

**AGREEMENT**

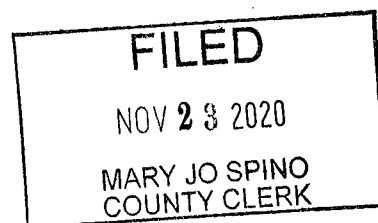
*(Term and Supply Contract for Drug Court Program Services)*

**THIS AGREEMENT**, by and between **JACKSON COUNTY, MISSOURI**, a First Class Constitutional Home Rule Charter County, hereinafter referred to as "the County," and **HEARTLAND CENTER FOR BEHAVIORAL CHANGE**, 1730 Prospect Avenue, Suite 100, Kansas City, MO 64127, hereinafter referred to as "Heartland," is entered into this 23<sup>rd</sup> day of November, 2020.

In consideration of the terms and conditions herein contained it is agreed by and between the parties as follows:

1. **Services.** Heartland shall fulfill its contractual obligations by providing substance abuse and/or other counseling services for the County's Drug Court Program as follows. Heartland will conduct individual and group counseling, assessments, sanction groups, urinalysis, reporting, and case file management, all as is further outlined in the Scope of Services from Heartland's Response to the County's Request for Proposals (RFP) No. 4-20, which is attached hereto and incorporated herein by reference as Exhibit A.

2. **Terms of Payment.** The County agrees to pay Heartland, upon Heartland's monthly billings, for services rendered and billed to the County at the rates set forth in Heartland's Quotation Sheet contained in its Response to RFP 4-20, attached hereto and incorporated herein by reference as Exhibit B. Upon receipt of Heartland's monthly invoices, the County shall make monthly payments. Funding for services performed in extension terms beyond the initial fiscal year is subject to appropriation in the County's then current annual budget.



3. **Term of Agreement.** The term of this Agreement shall commence as of August 16, 2020, and will continue for twelve months with an option to extend this Agreement for an additional twelve month term upon the mutual agreement of the parties, unless terminated by either party.

4. **Termination.**

- a. Either party may terminate this Agreement immediately if the other party is dissolved, or initiates proceedings to liquidate or dissolve.
- b. Heartland and County promise, covenant, and agree to faithfully observe and perform all the terms, provisions and requirements of this Agreement, and County or Heartland's failure to so observe and perform in accordance with said terms, provisions, and requirements of this Agreement shall represent and constitute a breach of this Agreement. In such event, unless the breaching party cures any such breach within five (5) days of its receipt of written notice thereof from the non-breaching party, the non-breaching party may immediately terminate this Agreement.
- c. This Agreement may be terminated by either party at any time, with or without cause, upon sixty (60) days prior written notice.
- d. Notwithstanding any other provision herein, the parties may terminate this Agreement at any time by their mutual consent in writing.

5. **Liability and Indemnification.** No party to this Agreement shall assume any liability for the acts of any other party to this Agreement, its officers, employees or agents and Heartland shall indemnify, defend and hold the County harmless from any and all claims, liabilities, damages, costs (including reasonable attorney's fees directly related

thereto) including but not limited to violation of civil rights and/or bodily injury to or death of any person and for damage to or destruction of property if and to the extent caused by the negligence, willful misconduct or omissions of Heartland during the performance of this Agreement.

6. **Waiver of Breach.** No delay or omission by either party to exercise any right or power accruing upon any breach of any covenant or agreement contained herein shall be construed to be a waiver of any such right or power or any acquiescence therein. The waiver by either party of any provision of this Agreement shall not operate or be construed as a waiver of any subsequent breach of the other party.

7. **Severability.** If any other provision of this Agreement is invalid, or incapable of being enforced by reason of any rule or public policy, all other conditions and provisions of this Agreement shall nevertheless remain in full force and effect, and no covenant or provision shall be deemed dependent upon any other covenant or provision unless so expressed herein.

8. **Amendment.** This Agreement may not be amended or modified, except by an Agreement signed by duly authorized officers of the respective parties.

9. **Assignment.** This Agreement, or any part thereof, shall not be assigned without the prior written consent of the parties. Any attempt to assign without such consent shall be void and confer no rights on any third parties.

10. **Governing Law.** The validity, interpretation, and enforcement of this Agreement shall be governed by the laws of the State of Missouri.

11. **Conflict of Interest.** Heartland warrants that no officer or employee of the County, whether elected or appointed, shall in any manner whatsoever be interested in or

received any benefits from the profits or emoluments of this Agreement.

12. **Non-appropriation of Funds.** When funds are not appropriated or otherwise made available to support continuation of the performance, the Contract shall be terminated and the County will not be obligated to pay Heartland for any amount past the date of notification of termination. The County shall have sole discretion to cancel said Agreement based on non-appropriation of funds for whatever reason.


13. **Entire Agreement.** This Agreement, together with Exhibit A, Heartland's Scope of Work from its response to RFP 4-20, Exhibit B, Heartland's Quotation Sheet from its response to RFP 4-20, and the entirety of RFP 4-20, which is incorporated herein by reference, shall constitute the entire agreement and understanding of the parties. In the event of a conflict among the provisions of any of these documents, the terms of the documents shall prevail in the following order: 1) this Agreement; 2) Exhibit A; 3) Exhibit B; and 4) RFP 4-20.

IN WITNESS WHEREOF, the parties hereto have signed and executed this Agreement on the date first above written.

APPROVED AS TO FORM:

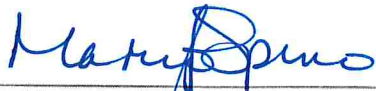
JACKSON COUNTY, MISSOURI

  
Bryan O. Covinsky  
County Counselor

  
Bob Crutsinger  
Director of Finance and Purchasing

ATTEST:

HEARTLAND CENTER FOR BEHAVIORAL CHANGE


By:   
Mary Jo Spino  
Clerk of the County Legislature

By:   
President

**REVENUE CERTIFICATE**

This award is made on a need basis and does not obligate Jackson County to pay any specific amount. The availability of funds for specific purchases is subject to annual appropriation.

11-19-2020  
Date

  
Director of Finance and Purchasing



## **2.0 SCOPE OF SERVICES**

### **2.1 Drug Court Program:**

**2.1.1** Heartland Center understands that eligibility determination is the responsibility of the Jackson County Prosecutor and that participation is voluntary.

**2.1.2** Heartland Center understands that all participants will be legally defined as adults and that prosecution will be stayed pending completion of program requirements.

**2.1.3** Heartland Center agrees to having a representative at each scheduled court docket to discuss each participants progress.

**2.1.4** Heartland Center agrees to participate in all Treatment Team Meetings and to develop an individual treatment plan for each participant. All participants shall be accepted and invited to participate in consumer satisfaction surveys which will be made available to the program manager at least quarterly.

**2.1.5** Heartland Center agrees to offer treatment levels and distinct phases and to begin providing treatment services within 24 hours of referral and to immediately begin the assessment process.

### **2.2 Treatment Requirements:**

**2.2.1** Treatment Levels and Treatment Track is covered in section 2.4

### **2.3 Drug Court Phases:**

**2.3.1** The initial phase of the Drug court program is the Assessment Phase. Diversion Managers, Client Advocates and treatment counselors will be meeting with the referred individuals to compile and share information needed to assess each client's need for treatment, their individual risk/needs scores per the RANT, and any barriers to treatment. HCBC will provide a qualified counselor to oversee assessments to clients as they are referred from Drug Court. Assessment services will begin within 24 hours of the referral to HCBC.

Phases will be incorporated for Quadrants 1, 2 and 3 and for the Co-Occurring (COD) Track. MRT requirements are not phased; clients will move through MRT based on their completion of the 12 Steps of MRT. When clients have completed the required 12 MRT Steps, they will attend one MRT group for two hours to work on Steps 13 through 16, and to mentor new clients in their MRT group.

The substance use treatment portion of Quadrant 1, 2 and Quadrant 3 and COD clients will participate in one of three phases:

Phase One – Three Months

Phase Two -- Four Months

Phase Three – Five Months, or until all requirements are met for graduation.

**Phase Movement Requirements:** To move from Phase One to Phase Two requires a minimum of 30 days clean, attendance at group and individual sessions at a rate no less than 75%, plus compliance with Court mandates and meeting as scheduled with Diversion Managers.

To move from Phase Two to Phase Three requires a minimum of 90 days abstinent from all drug/alcohol use, attendance at a minimum rate of 75%, and compliance with other Drug Court requirements.

**2.3.2** Goals of the Assessment Heartland Center understands and agrees with the goals of the assessment and has the necessary resources and expertise to meet these goals. Heartland Center will document the assessment consistent with these goals and provide that documentation to the program manager.

**2.3.3** Objectives for the Assessment: A certified substance use disorder counselor will complete an assessment of individual to determine the level of need.

The assessment counselor will administer the Initial Standardized Assessment Protocol (ISAP) to include:

- o Standardized Psychosocial Assessment
- o DLA-20 Daily Living Activities
- o Trauma Screening Form is the PCL-5 (Posttraumatic Stress Disorder Checklist for DSM-5)
- o Suicide Screening is the SBQ-R (Suicide Behaviors Questionnaire - Revised)
- o Non-Emergency Medical Evaluation Checklist
- o HIV/TE/STD Risk Assessment.
- o Substance Use Disorder and Psychiatric Treatment History

Treatment placement recommendations will be made based on the information gathered during assessment phase. The assessment counselor will compile and summarize each client's information and provide a narrative report available to the members of the treatment court team.

## **2.4 OUT-PATIENT TREATMENT REQUIREMENTS**

**2.4.1. Treatment Placement** All clients will be placed in the appropriate Quadrant or Treatment Level per the assessment and Risk and Needs Triage (RANT) score. (Risk refers to the likelihood of re-offending; Need refers to the degree of substance abuse or addiction). The Diversion Managers will complete the RANT assessment on each new client. Clients with serious mental health issues will be placed in a special track for Co-Occurring Disorders.

Quadrant 1 High Risk/High Need

Quadrant 2 Low Risk/High Need

Quadrant 3 High Risk/Low Need

Quadrant 4 Low/Risk/Low Need

Specialty Track Co-Occurring Disorders

**2.4.2 Individual Counseling** All clients will receive individual counseling scheduled per their treatment placement/level. The individual counseling session will be on a face-to-face basis and will be goal oriented in accordance with the treatment plan, to assist the client in relieving symptoms and resolve problems interfering with successful recovery. While face-to-face sessions are preferable, sessions conducted via telehealth or other virtual medium may be conducted to ensure that treatment goals are met and that the treatment offered is in keeping with appropriate COVID-19 safety protocols.

**2.4.3 Group Counseling** All clients will receive group counseling scheduled per their treatment placement/level. All groups will be face-to-face and be consistent with the participants the treatment plan. Groups will consist of at least two (2) persons but not more than twenty (20) participants. Groups will be identifiable as either Group Education or Group Counseling in the documentation of the service provided. While face-to-face sessions are preferable, sessions conducted via telehealth or other virtual medium may be conducted to ensure that treatment goals are met and that the treatment offered is in keeping with appropriate COVID-19 safety protocols.

**2.4.4 Sanction Groups** Heartland Center will provide specialized groups available to the Drug Court Commissioner for participants who are experiencing difficulties with program compliance. Specific information about the sanction groups is available in the consumer handbook (Attachment D and Attachment L).

**2.4.5 Random Urine Collection Plan** Heartland Center offers a Urine collection plan consistent with the components of the RFP (Attachment F).

**2.4.6** Heartland Center will make treatment services available to accommodate participants work schedules. Adjustments will be made as necessary to accommodate changes in the participants schedule during the course of treatment.

**2.4.7 Human Rights** HCBC is committed to providing services that meet consumer needs and has established policy and procedures to enable clients to state complaints or grievances without fear of reprisal or negative consequences. The HCBC grievance procedure is posted prominently at both locations and easily accessible to all clients. The procedure is fully reviewed with all new clients at their assessment, and again at their orientation to treatment session prior to beginning treatment. These procedures are reviewed with the Anti-Drug Program Administrator to ensure satisfaction with the procedures.

A file of all Jackson County Drug Court client grievances of an alleged violation of their rights, and the resolution of the grievance will be maintained at the Kansas City location, 1212 McGee Street. This file will be made available to the Anti-Drug Court Administrator at any time requested. The HCBC policy requires full cooperation of our staff with any investigation by a contracting agency (see page 4 of HCBC Policy & Procedure 9.4 attached hereto).

Any allegations of physical abuse, sexual abuse, verbal abuse or neglect of a client shall immediately be reported to the Anti-Drug Program Administrator by Regional Administrator or Program Manager or designee.

**Medical Emergencies:** In the event of a medical emergency experienced by a client on the premises of HCBC, the following steps are to occur:

1. Staff will immediately call 911 to report the incident.
2. Staff will attempt to isolate the client from other participants in the program.
3. Staff will remain present with the client until the arrival of emergency responders unless to do so would place themselves or others at the location in jeopardy.
4. Staff will cooperate with all instructions/requests of emergency responders and will secure any items belonging to the client that cannot remain with the client if transported to a medical facility.
5. Staff will prepare an internal Incident Report and distribute internally per established policy. A copy of the Incident Report will also be available to the Program Administrator within 48 hours.

**Detoxification:** When a client present at one of the locations presents as under the influence of alcohol or other drugs, the following steps will be taken:

1. Staff will instruct the client that he/she is not to leave the premises unless in the company of a responsible family member if the impairment appears to be significant.
2. Staff will call 911 to request transportation of the client to a detox facility. If the client is accompanied by a responsible family member who wishes to transport the client to such a facility, directions to such facility will be provided to the family member.
3. If such inebriated client is argumentative or combative, other clients present will be asked to leave the vicinity of the client until emergency responders (or family member) has removed the client from the premises.
4. Staff will report to the incident to team members as appropriate.
5. An Incident Report will be prepared. All such instances will be reported to the Program Manager within 24 hours.

**2.4.8 Heartland Center** currently has services located conveniently to the court and on a bus route for the participants.

**2.4.9 Heartland Center** agrees to continue offering access to participant records to members of the treatment team and make timely entries into the record consistent with the requirements of the RFP.

**2.4.10 Heartland Center** has specific staff dedicated to attending all court dockets and team meetings to collect and share necessary information to the treatment team.

**2.4.11 Heartland Center** understands and agrees to all aspects of the requirements related to case file management.



**2.5 Miscellaneous:** Heartland Center agrees to comply with all requirement of this section of the RFP.

### 3.6.4 SCOPE OF SERVICES –NARRATIVE.

Heartland Center for Behavioral Change is the current provider of treatment services for the Jackson County Drug Court. As noted in the Experience and Expertise section herein, we have thirty-five years of experience in providing substance use disorder treatment to the criminal justice population, and fifteen (15) years in providing treatment under the drug court model. HCBC is nationally accredited as a provider of treatment court services by CARF International and has been a provider of drug court treatment not only in Jackson County but also in Greene County. All services are provided using evidence-based approaches to intervene effectively with persons with a substance use disorder, and with adherence to the key components for successful drug courts, as well as the Best Practice Standards for Drug Courts as developed by the National Association of Drug Court Professionals.

Research conducted by the National Drug Court Institute established that coerced treatment is effective and identified four common factors that were deemed essential to the efficacy of treatment. These four factors are:

1. Client Factors – Strengths and challenges possessed by the clients
2. Relationship Factors – Connection between client and staff
3. Hope and Expectancy – Engendering belief that change is possible
4. Model/Techniques – Treatment assessment and modalities matter

Of the four factors, the most important was found to be Client Factors. The research stated that understanding his or her personal strengths and challenges is the key to making lasting behavior change, and that staff can facilitate that process by understanding and applying a Strength-Based approach. HCBC includes orientation and training for staff in the Strength-Based model. HCBC staff identifies each client's strengths during the assessment process using the SNAP protocol to determine each client's Strengths, Needs, Abilities and Preferences, and incorporating this information into the individual treatment plan.

The second most important factor, relationship between participants and staff, relies on warmth, acceptance and perceived empathy. Acceptance does not mean agreeing or acquiescing to the beliefs/behaviors of the client, but rather acknowledging their beliefs. That is, accepting the clients where they are, so that rapport and a relationship can begin to develop. Our counselors use a client-centered approach which has translated into over ninety (90) per cent of our drug court clients reporting that they have high trust in the HCBC staff working with them.

Third, the hope and expectancy factors refer to assisting the client in believing that s/he really can change. Using Motivational Interviewing principles and techniques creates a positive environment where the possible can become a reality. Each HCBC drug court staff is trained in the use of Motivational Interviewing and HCBC provides both initial and on-going training in the use of this technique. Our counselors demonstrate use of this technique by recognizing even small positive changes clients make and acknowledging the achievement.

Finally, the model/technique factor has received much attention and study in the past few years, with findings that identify specific treatment modalities and assessment tools that have been found to dramatically increase the likelihood of positive change and success.

Assessment under this factor has been determined to be a critical component; identification of the correct dosage (amount and length of treatment) and programming focus are essential in meeting each particular client's needs. When the level and type of treatment are correctly matched, positive outcomes are significantly enhanced. The approved assessment tool is the Risk and Needs Triage (RANT). All clients receive this assessment, which is completed by the Diversion Managers, who then forward the RANT score to HCBC assessment staff. Although the RANT is used to determine placement in a particular treatment track with the prescribed treatment dosage for each client, the HCBC assessor also administers an Initial Standardized Assessment Protocol (ISAP), as outlined further in this RFP response, and uses the information from the assessment to develop an individualized treatment plan, in coordination with other members of the treatment team. Information from the assessment is also used to determine which clients need targeted mental health treatment. Such clients are referred for further evaluation including a determination of need for psychotropic medication, psychiatric consultation and monitoring.

Relative to the treatment approach or modality, several decades of research (Guitierrez & Bourgon, 2012) has revealed that outcomes from correctional rehabilitation are significantly better when:

1. Consumers receive behavioral or cognitive-behavioral counseling interventions.
2. The interventions are carefully documented in treatment records.
3. Treatment providers are trained to deliver the interventions reliably, and

4. Fidelity to the treatment model is maintained.

A specific recommendation coming out of this research has been for the adoption of the cognitive model of treatment known as Moral Reconciliation Therapy (MRT). MRT was consistently found to increase participation rates, increase program completion rates, bring about beneficial changes in client personality characteristics, and significantly lower recidivism rates. Heartland Center staff participated in the conversion of the Jackson County Drug court to this model in the summer of 2014. HCBC key staff providing services to drug court clients are certified to provide MRT programming, including the Vice President of Behavioral Health, the Drug Court Program Manager, and counselors at each location. HCBC is planning to add a credentialed MRT trainer to the staff complement to provide ongoing training and development for all drug court staff. Our Quality Assurance department ensures adherence to the MRT manual and fidelity to the model.

Moral Reconciliation Therapy is to address and remediate criminogenic thinking. For those clients who do not have high criminogenic needs, but are dependent on drugs, other evidence-based treatment curricula are used, including Living in Balance and Matrix. An outline of these programs and treatment topics is attached in Attachments C and D.

In addition to establishing treatment which provides for the correct dosage amounts and length of treatment, and adherence to effective treatment modalities, another component which has been shown to significantly improve treatment outcomes for persons with a substance use disorder is the use of certain medications. HCBC staff assist identified clients through the inclusion of medication assisted treatment (MAT), particularly by providing such clients with antagonist medications such as Buprenorphine, Naltrexone/Vivitrol or Suboxone which has been found to increase the attaining and maintaining of abstinence. HCBC offers this treatment enhancement at our facility conveniently located at 1534 Campbell Street in Kansas City, M). This facility is staffed by a physician, an advance practice nurse and licensed nurses with expertise in addiction medicine.

3.6.4.1 Also essential to the operation of a successful drug court is an agency whose staff are knowledgeable of the deferred prosecution model, the role of the treatment provider within the model, and the ability to effectively partner and cooperate with other agencies involved. With HCBC's fifteen years of experience in working with the deferred prosecution model in Jackson County, our staff have become well versed in this model. Staff understand that the deferred prosecution model requires participants to sign a written agreement of their willingness to participate in the Jackson County Drug Court, which outlines their behavioral obligations. The case which brought them to the Drug Court will remain pending until such time as the participant has either successfully or unsuccessfully terminated from the program. Participants who fail to abide by the program requirements will receive sanctions (Attachment D) as imposed by Division 50, up to and including dismissal from the program. An unsuccessful termination from the program will result in the return of their pending case to a regular docket of the Jackson County Circuit Court for traditional prosecution. Participants who are successful graduates of the Drug Court receive formal dismissal of the pending charge.

3.6.4.2 HCBC staff have established positive relationships within the Drug Court partnership model and will continue to foster such productive relationships. At a minimum, HCBC Drug Court staff will attend all pre-court case staffing sessions and will be present in court for each docket. HCBC staff will confer with other agency team members, including the Diversion Managers from Missouri Probation and Parole, staff from mental health providers, Client Advocates of the Prosecutor's Office, the Drug Court Commissioner and court staff, and other community/state agencies as appropriate, relative to each participant's treatment plan and treatment progress. Additionally, designated HCBC staff will attend meetings and pertinent training sessions.

To summarize our approach to the Scope of Services, clients will begin receiving services within twenty-four (24) hours of referral in one of four distinct levels of treatment in the RANT/MRT quadrants, or in a treatment track for clients with co-occurring disorders. Additionally, programming also includes life skills education, gender specific groups, trauma specific services, and specialized programming to address specific needs, such as relapse avoidance, and Habilitation Empowerment Accountability Therapy (HEAT) groups. Treatment groups have also been developed in response to sanctions for non-compliance issues. These include the Focus Group to address attendance problems, the weekend Second Chance program to assist those who have been unable to refrain from substance use, and the Twelve Step Intensive program to provide for a grounding in Narcotics/Alcoholics Anonymous programs. See Attachment C for program content.

HCBC is proud to be providing treatment in a model which has contributed to a success rate for this Drug Court in excess of eighty (80) per cent, and excited to be involved in the implementation of a new model which has the likelihood of improving treatment outcomes for additional clients..

### **3.6.5 HEARTLAND SERVICES – HOURS OF OPERATION and SERVICE PROVISION**

#### **Kansas City and Independence Locations**

Monday – Friday	8:30 A.M. to 8:30 P.M.
Saturdays and Sundays	as Scheduled

Additional programming can be scheduled for weekends at either location to provide sanction programming and urine specimen collection.

**3.6.5.1** HCBC has flexibility at both locations to ensure that services can be provided to Drug Court participants to correspond to their work or school schedules.

An outline of the current Drug Court treatment schedules at both locations is attached as Attachment M.

**3.6.5.2** HCBC provides services to Drug Court clients by dedicated staff in a dedicated program. We are generally able to avoid co-mingling Drug Court clients with clients in our other treatment programs. However, there are some shared common areas within HCBC facilities and in order to meet the needs of all consumers HCBC will utilize other funding sources to meet the specific needs of the person's served.

### **3.6.6 HEARTLAND SERVICES – IMPLEMENTATION SCHEDULE AND LOCATIONS**

As Heartland Center for Behavioral Change is currently the Jackson County Drug Court Treatment provider, an implementation plan and schedule are not necessary. Services will continue uninterrupted at both locations.

**Independence Location: 103 N. Main Street, Rm 100, Independence, Missouri 64050**

**Kansas City Location: 1212 McGee, 3<sup>rd</sup> Floor, Kansas City, Missouri 64106**

Please note that both locations are within three blocks of the Courthouses serving the Jackson County Drug Court. Therefore, we are within easy walking distance for clients and staff of partnership agencies.

Facilities at both locations are under long term leases. Although no changes to these sites are currently contemplated, any proposed future changes will be submitted to the Drug Court Program Administrator for prior approval prior to entering any lease arrangements.

### **3.6.7 SUBCONTRACTED SERVICES**

HCBC does not subcontract with other agencies for primary treatment services. We do, however, occasionally contract with outside counselors to provide a specific group or service.

### **3.6.8 HEARTLAND – EXPERIENCE, EXPERTISE AND QUALIFICATIONS**

**3.6.8.1** The Heartland Center for Behavioral Change (HCBC) is a 501 c-3 not for profit, community based agency that was established in 1982 to provide a place of refuge, stability, healing, and hope to persons suffering from a substance use disorder and/or criminal justice system involvement. Our goal is to help each person who enters our doors to realize their full potential and rediscover their worth to themselves, their family, and their community. We provide a wide array of treatment services in both residential and outpatient service environments made possible through a variety of contracts with federal, state, and local governments. *At HCBC, we help people rebuild their lives.*

The Heartland Center for Behavioral Change has provided services to persons with substance use disorders for more than thirty (35) years. Our work as a provider of substance use disorder treatment began in 1982, and our work providing help to criminal justice system involved persons re-entering the community started in 1983 through a halfway contract serving persons referred by the Missouri Department of Corrections. Over the years, our residential re-entry services and substance use disorder treatment services has broadened and expanded and includes treatment court services, municipal court treatment services, and offering specialized treatment in the community for persons with substance use disorders and criminal justice system involvement. Today, we provide substance use disorder treatment services to more than 1,200 persons daily and offer residential re-entry services to more than 80 persons under the supervision the Missouri Department of Corrections. Information about our services can be accessed at our website: [www.heartlandcbc.org](http://www.heartlandcbc.org).

We have substantial successful experience as the provider of treatment court services. Heartland Center (formerly Kansas City Community Center) became the provider of Jackson County Felony Drug Court services in 2005 after merging with County Court Services. The veteran and qualified management team who joined Heartland Center helped launch this highly successful Drug Court program that was one of the first in the nation. Heartland Center staff and the Jackson County Drug Court Team have served as the training court for new programs and has received national and international recognition.

Our success as the provider of substance use disorder treatment for the Jackson County Drug Court led to our work as the provider of treatment services for the Greene County Drug Court in 2006. In 2008, we developed a special tract in the Jackson County Drug Court to offer services to the Jackson County Misdemeanor Court and the Jackson County Fathering (now Child Support) Court. Heartland Center also became the provider of treatment services to municipal courts Kansas City. In 2013, Heartland Center became the treatment provider for the Polk County Drug Court and the provider of DWI Court and the Serious and Repeat Offender Program for Greene County.

HCBC has more than thirty-five (35) years' experience in providing specialized services to persons through contracts with federal, state, and local governments. We are the provider of services for the Jackson County Drug Court and Greene County Drug Court through contracts with the Jackson County COMBAT Commission, the Jackson County Prosecuting Attorney's Office, and the Office of State Courts Administrator (OSCA). We provide residential reentry services for the Missouri Department of Corrections. HCBC also is a substantial provider of substance use disorder treatment services for the Missouri Department of Mental Health. HCBC operates the Free and Clean Program in Kansas City, serving high risk persons referred by the Missouri Department of Corrections. We also provide substance abuse and related treatment services to persons through contracts with Jackson County COMBAT Commission, Office of State Court Administrators, the Clay, Platte, Ray Mental Health Board of Trustees, the City of Kansas City Municipal Courts, and the Missouri Department of Mental Health, Division of Behavioral Health. In total, we have contracts amounting to approximately \$10 million annually with services provided by a staff complement of 150.

The following section briefly describes contracts for services like those requested in this RFP.

**JACKSON COUNTY FELONY DRUG COURT:** HCBC has been the outpatient treatment provider for the Felony Drug Court since 2005. By employing the same veteran and qualified management team that previously provided these services, our combined experience in drug court planning and treatment is over twenty (20) years. Jackson County's Drug Court was one of the first in the nation. This court served as a training court for new programs and has received national and international recognition.

HCBC offers drug court services to over 200 clients on any given day in both metropolitan Kansas City and in eastern Jackson County at sites in downtown Kansas City and Independence, Missouri. Eligible participants are identified by the Jackson County, Missouri Prosecuting Attorney's office, and are legally defined adults charged with a drug or drug related offense. Funding for the program is primarily through the county's Community Backed Anti-Drug Tax known as COMBAT. Approximately 7,500 Drug Court clients have been served since it beginning.

**JACKSON COUNTY CHILD SUPPORT COURT:** HCBC began offering services to the Child Support Court (initially termed Fathering Court) in 2008. This treatment court is an alternative to a jail sentence for individuals behind on their child support obligations. In collaboration with the Jackson County Prosecuting Attorney and the 16<sup>th</sup> Judicial Circuit Court, HCBC completes assessments for individuals entering the Child Support program and identifies treatment and case management needs. If the client needs substance abuse treatment, he or she is enrolled in a six (6) month program similar in design to the misdemeanor drug court model. This program is also funded by the Department of Mental Health.

**GREENE COUNTY DRUG COURT:** The Greene County Drug Court is a post-conviction program for adults convicted of a felony with an additional post release track. HCBC has been providing services to this court since 2006. This Drug Court uses the RANT to determine treatment placement and the Moral Reconciliation Therapy (MRT) model of treatment and requires participation for a minimum of eighteen (18) months. Specialized groups have been developed for anger management and relapse. This Drug Court also serves as a training court for newly developing drug courts.

**GREENE COUNTY FAMILY COURT:** The Greene County Family Court participants are referred for treatment when substance abuse is an issue in determining custodial rights. HCBC provides treatment primarily to male participants including a specialty curriculum called "Quenching the Father Thirst" which is conducted by an HCBC trained facilitator.

**GREENE COUNTY DWI COURT:** HCBC serves as a treatment provider for the Greene County DWI Court. This program is for repeat and persistent DUI offenders. These individuals must complete the required SATOP assessment and completion of the DWI Court program satisfies the legal requirement for treatment. Through individual and group counseling, supported by court appearances and probation supervision, HCBC assists clients in attaining and maintaining sobriety.

**CSTAR OUTPATIENT PROGRAMS:** Since 1982, HCBC has served as a Division of Behavioral Health certified provider of substance abuse services to the underserved and to offenders. Our services range from intensive outpatient services to recovery support and are available in clinics in the following counties: Jackson, Clay, Platte, Ray, Greene, Dallas, Polk, Webster, Taney, Barry, Lawrence and Stone.

**CSTAR MODIFIED MEDICAL INPATIENT DETOXIFICATION:** HCBC opened a modified medical inpatient detoxification unit in 2012 to serve severely addicted persons who present in withdrawal. This program provides 24-hour nursing and medication assistance to ease the pain and medical complications that accompany withdrawal. Consumers are linked to outpatient services upon completion of the 3-5-day residential program and are offered medication assisted treatment to promote recovery. The program is in Kansas City.

**CORRECTIONS TRANSITIONAL UNIT (CTU), KANSAS CITY, MISSOURI:** Since 1983, HCBC has provided residential facility services at our CTU (located at 1514 Campbell in Kansas City, Missouri) through contracts with the Missouri Department of Corrections. The program is 45-90 days, dependent on satisfactory adjustment, and provides a variety of wrap around services to offenders returning to the Kansas City area from prison. All residents are required to secure employment and participate in programming to address problems identified in the Transitional Accountability Plan (TAP). Case managers support this by assisting in treatment planning, making referrals, assisting in job development, and facilitating connections to other services when needed. HCBC is the current provider of this service in Kansas City and provides the Department of Corrections with 53 beds.

**COMMUNITY RESIDENTIAL UNIT, KANSAS CITY, MISSOURI:** HCBC has served as the provider of services for the Kansas City Municipal Drug Court offering accountable residential support services since June of 2019. Heartland Center partners with other agencies to ensure needed services are available for the residents of this program. These same accountable residential support services are available to the Jackson County Adult Drug Court as a means to engage consumers in the level of care that will enable their individual success.

### **3.6.8.2 QUALIFICATIONS - PERSONNEL:**

#### **Corporate Executive Team:**

##### **Kyle Mead, President / CEO**

Mr. Mead has a Bachelor of Science degree in Criminal Justice/Criminology from the University of Missouri Kansas City. Kyle has over twenty (20) years of direct experience in working with persons with criminal justice involvement. He also has over six (12) years' experience working within the substance use disorder services field with much of that time spent working directly with the Jackson County Drug Court Program. Kyle has worked extensively in the areas of corporate compliance, quality assurance/improvement and the workgroup responsible for achieving CARF accreditation. Kyle currently serves as the President / CEO of Heartland Center and has had direct oversight responsibility throughout the implementation of Moral Reconciliation Therapy (MRT) and Habilitation Empowerment Accountability Therapy (HEAT), and CARF accreditation over the last ten (10) years.

##### **Shawna Drake, Vice President of Behavioral Health Services.**

Ms. Drake has a Master of Social Work, she is a Licensed Clinical Social Worker, and holds the credentials of CRADC and SQI from the Missouri Credentialing Board and is certified to provide clinical supervision. All Program Managers, including the Jackson County Drug Court Program Manager, Maurice Pearl, report directly to Ms. Drake. Please see her credentials and experience on the preceding page as a member of the Executive Team. Ms. Drake has served HCBC for over 5 years and has been successful as a counselor, a program manager, and in her current role as the Vice President. Approximately twenty (20) per cent of Shawna's time will be involved with the Jackson County Drug Court Treatment Program

##### **Brooke Meyers, Chief Financial Officer**

Brooke serves as CFO and is responsible for accounts payable, accounts receivable, financial management reporting, record keeping, risk management, inventory control and purchasing. He has 25 years of experience in finance, with specialization in non-profits. Brooke joined HCBC in 2017. He possesses a Master of Science degree and is a Certified Public Accountant (CPA).

**Jessica Camper, Director of Human Resource**

This Human Resources department is responsible for all personnel functions of the agency. These responsibilities include employee health and life insurance enrollment and COBRA administration; maintaining accurate records of employee paid benefits; ensuring compliance with EEOC and other Department of Labor requirements; and the development and implementation of policies pertaining to personnel.

**Accreditation and Outcomes Unit**

This department provides internal audits of our programs to ensure ongoing compliance with regulatory requirements and leads our organization in its CARF accreditation. The unit is staffed by Steve Deets and Maddie Steele.

Steve Deets is the Director of CARF Accreditation. Before joining HCBC, Steve served in the capacities of Opioid Treatment Program Director, Detox Program Director, Residential Substance Abuse Treatment Program Coordinator, Assistant Director and Senior Counselor of an Intensive Out Patient Substance Abuse Treatment Program, Subcommittee Member of the Department of Transportation for Roadway Safety Impaired Driver Initiative, Department of Mental Health Certification Standards Exceptions Committee, Department of Mental Health Administrative Rules Coordinator, Technical Advisor for Director of Division of Alcohol and Drug Abuse during Missouri Drug Court Coordinating Commission meetings, and Statewide Treatment Program Specialist with Emphasis on Drug Court Treatment Program development, implementation and monitoring. Steve also served as the Missouri Department of Mental Health Director of SATOP services. Steve is currently certified by the Missouri Credentialing Board as a Certified Reciprocal Alcohol and Drug Abuse Counselor (CRADC) and is certified as a Medication Assisted Recovery Specialist (MARS). Steve is authorized by the Credentialing Board to provide Clinical Supervision. He has over 25 years in the fields of substance abuse and criminal justice. Steve possesses a Bachelor of Arts Degree in Psychology from the Chaminade University of Honolulu, Hawaii.

Maddie Steele is the Quality Assurance Analyst (Q.A.A.). During her time at HCBC she has served in the capacities of Community Support Specialist, Medication Care Coordinator, PREBA Care Coordinator, and Privacy Officer. She currently leads the agency Quality Assurance/Improvement efforts, which includes responsibilities of data collection, analysis, identification of trends, conducting clinical record reviews, developing and coordinating the agency's consumer, staff, and stakeholder satisfaction surveys, monitoring Electronic Health Records and complying with all consumer, courts, and probationary record requests and more. She also serves on the following committees: Quality Improvement, Trauma Work group, Health & Safety, HR & Training, Missouri Coalition, Carelogic User Group, and CARF Review Team. She is certified in Moral Reconciliation Therapy, Death Review Processes, De-Escalating Hostile Clients, PREBA: Responding to Sexual Abuse, and Daily Living Assessments. Before joining HCBC, Maddie volunteered as a Crisis Text Line Counselor, Guardian Ad Litem, Miss America Representative, American Heart Association Representative, and Relay for Life Representative. Maddie possesses two Bachelor of Arts Degrees in Psychology and Criminal Justice & Criminology from the University of Missouri-Kansas City.

**Drug Court Designated Staff:**

The following HCBC staff are currently assigned to provide or oversee services to the participants of the Jackson County Drug Court. These individuals will continue to provide such services under any new contract. Key personnel, including the Drug Court Program Manager, and at least one counselor in each treatment location have been certified to provide Moral Reconciliation Therapy (MRT). All are also licensed or certified to provide substance use disorder treatment services. Resumes, MRT Certifications, Habilitation, Empowerment, Accountability Therapy (HEAT) Certifications, Licenses or Certifications, as well as education information is attached under Attachment B and C.

**Maurice Pearl, Drug Court Program Manager -- Full-Time:** Has been full time employee at Drug Court for 4 years. Maurice has a Masters in Social Work from University of Kansas and is a Licensed Master Social Worker and also a certified as a Co-Occurring Disorder Professional-Diplomat (CCDP-D). He has worked in the substance use disorder field for over 28 years as a counselor, family therapist, program manager with almost 15 years of supervisory experience. Maurice also has over 5 years specializing in mental health through his work in Research Psychiatric Hospital. Maurice is certified in Moral Reconciliation Therapy (MRT) and in HER, the female version of HEAT (Habilitation Empowerment Accountability Therapy)

**Paul Rust, Drug Court Liaison -- Full-Time:** Paul worked for HCBC for over 15 years and has served as the liaison to the Jackson County Drug Court for the past 9 years. Paul has a bachelor's degree in Sociology.

**Kim Whitehead, Counselor, Kansas City Location – Full-Time:** Kim has 20 years of providing treatment to substance abusing offenders, including 8 years working with Jackson County Drug Court client. Kim is certified in Moral Reconciliation Therapy (MRT) and is a Certified Reciprocal Alcohol and Substance Abuse Counselor (CRADC) and is certified as a SATOP Qualified Professional.

**James Allster, Counselor, Kansas City Location – Full-Time:** James possesses a bachelor's degree in history and a master's in social work from UMKC as well as a master's in divinity. James is a LMSW and has 5 years of experience in working with substance use disorder clients as well as mental health clients. James also possesses a MAADC II from Missouri Credentialing Board. James has completed 32 hours of training and is certified in Moral Reconciliation Therapy and has been running MRT groups for over two years.

**Tamika Williams, Counselor, Kansas City Location – Full-Time:** Tamika has an associate degree in addictions counseling from KCK Community college and a bachelor's degree in psychology from St. Mary's University. Tamika has experience working at Benilde Hall and at Heartland Center as a detox attendant working with clients experiencing opioid withdrawal. Tamika facilitates education groups.

**Tony Neal, Counselor, Independence Location – Full-Time:** Tony has over 25 years of experience in working with criminal justice clients in the substance abuse treatment field. He possesses a bachelor's degree in Behavioral Science with emphasis in Criminal Justice from Kansas Wesleyan University. Tony also possesses his CRADC credential and has completed 32 hours of training to become certified in Moral Reconciliation Therapy. Tony also recently completed 32 hours of Habilitation Empowerment Accountability Therapy Training (Heat).

**Jennifer Illif, Associate Counselor, Independence Location – Full-Time:** Jennifer has worked for HCBC for over 4 years and over 2 years as an associate counselor working with drug court population. Jennifer is credentialed through Missouri Credentialing Board and is currently in school pursuing her bachelor's degree in Psychology.

**Sharetha Matlock, Administrative Professional.** Sharetha, has general duties like that of an office manager. Sharetha also facilitates the Orientation to Treatment group for new clients. Sharetha has been in her current position providing support services to the treatment staff of Drug Court for the past 6 years.

**Rocio Lopes, Administrative Professional,** Rocio has worked at Heartland Center for over 18 years and currently serves as the agency Health and Safety Officer

**Mark Tran, Administrative Professional,** Mark has been working for Heartland Center for over 6 years.

**David Babcock Administrative Professional,** David has worked at Heartland Center for over 3 years.

The following staff provided limited hours of group facilitation and or treatment to Drug Court clients, typically facilitating sanction groups. The groups may occur in either the Kansas City or the Independence locations.

**Preston L. Washington, Certified Reciprocal Alcohol and Drug Counselor.** Preston has been facilitating the Focus Plus Program for HCBC at the Jackson County Detention Center for the past 8 years. Preston has been a Kansas City Missouri Police Officer, a Missouri Probation and Parole Officer, Assessment Counselor for First Call and a trained Violence Interruption Program facilitator.

**Thomas Shaffer, Certified Reciprocal Advanced Alcohol Drug Counselor.** In 1996, Thomas began as a facilitator of the out-patient Therapeutic Community method of treatment for clients from the Jackson County Drug Court at the Judge Mason Center. In 2013 Thomas became the Drug Court Program Manager for our agency until he moved into his current role as a group facilitator. Thomas possesses a Bachelor of Arts in Social Psychology from Park College and a master's degree in Counseling from Webster University. Thomas is certified to provide Moral Reconciliation Therapy (MRT).

**Deborah Lee, Certified Reciprocal Advanced Alcohol Drug Counselor.** Deborah holds a bachelor's degree in criminal justice and has over 20 years' experience in substance use disorder treatment services. Ms. Lee has worked at least part-time in the Jackson County Adult Drug Court program for the last 15 years.



**Fredrick Wilson-** Group facilitator. Fredrick has completed the 32 hours necessary to present the HEAT (Habilitation Empowerment Accountability Therapy) curriculum. Frederick is new to HCBC but brings a great deal of experience dealing with the opioid crisis. Fredrick holds credentials from Missouri Substance Abuse Credentialing Board.

**3.6.8.3.** Not applicable. All staff positions are filled.

**3.6.8.4. Organizational Charts.** An Organizational Chart of the entire agency, and an Organization Chart of the Drug Court Program is attached herein as Attachment I.

**3.6.8.5. Key Personnel Providing Less than Full-Time to the Drug Court Program:** The Key Personnel directly assigned to the Drug Court Program do not provide services outside of the Drug Court Program.

**3.6.8.6. Sub-Contractors.** As stated in 3.6.7, HCBC does not intend to sub-contract out any of the services provided to the Jackson County Drug Court.

**3.6.9. Certification and Accreditations:** Copies of the CARF International Accreditation and the Missouri Department of Mental Health Certification are attached. See Attachment G.

**3.6.9.1.** HCBC will maintain CARF Accreditation and Missouri Certification throughout the contract period.

**3.6.9.2** HCBC will provide written notification to the Program Administrator should there be any change in our accreditation or certification, and/or when there is any change if the official Name, Address, Executive Director (President/CEO) or any change in the ownership (nonprofit status) or control of our organization.

**3.6.10. Quotations.** The Quotation Sheet is provided herein as Exhibit C under Requested Forms.

**3.6.11. Attachments.** The following required attachments are included herein:

**3.6.11.1.** Complete Curriculum. See Attachment B.

**3.6.11.2** Documentation of Effectiveness of curriculum. See Attachment C.

**3.6.11.3** Outlines of Group Content and explanation of what the groups are designed to address. See Attachment B.

**3.6.11.4** Outcomes from use of Groups. See Attachment C.

**3.6.11.5** Urine Collection Plan. See Attachment F

**3.6.12. Contractor Utilization Plan.** Heartland Center does not plan to utilize any contractors to perform direct services to consumers. This plan is attached in Required forms.

**3.6.13 References:** Attached are three references. Attachment G

Judge Courtney Wachal, Judge - Division 203  
Telephone No: (816) 513-6721  
Address: Kansas City Municipal Court, 511 E 11<sup>th</sup> St Kansas City, MO 64106  
e-mail: courtney.wachal@kcmo.org

HCBC has been working with Judge Wachal Over the last year while providing treatment services to the Kansas City Municipal Treatment Courts.

John Luck, Unit Supervisor  
Missouri Department of Correction Division of Probation and Parole  
Telephone No: (816) 889-2288  
Address: 1330 Brush Creek Blvd., Kansas City, Missouri 64110  
e-mail: John.Luck@dc.mo.gov

HCBC has worked with Mr. Luck as a representative of the Jackson County Adult Drug Court Diversion Managers for several years..

Merry A. Jones-Walzer, MA CRAADC  
Specialty Courts & Grants Manager Kansas City Municipal Division  
Telephone No: (816) 513-6790  
Address: Kansas City Municipal Court, 511 E 11<sup>th</sup> St Kansas City, MO 64106  
e-mail: merry.jones-walzer@komo.org

HCBC has worked with Ms. Jones-Walzer in multiple capacities for over 20 years.

## **ASSESSMENT TREATMENT LEVELS AND PHASES**

The initial phase of the Drug court program is the Assessment Phase. Diversion Managers, Client Advocates and treatment counselors meet with the referred individuals to compile and share information needed to assess each client's need for treatment, their individual risk/needs scores per the RANT, and any barriers to treatment. HCBC provides a qualified counselor to oversee assessments to Clients as they are referred from Drug Court. Assessment services begin within 24 hours of the referral to HCBC.

### **Assessment Goals:**

- To determine eligibility, level of substance abuse, recovery environment, treatment resistance and other needs; and
- To match need with appropriate RANT Quadrant.

The assessment counselor identifies clients who may have a dual diagnosis disorder and coordinate referral for screening and provision of services to clients with a co-occurring disorder. On-going coordination between HCBC and Swope Parkway Health Center, Truman Behavioral Health, Comprehensive Mental Health, and Rediscover continues throughout the client's participation to ensure needs are being met. HCBC staff provides documentation of each client's assessment response to the Database Administrator.

### **Assessment Objectives:**

A certified substance abuse counselor completes an assessment of individual needs using the Prosecutor's Case Management System for Drug Court. The assessment counselor administers the Initial Standardized Assessment Protocol (ISAP) to include:

- Addiction Severity Index (ASI)
- Non-Emergency Medical Evaluation Checklist
- HIV/TE/STD Risk Assessment
- Substance Abuse and Psychiatric Treatment History
- Additional assessment instruments as pre-approved by the Anti-Drug Program Administrator.

Treatment placement recommendations are made based on the information gathered during the assessment phase.

The assessment counselor compiles and summarizes each client's information and provide a narrative report to the members of the Drug Court team.

### **Assessment Procedures:**

Following the initial court appearance, the prospective client is instructed to report to 1212 McGee, Kansas City, Missouri. Upon arrival, the client is introduced to assessment staff and instructed to complete basic intake forms as required by the program. The assessment counselor meets with the client to obtain information and administer the ISAP and other approved instruments. A urine sample is obtained for a full-screen test.

After signing, the client will return to 1212 McGee and will be scheduled for orientation. At that time, the client will receive counselor assignment and the date, time and location s/he will begin treatment. (See attached Orientation Outline and Schedule samples, Attachments L and M.

## Reassessment

At such time as any Drug Court client completes a residential treatment placement while in Drug Court, HCBC will complete a reassessment to determine appropriate placement in outpatient treatment. HCBC staff will enter that information into the Prosecutor's Management Information System for Drug Court.

## TREATMENT LEVELS AND PHASES

1. **Treatment Placement:** All clients are placed in the appropriate Quadrant or Treatment Level per the Risk and Needs Trilage (RANT) score. (Risk refers to the likelihood of re-offending; Need refers to the degree of substance abuse or addiction). The Diversion Managers complete the RANT assessment on each new client. Clients with serious mental health issues are placed in a special track for Co-Occurring Disorders.

Quadrant 1	High Risk/High Need
Quadrant 2	Low Risk/High Need
Quadrant 3	High Risk/Low Need
Quadrant 4	Low Risk/Low Need
Specialty Track	Co-Occurring Disorders

2. **Treatment Requirements**

**Quadrant 1:** Group Sessions—Four times per week for two hours each time. Two days per week is Moral Reconciliation Therapy (MRT); two days per week is substance abuse/addiction treatment focused.

Individual sessions are scheduled for one hour weekly in the initial treatment period.

**Quadrant 2:** Group Sessions—Four times per week for two hours each time. All sessions have a substance abuse treatment focus.

Individual sessions are scheduled weekly for one hour in initial treatment.

**Quadrant 3:** Group Sessions—Two times per week for two hours each time. All group sessions follow MRT curriculum.

Individual sessions are scheduled for one hour twice monthly.

**Quadrant 4:** Group Sessions—Once per week for one hour with a treatment curriculum focused on Life Skills. This treatment ends after 120 days for all Q4 clients who are in compliance.

Individual Sessions—Once per month for 120 days.

Clients in Q4 will continue to report to their Diversion Manager and appear in Court as scheduled for their minimum Jackson County Drug Court involvement of one year.

**Co-Occurring Disorders Track:** Group sessions—Three times per week for two hours each time during initial treatment.

Individual Sessions—Once per week for one hour in initial treatment.

3. **Phases.** Phases are incorporated for Quadrants 1 and 2 and for the Co-Occurring (COD) Track. MRT requirements are not phased; clients move through MRT based on their completion of the 12 Steps of MRT. When clients have completed the required 12 MRT Steps, they attend one MRT group for two hours to work on Steps 13 thru 16 and to mentor new clients in their MRT group.

The substance abuse treatment portion of Quadrants 1 thru Quadrant 3 and COD clients participate in one of three phases:

Phase One—Three Months

Phase Two—Four Months

Phase Three—Five Months, or until all requirements are met or graduation.

**Phase Movement Requirements:** To move from Phase One to Phase Two require a minimum of 30 days clean, attendance at group and individual sessions at a rate no less than 75%, plus compliance with Court mandates and meeting as scheduled with Diversion Managers.

To move from Phase Two to Phase Three requires a minimum of 90 days clean from all drug/alcohol use, attendance at a minimum of 75% and compliance with other Drug Court requirements.

Treatment Requirements for Quadrants/COD Track for each phase:

**Quadrant 1:**

Phase One--Substance abuse treatment groups at two times per week for two hours each time. Individual sessions weekly.

Phase Two—Substance abuse treatment groups one time weekly for two hours. Individual sessions twice monthly.

Phase Three—Substance abuse treatment groups one time weekly for two hours. Individual sessions once per month.

(MRT requirements of Quadrant 1 clients not affected by Phases).

**Quadrant 2:**

Phase One—Substance abuse treatment groups four times per week for two hours each. Individual sessions scheduled weekly.

Phase Two—Substance abuse treatment groups two times per week for two hours each. Individual sessions twice per month for one hour.

Phase Three—Substance abuse treatment groups once per week for two hours. Individual sessions once per month for one hour.

**Quadrant 3:**

No phases. MRT groups twice per week for two hours until the 12 MRT Steps are successfully completed. After the MRT 12 Steps are completed, attendance requirements for the remainder of the minimum period of one year is once per week for two hours. Individual sessions after completion of MRT 12 Steps occur once per month for one hour.

**Quadrant 4:**

No phases. Treatment (Life Skills Education) for a minimum period of 120 days. If abstinent for a period of 90 days and in compliance with attendance, treatment will cease.

**COD Track:**

Phase One: Treatment groups three times per week for two hours each time. Individual sessions are scheduled for one hour, once per week.

Phase Two: Treatment groups twice per week for two hours. Individual sessions are scheduled twice monthly for one hour.

Phase Three: Treatment groups once per week for two hours. Individual sessions will occur once per month for one hour.

**4. Individual Counseling:**

All receive face-to-face individual counseling scheduled per their treatment placement/level. The individual counseling sessions are goal oriented in accordance with the treatment plan, in an effort to assist the client in relieving symptoms and resolve problems interfering with successful recovery.

**Heartland Center for Behavioral Change  
Drug Court  
Curriculum Outline**

**Curriculum Outline**

**LIVING IN BALANCE -- Core Treatment**

**High Addiction**

Session 1	Definitions, Terms and Self-Diagnosis
Session 2	Alcohol and Other Drug Education
Session 3	Triggers, Cravings, and Avoiding Relapse
Session 4	Planning for Sobriety
Session 5	Alcohol and Tobacco
Session 6	Spirituality
Session 7	Sex, Drugs and Alcohol
Session 8	Stress and Emotional Well-Being
Session 9	Skills for Reducing Stress
Session 10	Negative Emotions
Session 11	Anger and Communication
Session 12	Relapse Prevention

**MATRIX MODEL**

**High Addiction**

Session 1	Stop the Cycle
Session 2	Identifying External Triggers
Session 3	Identifying Internal Triggers
Session 4	Introducing 12 Step or Mutual Help Activities
Session 5	Body Chemistry in Recovery
Session 6	Common Challenges in Early Recovery
Session 7	Thinking, Feeling, and Doing
Session 8	12-Step Wisdom

**Relapse Prevention Series:**

Session 1	Alcohol
Session 2	Boredom
Session 3	Avoiding Relapse Drift
Session 4	Work and Recovery

Session 5	Guilt and Shame
Session 6	Staying Busy
Session 7	Motivation for Recovery
Session 8	Truthfulness
Session 9	Total Abstinence
Session 10	Sex and Recovery
Session 11	Anticipating and Preventing Relapse
Session 12	Trust
Session 13	Be Smart Not Strong
Session 14	Defining "Spirituality"
Session 15	Managing Life; Managing Money
Session 16	Relapse Justification I
Session 17	Taking Care of Yourself
Session 18	Emotional Triggers
Session 19	Illness
Session 20	Recognizing Stress
Session 21	Relapse Justification II
Session 22	Reducing Stress
Session 23	Managing Anger
Session 24	Acceptance
Session 25	Making New Friends
Session 26	Repairing Relationships
Session 27	Serenity Prayer
Session 28	Compulsive Behaviors
Session 29	Coping with Feelings and Depression
Session 30	12 Step and Mutual-Help Programs
Session 31	Looking Forward: Managing Downtime
Session 32	One Day at a Time



Elective Session A	Client Status Review
Elective Session B	Holidays and Recovery
Elective Session C	Recreational Activities

**Curriculum Outline**

**MORAL RECONATION THERAPY**

**High Risk**

**(Steps are sessions and each step may require multiple sessions)**

- Step 1            Fundamental Issue: Honesty
- Step 2            Fundamental Issue: Trust
- Step 3            Fundamental Issue: Acceptance
- Step 4            Fundamental Issue: Awareness
- Step 5            Fundamental Issue: Healing Relationships
- Step 6            Fundamental Issue: Helping Others
- Step 7            Fundamental Issue: Goal Setting and Identity Formation
- Step 8            Fundamental Issue: Consistency Between Short and Long-Term Goals
- Step 9            Fundamental Issue: Never Give Up
- Step 10           Fundamental Issue: Maintain Positive Change
- Step 11           Fundamental Issue: Backsliding & Firm Commitments
- Step 12           Fundamental Issue: Setting Appropriate Goals
- Steps 13 – 16    Fundamental Issues: Moral Refinements, Going Further

## Curriculum Outline

### HELPING WOMEN RECOVER Stephanie Covington

### Women's Treatment Track

#### Self:

- Session 1      Defining Self
- Session 2      Sense of Self
- Session 3      Self-Esteem
- Session 4      Sexism, Racism and Stigma

#### Special Session

- Session 5      Fetal Alcohol Syndrome and Fetal Alcohol Effects

#### Relationships

- Session 6      Family of Origin
- Session 7      Mothers
- Session 8      Mother Myths
- Session 9      Interpersonal Violence
- Session 10     Video: Battered Women
- Session 11     Battered Women Continues
- Session 12     Effects of Violence
- Session 13     Creating Health Relationships and Support Systems

#### Sexuality

- Session 14     Sexuality and Substance Abuse
- Session 15     Body Image
- Session 16     Sexual Identity
- Session 17     Sexual Abuse
- Session 18     Video: When I Was Nine
- Session 19     Fear of Sex While Clean and Sober

#### Spirituality

- Session 20     What is Spirituality
- Session 21     Prayer and Meditation
- Session 22     Creating a Vision

## Curriculum Outline

### LIVING IN BALANCE with CO-OCCURRING DISORDERS

### Co-Occurring Disorders Track

- |            |   |
|------------|---|
| Session 1  | Effects of Drug Use on Mental Health                                |
| Session 2  | What are Co-Occurring Disorders                                     |
| Session 3  | Comprehensive Treatment and Medications for Substance Use Disorders |
| Session 4  | Phases of Dual Recovery   |
| Session 5  | Twelve Steps for Co-Occurring Disorders                             |
| Session 6  | Mutual Self-Help Groups and Co-Occurring Disorders                  |
| Session 7  | Important Issues about Mental Health Medications                    |
| Session 8  | Relapse Prevention I: Building a Recovery Support System            |
| Session 9  | Relapse Prevention II: Making the Best Decisions                    |
| Session 10 | Seeking Help for Co-Occurring Disorders                             |
| Session 11 | Defining Challenges: Impairment, Disability and Handicaps           |
| Session 12 | Understanding Depression  |
| Session 13 | Handling Emotions   |
| Session 14 | Understanding Anger   |
| Session 15 | Managing Anger and Frustration                                      |
| Session 16 | Developing Boundaries   |
| Session 17 | Coping with Disorders   |
| Session 18 | Recovery Boosters – Getting Exercise                                |
| Session 19 | Avoiding Relapse  |
| Session 20 | Thought Stopping  |
| Session 21 | Stress  |
| Session 22 | Be Your Own Best Friend   |
| Session 23 | Positive Problem Solving  |
| Session 24 | When Your Symptoms Return   |

- Session 25 Gratitude and Spirituality
- Session 26 Alcohol, Street Drugs and Emotional Problems
- Session 27 Goal Setting
- Session 28 Motivation
- Session 29 Medication Compliance

**Curriculum Outline**  
**LIVING IN BALANCE – LIFE SKILLS TRACK**

**Low Risk/Low Need**

Session 1	Nutrition and Exercise
Session 2	Physical Wellness
Session 3	Sexually Transmitted Diseases
Session 4	Focus on AIDS
Session 5	Problem Solving
Session 6	Attitudes and Beliefs
Session 7	Human Needs and Social Relationships
Session 8	Family Matters
Session 9	You and Your Parents
Session 10	Child Development and Parenting Skills
Session 11	Education and Vocational Goals
Session 12	Money Management
Session 13	Insurance and Consumer Credit
Session 14	Sexual Abuse
Session 15	Compulsive Sexual Behavior
Session 16	Addiction and Loss
Session 17	Grief: Responding to Loss
Session 18	Spirituality and Personality
Session 19	Relapse Prevention
Session 20	Introduction to Self-Help Groups

**Curriculum Outline  
Marijuana Specific Group**

**Extra Assistance**

- |            |   |
|------------|---|
| Session 1  | Building Rapport and Motivation<br>Worksheets: Patterns of Using;<br>Reasons for Quitting |
| Session 2  | Review Personal Feedback Report   |
| Session 3  | Video: Marijuana in the New Millennium  |
| Session 4  | Refusal Skills: Role Play   |
| Session 5  | Enhancing Social Support Network  |
| Session 6  | Coping with Unanticipated High Risk<br>Situations and Relapses                            |
| Session 7  | Coping with Cravings<br>Behavioral Substitution   |
| Session 8  | The Family – Co-Addicts or Support Roles  |
| Session 9  | Motivations Review<br>Costs vs. Rewards   |
| Session 10 | Relapse Prevention<br>Develop Personal Plan<br>Explore Level of Commitment                |

**Curriculum Outline**

**STIMULANT SPECIFIC GROUP**

**Extra Assistance**

Session 1	Stop the Cycle Triggers Thoughts>Craving>Use
Session 2	Identifying External Triggers Questionnaire and Chart
Session 3	Identifying Internal Triggers Questionnaire and Chart
Session 4	Using 12 Step Support Effectively
Session 5	Body Chemistry in Recovery
Session 6	Roadmap for Recovery Early Recovery Problems
Session 7	Thinking, Feeling and Doing Thoughts, Emotions and Behavior
Session 8	Compulsive Behaviors
Session 9	Guilt and Shame
Session 10	Personal Plan



**Curriculum Outline**

**FOCUS GROUP**

**Sanction Group**

One Session

Introduction: Where Am I Taking Myself

Mini-Lecture: Role of Attitude in Behavior  
Worksheet: Attitude Adjustment Scale

Group Discussion: Causes of Negative Attitudes/Anger  
Identifying Negative Behavior Provoking  
this Sanction

Mini-Lecture: SOCS Problem Solving Method  
Worksheet: Self-Identification of Barriers  
Solutions Identified

Group Activity: Sharing Personal Plans  
Finding Support

Closure: Commitment to the Plan

**Curriculum Outline**

**SECOND CHANCE**

**Sancton Group**

**Day 1: Friday  
6:00 pm to 9:00 pm**

**Introduction and Purpose  
Activity: Wall Sheet  
Lecture: Is the Problem Chemicals?  
Elective to Addictive Use**

**Day 2: Saturday  
9:00 am to 4:00 pm**

**Where Am I Taking Myself  
Video: Choices  
Discussion  
Lecture: Addictions Impact on Making Choices  
Nature of Addiction  
Lunch  
Activity: Wall Sheet  
Lecture and Discussion: Life Areas Affected by Use  
Video: Hollywood Henderson Story  
Discussion  
Individual Client Attention**

**Day 3: Sunday  
9:00 am to Noon**

**Becoming Successful: Lecture, Discussion  
and Worksheet  
Sharing Worksheets  
Six Requirements for Success  
Developing and Committing to Plan**

**Suggested Schedule for Implementation**

**Nine-Month Program—Weekly Schedule**

**HEAT Curriculum Outline  
(Habilitation, Empowerment, and  
Accountability Therapy for Black Males)**

<b>SELF</b>	<b>PRINCIPLES TO LIVE BY</b>
1. Staying Out of the HEAT	Honesty
2. Black Manhood	Responsibility
3. Decisions	Commitment
4. High Cost of Low Livin'	Love
5. Messed-Up Thinking	Perseverance
6. F--- It!	Hope
7. The Last Posts	Strength
8. Blame	Accountability
9. Disrespect	Forgiveness
10. Survival	Peace
11. Hustlin'	Self-Control
12. The Ideal Self	Acceptance

<b>FAMILY</b>	<b>PRINCIPLES TO LIVE BY</b>
1. Impact on the Family	Love
2. Emotional Wounds	Faith
3. Forgiveness	Hope
4. Enabling and Entitlement	Acceptance
5. Absent Father	Forgiveness
6. Breaking the Cycle	Perseverance
7. Love or Lust	Honesty
8. Intimate Partner Violence	Self-Control
9. Baby Mama Drama	Commitment
10. Fatherhood	Responsibility
11. Being an Involved Father	Accountability
12. Strengths of the Black Family	Strength

<b>COMMUNITY</b>	<b>PRINCIPLES TO LIVE BY</b>
1. Safe and Healthy Community	Responsibility
2. Institutional Barriers to Equity	Humility
3. Advocacy, Policy, and Social Justice	Service
4. Who Are Our Leaders?	Gratitude
5. My 'Hood	Peace and Joy
6. Root Causes	Perseverance
7-12. Healing Voices	

### Curriculum Effectiveness and Groups

HCBC will provide treatment tracks for clients with High Addiction, Co-Occurring Disorders and those at High Risk for Continued Criminal Behavior. Curricula for each of the tracks was chosen based upon outcomes evaluations by the Substance Abuse and Mental Health Services Administration who has designated the curricula as meeting evidence-based standards. Complete curriculums for each of the treatment modalities is offered in Attachment A.

#### **High Addiction**

The Curriculum chosen for this segment of participants is a combination of Living In Balance – Moving from a Life of Addiction to a Life of Recovery and the Matrix Model.

- *Living in Balance (LIB)* is an evidenced-based model approved by SAMHSA. This manual-based, comprehensive addiction treatment program is focused toward preventing relapse. The manual includes 12 core and 21 supplemental sessions and involves role-play exercises, relaxation exercises, discussions and workbook exercises. The program is designed to enhance the client's level of functioning in certain key life areas that are often neglected with prolonged drug use. The sessions allow time to actively process personal issues and to learn how to cope with everyday stressors.

Research of the effectiveness and outcomes from the LIB program found that cocaine-abusing clients remained in treatment considerably longer (especially when individual sessions were added to the group regimen as is protocol for Drug Court clients) than those participating in other programs. Specifically, clients completed at least 90 days in treatment when the LIB group curriculum was used together with individual sessions at a rate of 45.2%. This compared to 19.1% for the non-LIB group participants. Additionally, clients who attended LIB groups attended an average of 25.2 sessions, compared to an average of 11.7 sessions for clients assigned to usual (non-structured) group therapy. Finally, at a twelve month follow-up interview, only 23% of the LIB participants reported regular cocaine use in the past year, as compared to 84% at their intake. Additionally, those clients who reported continued cocaine use were found to have dropped out of treatment at an early point in the program.

- *Matrix Model.* The Matrix treatment model is used to supplement the Living In Balance series. SAMSHA describes the Matrix Model as an intensive outpatient treatment approach for abuse and dependence that was developed through 20 years of experience in "real-world" treatment settings. The Matrix Model consists of relapse-prevention groups, education groups, social-support groups and individual counseling. Clients learn about issues critical to addiction and relapse, receive direction and support from a trained therapist and become familiar with self-help programs. The therapist functions simultaneously as teacher and coach, fostering a positive and encouraging relationship. The intended outcome is to foster positive behavior change in a way that promotes the patient's self-esteem and self-worth.

Research into the effectiveness of Matrix found that Matrix participants were 38% more likely to stay in treatment compared with participants receiving non-structured treatment and that they were 27% more likely to complete treatment than participants in less structured programming.

#### **Co-Occurring Disorders**

The *Living In Balance* program has a special treatment track for clients with dual disorders. This is a newer curriculum than their traditional treatment programming and therefore, to date, there has been very little

data obtained to report outcomes. However, we have been using the curriculum for approximately one year and clients have been positive about much of the group content. There is much focus on managing their mental illness, as well as, substance abuse recovery skills. As heightened sensitivity to stress is often present for these clients and is often a precursor to relapse, many group sessions conclude with a relaxation exercise.

Living in Balance Co-Occurring Disorders program is an evidence-based model approved SAMSHA and therefore initial findings, although as yet unreported, are positive relative to retention and decrease in substance use. A complete outline of the Living in Balance Co-Occurring Disorders curriculum is provided in Attachment B.

#### **High Risk for Continued Criminal Behavior**

The Curriculum chosen for this segment of participants is *Moral Recondition Therapy (MRT)*. Moral Recondition Therapy was founded and recommended by many drug courts across the country and other programs working with the criminal justice population for use with participants at high risk for continued criminal behavior.

MRT is described by SAMSHA as a systematic treatment strategy that seeks to decrease recidivism among adult criminal offenders by increasing moral reasoning. It is a cognitive-behavioral approach which combines elements from a variety of therapeutic interventions to progressively address ego, social moral and positive behavioral growth. MRT utilizes a workbook that is structured around 16 objectively defined steps (units) focusing on seven basic treatment issues, including confrontation of beliefs, attitudes and behaviors. Current relationships are assessed and the use of techniques for reinforcement of positive behavior and habits occurs. The goals include positive identity formation, enhancement of self-concept, a decrease in hedonism and increase in frustration tolerance with the development of higher stages of moral reasoning. Participants proceed at their own pace and although it is possible to complete the units in six months, it typically takes longer.

In one study reported by SAMSHA, clients who participated in MRT had a conviction rate of 46% during a study period as compared with 57% of clients from a non-MRT using program. A significant finding from another study of the Thurston County Drug Court Program found that clients who participated in MRT were rearrested for any offense at a rate of 20%, compared with 45.3% for a matched control group. Another study reported by SAMSHA found a re-incarceration rate of 11.3%, compared to a 25.3% rate of a control group two years after release. MRT has generated a lot of research which has found the program to be quite successful with the high risk for re-offending group of clients. HCBC has been using this model for approximately six months in Jackson County, however, has been using the model in Greene County for about two years and believe that the data, when available, will also show success.

#### **Women's Track**

Although, as reported by SAMSHA, "Little research has been done to demonstrate what works best to rehabilitate women offenders in the criminal justice system" (Technical Assistance Publication 23, Substance Abuse Treatment for Women Offenders), what is known is that there are several considerations in determining what to include in a responsive program for women in a criminal justice setting. It is known that female offenders are more likely to have experienced physical and/or sexual abuse and more likely to have distinctive physical and mental health needs. Educator and Therapist, Stephanie Covington, has been doing research and treatment with female offenders for a number of years and has developed a highly recommended treatment manual, *Helping Women Recover*, which is used as the basis for HCBC women's treatment.

### **Family Groups**

Research has shown that when families become involved in an individual's treatment, recovery likelihood is enhanced. HCBC is again instituting family groups into the curriculum, although it is typically a struggle to have a significant level of participation with the criminal justice population. The Matrix Model has a family component and manual, which HCBC has adopted, given the positive outcomes of the general Matrix Model as noted above.

### **Life Skills Group**

One of the findings in the research done around MRT was that extensive treatment for the Quadrant of clients who have low risk and low needs is counter-productive. Specifically, that contact with High Risk individuals has the potential to expose them to antisocial influences and value and that more intensive treatment requirements may interfere with their engagement in productive activities, such as work, school or parenting. The Living In Balance Life Skills Group is evidence-based and is the manual chosen for the Quadrant 4 participants.

### **HEAT Therapy Group**

HEAT is a therapy program designed for Black males ages eighteen to twenty-nine who are involved in the criminal justice system. HEAT—which stands for *habilitation, empowerment, and accountability therapy*—applies a holistic, culturally relevant and responsive, strength-based model that emphasizes a positive and engaging approach to treatment. HEAT is closely modeled after Afrocentric interventions that have previously been standardized and published in Center for Substance Abuse Prevention (CSAP), Center for Substance Abuse Treatment (CSAT), and other publications (e.g., Burnett, 2008; Philleo et al., 1997). Although HEAT has been studied and tested in drug court, the content extends to jails, prisons, and reentry and community programs. HCBC has plans to offer a therapy group for Black females with HEAT curriculum designed for this population.

### **Specialty Groups**

These groups provide additional assistance to clients who have been unable to discontinue use of drugs, albeit for different reasons. These groups include the Marijuana Specific Group and the Stimulant Specific Group. Both groups occur weekly for one hour for a period of ten weeks.

### **Sanction Groups**

HCBC has developed and facilitates groups in response to various non-compliance issues. These issues are typically the inability to attain and maintain abstinence, failure to attend treatment programming at an acceptable rate and/or absconding from the drug court program in totality.

Following is a description of this response programming with an outline of the group content.

- **Focus Group**

This group is applied as a sanction to clients who are failing to meet attendance, urine drops or other basic requirements. The goal of the group is to assist the client in identifying his or her particular barriers to achieving compliance and to learn/use problem-solving skills in finding solutions to overcoming the barrier(s). The group is designed as one session for two hours.

### **Focus Plus Group**

This group is utilized as a sanction for clients who continue to use illicit drugs, despite various treatment interventions such as specialty groups. Second Chance and inpatient treatment for those clients who absent themselves from treatment for an extended period of time. This group occurs in the Jackson County Jail daily for a period of one week.

### **Relapse Group**

Used as a sanction for clients who have relapsed by using a chemical after having achieved a period of abstinence. The goal of the group is to help clients re-focus on their relapse warning signs and to develop strategies to cope with the warning signs effectively without resorting to the use of chemicals.

### **Second Chance**

Applied as a sanction for clients who have continued or resumed regular use of chemicals. It is generally imposed prior to an inpatient referral. The goal of the group is to assist clients in overcoming denial and to fully comprehend the nature of their addiction, to instill hope in the recovery process and to gain commitment to achieving recovery. The group is designed to occur over the period of a weekend, from Friday evening to Sunday afternoon. Clients return to their own residences each evening.

HEARTLAND CENTER FOR BEHAVIORAL CHANGE  
SPECIALTY GROUP  
SCHEDULE/ REFERRAL FORM

To: \_\_\_\_\_ From: \_\_\_\_\_

You have been placed in the group checked below, to begin on the date indicated:

_____	_____	<b>Focus</b>	(Friday @ 1212 McGee downtown 6 pm to 8 pm. 1x only)
_____	(Date)		
_____	_____	<b>2<sup>nd</sup> Chance</b>	(Friday 6 pm-9 pm Saturday 9 am-5 pm & Sunday 9 am-12 Noon @ 1212 McGee - all 3 days)
_____	(Date)		
_____	_____	<b>Relapse Group</b>	(3 <sup>rd</sup> Wednesday @ 1212 McGee downtown 6 pm to 8 pm 1x only)
_____	(Date)		
_____	_____	<b>Women's Group</b>	Tue 7:00pm-8:00pm@ 1212 McGee
_____	(Date)		
_____	_____	<b>Marijuana Specific Group</b>	(Thursday @ 1212 McGee Downtown 7:00 pm to 8:00 pm 12 weeks)
_____	(Date)		
_____	_____	<b>Cocaine Specific Group</b>	(Tuesday @ 1212 McGee downtown 6:00 pm to 7:00 pm 12 weeks)
_____	(Date)		
_____	_____	<b>HEAT</b>	(Monday & Wednesday 1212 McGee Downtown 6:00 am to 7:30 pm till Completion)
_____	(Date)		

Drug Court is located at 1212 McGee, 3<sup>rd</sup> Floor, Kansas City, and 103 North Main, Independence.

CC: Rocio Lopez, Paul Rust



### KC Drug Court Group Schedule

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Counselor
10 am to 12 am	COD		COD		COD	James
10am to 11am					Q4	Tamika
1 pm to 3 pm	Q1		Q1			Tamika
1 pm to 3 pm		Q1,3 (MRT)		Q1,3(MRT)		James
6 pm to 8 pm	Q1		Q1			Tamika
6 pm to 8 pm	Q2	Q2	Q2	Q2		PRN Staff
6 pm to 8 pm		Q1,3 MRT		Q1,3 MRT		James
6pm to 7:30pm	Heat		Heat			Fredrick
6 pm to 7 pm			Q4			Debbie Lee
7 pm to 8 pm				THC		Maurice

**Independence Drug Court Group Schedule**

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Counselor
1 pm to 3 pm	COD		COD		COD	Becky, Tony
6 pm to 8 pm	Q2	Q2	Q2	Q2		Jennifer, Tony
6 pm to 8 pm		Q1,3 MRT		Q1,3 MRT		Jennifer
8pm to 9 pm			Q4			Tony
8 pm to 9 pm	Womens			Mens		Jennifer/Tony

### Random Urine Collection Plan

All participants in the Jackson County Drug Court are scheduled to provide a minimum of 9-10 urine specimens test per month. Scheduling of the urine tests is done on a random basis, per the following procedures.

#### Random Collection

1. Clients are assigned a PIN number at the conclusion of orientation and/or assessment. Clients will receive a card that contains drop line number and PIN number.
2. Randomness is implemented through Aversys website.
3. Client call the Aversys drop line (816) 841-3841. Clients are instructed to call this number on a daily basis to determine whether their PIN number is required to provide a urine specimen that day.

Clients are instructed to call every morning between the hours of 6:00 am and 8:00pm. If the recording instructs them to report, they must report to their assigned drop location. HCBC-Drug Court at 1212 McGee, Kansas City clients must report between the hours of 12:00 noon and 8:30pm. HCBC Drug Court-Independence at 103 Main St, Independence must report between the hours of 2:30 pm and 8:30 pm. If a client is unable to drop during those hours, clients may provide the specimen at the Office of the Client Advocates, 405 e. 12<sup>th</sup> Street, Kansas City, Missouri between the hours of 9:30 am and 12:00 noon.

4. All drops are fully observed by collection agent, or a counselor, of the same gender as the client providing the specimen. Also other verification methods are used such as a temperature gun.
5. Additional drops may be required of any client at any time a treatment team member requests.
6. Clients are required to list on the collection sheet all over-the-counter or prescribed medications taken within two weeks prior to providing the urine specimen. Verification of any prescribed medication will be required.

Attempts at subterfuge or adulteration of urine samples will be reported to the treatment team members and the Drug Court Commissioner.

#### Chain of Custody

- Collector will enter client name in Aversys website and print out drop sheet. Drop Sheet will include the date of the drop, clients name and demographics.
- Client will verify that name and PIN number are correct. If any medications are being taken they will make note in remark section. They will then sign top of sheet and initial the tamper label at bottom of drop sheet.
- Client will remove any coat or jacket, leave any purse or other packages with the front desk staff, and will proceed to the restroom with the observer, and void into the container. Only one client at a time will be in the restroom providing a specimen. Once urine is in container client will place tamper label on container and taken to the front desk to gauge temperature of specimen.

- The staff person observing will then place the sealed urine specimen into the container accessible only to staff.
- Custody of urine samples is maintained by staff until it is picked up by FedEx on a daily basis.
- All urinalysis supplies will be stored in a secure area with access limited only to authorized HCBC employees.

All employees involved in the urine specimen collection process will be trained in the HCBC Urine Collection Procedure and the Collector Minimum standards. All such employees will also be versant in the Ten Principles of a Good Testing Program per the Missouri Guidelines for Drug/Alcohol Collections. (See Attached)

#### Urinalysis Tracking Method

- Averahealth is responsible for uploading testing results to their Aversys website.
- Front desk engagement specialist will update client results to client Carelogic account on a daily basis.
- Missed drops are generated at the close of business day, and are immediately visible in the Aversys database.
- HCBC will maintain demographic portion of the Drop Sheet for bottom portion will be sent to lab with specimen.

## HEARTLAND CENTER FOR BEHAVIORAL CHANGE

### URINE COLLECTION PROCEDURES

Contracted collectors will be required to follow the procedures below for collection, control and testing of participant urine specimens which ensures the confidentiality and reliability of all test results:

#### General procedures:

1. Collectors shall be the same gender as the participant submitting the specimen.
2. There shall be no physical contact between collector and participant during specimen collection.
3. Specimen collection will be in a secure location which provides privacy from other participants, uninvolved staff and sanitary conditions.
4. Collectors will collect urine specimens as directed by the drug court coordinator/administrator.
5. No participant shall participate in the collection of another participant's urine specimen or have access to collected urine specimens or drug testing equipment and supplies.

#### Pre-collection:

1. The participant's identity should be confirmed with a valid photo ID.
2. The participant will sign a label and the chain of custody form if the specimen is being submitted to a lab.
3. The participant will be limited to no more than 24 ounces of water within one hour.
4. All staff handling urine specimens will wear protective gloves.
5. Participants will either wash their hands or wear protective gloves prior to and during specimen procurement in order to prevent contamination of urine specimen.
6. Participants will remove clothing from the groin and buttocks area to ensure devices are not present which would allow alteration of urine sample.
7. Any item or substance that could be used to dilute, substitute, or adulterate shall be immediately reported to the court.
  - a. Such items may include, but are not limited to the following:
    - i. Containers or vials of liquid or urine that could be utilized to substitute or dilute a participant's urine;
    - ii. Devices used to supply substances in lieu of the participant providing a fresh specimen;
    - iii. Any contraband such as salt, bleach, iodine, Vaseline, soap or other substances that could be used to adulterate urine; and
    - iv. And other contraband identified during the collection process.
  - b. A notice of these prohibited items should be included in the participant manual.
  - c. All confiscation of such items should be documented in a report to the court program along with a photo of the item. If unable to confiscate item, do not apprehend or attempt to use force. Describe the item in detail in a report to the court.

#### Collection Process:

1. All collections will be directly observed (witnessed full-frontal).
2. Participants are allowed a maximum of one hour to produce a sample. Those who refuse, or fail to produce a urine specimen of at least 30cc (1 oz or half a bottle) within one hour will be considered refusal and no further subsequent attempts to collect the sample shall be conducted.
3. Urine should be collected in the standard individual container provided by a laboratory.
  - a. Disposable collection cups may be used to collect the urine specimen and then poured in the bottle.

#### Post-Collection Process:

1. The sample should be tested for creatinine and temperature (reject if not 90-100 degrees F). Other tests may include specific gravity, pH, color and odor to detect possible flushing patterns.
2. The participant will place the cap on the bottle, secure it and rinse the bottle before giving it to the collector.
  - a. The collector will ensure the cap is secured.

- b. All urine collected for drug testing which is not submitted to the laboratory or used for on-site testing will be disposed of in a toilet and the toilet will be flushed.
        1. Under no circumstances shall urine be disposed of in any other drain, sink or fixture.
      - c. Urine which is spilled shall be cleaned up promptly with a 10 percent liquid bleach solution or any environmental protection agency approved hospital disinfectant which destroys bacteria.
      - d. The specimen container will be disposed of in a dedicated trash container to which participants do not have access.
3. For specimens submitted to a lab:
  - a. The label will be placed on the container in the presence of the participant.
  - b. The collector should ensure the evidence tape is placed over the container lid immediately following specimen collection.
  - c. The collector must complete lab form, initial and sign the chain of evidence section on the day collected.
  - d. Specimens shall be placed in a refrigeration unit within 24 hours in a secured area until transported to a laboratory for analysis.
  - e. The collector will make arrangement for the transportation of all urine specimens sent to a laboratory.
4. When the specimens are forwarded via the U.S. Postal Service or United Parcel Service, the individual relinquishing the specimens will sign the chain of evidence section in the "To" section indicating "USPS" OR "UPS".
5. For on-site tests:
  - a. A chain of custody form may be used similar to one on page 6 of the standards.
  - b. Confirmation tests should be performed if an on-site test result is questionable or a participant contests the results.

## HEARTLAND CENTER FOR BEHAVIORAL CHANGE

### COLLECTOR MINIMUM STANDARDS

Any individual who collects specimens for testing acts as an official representative of the court who is required and trusted to work within the law. A collector shall refrain from manifesting bias or prejudice, or engaging in harassment, including but not limited to race, sex, gender, religion, nation origin, ethnicity, disability, age, sexual orientation, or marital status.

#### Qualifications:

1. 21 years of age;
2. Legal United States resident or legally eligible to work in the United States;
3. May be subject to drug and alcohol testing
4. May be subject to background checks by the local court at the collector's expense which will include but may not be limited to: Employment history and references, Fingerprint checks for open and closed federal and state criminal records, Sex Offender Registry and the Family Care Safety Registry;
5. DATIA certification and experience are recommended.

#### Requirements:

1. Provide monitoring function for the team by collection urine, saliva, breath and/or hair samples;
2. Document contact with participants and forward to the court within a timely manner so information can be used during staffing sessions as determined by the local court team;
3. Be reasonably available to appear in court if requested;
4. Participate in on-going training such as the essential Elements of Drug Court (NADCP.org) and drug collection/detection procedures and tampering techniques;
5. Competent in the procedures of drug and alcohol testing as outlined by the local court;
6. Review and understand the local policy and procedure manual and the agreement between the participant and the court;
7. Have a general understanding of drug addiction, alcoholism, and treatment;
8. Abide by additional standards, roles and responsibilities set forth by the local court.

#### Code of Ethics:

1. Abide by all municipal, state, and federal statutes;
2. Maintain professionalism at all times and treat participants with dignity and respect;
3. Maintain the confidentiality and privacy of the participant;
4. Duty to report all action to the court;
5. Any prior relationships with participants or family members must be reported to the team;
6. Shall not loan money, property, co-sign loans, or accept gifts, favors, or promises from participants or family members;
7. No fraternization with any participant or family members;
8. Shall not establish a personal or business relationship with participants or family members;
9. Shall not be under the influence of drugs or alcohol when performing duties;
10. Shall not monitor participants at AA, NA, or other self-help meetings whose members wish to preserve anonymity;
11. Shall not observe or obtain urine specimens or perform urinalysis testing while conducting home, employment, or other site visits.

## HEARTLAND CENTER FOR BEHAVIORAL CHANGE

### MISSOURI GUIDELINES FOR DRUG/ALCOHOL COLLECTIONS

#### Ten Principles of a Good Testing Program

1. Design an effective drug detection program, place the policies and procedures into written form (drug court manual), and communicate the details of the drug detection program to the court staff and clients alike.
2. Develop a client contract that clearly enumerates the responsibilities and expectations associated with the court's drug detection program.
3. Select a drug-testing specimen and testing methodology that provides results that are scientifically valid, forensically defensible, and therapeutically beneficial.
4. Ensure that the sample-collection process supports effective abstinence monitoring practices including random, unannounced selection of clients for sample collection and the use of witnessed/direct observation sample-collection procedures.
5. Confirm all positive screening results using alternative testing methods unless participant acknowledges use.
6. Determine the creatinine concentration of all urine samples and sanction for creatinine levels that indicate tampering.
7. Eliminate the use of urine levels for the interpretation of client drug-use behavior. A drug test is either positive (drug presence is at or above the cutoff concentration) or negative (none detected; drug level is below the cutoff concentration).
8. Establish drug-testing result interpretation guidelines that have a sound scientific foundation and that meet a strong evidentiary standard.
9. In response to drug-testing results, develop therapeutic intervention strategies that promote behavioral change and support recovery.
10. Understand that drug detection represents only a single supervision strategy in an overall abstinence-monitoring program.



## DRUG TESTING CONTRACT

1. I understand I will be tested for the presence of drugs in my system on a random basis according to procedures established by the Drug Court Team and/or my treatment provider.
2. I understand that I will be given a location and time to report for my drug test.
3. I understand that it is my responsibility to report to the assigned location at the time given for the test.
4. I understand that if I am late for a test, or miss a test, I will lose my clean time and may be sanctioned.
5. I understand that if I fail to produce a urine specimen, or if the sample provided is not of sufficient quantity, I will lose my clean time and may be sanctioned.
6. I understand that if I produce a diluted urine sample, I will lose my clean time and may be sanctioned.
7. I have been informed that the ingestion of excessive amounts of fluids can result in a diluted urine sample and I understand that my urine sample will be tested to ensure the sample is not diluted.
8. I understand that substituting or altering my specimen, or trying in any way to modify my body fluids for the purposes of changing the drug testing results, I will lose my clean time and may be sanctioned.

\_\_\_\_\_  
DATE

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

EXHIBIT

B

## QUOTATION SHEET

The Respondent shall provide a firm, fixed price for the services described in this Request for Proposal. The Respondent shall provide one price for each session of group counseling and one price for each unit of individual counseling for Outpatient and Intensive Outpatient, as well as a price for Assessment. The pricing for other clients that do not fit into the Drug Court Model will be the same.

Normally individual sessions will be provided in units of one hour with a minimum of forty-five minutes for face-to-face discussion with the client and fifteen minutes for documentation. There are circumstances where increments of an individual session may be appropriate, such as a thirty minute sessions, etc. These situations should be pre-approved by the Program Administrator. Groups are also provided in units of one hour with forty-five minutes of face-to-face contact and fifteen minutes for documentation. Additional case management hours are not billable under this Request for Proposal. Time required for treatment team staffing, other documentation, or Court appearances are not billable under this Request for Proposal and shall not be figured into the overall price.

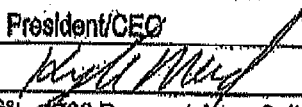
The Jackson County Drug Court makes no guarantee of the number of units purchased under this contract/agreement or the amount of dollars expended. The Contractor shall provide services on an as needed, if needed basis, as authorized by the Jackson County Drug Court and/or the Prosecuting Attorney's Office.

The Jackson County Drug Court has specific funding available for treatment described in the Scope of Services. The chart below represents the number of groups and individuals per person, per phase and treatment level. Of the average 800 active cases maintained in Drug Court, approximately 2/3 are expected to be served in Outpatient and 1/3 in Intensive Outpatient. Sanction Group requirements are assigned by the Court as part of Graduated Sanctions and depend on client participation. The Respondent can estimate that in addition to the basic treatment and additional group units per year will be used in applying sanctions. The figures are estimates only; there are no guarantees on the number of cases.

The figures below represent the average estimated units of service per month used in Drug Court for the past year, keeping in mind that group counseling will be billed as per session as opposed to per unit.

## ESTIMATED

No.	Description	Number of Units	Cost per Unit/Session
01	Individual Counseling	870	\$ 70.00
02	Group Counseling	8578	\$ 180.00
03	Assessment	31	\$ 120.00

Company Name: Heartland Center for Behavioral Change	Web Site Address:
Person Authorized to Sign Bid: Kyle Mead	heartlandcbo.org
Title: President/CEO	Telephone Number: 816-421-1730
Signature: 	Email Address:
Street Address: 1730 Prospect Ave., Suite 100	
City, State and Zip Code: Kansas City, MO 64127	Fax Number: 816-421-4701