of Preferred Family Healthcare. In her role, she is responsible for the daily operations of the agency. Prior to her appointment, Ms. Grgurich served as Senior Vice President for Behavioral Health program, which included the supervision of a 57-bed residential care facility; community psycho-social rehabilitative programs in Kirksville, Hannibal, and Trenton; substance abuse prevention programs; and counseling experience. In her role as Senior Vice President, she gained extensive knowledge of and experience with substance abuse treatment best practices. She has served on the Missouri Assisted Living Association (MALA) Board of Directors, and was recently appointed to the Board of the Kirksville Area Chamber of Commerce.</p>			

EXHIBIT C - Expertise of Key Personnel

(Copy and complete this form for each key person assigned to the program)

Name of Person: Gaylene Morgret		Title of Position: Chief Financial Officer	
Position Description For this Program	Chief Financial Officer		
# of years employed with the offeror	23	# of years experience in area of service proposed to provide	23
Previous employers, including positions, dates and responsibilities	Stuebben Insurance Agency (Edina, MO), 1981-1982. Provided secretarial support, including issuing driver & vehicle licenses and submitting daily reports to the State of Missouri. Bob Engle Ford, Inc. (Shelbina, MO), 1981. Secretarial responsibilities (same as previous).		
Educational Degrees: (include college or university, major, and dates)	Bachelor of Science (Accounting) University of Phoenix, 2005		
Professional Licenses List numbers & expiration dates	None.		
Describe any specialized training completed. Including dates of completion.	Internal Controls Completed September 2005		
Describe the person's planned duties/role proposed herein:	Duties will include: <ul style="list-style-type: none"> ✓ Assist CEO in all matters related to budget oversight ✓ Completion of double-entry accounting system on computerized system ✓ Budget preparation and submission ✓ Oversight of state contracts ✓ Training of new employees on fiscal issues and procedures ✓ Supply purchasing ✓ Oversight of monthly/annual statistical reports 		
Identify specific information about experience in providing, coordinating and/or supervising substance abuse treatment services or other similar services. Clearly identify the experience, including dates. Describe the person's role and extent of involvement in the experience. Describe the person's experience with, and knowledge of, substance abuse treatment best practices.			
Gaylene Morgret has been responsible for the fiscal management of Preferred Family Healthcare for over 23 years. Her expertise in fiscal administration and the management of information systems has greatly contributed to the success of our agency. Ms. Morgret is credited with developing our billing audit processes to ensure the highest level of accuracy throughout the organization. Additionally, her experience has contributed to sound, conservative program budgeting and oversight. Ms. Morgret has served on various financial and information systems committees for the Department of Mental Health, Division of Alcohol and Drug Abuse.			

EXHIBIT C - Expertise of Key Personnel

(Copy and complete this form for each key person assigned to the program)

Name of Person: Ann Hutton		Title of Position: Senior Vice President of Adolescent Services	
Position Description For this Program	Senior Vice President of Adolescent Services		
# of years employed with the offeror	15	# of years experience in area of service proposed to provide	21
Previous employers, including positions, dates and responsibilities	<p>Prior to her role as Senior Vice President of Adolescent Services, Ann Hutton served as the Adolescent Clinical Supervisor for Preferred Family Healthcare (1992-1998).</p> <p>New Beginnings (Kirksville, MO), 1986-1991. Treatment Coordinator (1989-199). Responsible for the overall management and coordination of treatment services for a 15-bed adolescent dual-diagnosis inpatient program. Primary Counselor (1987-1989). Provided counseling services to average caseload of 8-10 adolescents. Family Therapist and Aftercare Coordinator (1986-1987). Implementation of family education and development of aftercare groups.</p>		
Educational Degrees: (include college or university, major, and dates)	Bachelor of Arts (Interpersonal Communication) Northeast Missouri State University, 1986		
Professional Licenses List numbers & expiration dates	MSACCB Certified Advanced Substance Abuse Counselor #876 Expires 10/31/07		
Describe any specialized training completed. Including dates of completion.	Ann has completed numerous trainings on issues related to substance abuse treatment, including: National Conference on Addiction and Criminal Behavior (2004), Clinical Supervision (2006), Mental Health of Adolescents (1990), Adolescent Chemical Dependency (1987), Improving Systems for Youth Co-Occurring Disorders in Juvenile Justice (1999), Implementing Group Interventions: Evidence-Based Models (2006), and Attention Deficit Disorders and Recovery (2002).		
Describe the person's planned duties/role proposed herein:	<p>Duties will include:</p> <ul style="list-style-type: none"> ✓ Administration and managerial functioning of adolescent treatment programming ✓ Responsible for budgeting, purchasing, production, and staff development ✓ Coordinating adolescent services with other programs ✓ Program development, evaluation, quality assurance ✓ Developing and maintaining program policies & procedures ✓ Designing, developing, and modifying overall program parameters ✓ Responsible for maintaining contact and positive rapport with referral sources 		
Identify specific information about experience in providing, coordinating and/or supervising substance abuse treatment services or other similar services. Clearly identify the experience, including dates. Describe the person's role and extent of involvement in the experience. Describe the person's experience with, and knowledge of, substance abuse treatment best practices.			
Ann Hutton, Senior Vice President of Adolescent Substance Abuse Services, began working with adolescent clients in 1985 and held several positions including Therapist, Family Therapist, Aftercare Therapist, and Treatment Coordinator. Ms. Hutton started at Preferred Family Healthcare in 1992 as Clinical Supervisor for the adolescent program in Kirksville. Since that time, under Ms. Hutton's guidance, Preferred Family Healthcare started new programs or assumed existing programs in Trenton, Hannibal, Jefferson City, St. Joseph, St. Charles, Kansas City, Lee's Summit, Wentzville, and Franklin County. She was promoted to Senior Vice President in 1998. Ms. Hutton has served as President for the Missouri Adolescent Provider Association. Ms. Hutton received her Bachelor of Arts degree from Northeast Missouri State University in 1986 and is also a Certified Advanced Substance Abuse Counselor in the State of Missouri.			

EXHIBIT C - Expertise of Key Personnel

(Copy and complete this form for each key person assigned to the program)

Name of Person: Chris Snyder		Title of Position: Program Executive	
Position Description For this Program	Program Executive		
# of years employed with the offeror	21	# of years experience in area of service proposed to provide	21
Previous employers, including positions, dates and responsibilities	None. Previous roles with Preferred Family Healthcare include: Senior Vice President of Adult Programs (2001-2005) Chief Management Officer (1991-2001) Outpatient Coordinator (1987-1991) Outpatient Substance Abuse Therapist (1984-1987)		
Educational Degrees: (include college or university, major, and dates)	Bachelor of Science (Sociology) Truman State University, 1985		
Professional Licenses List numbers & expiration dates	CSAC II #878 Expires 10/31/07		
Describe any specialized training completed. Including dates of completion.	Participated in several trainings in reality therapy and rational emotive therapy from 1998-1991. Completed the Missouri Department of Mental Health's "Leadership Training for Alcohol and Drug Abuse Management and Supervisory Staff" in 1992. In 1993, served as member of the Missouri Division of Alcohol and Drug Abuse (ADA) Ad Hoc Committee on Alcohol and Drug Related Offender Education Programs. Served on Missouri's ADA Committee of Adolescent Substance Abuse Providers from 1996-2001.		
Describe the person's planned duties/role proposed herein:	Duties will include: ✓ Assist Senior Vice President with budget development, program monitoring, program enhancement, and expansion		
Identify specific information about experience in providing, coordinating and/or supervising substance abuse treatment services or other similar services. Clearly identify the experience, including dates. Describe the person's role and extent of involvement in the experience. Describe the person's experience with, and knowledge of, substance abuse treatment best practices.			
Chris Snyder has over ten years of experience in managing adult services for Preferred Family Healthcare, particularly in the area of substance abuse treatment. During that time, he was involved in the development and implementation of many new programs, as well as overseeing the growth and enhancement of several existing programs. He contributed to the establishment of the adult drug courts in Linn, Chariton, Sullivan, Adair, Grundy, Mercer, and Randolph Counties. His expertise in developing procedures, coordinating services, and recruiting staff contributed to the successful implementation of these drug court programs. Today, Snyder provides assistance to the Senior Executive Team. His interest and expertise in substance abuse treatment is reflected in his past participation in the Regional Advisory Council on Alcohol and Drug Abuse and his appointment to committees created by the Division of Alcohol and Drug Abuse to improve or develop programming.			

EXHIBIT C - Expertise of Key Personnel

(Copy and complete this form for each key person assigned to the program)

Name of Person: Lesa McCartney		Title of Position: Vice President of Performance Improvement	
Position Description For this Program	Vice President of Performance Improvement		
# of years employed with the offeror	7	# of years experience in area of service proposed to provide	15
Previous employers, including positions, dates and responsibilities	<p>(Also currently serves as an Assistance Professor of Nursing in the Division of Human Potential and Performance at Truman State University.)</p> <p>Osteopathic Medical Center (Kirksville, MO), 1990-1996. Originally hired as QI Coordinator to oversee all QI activities, utilization review, & risk management. Promoted in 1993 to Administrative Director, responsible for managing 10 departments, including medical records. Promoted in 1995 to Assistant Administrator of Patient Care Services, responsible for hospital-wide quality assessment and improvement and oversight of all patient care programs.</p> <p>Northeast Missouri Home Health Agency (Kirksville, MO), 1982-1990. Hired as Staff nurse to provide in-home nursing services. Promoted in 1982 to R.N. Supervisor, responsible for supervising, training, & coordinating activities of all nursing personnel. Simultaneously served as agency Director, responsible overseeing all aspects of agency services, programs, and facilities.</p>		
Educational Degrees: (include college or university, major, and dates)	<p>Master of Science in Nursing University of Missouri (Columbia), 1997</p> <p>Bachelor of Science in Nursing University of Missouri (Columbia), 1977</p> <p>Associate of Arts Columbia College, 1974</p>		
Professional Licenses List numbers & expiration dates	<p>Registered Nurse 073622 Expires 4/30/07</p>		
Describe any specialized training completed. Including dates of completion.	<p>Completed Healthcare Risk Management Certification Program at the University of Chicago Health Sciences in 1996. Completed graduate-level statistics course at the University of Missouri (Columbia) in 1978. Other completed training activities include: The National Drug Court Institute Adult Drug Court Planning Initiative (2001), Case Management Certification Review Course and Exam (1998), and the Centers for Disease Control and Prevention Immunization Update (1998).</p>		
Describe the person's planned duties/role proposed herein:	<p>Duties will include:</p> <ul style="list-style-type: none"> ✓ Supervise the implementation of quality improvement (QI) programming, infection control, & risk management standards ✓ Provide education to staff regarding QI activities, corporate compliance, infection control, & HIPAA ✓ Chair health-related committees to ensure quality services ✓ Supervise medical records department ✓ Oversight of agency-wide nursing activities ✓ Service as Drug Court Evaluator ✓ Service as agency-wide Privacy Officer to ensure the implementation & maintenance of the organization's privacy policies & procedures 		

Identify specific information about experience in providing, coordinating and/or supervising substance abuse treatment services or other similar services. Clearly identify the experience, including dates. Describe the person's role and extent of involvement in the experience. Describe the person's experience with, and knowledge of, substance abuse treatment best practices.

Since 1998, Leas McCartney has been actively involved in the development and management of Preferred Family Healthcare's performance improvement program, which seeks to enhance the delivery of services to our consumers. As Vice President, McCartney manages the agency's quality improvement activities and ensures that system enhancements are implemented. She also oversees the collection and dissemination of client satisfaction information, as well as other assessment data. McCartney serves, too, as Preferred's corporate compliance officer to monitor and assure appropriate billing and clinical practices.

EXHIBIT C - Expertise of Key Personnel

(Copy and complete this form for each key person assigned to the program)

Name of Person: Heather Smith		Title of Position: Senior Vice President of Business Operations	
Position Description For this Program	Senior Vice President of Business Operations		
# of years employed with the offeror	4	# of years experience in area of service proposed to provide	15
Previous employers, including positions, dates and responsibilities	Yushin USA Ltd (dba Ortech) (Kirksville, MO), 1994-2002. Served as Human Resource & Payroll Administrator. Responsible for all areas related to the hiring and management of employees, including orientation & training, benefits, conflict resolution, and evaluations. Managed payroll system. NEMO Rehabilitation (Kirksville, MO), 1991-1994. As Patient Account Manager, oversaw insurance billing & collections, accounts receivable, admissions, and chart set-up.		
Educational Degrees: (include college or university, major, and dates)	None.		
Professional Licenses List numbers & expiration dates	None.		
Describe any specialized training completed. Including dates of completion.	Completed Administrative Secretary Course at Kirksville Area Vocational in 1998. ON an annual basis, also participated in COBRA Compliance, Wage Withholding, and American Payroll Association courses.		
Describe the person's planned duties/role proposed herein:	Duties will include: <ul style="list-style-type: none"> ✓ Managing the Department of Human Resources ✓ Managing the Department of Information Technology ✓ Managing the Department of Patient Accounts 		
Identify specific information about experience in providing, coordinating and/or supervising substance abuse treatment services or other similar services. Clearly identify the experience, including dates. Describe the person's role and extent of involvement in the experience. Describe the person's experience with, and knowledge of, substance abuse treatment best practices.			
Heather Smith is responsible for the daily operations of Human Resources, Payoll, Information Systems, and Patient Accounts of Preferred Family Healthcare. Ms. Smith was hired in 2002 as Director of Human Resources and soon after accepted the position of Vice President of Human Resources. During her employment with PFH, Ms. Smith has added many innovative programs to expand the quality of services and employee benefits.			

EXHIBIT C - Expertise of Key Personnel

(Copy and complete this form for each key person assigned to the program)

Name of Person: James Wallis		Title of Position: Vice President of Adolescent Services	
Position Description For this Program	Vice President of Adolescent Services		
# of years employed with the offeror	2	# of years experience in area of service proposed to provide	17
Previous employers, including positions, dates and responsibilities	<p>(Prior to his role as Vice President of Adolescent Services, Jim Wallis served as Program Director at our St. Charles adolescent treatment center, 2005-2006.)</p> <p>State of Missouri, Division of Youth Services, 1996-2004. Managed treatment services for a 33-bed residential program. Directly and indirectly supervised 40 employees. Responsible for all public relations between program and local community. Provided case management to delinquent youth adjudicated to the State of Missouri by the Juvenile Courts, conducted comprehensive needs assessments, developed and implemented individual treatment plans.</p> <p>St. Charles and Lincoln County Juvenile Courts (St. Charles County, MO and Lincoln County, MO), 1989-1996. Supervised and conducted interviews with youth referred to the Juvenile Court by local law enforcement entities. Prepared and presented cases based on evidence in Juvenile Courts.</p>		
Educational Degrees: (include college or university, major, and dates)	<p>Master of Arts in Professional Counseling Lindenwood University, 2002</p> <p>Bachelor of Arts in Criminology and Criminal Justice University of Missouri (St. Louis), 1991</p>		
Professional Licenses List numbers & expiration dates	None.		
Describe any specialized training completed. Including dates of completion.	Completed numerous trainings related to substance abuse treatment best practices, including: SAMHSA Joint Meeting on Adolescent Treatment Effectiveness (2005 & 2006), Physiology of Addiction (2005), Missouri Recovery Network Rally (2006), What's Happening with Youth – St. Louis for Kids (2006), Connecting Evidence-Based Practices and Collaborative Community Interventions (2006)		
Describe the person's planned duties/role proposed herein:	<p>Duties will include:</p> <ul style="list-style-type: none"> ✓ Development & implementation of goals, objectives, policies, & procedures to ensure clinical best practices (including the development of training manuals and oversight of curriculum development) ✓ Responsible for ensuring successful supervision of personnel, including: interviewing, training, hiring, performance management, succession planning ✓ Identify any program deficiencies; develop corrective action plans to address issues and ensure program success ✓ Directs the development & implementation of programs, assuring compliance with all applicable laws, regulations, policies/procedures, & corporate compliance ✓ Planning, forecasting, & controlling budgets and staffing requirements to best allocate resources to increase effectiveness and efficiency 		

Identify specific information about experience in providing, coordinating and/or supervising substance abuse treatment services or other similar services. Clearly identify the experience, including dates. Describe the person's role and extent of involvement in the experience. Describe the person's experience with, and knowledge of, substance abuse treatment best practices.

Jim Wallis has over 17 years of experience working with youth in the State of Missouri. Mr. Wallis joined the staff of Preferred Family Healthcare in 2004, as Program Director at our adolescent substance abuse treatment center in St. Charles. In that role, Mr. Wallis supervised the provision of substance abuse treatment services to adolescent clients in both our residential and outpatient programs. He has experience implementing substance abuse treatment best practices, and has a proven ability to meet program goals and achieve results. In 2006, Mr. Wallis was promoted to Vice President of Adolescent Services for the Eastern Region of Missouri, and currently oversees substance abuse treatment programming in St. Charles, Troy, and Wentzville. Prior to joining Preferred Family Healthcare, Mr. Wallis managed treatment services at a 33-bed residential program for the State of Missouri Division of Youth Services. He has many years of experience supervising staff, developing and implementing programs, and overseeing the delivery of treatment services. Mr. Wallis holds a Masters of Arts in Professional Counseling from Lindenwood University, and has participated in several trainings related to substance abuse treatment best practices, including the Substance Abuse and Mental Health Services Administration's Joint Meeting on Adolescent Treatment Effectiveness (2005 & 2006).

EXHIBIT C - Expertise of Key Personnel

(Copy and complete this form for each key person assigned to the program)

Name of Person: Bryan Quick		Title of Position: Program Director	
Position Description For this Program	Program Director		
# of years employed with the offeror	6	# of years experience in area of service proposed to provide	14
Previous employers, including positions, dates and responsibilities	<p>(Prior to his role as Program Director, Bryan Quick served as Clinical Supervisor at Preferred Family Healthcare's adolescent treatment center in St. Charles from 2000-2006.)</p> <p>Bridgeway Counseling Services, Inc. (St. Charles, MO), 1998-2000. Access Coordinator, managed and supervised admissions system across multiple service locations. Developed and implemented strategies to attain admission goals and maximize contract allowances.</p> <p>Allies, Inc., 1992-1997. Senior Counselor. Provided professional counseling services to adolescents, their families, and related societal milieus. Provided community presentations, participated in networking. Developed and facilitated educational classroom programs.</p>		
Educational Degrees: (include college or university, major, and dates)	<p>Bachelor of Arts (Business Administration)* Lindenwood University *(completed all coursework as of 7/2006)</p>		
Professional Licenses List numbers & expiration dates	<p>CSAC #1867 Expires 10/31/07</p>		
Describe any specialized training completed. Including dates of completion.	<p>Completed numerous trainings related to substance abuse counseling and program administration on topics including: motivational interviewing (2003), strategies for dealing with resistant youth (2003), group facilitation (2005), adolescent substance abuse issues (2005), consultation and case management (2005), aftercare planning (2005), individualized treatment planning (2005), case management (2005), the progressive nature of addiction (2005), dual diagnosis (2005), Global Appraisal of Individual Needs (2005), Documentation (2005), ethics (2006), community relations (2006), and clinical supervision (2006).</p>		
Describe the person's planned duties/role proposed herein:	<p>Duties will include:</p> <ul style="list-style-type: none"> ✓ Establish appropriate service & staffing levels and allocate resources within budgetary limits ✓ Direct the development & implementation of various programs assuring compliance with all applicable laws, regulations, policies, procedures, & certification processes ✓ Represent the agency's mission & work through participation in public presentations, meetings, & trainings in efforts to expand referral network ✓ Direct the development of changes in the organization's staffing & work processes to increase effectiveness & efficiency. Ensure the delivery of cost-effective treatment approaches. ✓ Respond to & resolve sensitive client & staff issues, complaints, & critical incident reports in a timely manner ✓ Provide oversight supervision to all program staff ✓ Manage financial & business objectives including contract revenues & annual budget expectations ✓ Provide oversight to ensure completion of QI meetings/indicators, clinical reviews, chart audits, staff productivity, client satisfaction 		

Identify specific information about experience in providing, coordinating and/or supervising substance abuse treatment services or other similar services. Clearly identify the experience, including dates. Describe the person's role and extent of involvement in the experience. Describe the person's experience with, and knowledge of, substance abuse treatment best practices.

Bryan Quick has been employed by Preferred Family Healthcare as Clinical Supervisor for over 6 years. Mr. Quick provides excellent supervision and mentoring to therapists and associate counselors at our adolescent treatment center in St. Charles, MO. He is well-informed of substance abuse treatment best practices, and has training and experience in practices such as motivational interviewing. He also has training and experience in the use of the GAIN assessment. Mr. Quick has over 14 years of experience in the field of substance abuse treatment, and is well suited to oversee operations at a new St. Louis CSTAR program.

EXHIBIT D - PERSONNEL EXPERTISE SUMMARY

(Complete this for additional personnel proposed who are not otherwise included in Exhibit C)

Personnel	Describe the person's background, expertise, role and function with the contracted program.
<p>Name: To Be Hired</p> <hr/> <p>Title: Clinical Supervisor</p>	<p>Job Description Attached.</p>
<p>Name: Linda Cannon</p> <hr/> <p>Title: Therapist</p>	<p>Linda Cannon has over 15 years of experience in the field of substance abuse and mental health service delivery. In her current role as Therapist, Ms. Cannon provides group and individual counseling and case management to adolescent clients and their families, completes intake screenings and assessments, and is responsible for the development of individual treatment plans. Prior to joining Preferred Family Healthcare, Ms. Cannon provided counseling services for the St. Louis Area Employee Assistance Program and Hannibal Cope Care. She also served as a Case Manager for Magellan Behavioral Healthcare from 1994-2001. Ms. Cannon holds Masters degrees in both Education (Counseling Psychology) and Public Personnel Administration (1989 & 1982, University of Missouri). She has completed numerous trainings in topics such as Dual Diagnosis (2004 & 2005), Success in Group Counseling (2004), Individualized Treatment Planning (2005), GAIN-I Assessments (2005), and Aftercare Planning (2005).</p>
<p>Name: David Lawson</p> <hr/> <p>Title: Therapist</p>	<p>David Lawson has five years of experience in the fields of substance abuse treatment and psychiatric counseling. In May 2006, Mr. Lawson became a Registered Substance Abuse Professional (RSAP). He holds a Bachelor of Science in Accounting (1988) and a Masters in Education with an emphasis in community counseling (2005), both from the University of Missouri. Mr. Lawson has served as a Resident Tech for Bridgeway Counseling Center and as a Mental Health Technician for Centerpointe Hospital. He has also worked for the Hope Recovery Center. In his current role as Therapist, he is responsible for the provision of individual and group counseling to adolescent clients and their families. Mr. Lawson also provides intake screening and assessments and crisis intervention, and is responsible for accurate record-keeping and achieving goals for billable hours. He has completed training in Motivational Interviewing (2002), Dual Diagnosis (2005), Multicultural Counseling (2003) and Group Process (2003).</p>
<p>Name: Paula (Jeannie) Heneger</p> <hr/> <p>Title: Therapist</p>	<p>Jeannie Heneger has been actively employed in the field of substance abuse treatment for 9 years. Since 2001, she has been employed as a Therapist at Preferred Family Healthcare. Prior to joining our staff, Ms. Heneger served as Program Director/Counselor at the St. Louis Metro Treatment Center Methadone Clinic (1997-1999), and as a Therapist at Drug and Alcohol Rehabilitation Treatment (DART) (1997-1998). As Therapist, Ms. Heneger is responsible for providing group, individual, & family counseling; completing individual screenings & assessments; developing individualized treatment plans; and planning for aftercare activities and services. Ms. Heneger holds a Bachelor of Science in Healthcare Management, a Masters of Education in Counseling (Chemical Dependency & Marriage/Family), and a Masters of Arts in Gerontology. She is a Registered Substance Abuse Professional (RSAP), and has completed numerous trainings in topics such as: Substance Abuse Prevention and Community Health (2004), HIV Prevention Counseling (2004), Motivational Interviewing (2004), Matrix Model (2004), Relapse Prevention (2005), Early Recovery Skills (2005), 12 Core Functions of Counseling (2005), and Clinical Supervision Training (2006).</p>

<p>Name: Terri Tarvid</p>	<p>Terri Tarvid currently serves as the Project Coordinator for our school-based prevention program (Teams of Concern) in St. Charles County. Ms. Tarvid has been employed by Preferred Family Healthcare for over 2 years, and has a total of 9 years of experience in the field of counseling and social services. She holds a Bachelor of Arts in Health Management and a Masters of Social Work, both from Lindenwood University. Ms. Tarvid passed the Association of Social Work board exam on 4/29/06, and is on schedule to become certified as a Licensed Clinical Social Worker by September, 2006. She has completed trainings in areas such as Suicide Intervention (2005) and Motivational Enhancement and Cognitive Behavioral Therapy (2005). Ms. Tarvid has currently coordinated activities for a federally-funded early intervention program ("Fast Break", SAMHSA grant T1 15483), and during that time became certified by Chestnut Health Systems in administering the GAIN Assessment. As a certified GAIN trainer, Ms. Tarvid will assist in training St. Louis staff in use of the GAIN instrument.</p>
<p>Title: GAIN Administrator</p>	
<p>Name: Kasey Harlin</p>	<p>Kasey Harlin is a 13-year veteran of Preferred Family Healthcare. After joining the PFH staff as a Therapist Aide in 1993, Ms. Harlin went on to serve as Therapist, Lead Therapist, and Clinical Supervisor. She now serves as Project Director for Achieving Recovery Through Creativity (ART-C), a creative arts program which she personally developed and implemented at our St. Charles adolescent treatment office. As ART-C Project Director, Ms. Harlin oversees the implementation of a creative arts curriculum into the individual and group counseling practices, and provides training to staff on the effective delivery of the curriculum. She will be responsible for the implementation of ART-C curriculum and activities at our new St. Louis site. Ms. Harlin is a CSAC I and holds an M.A. in Counseling from Truman State University.</p>
<p>Title: ART-C Project Coordinator</p>	
<p>Name: To Be Hired</p>	<p>Job Description Attached.</p>
<p>Title: Associate Counselor</p>	
<p>Name: To Be Hired</p>	<p>Job Description Attached.</p>
<p>Name: Community Support Worker</p>	
<p>Name: To Be Hired</p>	<p>Job Description Attached.</p>
<p>Name: Registered Nurse</p>	

Name: To Be Hired	Job Description Attached.
Name: Residential Coordinator	
Name: To Be Hired	Job Description Attached.
Name: Rehabilitation Technician	

PREFERRED FAMILY HEALTHCARE, INC.
JOB DESCRIPTION/PERFORMANCE APPRAISAL

Employee Name: _____

JOB TITLE: Clinical Supervisor - CSTAR

SUPERVISED BY: Program Director

DATE APPROVED: Oct 2000

DATE REVIEWED: Jan 2003

CLASSIFICATION: Exempt

REVIEW OF PERFORMANCE FOR THE PERIOD OF _____ TO _____

STANDARDS OF PERFORMANCE				
Evaluate the employee's performance since the last appraisal. Place an "X" in the category which best describes the performance level for the factor being rated. Include supporting evidence for each factor. <small>YOU MUST MAKE A COMMENT WITH A RATING OF "Unsatisfactory"</small>				
Exemplary	Exceeds Expectations	Meets Expectations	Below Expectations	Unsatisfactory: Far below expectations
Consistently achieves results superior to expectations, with little or no need for improvement.	Achieves results; occasionally exceeds requirements.	Normally achieves expectations.	Work is below average, not of quality expected; requires improvement.	Unacceptable; considerable and immediate improvements are necessary.

MAJOR JOB ELEMENTS:

1. Under Program Director's guidance, will work to establish effective working relationships with other agencies in the communities served. Participate in selection of off-site sources for needed services not provided by the program, informing other agencies about services offered by PFH.	5	3.75	2.5	1.25	0
Comments:					

2. Complete monthly file review for the program, ensuring that CSTAR/CARF standards are being maintained as well as monitoring compliance with program and agency Quality Improvement Indicators. Follow-up with any deficiencies during weekly staffing meetings and assist staff with correction of deficiencies.	10	7.5	5	2.5	0
Comments:					

3. Facilitate weekly clinical staffing, team and diagnostic disposition meetings. Act upon reports and recommendations from program/agency committees, program staff and client suggestions to ensure that provision of services is appropriate, adequate and of high quality. Inform Program Director of all relevant client issues.	5	3.75	2.5	1.25	0
Comments:					

4. Maintain required weekly contact hours: conduct intakes, (demonstrate ability to determine individual needs of the client through completion of initial treatment plan as it pertains to the MACSA/ASI), individual, family and group therapy as dictated by program and individual needs.	5	3.75	2.5	1.25	0
Comments:					

5. Complete and review written reports to referral sources as needed in a timely manner. Promote integration of clinical and community support services and works as a team leader.	5	3.75	2.5	1.25	0
Comments:					

6. Provide oversight for billable services, completing spot checks on staff productivity to ensure that services rendered are appropriate and clinically justified. Monitor progress notes for thoroughness and completeness. Maintain necessary file documentation for services provided.	10	7.5	5	2.5	0
Comments:					

7. Develop evolving programmatic schedule to meet the needs of the client population while ensuring that client rights and responsibilities are maintained. Coordinate services and collaborate with outside agencies to provide comprehensive services to the client and client's family.	5	3.75	2.5	1.25	0
Comments:					

8. Adhere to and monitor program budget by reviewing service delivery plans, management of services that pertain to expenditures of allocated funds and review units of service for each client. In collaborative efforts with other site management team and Program Director, develop quarterly fiscal projections.	10	7.5	5	2.5	0
Comments:					

9. Provide uninterrupted coverage in accordance with licensing standards by scheduling staff, arrange substitute coverage during staff absences, and approve staff leave requests in a manner that anticipates program needs. Monitor and follow-up, if needed, with all crisis calls occurring outside of program hours.	10	7.5	5	2.5	0
Comments:					

10. Complete employee evaluations in a timely manner to assess staff competencies. Provide clinical direction and supervision to all assigned staff, and identifies performance strengths and weaknesses, performs corrective coaching in a timely and effective manner and maintains weekly supervision records as well as individualized training plans. Ensure that orientation, in-service training and continuing education for staff members are met and that staff members receive training necessary to improve working knowledge of designated job duties to enhance service provision.	10	7.5	5	2.5	0
Comments:					

11. Ensure that all policies and procedures are being implemented to guide and support the provision of services provided. Recommend any policy and procedure changes to assigned Program Director.	5	3.75	2.5	1.25	0
Comments:					

12. With assistance of fellow site management team members, develop and implement QI measurement system to assure and promote continuous improvement as a team. Oversee team approach to increase communication, examine any complaints and develop plans to address program concerns. Assist Program Director in quarterly reports and indicators.	5	3.75	2.5	1.25	0
Comments:					

13. Secure appropriate referrals from other service providers while ensuring that the program is making appropriate referrals to other agencies.	5	3.75	2.5	1.25	0
Comments:					

14. Oversee environmental conditions in terms of safety, cleanliness, vehicles, food and coordination with operations personnel.	5	3.75	2.5	1.25	0
Comments:					

15. Other duties as assigned by the Executive Team Members.	5	3.75	2.5	1.25	0
Comments:					

BEHAVIORAL FACTORS:

PROFESSIONALISM					
Display of appropriate attitude Comments:	2.5	1.87	1.25	.62	0
Actions and work attire Comments:	2.5	1.87	1.25	.62	0
Maintenance of own work area Comments:	2.5	1.87	1.25	.62	0
Flexibility Comments:	2.5	1.87	1.25	.62	0
Commitment to professional growth. Comments:	2.5	1.87	1.25	.62	0
Responsibility for actions Comments:	2.5	1.87	1.25	.62	0
Ability to express ideas clearly & effectively Comments:	2.5	1.87	1.25	.62	0
Ability to work with others in an assertive and effective manner Comments:	2.5	1.87	1.25	.62	0

DEPENDABILITY						
The thoroughness demonstrated by the employee in following through on assignments and instructions in a reliable, trustworthy and timely manner. Comments:	4	3	2	1	0	
Overall attendance and adherence to work schedules, office hours. Comments:	4	3	2	1	0	
Amount of supervision required Comments:	4	3	2	1	0	
Listens well, accepts constructive criticism, shares work related information. Comments	4	3	2	1	0	
Is tolerant of others' work styles. Comments:	4	3	2	1	0	

JUDGEMENT/DECISION MAKING						
The ability to think logically and practically before making decisions. Comments:	5	3.75	2.5	1.25	0	
Use of independent thought, originality and reasoning. Comments:	5	3.75	2.5	1.25	0	
Ability to prioritize work and timely implementation of workable solutions to problem. Comments:	5	3.75	2.5	1.25	0	
The ability to handle confidential information. Comments	5	3.75	2.5	1.25	0	

QUALITY OF WORK						
The value of work produced by the employee and the thoroughness, accuracy, neatness and acceptability of the work completed. Comments:	10	7.5	5	2.5	0	
Ability to work under pressure and learn from previous mistakes. Comments:	10	7.5	5	2.5	0	

INITIATIVE					
The demonstrated willingness to make significant contributions with little direction, voluntarily start projects, attempts non-routine jobs and tasks. Comments:	5	3.75	2.5	1.25	0
Energy, enthusiasm and ingenuity. Comments:	5	3.75	2.5	1.25	0
The exercise of judgement and independent actions within limits of authority. Comments:	5	3.75	2.5	1.25	0
The degree to which the employee is self starting and proactive. Comments:	5	3.75	2.5	1.25	0

THE FOLLOWING REQUIREMENTS MUST BE MET:

(If the Mandatory box is checked, this item will hold up a raise if incomplete)

Mandatory?	Requirement
<input checked="" type="checkbox"/>	First Aid
<input checked="" type="checkbox"/>	CPR
<input checked="" type="checkbox"/>	Behavioral Management CPI is expected but not mandatory for residential sites
<input checked="" type="checkbox"/>	Criminal Record and Child Abuse & Neglect Background Check 9 CSR 10-5.190
<input checked="" type="checkbox"/>	HIPAA
<input checked="" type="checkbox"/>	New Employee Orientation paperwork (includes ID, quizzes, and all required paperwork)
	36 hour training requirement (within 2 year period) 9 CSR 10-7.110 E 1
	TB test Expected for all direct care staff, but Mandatory for RCF staff
	Professional License/Certification
	Billing Requirements Form
<input checked="" type="checkbox"/>	<u>FOR SUBSTANCE ABUSE REHABILITATION PROGRAMS:</u> Counselor, psychologist, or physician licensed in Missouri who has at least one (1) year professional experience in the treatment or rehabilitation of substance abuse; AND at least one (1) year of supervisory experience in substance abuse treatment; OR Graduate from an accredited college or university with a Master's Degree in social work, counseling, psychology, psychiatric nursing, or closely related field, who has at least three (3) years professional experience in the treatment or rehabilitation of substance abuse; OR Graduate from an accredited college or university with a Bachelor's Degree in social work, counseling, psychology, psychiatric nursing, or closely related field, who has at least four (4) years professional experience in the treatment or rehabilitation of substance abuse; OR

	<p>Alcohol, drug or substance abuse counselor certified by the Missouri Substance Abuse Counselors Certification Board, Inc. with four years professional experience in the field of alcohol/drug abuse treatment.</p> <p><u>IN MENTAL HEALTH/TLP PROGRAMS:</u> A qualified mental health professional meeting one of the following criteria:</p> <ul style="list-style-type: none"> a. Physician licensed under Missouri state law to practice medicine or osteopathy with training in mental health. b. Psychiatrist, physician licensed under law. c. Psychologist licensed under Missouri state law with specialized training in mental health services. d. Professional counselor licensed under Missouri state law to practice counseling and with specialized training in mental health services. e. Clinical social worker with a Master's degree in social work from an accredited program. f. Master's or Doctorate degree in counseling and guidance, rehabilitation counseling, vocational counseling, psychology, pastoral counseling or family therapy or a related field who has successfully completed a practicum or has one (1) year of experience under the supervision of a qualified mental health professional.
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Area Of Evaluation	Score	Weight	Total Score
Major Job Elements		70%	
Behavioral Factors		30%	
Overall Score			

ANNUAL MERIT INCREASE SCALE

Overall score from the evaluation equate to the percentage increase listed below. % is subject to change:

- 70 to 100 points = 2%
- 50 to 69 points = 1%
- Less than 50 points = Probation

*The initial six-month evaluation is for determining successful completion of probationary status for non-exempt employees. Non-exempt employees may also receive an increase.

POSITIONS SUPERVISED:

Therapists, Rehabilitation Technicians, Associate Counselors, Residential Coordinator, Nurse, Interns, Practicum Students and Volunteers

QUALIFICATIONS:

FOR SUBSTANCE ABUSE REHABILITATION PROGRAMS:

Counselor, psychologist, or physician licensed in Missouri who has at least one (1) year professional experience in the treatment or rehabilitation of substance abuse; AND at least one (1) year of supervisory experience in substance abuse treatment; OR

Graduate from an accredited college or university with a Master's Degree in social work, counseling, psychology, psychiatric nursing, or closely related field, who has at least three (3) years professional experience in the treatment or rehabilitation of substance abuse; OR

Graduate from an accredited college or university with a Bachelor's Degree in social work, counseling, psychology, psychiatric nursing, or closely related field, who has at least four (4) years professional experience in the treatment or rehabilitation of substance abuse; OR

Alcohol, drug or substance abuse counselor certified by the Missouri Substance Abuse Counselors Certification Board, Inc. with four years professional experience in the field of alcohol/drug abuse treatment.

IN MENTAL HEALTH/TLP PROGRAMS:

A qualified mental health professional meeting one of the following criteria:

- a. Physician licensed under Missouri state law to practice medicine or osteopathy with training in mental health.
- b. Psychiatrist, physician licensed under law.
- c. Psychologist licensed under Missouri state law with specialized training in mental health services.
- d. Professional counselor licensed under Missouri state law to practice counseling and with specialized training in mental health services.
- e. Clinical social worker with a Master's degree in social work from an accredited program.
- g. Master's or Doctorate degree in counseling and guidance, rehabilitation counseling, vocational counseling, psychology, pastoral counseling or family therapy or a related field who has successfully completed a practicum or has one (1) year of experience under the supervision of a qualified mental health professional.

EMPLOYMENT REQUIREMENTS:

Must provide evidence that he/she is free of infectious and contagious disease, such as TB, prior to beginning employment and annually thereafter.

PHYSICAL REQUIREMENTS: ADA CONSIDERATION

Sedentary Work: Exerting up to 10 pounds of force occasionally (Occasionally: activity or condition exists up to 1/3 of the time) and/or a negligible amount of force frequently (Frequently: activity or condition exists from 1/3 to 2/3 of the time) to lift, carry, push, or pull, or otherwise move objects, including the human body. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.

Employee Signature: _____ Date: _____

***The employee, by signing, acknowledges that they agree with the functions of the job, the code of ethics and have been given a photocopy of this job description/evaluation when beginning employment or after being evaluated.**

Employee Signature: _____ Date: _____

***The employee, by signing, acknowledges that they have reviewed the Exposure Control Plan (IC154) and Report of Suspected or Actual Violations (LD404).**

Supervisor Signature: _____ Date: _____

***The supervisor, by signing, acknowledges that the employee has been given a photocopy of this job evaluation.**

Program Director Signature: _____ Date: _____

PREFERRED FAMILY HEALTHCARE, INC.
JOB DESCRIPTION/PERFORMANCE APPRAISAL

Employee Name: _____

JOB TITLE: Associate Counselor **SUPERVISED BY:** Clinical Supervisor
DATE APPROVED: March 1992 **DATE REVIEWED:** Jan 2003 **CLASSIFICATION:** Exempt

REVIEW OF PERFORMANCE FOR THE PERIOD OF _____ TO _____

STANDARDS OF PERFORMANCE				
Evaluate the employee's performance since the last appraisal. Place an "X" in the category which best describes the performance level for the factor being rated. Include supporting evidence for each factor. <small>YOU MUST MAKE A COMMENT WITH A RATING OF "Unsatisfactory"</small>				
Exemplary	Exceeds Expectations	Meets Expectations	Below Expectations	Unsatisfactory: Far below expectations
Consistently achieves results superior to expectations, with little or no need for improvement.	Achieves results; occasionally exceeds requirements.	Normally achieves expectations.	Work is below average, not of quality expected; requires improvement.	Unacceptable; considerable and immediate improvements are necessary.

MAJOR JOB ELEMENTS:

1. Participate in treatment planning and clinical staffing, providing feedback on all pertinent cases.	8	6	4	2	0

Comments:

2. Facilitate individual and group therapy sessions as assigned.	14	10.5	7	3.5	0

Comments:

3. Complete assessments and correspondence in a thorough and timely manner under the supervision of Executive Team Member or designated qualified substance abuse counselor.	14	10.5	7	3.5	0

Comments:

4. Be responsible for the development and evolution of treatment plans in an individualized, creative manner under the supervision of the Executive Team Member or designated qualified substance abuse counselor.	14	10.5	7	3.5	0

Comments:

5. Correct any chart deficiencies in a timely manner.	14	10.5	7	3.5	0
Comments:					

6. Document all the services provided in accordance with established agency policies.	14	10.5	7	3.5	0
Comments:					

7. Provide the amount of direct services each week as established by agency policy.	14	10.5	7	3.5	0
Comments:					

8. Assist assigned consumers with the discharge process.	4	3	2	1	0
Comments:					

9. Other duties, as assigned by the designee, or the Executive Team Member.	4	3	2	1	0
Comments:					

BEHAVIORAL FACTORS:

PROFESSIONALISM					
Display of appropriate attitude	2.5	1.87	1.25	.62	0
Comments:					
Actions and work attire	2.5	1.87	1.25	.62	0
Comments:					

Maintenance of own work area Comments:	2.5	1.87	1.25	.62	0
Flexibility Comments	2.5	1.87	1.25	.62	0
Commitment to professional growth. Comments	2.5	1.87	1.25	.62	0
Responsibility for actions Comments:	2.5	1.87	1.25	.62	0
Ability to express ideas clearly & effectively Comments:	2.5	1.87	1.25	.62	0
Ability to work with others in an assertive and effective manner Comments:	2.5	1.87	1.25	.62	0

DEPENDABILITY					
The thoroughness demonstrated by the employee in following through on assignments and instructions in a reliable, trustworthy and timely manner. Comments:	4	3	2	1	0
Overall attendance and adherence to work schedules, office hours. Comments:	4	3	2	1	0
Amount of supervision required Comments:	4	3	2	1	0
Listens well, accepts constructive criticism, shares work related information. Comments	4	3	2	1	0
Is tolerant of others' work styles. Comments:	4	3	2	1	0

JUDGEMENT/DECISION MAKING					
The ability to think logically and practically before making decisions. Comments:	5	3.75	2.5	1.25	0
Use of independent thought, originality and reasoning. Comments:	5	3.75	2.5	1.25	0

Ability to prioritize work and timely implementation of workable solutions to problem. Comments:	5	3.75	2.5	1.25	0
The ability to handle confidential information. Comments	5	3.75	2.5	1.25	0

QUALITY OF WORK					
The value of work produced by the employee and the thoroughness, accuracy, neatness and acceptability of the work completed. Comments:	10	7.5	5	2.5	0
Ability to work under pressure and learn from previous mistakes. Comments:	10	7.5	5	2.5	0

INITIATIVE					
The demonstrated willingness to make significant contributions with little direction, voluntarily start projects, attempts non-routine jobs and tasks. Comments:	5	3.75	2.5	1.25	0
Energy, enthusiasm and ingenuity. Comments:	5	3.75	2.5	1.25	0
The exercise of judgement and independent actions within limits of authority. Comments:	5	3.75	2.5	1.25	0
The degree to which the employee is self starting and proactive. Comments	5	3.75	2.5	1.25	0

THE FOLLOWING REQUIREMENTS MUST BE MET:

(If the Mandatory box is checked, this item will hold up a raise if incomplete)

Mandatory?	Requirement
<input checked="" type="checkbox"/>	First Aid
<input checked="" type="checkbox"/>	CPR
<input checked="" type="checkbox"/>	Behavior Management (CPI is expected but not mandatory for residential sites)
<input checked="" type="checkbox"/>	Criminal Record and Child Abuse & Neglect Background Check 9 CSR 10-5.190
<input checked="" type="checkbox"/>	HIPAA
<input checked="" type="checkbox"/>	New Employee Orientation paperwork (includes ID, quizzes, and all required paperwork)
	36 hour training requirement (within 2 year period) 9 CSR 10-7.110 E 1
	TB test Expected for all direct care staff, but Mandatory for RCF staff
	Professional License
	Billing Requirements Form
<input checked="" type="checkbox"/>	Must meet the requirements for registration, supervision, and professional development as set forth by either: The MO Substance Abuse Counselors Certification Board, Inc OR The appropriate board of professional registration within the Dept of Economic Development for licensure as a psychologist, professional counselor, or social worker.

Area Of Evaluation	Score	Weight	Total Score
Major Job Elements		70%	
Behavioral Factors		30%	
Overall Score			

ANNUAL MERIT INCREASE SCALE

Overall score from the evaluation equate to the percentage increase listed below. % is subject to change:

70 to 100 points = 2%

50 to 69 points = 1%

Less than 50 points = Probation

*The initial six-month evaluation is for determining successful completion of probationary status for non-exempt employees. Non-exempt employees may also receive an increase.

POSITIONS SUPERVISED:

None

QUALIFICATIONS:

The Associate Counselor is a trainee that meets the requirements for registration, supervision, and professional development as set forth by either:

1. The Missouri Substance Abuse Counselors Certification Board, Inc.; OR
2. The appropriate board of professional registration within the Department of Economic Development for licensure as a psychologist, professional counselor, or social worker.

EMPLOYMENT REQUIREMENTS:

Must provide evidence that he/she is free of infectious and contagious disease, such as TB, prior to beginning employment and annually thereafter.

PHYSICAL REQUIREMENTS: ADA CONSIDERATION

Sedentary Work: Exerting up to 10 pounds of force occasionally (Occasionally: activity or condition exists up to 1/3 of the time) and/or a negligible amount of force frequently (Frequently: activity or condition exists from 1/3 to 2/3 of the time) to lift, carry, push, or pull, or otherwise move objects, including the human body. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.

Employee Signature: _____ Date: _____

***The employee, by signing, acknowledges that they agree with the functions of the job, the code of ethics and have been given a photocopy of this job description/evaluation when beginning employment or after being evaluated.**

Employee Signature: _____ Date: _____

***The employee, by signing, acknowledges that they have reviewed the Exposure Control Plan (IC154) and Report of Suspected or Actual Violations (LD404).**

Supervisor Signature: _____ Date: _____

***The supervisor, by signing, acknowledges that the employee has been given a photocopy of this job evaluation.**

Program Director Signature: _____ Date: _____

PREFERRED FAMILY HEALTHCARE, INC.
JOB DESCRIPTION/PERFORMANCE APPRAISAL

Employee Name: _____

JOB TITLE: CSTAR Community Support Worker **SUPERVISED BY:** CSW Supervisor
DATE APPROVED: June 1991 **DATE REVIEWED:** Jan 2003 **CLASSIFICATION:** Exempt

REVIEW OF PERFORMANCE FOR THE PERIOD OF _____ TO _____

STANDARDS OF PERFORMANCE				
Evaluate the employee's performance since the last appraisal. Place an "X" in the category which best describes the performance level for the factor being rated. Include supporting evidence for each factor. <small>YOU MUST MAKE A COMMENT WITH A RATING OF "Unsatisfactory"</small>				
Exemplary	Exceeds Expectations	Meets Expectations	Below Expectations	Unsatisfactory: Far below expectations
Consistently achieves results superior to expectations, with little or no need for improvement.	Achieves results; occasionally exceeds requirements.	Normally achieves expectations.	Work is below average, not of quality expected; requires improvement.	Unacceptable; considerable and immediate improvements are necessary.

MAJOR JOB ELEMENTS:

1. Participate in treatment planning and clinical staffing, providing feedback on all pertinent cases.	5	3.75	2.5	1.25	0
Comments:					

2. Complete assessments and correspondence in a thorough and timely manner.	8	6	4	2	0
Comments:					

3. Responsible for the development and evolution of treatment plans in an individualized, creative manner.	8	6	4	2	0
Comments:					

4. Correct any chart deficiencies in a timely manner.	5	3.75	2.5	1.25	0
Comments:					

5. Document all the services provided in accordance with established agency policies.	6	4.5	3	1.5	0
Comments:					

6. Provide the amount of direct services each week as established by agency policy.	5	3.75	2.5	1.25	0
Comments:					

7. Assist assigned consumers with discharge process.	5	3.75	2.5	1.25	0
Comments:					

8. Represent the agency in community based program.	5	3.75	2.5	1.25	0
Comments:					

9. Maintain positive, professional relationships with referral sources.	5	3.75	2.5	1.25	0
Comments:					

10. Handle crisis situations as they arise.	5	3.75	2.5	1.25	0
Comments:					

11. Assist assigned clients in meeting identified community based needs, in conjunction with the clients' treatment plan.	10	7.5	5	2.5	0

Comments:

12. Provide experiential training in life skills and resource acquisition.	10	7.5	5	2.5	0

Comments:

13. Provide appropriate assistance for clients requiring medical services.	10	7.5	5	52.5	0

Comments:

14. Arrange and refer client for services and resources. When needed, advocate on behalf of client to obtain needed services.	10	7.5	5	52.5	0

Comments:

15. Other duties as assigned by the Executive Team Member, or designee.	3	2.25	1.5	.75	0

Comments:

BEHAVIORAL FACTORS:

PROFESSIONALISM					
Display of appropriate attitude Comments:	2.5	1.87	1.25	.62	0
Actions and work attire Comments:	2.5	1.87	1.25	.62	0
Maintenance of own work area Comments:	2.5	1.87	1.25	.62	0

Flexibility Comments	2.5	1.87	1.25	.62	0
Commitment to professional growth. Comments	2.5	1.87	1.25	.62	0
Responsibility for actions Comments:	2.5	1.87	1.25	.62	0
Ability to express ideas clearly & effectively Comments:	2.5	1.87	1.25	.62	0
Ability to work with others in an assertive and effective manner Comments:	2.5	1.87	1.25	.62	0

DEPENDABILITY					
The thoroughness demonstrated by the employee in following through on assignments and instructions in a reliable, trustworthy and timely manner. Comments:	4	3	2	1	0
Overall attendance and adherence to work schedules, office hours. Comments:	4	3	2	1	0
Amount of supervision required Comments:	4	3	2	1	0
Listens well, accepts constructive criticism, shares work related information. Comments	4	3	2	1	0
Is tolerant of others' work styles. Comments:	4	3	2	1	0

JUDGEMENT/DECISION MAKING					
The ability to think logically and practically before making decisions. Comments:	5	3.75	2.5	1.25	0
Use of independent thought, originality and reasoning. Comments:	5	3.75	2.5	1.25	0
Ability to prioritize work and timely implementation of workable solutions to problem. Comments:	5	3.75	2.5	1.25	0

The ability to handle confidential information. Comments	5	3.75	2.5	1.25	0

QUALITY OF WORK					
The value of work produced by the employee and the thoroughness, accuracy, neatness and acceptability of the work completed. Comments:	10	7.5	5	2.5	0
Ability to work under pressure and learn from previous mistakes. Comments:	10	7.5	5	2.5	0

INITIATIVE					
The demonstrated willingness to make significant contributions with little direction, voluntarily start projects, attempts non-routine jobs and tasks. Comments:	5	3.75	2.5	1.25	0
Energy, enthusiasm and ingenuity. Comments:	5	3.75	2.5	1.25	0
The exercise of judgement and independent actions within limits of authority. Comments:	5	3.75	2.5	1.25	0
The degree to which the employee is self starting and proactive. Comments	5	3.75	2.5	1.25	0

THE FOLLOWING REQUIREMENTS MUST BE MET:

(If the Mandatory box is checked, this item will hold up a raise if incomplete)

Mandatory?	Requirement
<input checked="" type="checkbox"/>	First Aid
<input checked="" type="checkbox"/>	CPR
<input checked="" type="checkbox"/>	Behavioral Management CPI is expected but not mandatory for residential sites
<input checked="" type="checkbox"/>	Criminal Record and Child Abuse & Neglect Background Check 9 CSR 10-5.190
<input checked="" type="checkbox"/>	HIPAA
<input checked="" type="checkbox"/>	New Employee Orientation paperwork (includes ID, quizzes, and all required paperwork)
	36 hour training requirement (within 2 year period) 9 CSR 10-7.110 E 1
	TB test Expected for all direct care staff, but Mandatory for RCF staff
	Professional License/Certification
	Billing Requirements Form
	Verification of Limits of Liability on Personal Car Ins.
	Class E Chauffer's License
<input checked="" type="checkbox"/>	Shall have training and demonstrate expertise regarding the treatment of both substance abuse and adolescents. A graduate with a bachelor's degree from an accredited college or university in social work, counseling, psychology or closely related field; OR Has at least four (4) years of relevant, qualifying full-time equivalent experience in human service delivery, and demonstrates skills in developing positive and productive client relationships. Also must show the ability to negotiate complex service delivery systems to obtain needed services and resources for clients.

Area Of Evaluation	Score	Weight	Total Score
Major Job Elements		70%	
Behavioral Factors		30%	
Overall Score			

ANNUAL MERIT INCREASE SCALE

Overall score from the evaluation equate to the percentage increase listed below. % is subject to change:

70 to 100 points = 2%

50 to 69 points = 1%

Less than 50 points = Probation

*The initial six-month evaluation is for determining successful completion of probationary status for non-exempt employees. Non-exempt employees may also receive an increase.

POSITIONS SUPERVISED:

None

QUALIFICATIONS:

Shall have training and demonstrate expertise regarding the treatment of both substance abuse and adolescents.

A graduate with a bachelor's degree from an accredited college or university in social work, counseling, psychology or closely related field; OR

Has at least four (4) years of relevant, qualifying full-time equivalent experience in human service delivery, and demonstrates skills in developing positive and productive client relationships. Also must show the ability to negotiate complex service delivery systems to obtain needed services and resources for clients.

EMPLOYMENT REQUIREMENTS:

Must provide evidence that he/she is free of infectious and contagious disease, such as TB, prior to beginning employment and annually thereafter.

PHYSICAL REQUIREMENTS: ADA CONSIDERATION

Sedentary Work: Exerting up to 10 pounds of force occasionally (Occasionally: activity or condition exists up to 1/3 of the time) and/or a negligible amount of force frequently (Frequently: activity or condition exists from 1/3 to 2/3 of the time) to lift, carry, push, or pull, or otherwise move objects, including the human body.

Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.

Employee Signature: _____ Date: _____

***The employee, by signing, acknowledges that they agree with the functions of the job, the code of ethics and have been given a photocopy of this job description/evaluation when beginning employment or after being evaluated.**

Employee Signature: _____ Date: _____

***The employee, by signing, acknowledges that they have reviewed the Exposure Control Plan (IC154) and Report of Suspected or Actual Violations (LD404).**

Supervisor Signature: _____ Date: _____

***The supervisor, by signing, acknowledges that the employee has been given a photocopy of this job evaluation.**

Program Director Signature: _____ Date: _____

PREFERRED FAMILY HEALTHCARE, INC.
JOB DESCRIPTION/PERFORMANCE APPRAISAL

Employee Name: _____

JOB TITLE: Registered Nurse **SUPERVISED BY:** Clin Sup or Executive Team Member
DATE APPROVED: Feb 1998 **DATE REVIEWED:** Jan 2003 **CLASSIFICATION:** Exempt

REVIEW OF PERFORMANCE FOR THE PERIOD OF _____ TO _____

STANDARDS OF PERFORMANCE				
Evaluate the employee's performance since the last appraisal. Place an "X" in the category which best describes the performance level for the factor being rated. Include supporting evidence for each factor. <small>YOU MUST MAKE A COMMENT WITH A RATING OF "Unsatisfactory"</small>				
Exemplary	Exceeds Expectations	Meets Expectations	Below Expectations	Unsatisfactory: Far below expectations
Consistently achieves results superior to expectations, with little or no need for improvement.	Achieves results; occasionally exceeds requirements.	Normally achieves expectations.	Work is below average, not of quality expected; requires improvement.	Unacceptable; considerable and immediate improvements are necessary.

MAJOR JOB ELEMENTS:

1. Insure clinical excellence of medical services such as evaluations and medication management provided by the agency to clients, employees, and the community in a manner consistent with the fiscal responsibilities of the agency.	15	11.25	7.5	3.75	0
Comments:					

2. Monitor the health needs of clients in the social detoxification setting.	5	3.75	2.5	1.25	0
Comments:					

3. Meet with clients regarding medical concerns and discussing possible solutions.	5	3.75	2.5	1.25	0
Comments:					

4. Oversee the triage of medical conditions that occur during treatment including arrange for medical appointments and conferring with the attending physician as necessary or acquiring medical services when prudent.	10	7.5	5	2.5	0
Comments:					

5. Manage medical emergencies such as accidental injuries, drug reactions.	5	3.75	2.5	1.25	0

Comments:

6. Arrange or monitor special dietary needs for medical conditions.	5	3.75	2.5	1.25	0

Comments:

7. Review prescription and over-the-counter medication requirements with clients, clarify and instruct on usage, oversee self-administration of medication. Provide general oversight of reviewing prescription and over-the-counter medication requirements with clients.	15	11.25	7.5	3.75	0

Comments:

8. Develop an active communication strategy with the clinical staff to ascertain staff and client medical needs are met.	10	7.5	5	2.5	0

Comments:

9. Ensure that quality standards are met and that the medical management of the clients assigned is documented in the medical record in a timely fashion in accordance with PFH policies and quality assurance standards.	10	7.5	5	2.5	0

Comments:

10. Responsible for assuring compliance with PFH's code of ethics in an effort to maintain the ethical integrity of the agency as a whole when dealing with client issues.	10	7.5	5	2.5	0

Comments:

11. Other duties as assigned by the Executive Team Members.	10	7.5	5	2.5	0

Comments:

BEHAVIORAL FACTORS:

PROFESSIONALISM					
Display of appropriate attitude Comments:	2.5	1.87	1.25	.62	0
Actions and work attire Comments:	2.5	1.87	1.25	.62	0
Maintenance of own work area Comments:	2.5	1.87	1.25	.62	0
Flexibility Comments	2.5	1.87	1.25	.62	0
Commitment to professional growth. Comments	2.5	1.87	1.25	.62	0
Responsibility for actions Comments:	2.5	1.87	1.25	.62	0
Ability to express ideas clearly & effectively Comments:	2.5	1.87	1.25	.62	0
Ability to work with others in an assertive and effective manner Comments:	2.5	1.87	1.25	.62	0

DEPENDABILITY					
The thoroughness demonstrated by the employee in following through on assignments and instructions in a reliable, trustworthy and timely manner. Comments:	4	3	2	1	0
Overall attendance and adherence to work schedules, office hours. Comments:	4	3	2	1	0
Amount of supervision required Comments:	4	3	2	1	0
Listens well, accepts constructive criticism, shares work related information. Comments	4	3	2	1	0
Is tolerant of others' work styles. Comments:	4	3	2	1	0

JUDGEMENT/DECISION MAKING					
The ability to think logically and practically before making decisions. Comments:	5	3.75	2.5	1.25	0
Use of independent thought, originality and reasoning. Comments:	5	3.75	2.5	1.25	0
Ability to prioritize work and timely implementation of workable solutions to problem. Comments:	5	3.75	2.5	1.25	0
The ability to handle confidential information. Comments	5	3.75	2.5	1.25	0

QUALITY OF WORK					
The value of work produced by the employee and the thoroughness, accuracy, neatness and acceptability of the work completed. Comments:	10	7.5	5	2.5	0
Ability to work under pressure and learn from previous mistakes. Comments:	10	7.5	5	2.5	0

INITIATIVE					
The demonstrated willingness to make significant contributions with little direction, voluntarily start projects, attempts non-routine jobs and tasks. Comments:	5	3.75	2.5	1.25	0
Energy, enthusiasm and ingenuity. Comments:	5	3.75	2.5	1.25	0
The exercise of judgement and independent actions within limits of authority. Comments:	5	3.75	2.5	1.25	0
The degree to which the employee is self starting and proactive. Comments	5	3.75	2.5	1.25	0

THE FOLLOWING REQUIREMENTS MUST BE MET:

(If the Mandatory box is checked, this item will hold up a raise if incomplete)

Mandatory?	Requirement
<input checked="" type="checkbox"/>	CPR
<input checked="" type="checkbox"/>	Behavioral Mangement CPI is expected but not mandatory for residential sites
<input checked="" type="checkbox"/>	Verification of Limits of Liability on Personal Car Ins
	Class E Chauffer's License
<input checked="" type="checkbox"/>	Criminal Record and Child Abuse & Neglect Background Check 9 CSR 10-5.190
<input checked="" type="checkbox"/>	HIPAA
<input checked="" type="checkbox"/>	New Employee Orientation paperwork (includes ID, quizzes, and all required paperwork)
	36 hour training requirement (within 2 year period) 9 CSR 10-7.110 E 1
	TB test Expected for all direct care staff, but Mandatory for RCF staff
<input checked="" type="checkbox"/>	Professional License
	Billing Requirements Form
<input checked="" type="checkbox"/>	Growth and Development form (CPRC only)
<input checked="" type="checkbox"/>	Privileging and Credentialing form (CPRC only)
<input checked="" type="checkbox"/>	Hep B-fom completion mandatory for: RCF, LPN, RN, housekeeping & maintance
<input checked="" type="checkbox"/>	Current Register Nurse license in the state of Missouri.

Area Of Evaluation	Score	Weight	Total Score
Major Job Elements		70%	
Behavioral Factors		30%	
Overall Score			

ANNUAL MERIT INCREASE SCALE

Overall score from the evaluation equate to the percentage increase listed below. % is subject to change:

70 to 100 points = 2%

50 to 69 points = 1%

Less than 50 points = Probation

*The initial six-month evaluation is for determining successful completion of probationary status for non-exempt employees. Non-exempt employees may also receive an increase.

PREFERRED FAMILY HEALTHCARE, INC.
JOB DESCRIPTION/PERFORMANCE APPRAISAL

Employee Name: _____

JOB TITLE: Residential Coordinator **SUPERVISED BY:** Program Director or Designee

DATE APPROVED: May 1999 **DATE REVIEWED:** Jan 2003 **CLASSIFICATION:** Exempt

REVIEW OF PERFORMANCE FOR THE PERIOD OF _____ TO _____

STANDARDS OF PERFORMANCE				
Evaluate the employee's performance since the last appraisal. Place an "X" in the category which best describes the performance level for the factor being rated. Include supporting evidence for each factor. YOU MUST MAKE A COMMENT WITH A RATING OF "Unsatisfactory"				
Exemplary	exceeds expectations	meets expectations	below expectations	unsatisfactory far below expectations
Consistently achieves results superior to expectations, with little or no need for improvement.	Achieves results; occasionally exceeds requirements.	Normally achieves expectations.	Work is below average, not of quality expected; requires improvement.	Unacceptable; considerable and immediate improvements are necessary.

MAJOR JOB ELEMENTS:

1. Performs the duties of a rehabilitation technician or personal care attendant under the direct supervision of the Program Director or designee.	10	7.5	5	2.5	0
Comments:					

2. Schedule rehabilitation technicians or personal care within established policy and procedures under the supervision of Program Director or designee. Assure that proper coverage is maintained.	8	6	4	2	0
Comments:					

3. Conduct the rehabilitation technician or personal care attendant meeting.	8	6	4	2	0
Comments:					

4. Develop rehabilitation technicians' or personal care attendants' training programs under the direct supervision of Program Director or designee.	8	6	4	2	0
Comments:					

5. Provide supervision to the rehabilitation technicians or personal care attendants including meeting with each employee as needed, supervising job performance, directing them to the required trainings, and dealing with problems.	13	9.75	6.5	3.25	0
Comments:					

6. Orient new rehabilitation technicians or personal care attendants to program policy and procedures.	8	6	4	2	0
Comments:					

7. Serve as liaison for rehabilitation technicians or personal care attendants with the Program Director or designee.	8	6	4	2	0
Comments:					

8. Interview and hire new rehabilitation technicians or personal care attendants.	8	6	4	2	0
Comments:					

9. Serve as a delegate to Risk Management.	8	6	4	2	0
Comments:					

10. Coordinate UA policy and procedure.	8	6	4	2	0
Comments:					

11. Complete employee evaluations in a timely fashion.	8	6	4	2	0
Comments:					

12. Other duties as assigned by the Program Director or designee, or Executive Team Member.	5	3.75	2.5	1.25	0
Comments:					

BEHAVIORAL FACTORS:

PROFESSIONALISM					
Display of appropriate attitude Comments:	2.5	1.87	1.25	.62	0
Actions and work attire Comments:	2.5	1.87	1.25	.62	0
Maintenance of own work area Comments:	2.5	1.87	1.25	.62	0
Flexibility Comments:	2.5	1.87	1.25	.62	0
Commitment to professional growth. Comments:	2.5	1.87	1.25	.62	0
Responsibility for actions Comments:	2.5	1.87	1.25	.62	0
Ability to express ideas clearly & effectively Comments:	2.5	1.87	1.25	.62	0
Ability to work with others in an assertive and effective manner Comments:	2.5	1.87	1.25	.62	0

DEPENDABILITY						
The thoroughness demonstrated by the employee in following through on assignments and instructions in a reliable, trustworthy and timely manner. Comments:	4	3	2	1	0	
Overall attendance and adherence to work schedules, office hours. Comments:	4	3	2	1	0	
Amount of supervision required Comments:	4	3	2	1	0	
Listens well, accepts constructive criticism, shares work related information. Comments	4	3	2	1	0	
Is tolerant of others' work styles. Comments:	4	3	2	1	0	

JUDGEMENT/DECISION MAKING						
The ability to think logically and practically before making decisions. Comments:	5	3.75	2.5	1.25	0	
Use of independent thought, originality and reasoning. Comments:	5	3.75	2.5	1.25	0	
Ability to prioritize work and timely implementation of workable solutions to problem. Comments:	5	3.75	2.5	1.25	0	
The ability to handle confidential information. Comments	5	3.75	2.5	1.25	0	

QUALITY OF WORK						
The value of work produced by the employee and the thoroughness, accuracy, neatness and acceptability of the work completed. Comments:	10	7.5	5	2.5	0	
Ability to work under pressure and learn from previous mistakes. Comments:	10	7.5	5	2.5	0	

INITIATIVE					
The demonstrated willingness to make significant contributions with little direction, voluntarily start projects, attempts non-routine jobs and tasks. Comments:	5	3.75	2.5	1.25	0
Energy, enthusiasm and ingenuity. Comments:	5	3.75	2.5	1.25	0
The exercise of judgement and independent actions within limits of authority. Comments:	5	3.75	2.5	1.25	0
The degree to which the employee is self starting and proactive. Comments	5	3.75	2.5	1.25	0

THE FOLLOWING REQUIREMENTS MUST BE MET:

(If the Mandatory box is checked, this item will hold up a raise if incomplete)

Mandatory?	Requirement
<input checked="" type="checkbox"/>	First Aid
<input checked="" type="checkbox"/>	CPR
<input checked="" type="checkbox"/>	Behavioral Management CPI is expected but not mandatory for residential sites
<input checked="" type="checkbox"/>	Medication Administration Training-mandatory for RCF & residential staff
	Class E Chauffer's License
<input checked="" type="checkbox"/>	Criminal Record and Child Abuse & Neglect Background Check 9 CSR 10-5.190
<input checked="" type="checkbox"/>	HIPAA
<input checked="" type="checkbox"/>	New Employee Orientation paperwork (includes ID, quizzes, and all required paperwork)
	36 hour training requirement (within 2 year period) 9 CSR 10-7.110 E 1
	TB test Expected for all direct care staff, but Mandatory for RCF staff
	Billing Requirements Form
<input checked="" type="checkbox"/>	Graduate from an accredited college or university with a Bachelor's Degree in social work, counseling, psychology, psychiatric nursing, or closely related field; OR High School education and two (2) years experience in substance abuse treatment.

Area Of Evaluation	Score	Weight	Total Score
Major Job Elements		70%	
Behavioral Factors		30%	
Overall Score			

ANNUAL MERIT INCREASE SCALE

Overall score from the evaluation equate to the percentage increase listed below. % is subject to change:

70 to 100 points = 2%

50 to 69 points = 1%

Less than 50 points = Probation

*The initial six-month evaluation is for determining successful completion of probationary status for non-exempt employees. Non-exempt employees may also receive an increase.

PREFERRED FAMILY HEALTHCARE, INC.
JOB DESCRIPTION/PERFORMANCE APPRAISAL

Employee Name: _____

JOB TITLE: Rehabilitation Technician **SUPERVISED BY:** Residential Coordinator
DATE APPROVED: June 1991 **DATE REVIEWED:** Jan 2003 **CLASSIFICATION:** Non-exempt

REVIEW OF PERFORMANCE FOR THE PERIOD OF _____ TO _____

STANDARDS OF PERFORMANCE				
Evaluate the employee's performance since the last appraisal. Place an "X" in the category which best describes the performance level for the factor being rated. Include supporting evidence for each factor. <small>YOU MUST MAKE A COMMENT WITH A RATING OF "Unsatisfactory"</small>				
Exemplary	Exceeds Expectations	Meets Expectations	Below Expectations	Unsatisfactory: Far below expectations
Consistently achieves results superior to expectations, with little or no need for improvement.	Achieves results; occasionally exceeds requirements.	Normally achieves expectations.	Work is below average, not of quality expected; requires improvement.	Unacceptable; considerable and immediate improvements are necessary.

MAJOR JOB ELEMENTS:

1. Inspect premises daily to insure that all safety and sanitation requirements are being maintained.	8	6	4	2	0

Comments:

2. Document client activities occurring on shifts that are relevant to client's progress or behavior. If in the adult program, maintain, screen, and monitor social detoxification clients to insure that recovery needs are being met.	9	6.75	4.5	2.25	0

Comments:

3. Insure that all program expectations and rules are adhered to, and report behaviors which may assist in client treatment.	10	7.5	5	2.5	0

Comments:

4. Will adhere to all medication policies.	12	9	6	3	0

Comments:

5. Facilitate daily leisure skills group in a manner that will teach clients positive alternatives to drug using culture.	8	6	4	2	0
Comments:					

6. Develop curriculums and necessary preparation for all group education that are assigned on their shift.	10	7.5	5	2.5	0
Comments:					

7. Monitor client population at all times.	12	9	6	3	0
Comments:					

8. Assist in orientation of client population with regards to client rights and rules.	8	6	4	2	0
Comments:					

9. Complete all mandatory trainings in a reasonable amount of time.	10	7.5	5	2.5	0
Comments:					

10. Attend regularly scheduled meetings with supervisor.	9	6.75	3	2.25	0
Comments:					

11. Other duties as assigned by the Residential Coordinator, Executive Team Member, or Chief Executive Officer.	4	3	2	1	0
Comments:					

BEHAVIORAL FACTORS:

PROFESSIONALISM					
Display of appropriate attitude Comments:	2.5	1.87	1.25	.62	0
Actions and work attire Comments:	2.5	1.87	1.25	.62	0
Maintenance of own work area Comments:	2.5	1.87	1.25	.62	0
Flexibility Comments:	2.5	1.87	1.25	.62	0
Commitment to professional growth. Comments:	2.5	1.87	1.25	.62	0
Responsibility for actions Comments:	2.5	1.87	1.25	.62	0
Ability to express ideas clearly & effectively Comments:	2.5	1.87	1.25	.62	0
Ability to work with others in an assertive and effective manner Comments:	2.5	1.87	1.25	.62	0

DEPENDABILITY					
The thoroughness demonstrated by the employee in following through on assignments and instructions in a reliable, trustworthy and timely manner. Comments:	4	3	2	1	0
Overall attendance and adherence to work schedules, office hours. Comments:	4	3	2	1	0
Amount of supervision required Comments:	4	3	2	1	0

Listens well, accepts constructive criticism, shares work related information. Comments	4	3	2	1	0
Is tolerant of others' work styles. Comments:	4	3	2	1	0

JUDGEMENT/DECISION MAKING					
The ability to think logically and practically before making decisions. Comments:	5	3.75	2.5	1.25	0
Use of independent thought, originality and reasoning. Comments:	5	3.75	2.5	1.25	0
Ability to prioritize work and timely implementation of workable solutions to problem. Comments:	5	3.75	2.5	1.25	0
The ability to handle confidential information. Comments	5	3.75	2.5	1.25	0

QUALITY OF WORK					
The value of work produced by the employee and the thoroughness, accuracy, neatness and acceptability of the work completed. Comments:	10	7.5	5	2.5	0
Ability to work under pressure and learn from previous mistakes. Comments:	10	7.5	5	2.5	0

INITIATIVE					
The demonstrated willingness to make significant contributions with little direction, voluntarily start projects, attempts non-routine jobs and tasks. Comments:	5	3.75	2.5	1.25	0
Energy, enthusiasm and ingenuity. Comments:	5	3.75	2.5	1.25	0
The exercise of judgement and independent actions within limits of authority. Comments:	5	3.75	2.5	1.25	0
The degree to which the employee is self starting and proactive. Comments	5	3.75	2.5	1.25	0

THE FOLLOWING REQUIREMENTS MUST BE MET:

(If the Mandatory box is checked, this item will hold up a raise if incomplete)

Mandatory?	Requirement
<input checked="" type="checkbox"/>	First Aid
<input checked="" type="checkbox"/>	CPR
<input checked="" type="checkbox"/>	Behavioral Management CPI is expected but not mandatory for residential sites
<input checked="" type="checkbox"/>	Medication Administration Training-mandatory for RCF & residential staff
	Class E Chauffer's License
<input checked="" type="checkbox"/>	Criminal Record and Child Abuse & Neglect Background Check 9 CSR 10-5.190
<input checked="" type="checkbox"/>	HIPAA
<input checked="" type="checkbox"/>	New Employee Orientation paperwork (includes ID, quizzes, and all required paperwork)
	36 hour training requirement (within 2 year period) 9 CSR 10-7.110 E 1
	TB test Expected for all direct care staff, but Mandatory for RCF staff
	Billing Requirements Form
<input checked="" type="checkbox"/>	High School education or equivalent and two (2) years responsible employment history; OR Exceptions to the qualifications listed may be made by the appropriate Senior Executive Team member.

Area Of Evaluation	Score	Weight	Total Score
Major Job Elements		70%	
Behavioral Factors		30%	
Overall Score			

ANNUAL MERIT INCREASE SCALE

Overall score from the evaluation equate to the percentage increase listed below. % is subject to change:

70 to 100 points = 2%

50 to 69 points = 1%

Less than 50 points = Probation

*The initial six-month evaluation is for determining successful completion of probationary status for non-exempt employees. Non-exempt employees may also receive an increase.

EXHIBIT E - METHOD OF PERFORMANCE

The offeror should complete the following with information regarding the offeror's proposed method of performance.

1. Describe the offeror's philosophy of treatment, knowledge of substance abuse treatment issues and incorporation of evidence based practices.

Preferred Family Healthcare's years of experience in the delivery of adolescent substance abuse treatment services, coupled with extensive research by our staff, has allowed us to construct our treatment model around several core principles. These principles reflect current concepts in general adolescent development and in treatment service delivery for adolescent substance abusers. These principles are described below.

1. Adolescent substance abuse treatment is not merely adult treatment with a youthful population.

Preferred Family Healthcare, Inc. knows there are significant differences in goals, methodology, and expected outcomes when working with adolescents as compared with adults. Programs for and interventions with adolescents must address the developmental process and at the same time make allowances for the different value and reward systems that adhere to adolescence. In structured therapy, cognitive and behavioral methodologies are employed, which focus on stimulus control, urge control and social control, in keeping with current research.

2. There are specific and definable developmental pathways involved in working with adolescents.

Researchers for the Department of Health and Human Services Family and Youth Services Bureau report research which demonstrates that "positive developmental pathways" for youth are being achieved when adolescents develop (A) a sense of industry and competency, (B) feeling of connectedness to others and to society (C) a belief in their control over their fate in life and (D) a stable identity. The report further states that, "Adolescents who have developed these characteristics appear to be more likely than others to engage in pro-social behaviors, exhibit positive school performances, and be members of non-deviant peer groups." These are all appropriate recovery goals for adolescent substance abusers. Preferred Family Healthcare's adolescent CSTAR program, a comprehensive mix of case management and multi-level treatment, embraces the four developmental tasks above as being at the heart of a successful recovery program. Treatment activities, group content, and treatment plans continually focus on achieving these developmental goals.

3. Within the category "adolescent," there are additional differences that must be addressed, such as age, developmental stages, and gender.

In developing our philosophy, PFH staff consulted with Jutta Butler, a senior Adolescent Project Officer for the Center for Substance Abuse Treatment (CSAT) and at Ms. Butler's suggestion, reviewed highly successful programs that have been monitored by CSAT. Consequently, a member of Preferred Family Healthcare's adolescent treatment staff made follow-up contacts with these programs. Specific themes emerged from this follow-up, among them issues related to

age and gender within the more globally defined “adolescent” population. Here are the most pertinent conclusions:

- a. Gender specific interventions must be identified and utilized. Male users have different reasons for use and experience different consequences of using than do females.
- b. Younger adolescents are at different developmental stages, have different needs, and respond to different approaches than do older adolescents, as we have already mentioned. The tasks that represent “competence” at age 14 are different than competency tasks for a 17 year old.

Preferred Family Healthcare’s adolescent programs are structured to provide activities and interventions that recognize these gender and developmental differences. Groups and assignments focus on the particular issues of each special needs group or individual.

4. The creation of a strong support network, with the adolescent at the center, is critical. Effective community integration is essential for this to occur.

The concept of building a supportive network of significant others to improve treatment outcomes was proposed in Dr. Mark Galanter’s Network Therapy for Alcohol and Drug Abuse. The theory of surrounding the addicted person with healthy significant others is echoed in concepts like Positive Peer Culture, which fosters positive attitudes and values by drawing on the strong influences that adolescents have on each other and channeling that energy toward achieving personal success. All program activities are built around the basic principles of creating a supportive network.

5. Social, educational, and vocational issues must be addressed.

“Effective treatment of substance abuse disorders among adolescents requires a comprehensive approach that incorporates family and health issues” as well as social, educational and vocational development.

6. Recovery needs to be fun.

Enthusiasm is not often a term associated with youth sobriety. One focus of the Preferred Family Healthcare adolescent program is the realization that these two terms must be highly connected. Learning to have “fun for it’s own sake” and “fun without negative consequences” are goals for all of our clients. Our adolescent programs create opportunities to have fun, both internally in the form of organization-sponsored activities (e.g. “sober parties”, indoor and outdoor games) as well as externally, by way of introducing youth to the rich array of community resources, such as the YMCA, fitness centers, organized sports, outdoor activity clubs, theater, adult supervised parties, and other great options. Focus of recreational activities always includes appropriate social behaviors, positive peer interactions, problem solving, and teamwork.

Inclusively, these six core principles and the activities and interventions we have developed to follow them, inform and guide our therapeutic efforts with youth.

At a more global level, PFH subscribes to the principles set out in the monograph *Principles of Drug Addiction Treatment*, developed by the National Institute of Drug Abuse. Succinctly put, these are:

1. No single treatment is appropriate for all individuals.
2. Treatment needs to be readily available.
3. Effective treatment attends to multiple needs of the individual, not just his or her drug use.
4. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs.
5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness.
6. Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction.
7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
8. Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.
9. Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.
10. Treatment does not need to be voluntary to be effective.
11. Possible drug use during treatment must be monitored continuously.
12. Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases, and counseling to help patients modify or change behaviors that place themselves or others at risk of infection.
13. Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.

These 13 general principles, combined with our 6 basic philosophical beliefs about working with adolescents, are the foundation of PFH's approach to working successfully with adolescent substance abusers, a foundation which has led us to be the leading provider of these services in Missouri. PFH is a "learning organization". While resting firmly on our foundational principles, we continue to inform ourselves about the most recent and most relevant research in the field. We have developed a reputation for creativity and synergy, often combining complementary evidence based practices to the greater benefit of those we serve. Our diligence in this area has resulted in several grants which have allowed us to provide services well above and beyond what might be available from the typical treatment provider. We have documented this in other parts of this proposal and will expand on our use of evidence based practices in item two of this section.

2. Describe the use of "Best Practices" to be utilized in the treatment program. Identify which practice(s) will be utilized and how they will be incorporated into treatment.

The clinical program we will provide is rooted in the widely-acclaimed Comprehensive Substance Abuse Treatment and Rehabilitation (CSTAR) approach developed several years ago by the state of Missouri Department of Mental Health in collaboration with treatment providers and addiction experts. This model successfully merged the concept of a multi-level, variable length of stay counseling program with an aggressive, community-based case management model. The program has been subject to rigorous evaluation over time and been found to be highly effective.

Preferred Family Healthcare utilizes Motivational Enhancement Therapy (MET) techniques, which involve practical strategies to enhance motivation, including a) building motivation for change, b) strengthening commitment to change, and c) follow-through strategies. The interventions that are used are determined by the consumer's level of motivation. Interventions used in order to build the consumer's motivation for change include assessing the consumer's motivation, listening to and re-framing the statements made by the consumer, and presenting personal feedback regarding the individual's need for change. Our model also utilizes the "stages of change" methodology which suggest that activities and approaches should be tailored to the consumer's current state. Motivation levels are assessed through the use of an objective tool, The "Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES).

In order to expand our use of MET, and make it optimally effective, we arranged for a staff member to receive training from the Mid-America Addiction Technology Transfer Center Network to be qualified as an instructor of Motivational Interviewing. This staff member (Gary Hillebrand) has provided numerous trainings on motivational interviewing not only with Preferred Family staff, but with professional staff from other agencies. Should PFH receive this award, Mr. Hillebrand will provide Motivational Interviewing Training to educate new staff regarding this approach to treatment.

We also train our staff to utilize the principles of Cognitive Behavioral Therapy, which helps the motivated consumer to change self-destructive behaviors and adopt positive, life-enhancing behaviors. CBT has two very specific components, Functional Analysis and Skills Training. In the substance abuse treatment setting, Functional Analysis involves the identification of specific thoughts and feelings associated with the behavior of drug use. Clients learn to identify high risk situations, and even daily challenges and circumstances that result in drug use. The client gains insight into internal reasons he or she is using, and what the true desired outcomes are. Skills training involves the learning of healthier skills and habits designed to offer alternatives to drug use as a means of coping with problems and challenges. Many adolescents have never learned effective ways to cope, early onset of drug usage often occurs at or before that stage of normal development. Even when effective strategies have been learned, they may have been forgotten as the individual has repeatedly relied on drugs for solutions instead. Working with clients using this model, staff focus on skills related first to control of usage incidents (frequency, severity, setting). Once the client has developed basic skills for this focus, the training can be broadened to embrace a wider range of situations or problems the youth may encounter. Our young clients thus learn both specific strategies to deal with the pull to use drugs, and more general approaches

that can be used with a variety of situations, skills which will provide lifelong benefit to the client.

Preferred Family Healthcare knows from experience that another effective methodology to enhance individual's current motivational level is treatment team meetings. These are particularly useful with clients who are exhibiting resistance to change. Participants in the meetings include PFH staff (therapist and clinical supervisor), and agencies/individuals involved in the person's recovery (with the proper consent of the individual) such as family members, employer, probation officer, etc. During this meeting, the individual's behavior and motivations regarding treatment are discussed. As a result of the meeting, a written agreement is completed by the individual and the treatment team regarding goals and interventions that will be implemented to improve the outcomes of treatment for the individual. This strategy of including others involved in the client's recovery – creating a social "safety net" as it were – is consistent with the concepts outlined by addictions expert Mark Galanter, M.D. and is another way we recognize and use strengths that an individual brings to the treatment experience.

PFH recognizes that for many substance abusers, denial, mistrust, and lack of support can lead to resistance and a failure to follow through with treatment structure and expectations. Unsuccessful discharges from treatment are an unfortunate by-product of the recovery process and will occur on occasion. Prior to reaching the point of recommending an unsuccessful discharge, Preferred Family Healthcare staff attempts to make every effort to turn problem situations into "teachable moments". We directly address the issues that are interfering with the client's participation in treatment. This will include securing family involvement, amending the developed treatment plan, and providing education to the client regarding the consequences of continued substance abuse and/or lack of participation in the program.

One unique and specific approach PFH has developed is the "Achieving Recovery Through Creativity" (ART-C) program. ART-C (pronounced artsy), is a creative arts program developed internally by a very talented Therapist in our St. Charles Program, Kasey Harlin, to assist substance abusing adolescents to tap into creative talents and convey emotions, thoughts and ideas through alternative means of expression such as painting, sculpting, drawing, music, and poetry. ART-C began as a rudimentary creative arts group which was held weekly and provided clients with basic opportunities to create therapeutically themed art, music and writing projects. Over the past three years it has grown into a more centralized component of the overall treatment program, providing more advanced opportunities for creativity in both group and individual settings.

ART-C currently consists of the weekly completion of group projects focused on issues pertinent to youth ages 12-17 who are struggling with substance abuse coupled with a variety of related issues. Each group entails a pre-group or post-group discussion centered on the issue of choice (i.e., emotions, impact of substance abuse, family issues, past trauma, asking for help, coping strategies) coupled with the completion of a project that allows the issue of focus to be expressed in an alternative, creative manner. In addition creative expression is being utilized in individual therapy through the use of drawing journals, poetry journals, lyric analyses and various art projects. We have found that adolescents tend to express themselves more openly through these unconventional means. These young people are discovering talents they never knew they had

leading to an increase in overall feelings of self worth and the discovery of sober recreational outlets they can participate in following their completion of treatment.

Developmentally, adolescents between the ages of 12 and 14 years old tend to express emotions through actions rather than words and they only fully develop the ability to express feelings and ideas verbally at age 17 (adapted information from the American School Counselor Association). Considering this, coupled with the longstanding belief in the field of substance abuse treatment, that an individual's emotional development is often halted at the age of onset of substance abuse, it would suffice to say that providing alternative means of expression for adolescents in treatment would not only be beneficial, but imperative.

The use of visual arts, music, creative writing and drama within the treatment structure not only encourages the expression of difficult emotions, but also provides substance abusing youth with an opportunity to explore activities that could serve as a means of healthy recreation when they return to their communities.

Many of the youth with which we work arrive at treatment having been labeled as delinquent, difficult, troublemakers. They have received repeated consequences through their parents, the legal system, the school system and other sources of authority. They struggle to see themselves outside of a lifestyle that has centered on getting high/drunk and getting in trouble. When first presented with the opportunity to create an art project, write a poem or play an instrument, they may complain, or not want to participate. However it is amazing how these same young peoples' demeanors change when they complete a project and come to realize that they have talents they never knew existed. Comments from participants give us a flavor of the strong impact the program has had on adolescent substance abusers in our care:

"My art is expressing my feelings and makes me feel better about myself making me get away from everyone through a pencil and the movement of a road of water...from mind to paper."
~Troy M. age 16

"I think art and music are positive ways to stay clean. Art and music helped me get through my stay and I think it will help others not only stay clean but find new positive ways to cope with feelings and find new talents they never knew they had." ~William "Billy" P. age 15

"Creativity is a way to release emotions positively instead of covering them up with drug use."
~Rachel L. age 17

The ART-C program provides for many of these youth an opportunity to take risks, lower their inhibitions without the use of mood altering substances and discover parts of themselves that were otherwise hidden by a plethora of maladaptive coping strategies and life circumstances. The program has received both local and national acclaim. Earlier this year, our St. Charles site was honored with a visit by the First Lady of the United States, Laura Bush. Mrs. Bush has a keen interest in the future of America's youth and had been directed to our site as a "model program" for working with substance abusing youth. During her visit, she was particularly impressed by the strong role the ART-C plays in our work with young people. We have also been pleased to have our young artists' work exhibited in the St. Louis area in galleries and as part of community awareness activities. The success of the program has been so profound that PFH has assigned

Kasey Harlin to replicate the ART-C program in all of our adolescent program sites. This St. Louis Program will have the benefit of the ART-C program from the very first day of operation.

3. Describe plans for a “continuum of care” that provides comprehensive, individualized care.

Perhaps the most significant feature of the CSTAR model of treatment (as mentioned, PFH established the very first CSTAR program for adolescents 15 years ago) is the provision of an individualized continuum of care that extends from highly intensive services (with our without residential support) to a long term continuing care intervention. The continuum begins with a comprehensive assessment, and all levels of care contain specific components designed to maximize client success.

Comprehensive Assessment

In order to provide quality, holistic treatment services, it is essential that each systemic facet of the adolescent’s life is explored and addressed during the treatment period. The unique needs and strengths of each consumer are identified during the comprehensive assessment and reflected in the treatment regimen that is personally tailored to each consumer. Some of the variables unique to each consumer include their age, race, level of functioning, level of family support, and of course their degree of involvement with substances.

Clients of the program receive an assessment and evaluation to determine the appropriateness of the program intervention. If admitted, these clients will receive a comprehensive service package which includes group education, group counseling, individual counseling, family counseling and community support services. These services are described in more detail below. The package of services can be individualized to each client within broad parameters, particularly through the functions of individual counseling and community support service. At the same time, efficient and proven methods of delivering valuable information in group settings are utilized for cost effectiveness and to take advantage of the value of group support, group confrontation and the observation and evaluation of the healthy and unhealthy behavior of others and oneself.

The assessment will be completed within the first 72 hours following residential admission, or within the first three outpatient visits, and includes the completion of the Appraisal of Individual Needs (GAIN). PFH is an “early adopter” of the GAIN, developed by Chestnut Health Systems. PFH first began using this valuable assessment tool over three years ago in conjunction with our CSAT “Fast Break” Program of early intervention in St. Charles, MO. This tool includes eight “core sections”, namely background, substance use, physical health, risk behaviors, mental health, environment, legal, and vocational. Each section contains questions on the recency of problems, breadth of symptoms, and recent prevalence in days or times, as well as lifetime service utilization, recency of utilization, and frequency of recent utilization. The GAIN is an extremely valuable tool to be used to find out where a youth is currently across the measured domains, and to help in the development of continuing treatment interventions. It is being made a standard in DMH programs starting August 1, 2006, but because of our early involvement, at this time, we have 11 Full GAIN Administrators/Local Trainers and an additional 14 GAIN site interviewers. In the St. Louis area (St. Charles) we have 3 GAIN Administrators/Local Trainers

and 6 site interviewers. Our depth in this area will allow us to utilize the GAIN tool effectively from the inception of the program.

A communicable disease risk assessment is also part of our initial client evaluation activity. Staff will be trained in the issues of HIV, STD, TB and Hepatitis screening and counseling as they relate to substance abusers. We have developed working relationships for this project with both the St. Louis Effort for AIDS and Williams and Associates in St. Louis, who will provide testing, and in-depth counseling (pre- and post-testing) to our clients on the topic of communicable disease prevention and treatment. Mr. Bill Dotson of the St. Louis City Health Department has been a long-time collaborator with PFH and has assisted us with connections to these valuable resources. We have also established working relationships with both organizations over the past few years for the benefit of the adult clients we already serve in St. Louis. We will be able to fully satisfy the conditions of Section 4.5 of the RFP by using these important community connections. On this topic, we would like to note that all PFH clients and their significant others will receive group education on risk factors and risk reduction as well as a full discussion of the myths and the facts of HIV/STD/TB/Hepatitis.

Trauma, particularly in the form of witnessing violent acts, is unfortunately a part of the lives of far too many of the young people we serve. Among the St. Louis City clients we have treated at our St. Charles location in the past six years, it is almost a universal experience. PFH will assess all clients for exposure to trauma, using the Life Experience Screening Assessment tool, and will provide trauma-related services described in detail below.

We will also screen clients for co-occurring disorders at the time of admission, and ongoing during the treatment episode. Our arrangements for care are detailed below in section 4.

To assist in our outcome evaluation efforts, described further in item 11, we will administer the Child and Adolescent Functional Assessment Scale (CAFAS) at admission. This tool measures Aggression and Conduct problems in the realms of School, Home, Community (Delinquent-like Behavior), Behavior Toward Others, Mood/Emotions, Self-Harmful Behavior, Substance Use, Thinking Problems, Material Needs, Family/Social Support. Initial scores will serve as a baseline for ongoing evaluation.

Multi-Disciplinary Treatment Planning

After the comprehensive assessment is completed, a treatment plan is developed identifying the client's diagnosis, strengths, needs, and specific behaviorally stated goals, identification of specific consumer responsibilities, identification of family members and agencies involved with the client, criteria for transfer to a more appropriate level or discharge. The treatment plan will be completed within three (3) outpatient visits for all participants. Those participating in the treatment planning process can include the consumer, family members, juvenile officer and caseworker (if appropriate), school officials, the licensed staff member completing the assessment, the qualified substance abuse counselor who completed the GAIN, and the assigned community support worker. This treatment plan is reviewed by the members of the treatment team on a periodic basis to measure progress toward the desired outcomes and to add or delete services and interventions provided to the adolescent or his/her family. The treatment plan is the primary tool used to create an individualized continuum of care for each client, as specific goals

and objectives are co-created through collaborative work with the staff, the client, family and other interested parties.

Individual Counseling

There is regular, individual face-to-face interaction between the adolescent and the counselor. This is an opportunity for the adolescent to address and resolve problems related to his or her alcohol or other drug use. Preferred Family Healthcare's therapists and associate counselors have the necessary therapeutic skills to utilize the approach that will be most effective with the individual. Preferred Family Healthcare uses a wide variety of approaches which allows individuals to analyze the problems their current lifestyle is causing them, recognize the motivations they have for using alcohol or other drugs, and establish alternative, positive, and constructive methods of addressing these motivations. In addition, therapists are trained in a variety of theories and techniques designed to address the multi-faceted concerns of adolescent consumers.

Community Support Work

An important aspect of our intervention involves recognizing existing barriers to an individual's recovery and helping him/her remove those barriers. Preferred Family Healthcare has a long history of assisting clients to build social support systems, access community resources, improve educational performance, obtain employment, improve communication skills, develop healthy lifestyles, locate medical care, and establish a supportive living environment. In order to address these needs, each individual admitted into the program is assigned a community support worker who will work with the individual and his/her family.

Preferred Family Healthcare has over twenty years of experience providing this service through its substance abuse programs. Our agency has found this additional support assisting individuals to find and obtain community resources has been effective in empowering the individual and his/her family in making positive strides towards recovery. Action steps include the identification of needs in such areas as vocation, employment, housing, health, family, etc. and the location of area resources to address these needs, linking the adolescent and his/her family to these resources by providing the information to the person, and acting as a liaison between the resource and the adolescent. Our long time involvement with the St. Louis area, even predating the opening of our center in 2000, has help us to develop first-hand knowledge of most community agencies that serve and we have developed strong working relationships with them. In order to assist the adolescent, the community support worker will also provide experiential training in life-skills and resource acquisition and provide information and education to the adolescent in accordance with the consumer's treatment planning. The community support worker is also involved in the plans for discharge by providing information to the agencies involved with the adolescent and locating and coordinating recommended services to the adolescent and his/her family.

PFH intends to work closely and collaboratively with the housing resources funded by the Mental Health Board of St. Louis to insure that the children we serve and their families have

access to safe, drug-free housing. Our Community Support Workers will insure that this is a priority area to be addressed with every client.

Family Therapy

Familial dysfunction has a profound impact on every facet of an adolescent's life and can be a dramatic factor in regard to substance use and relapse potential. Failure to provide therapy at a systemic level can be dangerous and could place insurmountable obstacles in the adolescent's path toward recovery. In addition to taking a substance use history for the adolescent clients, PFH will do the same for the family members of the client during the admission process. When it is appropriate and possible, intervention services will be provided to address substance use problems of other family members, PFH has adequate adult services St. Louis City to meet the needs of any adult family members who have a substance use problem that needs attention.

In addition, individual co-dependency counseling provided by a qualified substance abuse counselor trained in family dynamics and co-dependency will be made available to family members. This counseling is provided in both group (multi-family) and individual (single family units) settings, and is designed to "address and resolve issues related to codependency and alcohol and/or other drug abuse in the family."

In reality, each facet of our program structure incorporates an element of family involvement and takes into consideration not only the needs of the adolescent but also those of the family system.

Preferred Family Healthcare uses a systems approach to family therapy. The family therapists help the family to identify the communication and relationship patterns that exist in the family system and the effectiveness or ineffectiveness of these patterns. This allows the family to recognize the improvements that need to be made regarding communication and relationships within the family system. Family involvement is essential in regards to treating adolescent substance abusers. That they are striving towards autonomy does not negate their continued need for positive and effective parental boundaries and guidance.

Group Counseling

These groups provide goal-oriented interaction among a counselor and group of consumers. They are designed to promote consumers' self-understanding, self-esteem and resolution of personal problems through personal disclosure and interpersonal interaction among group members. Group counseling sessions are facilitated by a counselor and involve more than one youth in a group setting. Some of these sessions are topic specific based upon our experience in identifying common issues and concerns. Topics include: family issues, relationship issues, grief and loss, male issues, female issues, mental health issues, assignment sharing, and cognitive therapy. Additional group counseling sessions are less specific to individual topics and involve discussions, participant input and feedback from the group. The general approach of these groups is valuable, as issues can be rapidly changing and highly consumer specific. We will follow Departmental guidelines regarding group size in all cases.

Group Education

Educational groups deal with those topics found to be particularly imperative in regard to consumer education and include: HIV/TB/STD education, physical and emotional effects of mood altering substances, relapse prevention, stress management, spirituality, parenting skills, life skill development, career development, and anger management. The groups are designed more to impart information than to create insight. Preferred Family Healthcare has developed and accessed a variety of techniques, tools, and research so that we might present the above mentioned information to our consumers in a way that is more easily understood and retained. As it does at other programs, Preferred Family Healthcare will utilize volunteers from the recovering community to co-facilitate educational groups on self-help groups, the twelve steps, and other related recovery issues. Educational groups involve more than one but not more than thirty consumers.

Drug testing

As a means of monitoring our consumers' progress, random alcohol and drug tests are conducted. However, positive drug tests do not warrant dismissal from our programs. In fact, they are often a signal that consumer contact and involvement in treatment needs to be increased. Each positive alcohol and/or drug test will be addressed by the treatment on an individualized basis, with additional input from referral sources and legal guardians.

Residential Support

Residential Support will be an optional service provided to some clients under this contract. Details on qualifications and fulfillment are provided in item 5 below.

Levels of Care

Multiple Levels of Care

Although the components of service will remain the same throughout the course of treatment for adolescents in this project, clients will be involved with greater or lesser levels of intensity of services, based on their presenting profile and their progress in the program.

As we have noted, the CSTAR model serves as the basis for our service delivery proposal. Preferred Family Healthcare was the first agency in the state to operate an adolescent CSTAR project. Simply put, we have more experience with this model than any other agency in the state.

Here is how the CSTAR Model works. An adolescent may enter treatment at any of the three levels depending on his/her needs. This allows the agency to provide a continuum of care for each individual that is best suited to his need and/or progress. The adolescent, therapist, and the other members of the treatment team working with the adolescent will determine the level of care and the activities that the person needs to attend.

Level One is the most structured and intensive level of care. Full scale Day Treatment programming, along with ancillary and supportive services from the CSTAR program are provided to all consumers and their families. Participation in school activity provided at the facility will insure that the consumer maintains and/or advances in his/her educational standing. Recreational and other supportive programming completes the service menu under this level of care. Services at this level are available throughout the non-school hours each day (primarily in the later afternoon and evening), and 7 days a week. The main objective for this level of care is to interrupt a chronic and/or extensive pattern of substance use in order to achieve abstinence and to provide treatment and structure in a substance free setting. The average Level One participant will receive over 30 hours per week of counseling and substance abuse education, and will receive some structured services every day of the week. Level One clients typically will receive two hours of individual counseling per week.

Level Two is an intermediate level of care offering choices from the menu of available services and individually tailored to each consumer's needs. This level of care allows for significant interaction with adolescents while allowing them to take advantage of other, non-substance abuse related activities at our site and in the St. Louis community, for example work projects, job readiness training, etc. Programming for this level will typically occurs on weekday afternoons and evenings, however, programming is available during anytime services are provided to Level One consumers. The reduced intensity of this level, compared with Level One, recognizes and communicates to the participant that he is making strides in the program. Level Two clients will receive an average of 15 hours of structured service per week. The main objective for Level Two programming is to address the recovery needs and functional impairments created by substance abuse by providing an individualized package of services designed to improve a consumer's functioning and satisfaction in family and interpersonal relationships, work, school, health, money management, and other vital areas of life as they relate to the consumer's ability to maintain abstinence and live productively in the community. Level Two clients typically will receive one and one-half hours of individual counseling per week.

Level Three programming is the least intensive level of care and is designed primarily as a supportive level of care for those who have participated in earlier more structured counseling services and have shown evidence of an ability and willingness to recover, or for youth who exhibit behaviors that are indicative of early stage substance abuse. Once again, consumers are offered programming options from the menu of services, and selection of those services is based upon the individualized needs of that particular consumer. Level Three clients will generally receive services one or two days per week and will average 5 hours or less of structured services weekly. The goal of this level of care is in assisting the consumer in solidifying the gains made during treatment and providing a supportive environment of aftercare. Additional objectives for this level of care include the minimization of risks and opportunities for relapse and facilitation of early intervention through more intensive services when a relapse has occurred or is imminent. Level Three clients typically will receive one hour of individual counseling per week.

At each level, clearly defined goals are developed for the individual consumer, which serve as the basis for decisions about movement from greater to lesser intensity of services. The entire team is aware of these goals and the consumer's progress towards achieving them. Regardless of the level of care at admission, it is assumed that the average consumer will move deliberately to

less and less intensive care until the time arrives when services can be discontinued completely. These level changes will be performance- based rather than related to the passage of time. Consumers and the other members of their support network will know what it takes to make the next level change. It is also possible for a consumer to move into more intensive levels of care based on his response to the program. When this occurs, the clinical staff will communicate their logic and reasoning clearly in the consumer record and recommend level changes to the consumer, the family, and the clinical review unit of DMH.

We are well aware of the research which indicates that positive treatment outcomes are associated with length of stay, or connectedness with treatment resources. While we will maintain our strong emphasis on goal setting and goal attainment, the CSTAR model and level system, particularly the minimal, but regular involvement of Level Three programming, allows clients to remain in regular contact with formal treatment interventions. We intend for clients to receive treatment at one, two or all three levels for a minimum of six months. In our actual experience at other treatment sites, this may be significantly longer.

It is important to note that PFH intends for this program to be community-friendly and to deliver services in client's homes or in mutually acceptable public locations throughout the City of St. Louis if that should be necessary. While we think that the environment we establish at our treatment sites is the most conducive setting for counseling, we also recognize that travel to our site may not be an option in some circumstances. With appropriate regard for both client/family and staff safety, we will bring services to client and there families if necessary.

Trauma Services

Substance Abusers often have endured past trauma, which they have coped with by their using of alcohol and drugs. They also suffer from various forms of trauma as a result of their impaired judgment, adverse living conditions, poor health and risky behaviors. Failure to address and treat the trauma that has occurred in their lives will exacerbate the client's need to continue their substance usage and trigger relapse. Failure to address the client's usage will increase the probability of further trauma. Clinicians must be aware of a client trauma history to select appropriate clinical interventions that will not re-traumatize a client.

Preferred Family Healthcare will include in the initial screening of all consumers, a Life Experience Screening Assessment. Any individual identified as impacted by trauma will be assigned to a trained trauma/addiction therapist. An individual will be considered as impacted by trauma if he or she has experienced suffering, neglect, deprivation, physical abuse and injury, sexual abuse and/or exploitation, threatened sense of safety, or if he or she meets the criteria for Post-Traumatic Stress Disorder (PTSD) (DSM-IV category 309.81). As part of the individual's treatment plan, both Trauma Individual Counseling and Trauma Group Education services (defined below) will be scheduled and provided, using the Seeking Safety Model, developed by Lesa Marie Najavits, Ph.D., of the Harvard Medical School.

Preferred Family Healthcare's guiding principles for the delivery of trauma services shall include:

- Preferred Family Healthcare will provide an environment that ensures physical, emotional and interpersonal safety;
- We will treat the consumer as an equal partner in his or her counseling;
- We will promote consumer empowerment;
- We will use knowledgeable and trained staff;
- We will provide services in a holistic, contextual, and strengths based manner;
- We will educate stakeholders and the community at large about the needs of trauma survivors.

In Trauma focused treatment, the counselor and the consumer will collaborate in identifying past traumatic experiences, present symptoms, and future healing. Treatment approaches may include Cognitive Behavior Therapy, Desensitization, Assertiveness Training, Role Playing, and Relaxation Techniques. Individualized goals will be developed with each consumer and may include the following: ensuring physical safety, developing emotional stability and control, identifying traumatic events and symptoms, exploring the effects of trauma on one's choices and relationships, addressing emotional issues such as trust, self-esteem and worthiness, developing coping skills, establishing interpersonal boundaries and developing healthy relationships. .

Trauma Individual Counseling is a service provided to individuals who are assessed as appropriate for specialized services due to an experience of psychological trauma.

Trauma Group Education will involve gender-specific groups of 20 or fewer consumers. The group model will include the presentation of recovery and trauma related information and its application to participants along with group discussion in accordance with the individualized treatment/rehabilitation plans of the consumer/participants.

The presence of trauma related symptoms, if not detected and treated effectively, creates the unfortunate result that substance abuse becomes considerably more difficult to treat. We have been providing trauma counseling services at our Jefferson City adult site since opening that program, and will utilize the experience and expertise of the staff at that site to help train staff at our new program.

4. Describe how co-occurring treatment needs will be addressed.

We have outlined extensively the basis of our philosophy for treating clients with co-occurring disorders in Exhibit A, item 10. Practically speaking, for this project we will get a history of a clients previous psychiatric care, if any, at the time of admission, and will also do a simple screening for co-occurring disorders using information obtained through the GAIN, the CAFAS questionnaire, and staff observation. If a client presents as needing psychiatric care, we will immediately arrange an appointment with our consulting psychiatrist, Dr. Eleatha Surratt. We have executed a Memorandum of Understanding with Dr. Surratt which describes our proposed working relationship. PFH staff will complete an initial screening on all clients who may be eligible for treatment services under the Adolescent CSTAR Pilot Program in St. Louis City contract. As part of this screening, PFH staff will determine if, by history, or current circumstances, the client might benefit from consultation with a physician with specific training

in psychiatry. Dr. Surratt will accept referral of those PFH clients who are appropriate to be seen by her, and will provide services either from her own offices (PFH will transport) or on-site at the PFH program offices. Depending on the numbers of clients to be seen, Dr. Surratt may have regularly scheduled hours at our site. Dr. Surratt will provide psychiatric evaluations, medication assessments and medication management, and (for clients who will receive residential support) a history and physical sufficient to establish the need for residential care, to PFH clients, when and if they are needed.

PFH will provide a series of inservice trainings to all staff of this program to insure that they have the basic skills to work effectively with clients with co-occurring disorders. Training will be provided by PFH staff members who already have the skills and experience we wish to foster, by Hopewell Center (see MOU) by Dr. Surratt and, in the spring of 2007, via a day-long training with Dr. Kenneth Minkoff, arguably the most knowledgeable professional in the area of working with co-occurring disorders. We will also rely on staff from our Kansas City adolescent program, which is currently implementing a co-occurring disorders project funded by the Health Care Foundation of Greater Kansas City, to provide inservice training addressing specific issues that may arise as we implement this project.

By insuring that our staff is trained to recognize and work comfortably with clients with co-occurring disorders, we can be accepting and supportive. We know that such clients may progress at different rates, suffer different types of setbacks, and exhibit different behaviors than our clients who are not dealing with co-occurring disorders. Training fosters an atmosphere of acceptance and insures that clients are treated with balance, respect and tolerance.

5. Describe how residential support will be integrated into treatment planning.

PFH is highly qualified to provide residential support services to adolescent substance abusers. We are currently the largest provider of such services in Missouri, with 75 beds in 4 locations around the state. We know that some of our clients will need residential support as part of an effective plan of care. All clients for whom PFH recommends residential support will have physician verification of the medical necessity for such support. Our physician verifications will come from one of two sources. For clients without co-occurring disorders, we will utilize the services of Grace Hill Medical Center. Grace Hill has locations throughout St. Louis. The location we are most likely to use is the office at the corner of Jefferson Avenue and Cherokee Street, which is in the neighborhood of all of the properties we are currently considering for both clinical and residential space. Since Grace Hill may have multiple physicians providing services to our clients, we will insure that their agency oversees the credentials of the physicians delivering services to these clients. Clients with co-occurring disorders will be seen by Dr. Eleatha Suratt. Dr. Suratt is a licensed M.D. psychiatrist, but has a lot of experience from her work at Hawthorne Center in providing basic general medical services to adolescents. PFH will maintain a copy of Dr. Suratt's license in our records.

The Physician Certification Form included as Attachment F in the RFP will be completed on all clients receiving residential support services, and will be present in the client record.

Our analysis of the RFP, the estimated funds available, the unit prices offered by the Department, and the way in which clients move through the various levels of care (based on our experience in our other adolescent treatment programs) has led PFH to determine that we will provide residential support services to 4 – 6 youth at any given time. We are currently deeply involved in

a search for the right property from which to deliver these services. We will offer to both males and females and will keep these clients segregated from one another within the residential facilities with the exception of common space we might make available for dining and/or recreation. Our ideal property will be attached to or physically integrated with the clinical offices space. However, should this not be possible, we will develop appropriate procedures for moving the residential clients back and forth between the treatment site and the residential quarters.

Our years of experience providing residential services, both from within clinical facilities and utilizing a community-based "group home" model has allowed to develop effective policies and procedures to provide safe, comfortable, and clinically supportive residential services under either of the models we described above.

6. Describe how behavioral issues will be addressed in the course of treatment.

PFH utilizes a time-tested approach for encouraging positive behavior among the adolescent population. We believe that for adolescents to develop internal control mechanisms, they must be exposed to positive reinforcements as well as sanctions. By the time an adolescent enters into a treatment setting, he/she has frequently experienced primarily negative consequences for their behavior. It has been our experience that the quality of the consequences we choose for our youth makes the difference between an effective intervention and an ineffective intervention. PFH employs a behavior management system at all sites which includes both rewards and sanctions, and which ties privileges to acceptable behavior. Desired behaviors are rewarded with points which are not only tied into level changes, but can also earn clients tangible rewards like gift cards, CDs, or even healthy snack items. Inappropriate behaviors can result in various sanctions depending on the nature of the infraction. These consequences are always accompanied by therapeutic assignments such as group process or written treatment assignments so that each infraction may be used as an opportunity for growth.

Our group education process includes learning modules addressing a variety of *Coping Skills* focusing on emotional/behavioral issues such as Stress Management, Dealing with Grief and Loss, Feelings of Alienation, and Anger Control. General Goals for Coping Skills Groups include assisting clients in recognizing and moderating their emotional states, preparing clients to confront unexpected life events in a way that keeps them on an even keel, and helping clients deal with historical trauma they have faced.

As previously mentioned, Cognitive Behavioral techniques include Skills Training designed to teach youth healthy and positive ways to handle difficult situations. This is a true *in situ* process, we use actual current activities as the basis for CBT Skills Training. Effective behavior management will be a part of all components provided under this proposal.

7. Describe how the unique culturally, racial, ethnic and linguistic needs of the geographic area being served will be addressed.

Preferred Family Healthcare currently addresses cultural appropriateness in an aggressive fashion. The agency operates multiple facilities, rural, suburban and urban, adult and adolescent, across the state of Missouri and in San Antonio, Texas. PFH utilizes a variety of processes to insure that our employees are aware of, and trained to provide quality services across cultural

boundaries. The organization has a written strategic plan regarding cultural competence and maintains current demographic and cultural profiles of the communities we serve. We use the guidelines of the Department of Health and Human Services Office of Minority Health as our model.

Our proposed project will follow steps to assure and enhance cultural competency, including: (1) Ensuring that consumers receive effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language; (2) Priority to hiring staff who reflect the population being served in terms of their ethnicity and cultural background, as well as ensuring that all staff demonstrate a willingness to learn about and respect the culture(s) of the target population; (3) Continuous learning efforts to gather information about the culture(s) of the target population including youths and their families, social service providers, academicians, religious leaders, etc; (4) Ongoing supervision and training of treatment staff on issues related to cultural and linguistic competence; and (5) Review of program handouts, content, and tools by local cultural competency experts to insure that they are written and presented in a culturally appropriate manner.

8. Describe the proposed facility and how the facility will afford access to a broad range of community resources, including self-help groups, medical, social, psychiatric, recreational, educational, occupational, and spiritual resources. Describe how transportation will be addressed, if residential support is provided in a different location than the treatment facility.

Our search for the ideal space for both the clinical and residential pieces of our proposed project has been exhaustive. We began this search weeks prior to the RFP issuance, in anticipation of the project. We have looked at over 35 properties to date, including commercial space, residential space, and mixed use properties. We have made our choice using certain guidelines for the “best possible” locations. We wanted to be located on or near a bus line to allow clients the opportunity to take advantage of the comprehensive public transportation system in St. Louis. The counseling space needed 8 to 10 counseling offices and two or three group rooms, along with common space, activity space, a reception area and 2 – 4 bathrooms. The residential space would ideally be either two side by side units or a single larger residence with two distinct sleeping areas to allow for gender separation. (Common space for recreation, small group activity and cooking/dining in the residential area is acceptable.) We have completed Exhibit S on two properties which we think fit the bill very well. They are also within walking distance of one another, although we have budgeted for a van and rehab techs with chauffeur’s licenses to bring the residential clients to the clinical site. We will be able to pick up and drop off some outpatients as well, using this same resource.

Both of the facilities described in the Exhibit(s) S are located in the “near South Side” of St. Louis. This centralized location possesses many benefits in terms of client accessibility to both our treatment services and to a wide array of services and opportunities in the City. The office location at the corner of Jefferson and Cherokee is on major bus lines, (11, 52, 357 and 410x) and within 4 – 6 blocks of three others. These lines provide both north/south and east/west traverse of the city, and connection to light rail at two different stations. (As stated, PFH will also have a van and a rehab tech with a chauffeur’s license to assist in transporting clients when public transportation is not the best choice). All of the locations are within 1 – 2 miles of a

variety of services, including the Cherokee Recreational Facility (which PFH currently uses for adult services), the Juvenile Office, Grace Hill Medical Clinic (virtually across the street from the Jefferson facility), Hopewell Center (psychiatric services), and the St. Louis SLATE office (job training, see below). The facilities are located in District 2 of Alcoholics Anonymous of Greater St. Louis. This district offers 83 meetings per week, including 12 meetings for gay and lesbian people in recovery, five newcomers/beginners meetings, two Spanish-speaking meetings and at least one dual-diagnosis meeting. There are literally dozens of churches in the immediate area, of all major denominations.

PFH provided transportation will open up even more opportunities to our clients, allowing them to easily access the Lindell Club (large AA club with an average of 9 meetings DAILY), which is 4 miles distant, and recreational and cultural opportunities such as the museums (art, history, science), the zoo, several parks with open spaces and playgrounds.

School will be provided onsite at the clinical offices.

9. Identify the proposed hours of operation and how the offeror will meet the needs of clients and families for weekend and evening services.

We have attached the activity schedules currently in use in our St. Charles CSTAR program. We intend to develop schedules very similar to these for this project. Clients in Level I, Day Treatment, will have access to services from 8 a.m. Monday through Friday, 9:30 a.m. on weekends, through 9 or 10 p.m. every evening. Level II and III clients in general will have structured activities from 4 to 8 p.m. Monday through Friday. The flexibility of our programming will allow Level II and Level III clients to attend during the day, and on weekends if that is a better choice for them. Most of these clients will be in school or occupational training programs during the day, so the late afternoon and evening hours will generally be the best choice for them. Structured family groups are provided both in the evenings and on Saturdays. Individual family sessions will be by appointment and can be made virtually any time that program activities are scheduled, in order to accommodate the needs and availability of family members.

10. Describe planned outreach and referral activities with primary health care providers, law enforcement officials, schools, churches, and other community groups.

PFH has a long history of working effectively with the resources of the communities where we are located. This project will be no exception. We have described several of our collaborative strategies already in this Exhibit as well as in Exhibit A. We have created service oriented relationships with Grace Hill and Hopewell already, as well as with Dr. Eleatha Surratt, to take care of clients physical and psychiatric health need. We have a working relationship, through our adult program, with the Cherokee Recreation Center. Our adult Access To Recovery services have brought us to the table with several faith-based organizations in the city, to work out cooperative ventures to the benefit of the clients we serve and we have no doubt that several of these groups will be interested in working with the adolescent clients as well. PFH has very effective working relationships with the juvenile officers in the city, as we have been treating their kids in our St. Charles residential program for over six years. We understand and are very happy to hear that the St. Louis Agency on Training and Employment will be accessible to our clients through a grant from the MO Dept. of Economic Development to fund a who will be a

specialized substance abuse person. This individual will work on the staff of a lead agency, which will be funded under a contract that has closed its bidding just recently. We will foster a close relationship with SLATE personnel, allowing us to get our adolescent clients into job training programs, and PFH will be a valuable resource for SLATE kids who are evaluated by SLATE staff as needing treatment. PFH will provide program space for the SLATE project if requested.

PFH has successfully integrated on-site school services for residential and full Day Treatment clients into treatment operations at all of our current sites which provide residential support for adolescent substance abusing clients. Although the specific details of the arrangements vary from site to site (as we work with a different school district at each location), the essentials are the same. Two or more hours each morning are devoted to school work, each client has a lesson plan developed by his or her home district and overseen by certified teachers who provide onsite teaching and mentoring, and instruction is generally given on an individualized basis. Funding for the teachers comes from the "homebound" funding stream of the district in which the client resides. In the case of this project, all clients live in the St. Louis Public School system (SLPS). As anyone who has been paying attention to the news lately is aware, the SLPS is undergoing significant reorganization at this very time. As a result, PFH has been unable to create a firm agreement yet on the details of our school plan for this project. The individuals we have spoken to at SLPS, and PFH are both certain that such a plan will be made prior to the beginning of service delivery under this contract. However, the decision makers in this area at SLPS are in the process of being replaced, and it will be a couple of weeks before we are likely to be able to open serious discussion on the topic. In the interim, we have a point of contact, Ms Brenda Fonderen who will verify that we have attempted to initiate discussion on this topic. Ms. Fonderen works in the office of the Executive Director of Special Education, Ms. Shira Truitt, who has just taken on the post as of the submission of this response to the Department's RFP. Ms. Fonderen may be reached at 314-345-4542, should the evaluators wish to contact her about our efforts.

11. Outline the operational plan that identifies the functional oversight of the program.

This program will be under the executive supervision of Jim Wallis, PFH's Eastern Region Vice President for Adolescent Services. Direct clinical supervision will be provided by Bryan Quick, Program Director. Current PFH staff who will be available to work at this program site are listed in the attached Exhibit D. We have also included job descriptions for those positions for which we have not yet identified staff. We have attached an organizational chart in the Appendix which illustrates the relationship between PFH staff from the Senior Management Team to the service delivery level.

Implementation

The Department has created an implementation schedule with three primary goals: Securing a building (or buildings), Securing Staff and Policies and Procedures, and opening the facility.

Our ability to develop positive collaborative relationships with peer organizations is of great benefit to this proposal. We have included two Memoranda of Understanding, one with Comtrea, and the other with New Beginnings. Referencing these MOU, it is clear that we can have access to space which has already been approved by DMH, and is in fact already being used for the specific purposes we need, residential support and clinical office space. The more compelling

contingency to delivering services will be the recruitment of a full complement of staff which we estimate will take approximately 45 days.

PFH intends to take over the Comtrea facility at 3407A South Jefferson. This location currently serves outpatient CSTAR adolescents who have received Level One care at Comtrea's residential center in Jefferson County. We will be able to move into this space as soon as our staff is in place. We are placing a contract on a single level two family building only a few blocks away from the Comtrea site at 3144 Nebraska. This building is not currently occupied, so we will be able to take possession immediately upon purchase, which would follow notification of the award of the contract. There is some minor repair work that we want to do before having our clients move in, but our VP of Facilities Management, who has visited the property, is certain that this work can be completed by the time the staff is hired.

We already have Policies and Procedures written which will govern 90% of the activities promised in this proposal, and will be able to complete this task easily within the 45 day time frame. Thus we will commit to the following implementation schedule, which is also reflected on Attachment E

	Implementation Objective	Date of Completion
4.1	Secure Building	45 days post Award
4.2	Secure Staff and Policies and Procedures	45 days post Award
4.3	Facility Open	45 days post Award

This implementation schedule will be monitored daily by our VP of Facilities Management, Jamie Campbell, and weekly by Eastern Region Vice President Jim Wallis.

Outcome Measurement

PFH believes that it is important to measure the impact of the services we deliver. We will use the Child and Adolescent Functional Assessment Scale (CAFAS) as our primary tool for outcome measurement. The CAFAS is a rating scale, which assesses a youth's degree of impairment in day-to-day functioning due to emotional, behavioral, psychological, psychiatric, or substance use problems. Initial scores will serve as a baseline for ongoing evaluation. The CAFAS will be re-administered every 90 days while the client is receiving services from PFH and again at discharge. We will arrange for staff to be trained in the proper use and administration of CAFAS. We have spoken with Functional Assessment Systems, Inc. and learned that there is a self-training manual which can be completed by clinicians and scored for approval by Functional Assessment Systems. The entire process takes about three weeks. We intend to pursue this method of certification for the CAFAS. We have also spoken with Patricia Carter, Ph.D., of the DMH staff, who believes that a DMH training will be put together and may

be available in the month of September. PFH will also have our staff attend this training to insure that we are administering the CAFAS as the Department intends.

In addition to making staff available to participate in the Department's Peer Review process as per the terms of the RFP, we will also welcome Peer Reviewer's to this program as directed by the Department, to further enhance our own Quality Improvement process, which was addressed in Attachment A.

Emergency Contingency Plan

PFH management team will insure that there is a written emergency contingency plan for all facilities we occupy in the performance of this project. This plan will ensure that consumers will receive services in the event of a disaster (fire, flood, or earthquake), the loss of all or part of our staff, or any other unplanned event. Once again, PFH's position as the largest provider of adolescent substance abuse services in Missouri is a tremendous asset we bring to this project, as we have both staff and facilities nearby (in St. Charles) and across the state which will make it easy for us to fulfill this commitment. We will make our written plan available to the Eastern Regional District Administrator within 90 days of contract award, will modify the plan if required by the department and will submit an updated plan whenever circumstances change, and at least annually.

Additional Notes

PFH will provide 24 hour admissions to this program, if necessary. We will have awake staff on site at the residential facility on Nebraska overnight, and will forward telephones from the clinical site when clients leave for the night and on weekends.

PFH is familiar with the requirements and procedures for providing interpretive services if necessary, we do this at all of our programs. We will provide interpretive services as required for this project as well.

As is the case in our other programs funded by the Department, we will also comply with the personnel regulations as stated in Attachment A, Section 3.5 of the RFP, and the clinical review process as stated in Attachment A, Section 3.6.

EXHIBIT S – Offeror Site Identification

Complete this Exhibit for each location to be utilized in the delivery of the services.

OFFEROR: Preferred Family Healthcare, Inc.		SITE NAME OR PROGRAM TITLE (IF ANY) Adolescent CSTAR		
STREET ADDRESS: 3144 Nebraska	CITY: St. Louis	STATE: MO	ZIP CODE: 63118-2230	COUNTY: St. Louis City
CONTACT PERSON: JAMIE CAMPBELL		PHONE: 660-665-1862		FAX: 660-665-3989
IDENTIFY SPECIFIC SERVICES TO BE PROVIDED AT THIS LOCATION: Residential housing for adolescent clients participating in substance abuse treatment.				
IS THIS SITE ALREADY CERTIFIED TO PROVIDE THE SPECIFIED SERVICES? YES ___ NO <input checked="" type="checkbox"/>	IF YES, PROVIDE ADA CERTIFICATE NUMBERS: N/A		IF NO, IS THE SITE CURRENTLY ZONED TO ALLOW THE REQUIRED SERVICES TO BE PROVIDED? YES <input checked="" type="checkbox"/> NO ___ NA ___	
DESCRIBE THE LOCATION/FACILITY. INCLUDE INFORMATION REGARDING THE PHYSICAL PLANT, ACCESS TO PUBLIC TRANSPORTATION, PROXIMITY TO ANCILLARY TREATMENT PROVIDERS AND OTHER COMMUNITY RECOVERY RESOURCES: This property is located in an area that is being extensively rehabbed by local builders and contractors. The building is a one-story duplex. The property has central air, a fenced yard, new appliances, and a full basement (suitable for laundry and other uses). The building is minutes away from major highways, particularly I-55 and I-44. The location is within two-tenths of a mile of several major Metro Bus routes, including routes #30, #52, and #10. This location is 6-7 blocks away from the COMTREA treatment center located at 3407 Jefferson. Staff would have ample access to recreational opportunities for clients, as the property is just a few blocks away from both Benton Park and the Cherokee Recreation Center. A Salvation Army office is also within walking distance. Hopewell Mental Health Center is less than 2 miles away, while Grace Hill South Health Center is less than one mile away (and across the street from our clinical offices).				

EXHIBIT S – Offeror Site Identification

Complete this Exhibit for each location to be utilized in the delivery of the services.

OFFEROR: Preferred Family Healthcare, Inc.		SITE NAME OR PROGRAM TITLE (IF ANY) Adolescent CSTAR		
STREET ADDRESS: 3407-A Jefferson	CITY: St. Louis	STATE: MO	ZIP CODE: 63118	COUNTY: St. Louis City
CONTACT PERSON: JAMIE CAMPBELL		PHONE: 660-665-1962	FAX: 660-665-3989	
IDENTIFY SPECIFIC SERVICES TO BE PROVIDED AT THIS LOCATION: Adolescent substance abuse treatment services. Staff offices would be located at this property, and clients receiving residential support would be transported to the office for services.				
IS THIS SITE ALREADY CERTIFIED TO PROVIDE THE SPECIFIED SERVICES? YES X NO ____	IF YES, PROVIDE ADA CERTIFICATE NUMBERS: CERTIFIED BY COMTREA, NOT PFH		IF NO, IS THE SITE CURRENTLY ZONED TO ALLOW THE REQUIRED SERVICES TO BE PROVIDED? YES ____ NO ____ NA ____	
DESCRIBE THE LOCATION/FACILITY. INCLUDE INFORMATION REGARDING THE PHYSICAL PLANT, ACCESS TO PUBLIC TRANSPORTATION, PROXIMITY TO ANCILLARY TREATMENT PROVIDERS AND OTHER COMMUNITY RECOVERY RESOURCES: This property is currently being utilized by COMTREA for the provision of adolescent substance abuse counseling. It is approximately 7,500 square feet, significantly more than necessary to provide the proposed services. There are private offices, group space, common area and a reception area. The building is located in South St. Louis City, only minutes from highways I-55, I-44, and 64/40. It also sits directly on two bus lines, with access to several connecting lines that run throughout the city. The offices are on the second floor of a two-story building, with an elevator and stairs providing access from the street. This property is located directly across the street from the Grace Hill Medical Center. It is approximately 2.7 miles from Hopewell Mental Health Center, and is only 2 -3 blocks away from both the Cherokee Recreation Center and Benton Park. It is also 4.5 miles away from the Lindell Club AA facility.				

See file MOUs.pdf

Attachment A:

MEMORANDA OF UNDERSTANDING

Grace Hill Neighborhood Health Centers, Inc.

Hopewell Center

Dr. Eleatha Surratt, M. D.

COMTREA

New Beginnings

See file Letters.pdf

Attachment B:

LETTERS OF SUPPORT

St. Louis Effort for AIDS

Williams and Associates

New Beginnings

CenterPointe Hospital

NAMI St. Louis

Youth In Need

NCADA-St. Louis

Big Brothers, Big Sisters

22nd Judicial Circuit Family Court (2)

Jessica Wilkison, MSW (DJO)

SSM Behavioral Health

Crider Center for Mental Health

Katee Hessler Foundation

Attachment C – Daily Schedules

	Monday		Tuesday		Wednesday		Thursday		Friday	
4-5 Group Counseling (For those outpatient clients already here at 4 pm)	Ct Choice Millie	Dual Dx David	Grief/Loss Jeannie	Spiritual Recovery David	ARTC self expression Kasey	12 step - Nick	3p-5p Life skills - CSW		Happy Hour David	AOS/STS Nick
4:30-5:30					Group Counseling – David CSTAR OP					
5:30p	Snack –		Snack –		Snack –		Snack –		Snack –	
5:30p-6:30p	<u>Groups alternate every other week</u>		Relapse Issues RT		5:30-6 Recovery Training –		5:30-6 Recovery Training –		12 step concepts	
	Recovery Concepts RT	Group Therapy Rotating Counselor			6p-8p Early Recovery	6p-8p Advanced issues Pete-	Family Group Linda 6p-8p	NA Support Systems RT – Mix 6p-8p		
6:30p-7:30p	<u>Groups alternate every other week</u>		Chemical Depend. & Denial		Early Recovery		Every 3rd Thursday Recovery Celebration – Family Night 6p-8p			
	Drug Facts RT	Cultural Diversity								
7:30p-8:00p	Recovery Training –		Recovery Training –						Recovery Training –	