



**STATE OF MISSOURI
MISSOURI DEPARTMENT OF CORRECTIONS
CONTRACT AMENDMENT**

RETURN AMENDMENT NO LATER THAN April 6, 2018 TO:

Beth Lambert, CPPB
Beth.Lambert@doc.mo.gov
(573) 526-6494 (Phone)
(573) 522-1562 (Fax)
FMU/PURCHASING SECTION
P.O. BOX 236
JEFFERSON CITY, MISSOURI 65102

DATE	VENDOR IDENTIFICATION	CONTRACT NUMBER	CONTRACT DESCRIPTION
March 13, 2018	Lake Behavioral Health LLC PO Box 115 Osage Beach, MO 65065	Amendment 003 SDA50300413	Indigent Sex Offender Treatment Services

CONTRACT SDA50300413 IS HEREBY AMENDED AS FOLLOWS:

Pursuant to paragraph 2.9.2, on page 9, the Missouri Department of Corrections desires to renew the above-referenced contract for the period of July 1, 2018 through June 30, 2019.

All terms, conditions and provisions, including pricing, of the previous contract period shall remain and apply hereto.

The contractor shall complete, sign and return this document as acceptance on or before the date indicated above.

IN WITNESS THEREOF, THE PARTIES HERETO EXECUTE THIS AGREEMENT.

Company Name: LAKE BEHAVIORAL HEALTH LLC

Mailing Address: P.O. BOX 115

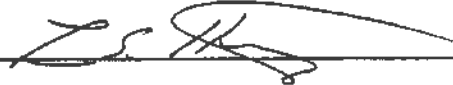
City, State, Zip: OSAGE BEACH, MO. 65065

Telephone: 573-348-3010 Fax: 573-348-1858


MissouriBUYS SYSTEM ID: 93548

Email: lane-lbha@gmail.com

Authorized Signer's Printed Name and Title: LANE ARMSTRONG, President/OWNER

Authorized Signature:  Date: 3/13/18

THIS AMENDMENT IS ACCEPTED BY THE MISSOURI DEPARTMENT OF CORRECTIONS AS FOLLOWS: In its entirety.

 3-23-2018
Kenny Jones, Chairman, Board of Probation and Parole Date



**STATE OF MISSOURI
MISSOURI DEPARTMENT OF CORRECTIONS
CONTRACT AMENDMENT**

RETURN AMENDMENT NO LATER THAN March 16, 2017 TO:

Beth Lambert, Procurement Officer II
Beth.Lambert@doc.mo.gov
(573) 526-6494 (Phone)
(573) 522-1562 (Fax)
FMU/PURCHASING SECTION
P.O. BOX 236
JEFFERSON CITY, MISSOURI 65102

DATE	VENDOR IDENTIFICATION	CONTRACT NUMBER	CONTRACT DESCRIPTION
February 16, 2017	Lake Behavioral Health LLC PO Box 115 Osage Beach, MO 65065	Amendment 002 SDA50300413	Indigent Sex Offender Treatment Services

CONTRACT SDA50300413 IS HEREBY AMENDED AS FOLLOWS:

Pursuant to paragraph 2.9.2, on page 9, the Missouri Department of Corrections desires to renew the above-referenced contract for the period of July 1, 2017 through June 30, 2018.

All terms, conditions and provisions, including pricing, of the previous contract period shall remain and apply hereto.

The contractor shall complete, sign and return this document as acceptance on or before the date indicated above.

IN WITNESS THEREOF, THE PARTIES HERETO EXECUTE THIS AGREEMENT.

Company Name: LAKE BEHAVIORAL HEALTH LLC

Mailing Address: P.O. BOX 115

City, State, Zip: OSAGE BEACH MO 65065

Telephone: 573-348-3010 Fax: 573-348-1858

MissouriBUYS SYSTEM ID: _____

Email: lanc.lbha@gmail.com

Authorized Signer's Printed Name and Title: LAKE ARMSTRONG, President/OWNER

Authorized Signature: [Signature] Date: 2/16/17

THIS AMENDMENT IS ACCEPTED BY THE MISSOURI DEPARTMENT OF CORRECTIONS AS FOLLOWS: In its entirety.

Kenny Jones 4-17-17
Kenny Jones, Chairman, Board of Probation and Parole **Date**



**STATE OF MISSOURI
MISSOURI DEPARTMENT OF CORRECTIONS
CONTRACT AMENDMENT**

RETURN AMENDMENT NO LATER THAN JANUARY 12, 2016 TO:

Beth Lambert, Procurement Officer II
 Beth.Lambert@doc.mo.gov
 (573) 526-6494 (Phone)
 (573) 522-1562 (Fax)
 FMU/PURCHASING SECTION
 P.O. BOX 236
 JEFFERSON CITY, MISSOURI 65102

DATE	VENDOR IDENTIFICATION	CONTRACT NUMBER	CONTRACT DESCRIPTION
December 22, 2015	Lake Behavioral Health LLC PO Box 115 Osage Beach, MO 65065	Amendment 001 SDA50300413	Indigent Sex Offender Treatment Services for Missouri Department of Corrections

CONTRACT #SDA50300413 IS HEREBY AMENDED AS FOLLOWS:

Pursuant to paragraph 2.9.2 on page 9, the Missouri Department of Corrections desires to renew the above-referenced contract for the period of July 1, 2016 through June 30, 2017.

The price for the new contract period is as follows:

Assessment: \$140.00 per assessment

All other prices shall remain the same.

All terms, conditions and provisions of the previous contract period shall remain and apply hereto.

The contractor shall complete, sign and return this document as acceptance on or before the date indicated above.

IN WITNESS THEREOF, THE PARTIES HERETO EXECUTE THIS AGREEMENT.

Company Name: LAKE BEHAVIORAL HEALTH LLC

Mailing Address: PO BOX 115

City, State Zip: OSAGE BEACH, MO, 65065

Telephone: 573-348-3010

E-Mail Address: lane.lhha@gmail.com

Authorized Signer's Printed Name and Title: LANE S. ARMSTRONG, President, owner

Authorized Signature: [Signature] Date: 2/2/16

THIS AMENDMENT IS ACCEPTED BY THE MISSOURI DEPARTMENT OF CORRECTIONS AS FOLLOWS: In its entirety.

[Signature]
 Ellis McSwain, Chairman - Division of Probation and Parole

[Signature]
 Date

ORIGINAL

INVITATION FOR BID



Missouri Department of Corrections
Fiscal Management Unit
Purchasing Section
2729 Plaza Drive, P.O. Box 236
Jefferson City, MO 65102

Buyer of Record:
Gary Stoll, CPPB
Telephone: (573) 526-6402
gary.stoll@doc.mo.gov

AMENDMENT 1 IFB SDA503-004

Indigent Sex Offender Treatment Services

FOR

Missouri Department of Corrections
Statewide

Contract Period: Date of Award through June 30,
2016

Date of Issue: June 24, 2015
Page i of 42

Bids Must Be Received No Later Than:

2:00 p.m., July 9, 2015

Sealed bids must be delivered to the Missouri Department of Corrections, Purchasing Section, 2729 Plaza Drive, Jefferson City, MO 65109, or P.O. Box 236, Jefferson City, Missouri 65102. The bidder should clearly identify the IFB number on the lower right or left-handed corner of the container in which the bid is submitted to the Department. This number is essential for identification purposes.

We hereby agree to provide the services and/or items, at the price quoted, pursuant to the requirements of this document and further agree that when this document is countersigned by an authorized official of the Missouri Department of Corrections, a binding contract, as defined herein, shall exist. The authorized signer of this document certifies that the contractor (named below) and each of its principals are not suspended or debarred by the federal government.

Company Name: LAKE BEHAVIORAL HEALTH LLC
Mailing Address: PO Box 115
City, State, Zip: OSAGE BEACH, MO, 65065
Telephone: 573-348-3010 Fax: 573-348-1858
Federal EIN #: 201006721 State Vendor #: 2010067210-0
Email: lane.lbha@gmail.com

Authorized Signer's Printed Name and Title: LANE ARMSTRONG, President/owner

Authorized Signature: [Signature] Bid Date: 6/28/15

NOTICE OF AWARD:

This bid is accepted by the Missouri Department of Corrections as follows:

In its entirety.

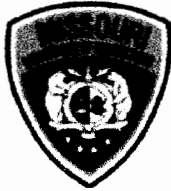
Contract No. **SDA50300413**

[Signature]
Ellis McSwain Jr., Chairman, Board of Probation and Parole

Date 6/15/15

ORIGINAL

INVITATION FOR BID



Missouri Department of Corrections
Fiscal Management Unit
Purchasing Section
2729 Plaza Drive, P.O. Box 236
Jefferson City, MO 65102

Buyer of Record:
Gary Stoll, CPPB
Telephone: (573) 526-6402
gary.stoll@doc.mo.gov

AMENDMENT 1 IFB SDA503-004

Indigent Sex Offender Treatment Services

FOR

Missouri Department of Corrections
Statewide

Contract Period: Date of Award through June 30,
2016

Date of Issue: June 24, 2015
Page i of 42

Bids Must Be Received No Later Than:

2:00 p.m., July 9, 2015

Sealed bids must be delivered to the Missouri Department of Corrections, Purchasing Section, 2729 Plaza Drive, Jefferson City, MO 65109, or P.O. Box 236, Jefferson City, Missouri 65102. The bidder should clearly identify the IFB number on the lower right or left-handed corner of the container in which the bid is submitted to the Department. This number is essential for identification purposes.

We hereby agree to provide the services and/or items, at the price quoted, pursuant to the requirements of this document and further agree that when this document is countersigned by an authorized official of the Missouri Department of Corrections, a binding contract, as defined herein, shall exist. The authorized signer of this document certifies that the contractor (named below) and each of its principals are not suspended or debarred by the federal government.

Company Name: LAKE BEHAVIORAL HEALTH LLC
Mailing Address: PO Box 115
City, State, Zip: OSAGE BEACH, MO, 65065
Telephone: 573-348-3010 Fax: 573-348-1858
Federal EIN #: 201006721 State Vendor #: 2010067210-0
Email: lane.lbha@gmail.com

Authorized Signer's Printed Name and Title: LANE ARMSTRONG, President/owner

Authorized Signature: [Signature] Bid Date: 6/28/15

NOTICE OF AWARD:

This bid is accepted by the Missouri Department of Corrections as follows:

Contract No. _____

Ellis McSwain Jr., Chairman, Board of Probation and Parole

Date

Amendment 1 makes the following changes to IFB SDA503-004

Adds paragraph 2.2.1.a.

Revises paragraph 3.9.2

Revises Exhibit A, Pricing Page

INVITATION FOR BID



**Missouri Department of Corrections
Fiscal Management Unit
Purchasing Section
2729 Plaza Drive, P.O. Box 236
Jefferson City, MO 65102**

**Buyer of Record:
Gary Stoll, CPPB
Telephone: (573) 526-6402
gary.stoll@doc.mo.gov**

IFB SDA503-004

Indigent Sex Offender Treatment Services

FOR

**Missouri Department of Corrections
Statewide**

**Contract Period: Date of Award through June 30,
2016**

**Date of Issue: June 12, 2015
Page 1 of 42**

Bids Must Be Received No Later Than:

2:00 p.m., July 9, 2015

Sealed bids must be delivered to the Missouri Department of Corrections, Purchasing Section, 2729 Plaza Drive, Jefferson City, MO 65109, or P.O. Box 236, Jefferson City, Missouri 65102. The bidder should clearly identify the IFB number on the lower right or left-handed corner of the container in which the bid is submitted to the Department. This number is essential for identification purposes.

We hereby agree to provide the services and/or items, at the price quoted, pursuant to the requirements of this document and further agree that when this document is countersigned by an authorized official of the Missouri Department of Corrections, a binding contract, as defined herein, shall exist. The authorized signer of this document certifies that the contractor (named below) and each of its principals are not suspended or debarred by the federal government.

Company Name: LANE BEHAVIORAL HEALTH LLC
Mailing Address: PO Box 115
City, State, Zip: OSAGE BEACH, MO. 65065
Telephone: 573-348-3010 Fax: 573-348-1858
Federal EIN #: 201006721 State Vendor #: 2010067210-0
Email: lane.lbha@gmail.com

Authorized Signer's Printed Name and Title: LANE S. ARMSTRONG, President/OWNER

Authorized Signature: Bid Date: 6/28/15

NOTICE OF AWARD:

This bid is accepted by the Missouri Department of Corrections as follows:

Contract No. _____

Ellis McSwain Jr., Chairman, Board of Probation and Parole Date _____

BACKGROUND/INTRODUCTION

Lake Behavioral Health Associates LLC is solely owned and operated by Lane Armstrong, M.S. Lane Armstrong is a licensed psychologist in private practice and has been providing outpatient sex offender treatment to clients of the Missouri Department of Corrections since 1990.

Pricing

EXHIBIT A
SUBMISSION IS MANDATORY
SDA503-004
PRICING PAGE

The bidder must provide a firm fixed price in the table below for the original contract period and maximum prices for each potential renewal period for providing all services in accordance with the provisions and requirements of this IFB. All costs associated with providing the required services shall be included in the stated prices.

This section was revised by Amendment 1

SERVICE DESCRIPTION	FIRM, FIXED PRICE	First Renewal Option	Second Renewal Option	Third Renewal Option
DSO Evaluation	\$ <u>500.00</u> per evaluation	\$ <u>500.00</u> per evaluation	\$ <u>600.00</u> per evaluation	\$ <u>600.00</u> per evaluation
Assessment	\$ <u>125.00</u> per assessment	\$ <u>140.00</u> per assessment	\$ <u>140.00</u> per assessment	\$ <u>140.00</u> per assessment
Individual Counseling (per 15 minute increments)	\$ <u>17.50</u> per 15 minute increments	\$ <u>17.50</u> per 15 minute increments	\$ <u>17.50</u> per 15 minute increments	\$ <u>17.50</u> per 15 minute increments
Group Counseling (per 15 minute increments)	\$ <u>7.50</u> per 15 minute increments	\$ <u>7.50</u> per 15 minute increments	\$ <u>7.50</u> per 15 minute increments	\$ <u>7.50</u> per 15 minute increments

Bidder is to state the location where the service is provided:

2705 W. MAIN, JEFF CITY, MO

110 CROSSINGS E., LAKE OSAGE, MO.

The bidder must state the number of days required before the services described herein could be provided:

1 days after effective date of contract award.

Terms:

The bidder should state below its discount terms offered for the prompt payment of invoices:

0 % if paid within — days of receipt of invoice.

Employee Bidding/Conflict of Interest - Bidders who are employees of the State of Missouri, a member of the General Assembly or a statewide elected official must comply with Sections 105.450 to 105.458 RSMo regarding conflict of interest. If the bidder and/or any of the owners of the bidder's organization are currently an employee of the State of Missouri, a member of the General Assembly or a statewide elected official, please provide the following information.

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

Executive Order 04-09: Products and/or Services Provided Outside United States

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

Are any of the bidder's proposed products and/or services being manufactured or performed at sites outside the United States?	Yes _____	No <input checked="" type="checkbox"/>
If YES, do the proposed products/services satisfy the conditions described in 4a, b, c, or d of Executive Order 04-09? (see the following web link: http://www.sos.mo.gov/library/reference/orders/2004/eo04_009.asp)	Yes _____	No _____
<p>If YES, mark the appropriate exemption below, and provide the requested details:</p> <p>___ 1. Unique good or service.</p> <ul style="list-style-type: none"> EXPLAIN: _____ <p>___ 2. Foreign firm hired to market Missouri services/products to a foreign country.</p> <ul style="list-style-type: none"> Identify foreign country: _____ <p>___ 3. Economic cost factor exists</p> <ul style="list-style-type: none"> EXPLAIN: _____ <p>___ 4. Vendor/subcontractor maintains significant business presence in the United States and only performs trivial portion of contract work outside US.</p> <ul style="list-style-type: none"> Identify maximum percentage of the overall value of the contract, for any contract period, attributed to the value of the products and/or services being manufactured or performed at sites outside the United States: ___% Specify what contract work would be performed outside the United States: _____ 		

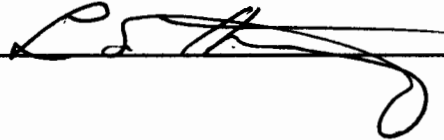
Indicate if the bidder is a For Profit or Nonprofit Entity:

For Profit _____ Nonprofit

By signing below, the bidder hereby declares understanding, agreement and certification of compliance to provide the services, at the prices quoted, in accordance with all the requirements and specifications contained herein and in the Terms and Conditions. The bidder further agrees that the language of this IFB shall govern in the event of a conflict with his/her bid.

Company Name LAKE BEHAVIORAL HEALTH LLC

Printed Name LANE S. ARMSTRONG Email Address: lane-lbha@gmail.com

Authorized Signature  Date 6/28/15

Bidders Experience

EXHIBIT B
SUBMISSION IS MANDATORY

PRIOR EXPERIENCE OF BIDDER

The bidder shall copy and complete this form for each reference being submitted as demonstration of the bidder's prior experience. In addition, the bidder is advised that if the contact person listed for the reference is unable to be reached during the evaluation, the listed experience may not be considered.

Bidder Name:	LAKE BEHAVIORAL HEALTH LLC / LANE ARMSTRONG
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	DEPARTMENT OF CORRECTIONS
Address of Reference Company:	1500 Vandiver, STE. 110 Columbia, MO, 65202
Reference Contact Person Name:	KAY CROCKETT
Contact Person Phone #	573-441-6382
Contact Person e-mail address:	Kay.Crockett@doc.mo.gov
Dates of Prior Services:	SINCE 1990
Dollar Value of Prior Services	Total DOC approx. \$3000.00
Description of Prior Services Performed	provided all facets of outpatient sex offender services to include assessments, group and individual counseling

Signature of Bidder 

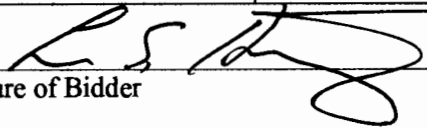
6/20/15
Date of Signature

EXHIBIT B
SUBMISSION IS MANDATORY

PRIOR EXPERIENCE OF BIDDER

The bidder shall copy and complete this form for each reference being submitted as demonstration of the bidder's prior experience. In addition, the bidder is advised that if the contact person listed for the reference is unable to be reached during the evaluation, the listed experience may not be considered.

Bidder Name:	LAKE BEHAVIORAL HEALTH LLC / LANE ARMSTRONG
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	Dept of Corrections
Address of Reference Company:	2705 W. MAIN
	JEFFERSON City, MO. 65109
Reference Contact Person Name:	CHRISTINA HELMIG
Contact Person Phone #	573-751-4949
Contact Person e-mail address:	Christina.Helmig@doc.mo.gov
Dates of Prior Services:	Since 1990
Dollar Value of Prior Services	Approx: \$ 800.00
Description of Prior Services Performed	provided all facets of outpatient sex offender services to include assessments and group and individual services.

Signature of Bidder 

6/28/15
Date of Signature

EXHIBIT B
SUBMISSION IS MANDATORY

PRIOR EXPERIENCE OF BIDDER

The bidder shall copy and complete this form for each reference being submitted as demonstration of the bidder's prior experience. In addition, the bidder is advised that if the contact person listed for the reference is unable to be reached during the evaluation, the listed experience may not be considered.

Bidder Name:	LAKE BEHAVIORAL HEALTH LLC/LANE ARMSTRONG
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	DEPARTMENT OF CORRECTIONS
Address of Reference Company:	672 Industrial Park Dr. Eldon, Mo. 65049
Reference Contact Person Name:	Kathy Fields
Contact Person Phone #	573-392-6920
Contact Person e-mail address:	Kathy.Fields@doc.mo.gov
Dates of Prior Services:	SINCE 1990
Dollar Value of Prior Services	Approx: \$ 1500.00
Description of Prior Services Performed	provided all facets of outpatient sex offender services to include assessments and group and individual services

Signature of Bidder 

6/28/15
Date of Signature

**EXHIBIT B
SUBMISSION IS MANDATORY**

PRIOR EXPERIENCE OF BIDDER

The bidder shall copy and complete this form for each reference being submitted as demonstration of the bidder's prior experience. In addition, the bidder is advised that if the contact person listed for the reference is unable to be reached during the evaluation, the listed experience may not be considered.

Bidder Name:	LAKE BEHAVIORAL HEALTH / LANE ARMSTRONG
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	MO. DEPT. OF CORRECTIONS
Address of Reference Company:	409 W. HWY 54 CAMDEN, MO. 65020
Reference Contact Person Name:	KATHY MOECKEL
Contact Person Phone #	573-346-2878
Contact Person e-mail address:	KATHRYN.MOECKEL@DOC.MO.GOV
Dates of Prior Services:	SINCE 1990
Dollar Value of Prior Services	Approx: \$ 180.00
Description of Prior Services Performed	Provided all facets of outpatient sex OFFENDER treatment services to include assessments and group/individual services

Signature of Bidder *[Handwritten Signature]*


Date of Signature 6/28/15

Expertise of Personnel

EXHIBIT C
SUBMISSION IS MANDATORY

PERSONNEL EXPERTISE SUMMARY
(Also Attach Resumes for Management Staff)

Personnel	Background and Expertise of Management Staff
1. <u>LANE ARMSTRONG</u> (Name) <u>President / Psychologist</u> (Title)	Providing outpatient sex offender services since 1990 to D.O.C. clients. Licensed Psychologist Former Psychologist for D.O.C. (SEE RESUME ATTACHED)
2. _____ (Name) _____ (Title)	
3. _____ (Name) _____ (Title)	
4. _____ (Name) _____ (Title)	
5. _____ (Name) _____ (Title)	
6. _____ (Name) _____ (Title)	


Bidder's Signature

6/28/15
Date

Personnel Requirements

Lane Armstrong, M.S. is/has been a Department of Corrections approved sex offender treatment provider for over 25 years and has consistently been providing these services. He is a Missouri licensed psychologist and a Certified Health Service Provider. In addition, Lane Armstrong has been a past employee of the Department of Corrections, as a psychologist. All licenses and certifications are current.

(See attached resume)

Lane Armstrong follows and meets the provider criteria outlined in the Sex Offender Treatment Provider manual.

LANE S. ARMSTRONG

Home Address:

***P.O. Box 190
Lake Ozark, Missouri 65049***

Office:

***P.O. Box 115
Osage Beach, Mo. 65065
(573)348-3010***

PROFESSIONAL LICENSE

***Missouri Licensed Psychologist #208, Licensed since 1978
Certified Health Care Service Provider***

ACADEMIC DEGREES

***M.S. 1975 Central Missouri State University
Warrensburg, Missouri
Major: Psychology, special emphasis in clinical psychology***
***B.S. 1973 Central Missouri State University
Warrensburg, Missouri
Major: Psychology Minor: Sociology***

Private Practice:

***May 2004 – Present: Lake Behavioral Health Associates LLC. Osage Beach, Mo.
Clinical Director/Owner
Provide outpatient mental health services***

***March 1993- May 2004: Lake Mental Health. Osage Beach, Mo. Owner/Director.
Provided outpatient mental health services and supervised other mental health
providers to include psychiatrists, psychologists and licensed professional counselors.
Sold facility.***

***August 1990 – Present: Provide outpatient sex offender treatment programming to
clients of Missouri Department of Corrections.***

***January 1989 – Present: Allied Health Professional at Lake Regional Hospital, Osage
Beach, Mo. Provide psychological consultation to physicians of hospital.***

Clear Pointe Chemical Dependency Treatment Centers

January 1990 – July 1992

Clinical Director of Clear Pointe/Cedar Ridge Outpatient chemical dependency and psychiatric clinics. Developed multi-site programs and supervised all clinical services.

September 1989 – January 1990

Director of Co-Dependency program. Developed 12-day inpatient program to include writing all policies and procedures.

November 1987 – November 1988

Clinical Director of 90 bed, freestanding treatment facility. Supervised all clinical services. Vice-president of the Professional Staff. Led numerous workshops and seminars.

August 1986 – November 1987

Executive Director and co-founder of Clear Point psychiatric facility. Responsible for total management and operation of facility. Coordinated and supervised: marketing, clinical services to include medical and nursing, administrative and support services. Wrote all facility policies to obtain State and JCAHO accreditation. Facility sold to Mediplex Inc.

Valley Hope Alcoholism and Drug Treatment Centers:

January 1981 – August 1986

Program Director, Boonville Missouri. Established and directed 65 bed, freestanding facility. Responsible for all clinical and administrative services.

April 1978 – January 1981

Assistant Program Director, Cushing, Oklahoma. 72 bed freestanding facility. Directed/supervised all clinical services.

Missouri Department of Corrections:

November 1976 – April 1978

Clinical Psychologist State Pre-Release Center, Tipton, Mo. Acting Program Director.

March 1975 – November 1976

Clinical Psychologist, Algoa Reformatory, Jefferson City, Mo. Established and directed Pre-release/Work release center for inmates, age 16yrs. to 25 yrs.

September 1974 – 1975

Intern psychologist, Renz prison, Jefferson City, Mo.

Volunteer Organizational/Professional Memberships:

Missouri Advisory Council on Alcohol and Drug Abuse (1988 – 91)

Central Region Alcohol Committee (1981 – 1987)

Member, Camden County Mental Health Board 1992

**Department of Insurance, Financial Institutions and Professional Registration
Division of Professional Registration
State Committee of Psychologists
Psychologist**

Health Service Provider

**VALID THROUGH JANUARY 31, 2016
ORIGINAL CERTIFICATE/LICENSE NO. 00208**

**LANE S ARMSTRONG
P O BOX 115
OSAGE BEACH MO 65065
USA**

Pamela Drosse

EXECUTIVE DIRECTOR

Jan A. Pickett

DIVISION DIRECTOR

SCOPE OF WORK/PROVISION OF SERVICES

SCOPE OF WORK/PROVISION OF SERVICES

(Lake Behavioral Health agrees to meet all requirements outlined in the general contract and specific service requirements in providing services to indigent clients referred to the sex offender program for intake evaluation, assessment and treatment, both group and individual.) Lake Behavioral Health strives to meet or exceed "best practices" in the area of sex offender treatment services. Lake Behavioral Health shall comply with the Fair Labor Standard Act, Equal Opportunity Employment Act and all State, Federal laws, rules and executive orders that apply to the provisions in the contract.

Treatment and Assessment services are currently being provided in:

1. 110 Crossings E. Ste. 4. Lake Ozark, Mo. In *Camden County*
2. 2705 W. Main, Probation and parole office in Jefferson City, Mo.; Cole County.

Lake Behavioral Health agrees that all services provided will be at the satisfaction of the Division of Probation and Parole and the Chief of Mental Health Services of the Department of Corrections. Lake Behavioral Health treatment practices and policies meets or exceeds all standards outlined in the Mo. Department of Corrections Sex Offender Treatment Provider Manual.

Lake Behavioral Health provides all materials, supplies and equipment needed to assess and provide treatment services to its clients. These materials include handouts, learning/didactic materials and psychological testing material. These materials include, but not limited to: Case report guidelines, autobiography guidelines, empathy work guides, problem solving/resolution forms, deviant cycle guides, as well as specific forms to address relapse prevention issues. Many of the forms/guides utilized are similar or modifications of forms used by The Missouri Sex Offenders Program (MOSOP). Psychological testing materials to include the MMPI -2 (Minnesota Multiphasic Personality Inventory), Sentence

Completion Test and risk instruments will include Static-99R, VASOR and or SOTIPS will be utilized when deemed appropriate. Additional test materials may be also be used at the provider's discretion in addressing assessment and risk factors.

METHOD OF PERFORMANCE

Method of Performance:

Lake Behavioral Health provides *services* to include Assessments (DSO), intake evaluations and individual and group treatment:

Assessment:

Individual Assessments are provided to determine the need, if any, for sex offender treatment.

An individual psychosocial assessment to include referral source as well as personal history of the offender will be completed. A face to face clinical interview that focuses on family and personal history, education, learning problems/disabilities, substance abuse, mental health issues to include a mental status exam, physical/medical problems, work history and current and past legal charges/allegations. A psychological diagnosis will be provided if indicated. A risk assessment incorporating a standardized tool i.e. Static-99R or Vermont Assessment of Sex Offender Risk will also be utilized. This will be in addition to administration of SOTIPS. Efforts to obtain legal history, including any reports from Probation and Parole or other sources, will be made. The time to complete this clinical interview will vary, but would be no less than one hour in duration. Psychological testing will also be administered that would include at a minimum, the Minnesota Multiphasic Personality Inventory (MMPI-2) and Sentence Completion Test. A complete assessment will normally take approximately 4 to 6 hrs. of clinical time in total.

Intake Evaluation:

Each client referred to the program for treatment will be given an individual, face to face interview to include a psychosocial history, sexual history and an objective measure of risk to the community by utilizing the Static-99R or Vermont Assessment of Risk at a minimum.

Treatment Planning:

An individualized treatment plan will be finalized and driven by the offender's needs, as identified by the client's assessment/evaluation and program requirements. The treatment goals and interventions will be reviewed (and modified if necessary) at least quarterly. The treatment plan will be updated to reflect changing needs and updates will occur on at least a yearly basis.

Group Services:

Group therapy is held one time weekly in Jefferson City on Tuesday evenings for up to 90 minutes. Two groups are currently being held.

Group therapy is held one time weekly in Lake Ozark on Wednesday. Four groups are currently being held.

Content of group therapy is both didactic and process, with a cognitive behavioral orientation. Learning theory is utilized with focus on thoughts, feelings and resultant behaviors. Didactic topics to address assertiveness, anger management, relationships, victim awareness/empathy, problem solving, relapse indicators, defense mechanisms and thinking errors, as well as social skill development are included. Support programs such as AA, NA and SA are encouraged, as well as individual and or family counseling when problems are identified and require intervention.

The groups are oriented into four phases of progression:

Phase I: This beginning phase is for all new participants who are referred to the program by the supervising probation and parole officer. Upon referral each client must sign a treatment agreement, as well as confidentiality agreements and authorizations for release of protected health information to appropriate members of the Department of Corrections, to include Regional Sex Offender Program Compliance Specialists. During this phase all participants are required to learn and be tested on the MOSOP principles. They are also expected to present a Case Report and admit responsibility for their offense. Weekly problem solving assignments are also required to be presented to the group by each participant.

Individual treatment plans addressing various problems, goals and interventions specific to each client are completed and reviewed with the client. After all these requirements are met successfully, they are considered eligible for promotion to the next phase. Handouts and guides for the above assignments/requirements are provided to the participants.

Phase II: Participants focus on beginning to learn about personal dynamics, core beliefs and thinking errors that may have contributed to their offense. They are required to complete an autobiography to assist in this process. In conjunction, empathy work and specific assignments in this area are required to complete this phase successfully prior to being considered for promotion to Phase III. Specific needs of the offender are addressed in treatment planning with focus on areas i.e. substance abuse, relationships, arousal control, social skills/assertiveness/anger management etc.

Phase III: Participants focus on identifying personal risk factors in their thinking and behavior. Core requirements include completion of their Deviant/Offense Cycle and Personal Relapse Plan. Guides and handouts are provided. As in the previous two phases, individual treatment plans not only address core requirements but the unique needs of the offender. With completion of Phase III requirements and with the provider's and supervising officer's approval, the client is eligible for promotion to Phase IV.

Phase IV: This is the "AFTERCARE" phase of the program that requires participants to only attend once per month. These offenders are promoted to the aftercare phase after all core program requirements are complete and ongoing risk assessment is low. Phase IV eligibility is considered only after consultation between the provider and the supervising officer.

Program Completion:

After consultation with the supervising officer, a program participant may be successfully discharged from the program. Review of past and recent polygraph results would also occur and taken into consideration. For successful completion

of the program, all program requirements would be completed with an ongoing assessment of low clinical risk. A discharge note to include ongoing risk and recommendations will be provided to the supervisory officer.

Individual/Family Counseling:

Periodically participants may require or request individual or family therapy to assist in meeting their individualized needs. Most often this is focused upon enhancing the offender's relationship with family or family supervisory responsibilities, but additional focus may be upon risk assessment, denial, social skill development, relapse prevention, sexual arousal control, victim awareness and empathy. Occasionally the offender may have learning problems that can be better addressed with both an individual and group approach to their treatment. In this case, a mix of group and individual sessions would occur and in some rare instances the supervising officer and the therapist may feel that individual therapy vs. group therapy would be in the best interest of the client and/or the community. Individual sessions are scheduled for one hour, on an as needed basis.

Female Offenders:

Research has indicated female offenders have unique treatment needs and separate groups for female offenders will be formed when 3 or more female offenders have been referred. When less than 3 females are referred for treatment the clients will be seen individually and all efforts will be made to address their unique treatment needs. Individual sessions will be held as clinically indicated but normally held twice per month.

Polygraph Testing:

Polygraph testing is utilized as an important treatment tool. Polygraph questions are compiled through consultation/collaboration with the treatment provider, supervising officer and the polygraph provider. Ideally, new program clients are polygraphed within the first 90 days of assignment to the program, when scheduling permits. Each client is polygraphed yearly at a minimum. The

supervising officer makes the referral for polygraph testing to one of Missouri approved polygraph providers.

Program Expectations/Rules:

Any offender violating group rules or exhibits violent or threatening behavior toward treatment providers or other program members will be discharged unsuccessfully from the program with consultation by the supervising officer and/or the Regional Program Compliance Specialist. Excessive absences are also criteria for discharge from the program. Client absences are communicated to the supervisory officer no later than the day following the client's absence.

REPORTING REQUIREMENTS

Reporting Requirements:

All program participants are evaluated at least quarterly by the treatment provider and evaluations are discussed with the offender and copies provided to the supervising officer. These reports cover attendance, progress, and treatment planning with regard to current goals attempted/completed, participation, special needs and recommendations. Ongoing risk factors are also assessed.

Program completion/termination reports are provided to the supervising officer within 10 days of a client's discharge from the program. Reports include reason for discharge and current assessed risk to the community and any ongoing supervisory recommendations.

Group Observation:

Currently the Regional Treatment Compliance Specialist observes group at least once yearly. Program clients have signed a confidentiality agreement to ensure compliance. Occasionally requests by the supervisory officer to observe group are honored, when mutually agreed to by the therapist, compliance specialist and the P&P district administrator.

Audit and Bookkeeping requirements:

Lake Behavioral Health LLC agrees to audit requirements by the Department of Corrections of its records, both clinical and bookkeeping kept in the ordinary course of business. Currently the Compliance Specialist audits the clinical files on a yearly basis. In addition, the therapist's documentation, current licensing, continuing education and compliance with DOC criteria are also monitored. Access to all systems, documentation, facilities and equipment would be provided. Clinical records are currently kept for a period of 7 years and financial records are kept for a minimum of 5 years.

EXHIBIT G
BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION,
AND AFFIDAVIT OF WORK AUTHORIZATION

BUSINESS ENTITY CERTIFICATION:

The bidder/contractor must certify their current business status by completing either Box A or Box B or Box C on this Exhibit.

BOX A: To be completed by a non-business entity as defined below.

BOX B: To be completed by a business entity who has not yet completed and submitted documentation pertaining to the federal work authorization program as described at http://www.dhs.gov/xprevprot/programs/gc_1185221678150.shtm.

BOX C: To be completed by a business entity who has current work authorization documentation on file with a Missouri state agency including Division of Purchasing and Materials Management.

Business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term "business entity" shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term "business entity" shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit. The term "business entity" shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

Note: Regarding governmental entities, business entity includes Missouri schools, Missouri universities (other than stated in Box C), out of state agencies, out of state schools, out of state universities, and political subdivisions. A business entity does not include Missouri state agencies and federal government entities.

BOX A – CURRENTLY NOT A BUSINESS ENTITY

I certify that LAKE Behavioral Health (Company/Individual Name) **DOES NOT CURRENTLY MEET** the definition of a business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above, because: (check the applicable business status that applies below)

I am a self-employed individual with no employees; OR

The company that I represent utilizes the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

I certify that I am not an alien unlawfully present in the United States and if LAKE Behavioral Health (Company/Individual Name) is awarded a contract for the services requested herein under _____ (Bid/SFS/Contract Number) and if the business status changes during the life of the contract to become a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo then, prior to the performance of any services as a business entity, LAKE Behavioral Health (Company/Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide the _____ (insert agency name) with all documentation required in Box B of this exhibit.

LANE S. ARMSTRONG
Authorized Representative's Name
(Please Print)

[Signature]
Authorized Representative's Signature

LAKE Behavioral Health
Company Name (if applicable)

6/28/15
Date

STAPLES



RECEIVED
MO. DEPT. OF CORRECTIONS
PURCHASING SECTION
6/30/2015 3:49 PM