



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

**RETURN AMENDMENT NO LATER THAN August 28, 2015 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                     |
|-----------------|--|-------------------------------|--|
| August 20, 2015 | Lake Behavioral Health Associates<br>PO Box 115<br>Osage Beach, MO 65065 | Amendment #005<br>SDA50300106 | Indigent Sex Offender Treatment Services |

**CONTRACT #SDA50300106 IS HEREBY AMENDED AS FOLLOWS:**

The Missouri Department of Corrections desires to extend the above-referenced contract until October 31, 2015.

All terms, conditions and provisions, including prices, 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

Mailing Address: PO Box 115

City, State Zip: OSAGE BEACH, MO. 65065

Telephone: 573-348-3010

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

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

Authorized Signature: [Signature] Date: 8/21/15

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

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

[Signature]  
Date



STATE OF MISSOURI  
MISSOURI DEPARTMENT OF CORRECTIONS  
CONTRACT AMENDMENT

RETURN AMENDMENT NO LATER THAN 04/02/15 TO:

John Hall, CPPB  
John.Hall@doc.mo.gov  
(573) 526-8494 (Phone)  
(573) 522-1562 (Fax)  
FMU/PURCHASING SECTION  
P.O. BOX 236  
JEFFERSON CITY, MISSOURI 65102

| DATE     | VENDOR IDENTIFICATION  | CONTRACT NUMBER               | CONTRACT DESCRIPTION                     |
|----------|--|-------------------------------|--|
| 03/19/15 | Lake Behavioral Health Associates<br>PO Box 115<br>Osage Beach, MO 65065 | Amendment #004<br>SDA60300106 | Indigent Sex Offender Treatment Services |

CONTRACT # SDA60300106 IS HEREBY AMENDED AS FOLLOWS:

Pursuant to paragraph 2.7.6 on page 14, the Missouri Department of Corrections desires to extend the above-referenced contract for the period of July 1, 2015 through July 30, 2015. All terms, conditions and provisions, including prices, 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.

Name: LAKE BEHAVIORAL HEALTH  
Mailing Address: PO Box 115  
City, State Zip: OSAGE BEACH, MO. 65065  
Telephone: 573-348-3010  
E-Mail Address: lane.lbha@gmail.com  
Authorized Signer's Printed Name and Title: LANE S. ARMSTRONG, President  
Authorized Signature: [Signature] Date: 3/24/15

THIS AMENDMENT IS ACCEPTED BY THE MISSOURI DEPARTMENT OF CORRECTIONS AS FOLLOWS:

[Signature] Ellis McSwain, Chairman, Board of Probation and Parole  
4/13/15 Date  
 Its entirety.



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

**RETURN AMENDMENT NO LATER THAN 04/15/14 TO:**

John Hall, CPPB  
John.Hall@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                     |
|----------|--|-------------------------------|--|
| 03/25/14 | Lake Behavioral Health Associates<br>PO Box 115<br>Osage Beach, MO 65065 | Amendment #003<br>SDA50300106 | Indigent Sex Offender Treatment Services |

**CONTRACT # SDA50300106 IS HEREBY AMENDED AS FOLLOWS:**

Pursuant to paragraph 2.7.2 on page 13, the Missouri Department of Corrections desires to renew the above-referenced contract for the period of July 1, 2014 through June 30, 2015. All terms, conditions and provisions, including prices, of the previous contract period shall remain and apply hereto.

The contractor shall submit to the Missouri Department of Corrections the qualifications of the current sex offender counselors.

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.**

Name LANE ARMSTRONG, LAKE BEHAVIORAL HEALTH ASSOCIATES  
Mailing Address: PO BOX 115  
City, State Zip: OSAGE BEACH, MO. 65065  
Telephone: 573-348-3010  
E-Mail Address: lane.lbha@gmail.com  
Authorized Signer's Printed Name and Title: LANE ARMSTRONG, OWNER  
Authorized Signature: [Signature] Date 3/31/14

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

[Signature]  
Ellis McSwain, Chairman, Board of Probation and Parole  
Date 4/14/14



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

RETURN AMENDMENT NO LATER THAN MARCH 15, 2013 TO:  
~~LISA MEYER, MBA, CRPB~~ / Eileen REEVES, AOSA  
PROCUREMENT OFFICER

MISSOURI DEPARTMENT OF CORRECTIONS  
PURCHASING SECTION / FMU  
2729 PLAZA DRIVE, P.O. BOX 236  
JEFFERSON CITY, MISSOURI 65102

| DATE    | VENDOR IDENTIFICATION   | CONTRACT NUMBER            | CONTRACT DESCRIPTION                     |
|---------|---|----------------------------|--|
| 2/26/13 | LAKE BEHAVIORAL HEALTH ASSOCIATES<br>P O BOX 115<br>OSAGE BEACH, MO 65065 | SDA50300106<br>Amendment 2 | INDIGENT SEX OFFENDER TREATMENT SERVICES |

THE CONTRACT BETWEEN LAKE BEHAVIORAL HEALTH ASSOCIATES AND THE MISSOURI DEPARTMENT OF CORRECTIONS IS HEREBY AMENDED AS FOLLOWS:

In accordance with paragraph 2.7.2 on page 13, the Missouri Department of Corrections desires to renew the above-referenced contract for the period of July 1, 2013 through June 30, 2014.

In addition, by signing this amendment the contractor agrees to comply with the attached Prisoner Rape Elimination Act (PREA) requirements.

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

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

..... THIS DOCUMENT MUST BE SIGNED TO BE VALID .....  
.....

IN WITNESS THEREOF, THE PARTIES HERETO EXECUTE THIS AGREEMENT.

Name LAKE BEHAVIORAL HEALTH ASSOCIATES

Mailing Address: PO BOX 115

City, State Zip: OSAGE BEACH, MO. 65065

Telephone: 573-348-3010 State Vendor Number: \_\_\_\_\_

E-Mail Address: lane.1bha@gmail.com

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

Authorized Signature: [Signature] Date 2/28/13

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

[Signature]  
Ellis McSwain, Jr. Chairman of the Probation & Parole Board  
Missouri Department of Corrections

3/14/13  
Date

**ADDENDUM A**  
**PRISON RAPE ELIMINATION ACT (PREA)**  
**REQUIREMENTS**

This Addendum A to the contract between Contractor and the Department ("Addendum") shall be effective upon the renewal of the Amendment renewing the contract for another one-year term, from 2013 to 2014, and is the intent of the parties that it shall be incorporated fully within the contract. To the extent that any terms or conditions of this Addendum conflict with the contract or any subsequent Amendment, the terms and conditions of this Addendum supersede.

1. The contractor and all of the contractor's employees/agents providing services in any Department of Corrections institution must be at least 21 years of age. A Missouri Uniform Law Enforcement System (MULES) check or other background investigation shall be required on the contractor, the contractor's employees/agents before they are allowed entry into the institution. The contractor, its employees/agents understand and agree that the Department shall complete criminal background records checks at least every five (5) years for the contractor and the contractor's employees/agents that have the potential to have contact with inmates.
2. The institution shall have the right to deny access into the institution for the contractor and any of the contractor's employees/agents for any reason, at the discretion of the institution. Such denial shall not relieve the contractor of any requirements of the contract.
3. The contractor, its employees/agents under active federal or state felony or misdemeanor supervision must receive written division director approval prior to providing services pursuant to a Department contract. Similarly, contractors/ employees/ agents with prior felony convictions and not under active supervision must receive written division director approval in advance.
4. The contractor, its employees/agents shall at all times observe and comply with all applicable state statutes, Department rules, regulations, guidelines, internal management policies and procedures, and general orders of the Department that are applicable, regarding operations and activities in and about all Department property. Furthermore, the contractor, its employees/agents, shall not obstruct the Department or any of its designated officials from performing their duties in response to court orders or in the maintenance of a secure and safe correctional environment. The contractor shall comply with the Department's policies and procedures relating to employee conduct.
  - a. The Department has a zero tolerance policy for any form of sexual misconduct to include staff/contractor/volunteer on offender or offender on offender sexual harassment, sexual assault, sexual abuse and consensual sex.
    - (1) Any contractor or contractor's employee/agent who witnesses any form of sexual misconduct must immediately report it to the warden of the institution. If a contractor or contractor's employee/agent fails to report or knowingly condones sexual harassment or sexual contact with or between offenders, the Department may cancel the contract, or at the Department's sole discretion, require the contractor to remove the contractor/employee/agent from providing services under the contract.
    - (2) Any contractor/employee/agent who engages in sexual abuse shall be prohibited from entering the institution and shall be reported to law enforcement agencies and licensing bodies, as appropriate.
5. The contractor, its employees/agents shall not interact with offenders except as is necessary to perform the requirements of the contract. The contractor, its employees/ agents shall not give anything to nor accept anything from the offenders except in the normal performance of the contract.
6. If any contractor or contractor's employee/agent is denied access into the institution for any reason or is denied approval to provide service to the Department for any reason stated herein, it shall not relieve the contractor of any requirements of the contract. If the contractor is unable to perform the requirements of the contract for any reason, the contractor shall be considered in breach.



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

RETURN AMENDMENT NO LATER THAN 04/16/12 TO:

Lisa Meyer, CPPB  
Lisa.meyer@doc.mo.gov  
(573) 526-6611  
(573) 522-1562 (Fax)  
FMU/PURCHASING SECTION  
P.O. BOX 236  
JEFFERSON CITY, MISSOURI 65102

| DATE     | VENDOR IDENTIFICATION  | CONTRACT NUMBER               | CONTRACT DESCRIPTION                     |
|----------|--|-------------------------------|--|
| 03/14/12 | Lake Behavioral Health Associates<br>Attn: Lane Armstrong<br>PO Box 115<br>Osage Beach, MO 65065 | Amendment #001<br>SDA50300106 | Indigent Sex Offender Treatment Services |

CONTRACT # SDA50300106 IS HEREBY AMENDED AS FOLLOWS:

Pursuant to paragraphs 2.7.2 and 2.4.3 on page 13, the Missouri Department of Corrections desires to renew the above referenced contract for the period of July 1, 2012 through June 30, 2013 with no increase in prices. All terms, conditions and provisions, including prices, 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.

Name LAKE BEHAVIORAL HEALTH ASSOCIATES

Mailing Address: PO BOX 115

City, State Zip: OSAGE BEACH, MO 65065

Telephone: 573-348-3010

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

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

Authorized Signature: [Signature] Date 3/15/12

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

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

4/11/12

Date

ORIGINAL

### INVITATION FOR BID

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

### IFB SDA503-001

Amendment 002  
For  
Indigent Sex Offender Treatment Services

Contract Period: Date of Award through June 30, 2011  
Date of Issue: January 14, 2011  
Page 1 of 63

#### Bids Must be Received No Later Than:

Amended Via Amendment 002

**2:00 p.m., January 27, 2011**

For information pertaining to the IFB contact:  
Donna J. Lynch-Hicks, CPPB  
Procurement Officer II  
Telephone: (573) 526 -- 6590  
Fax: (573) 522-8407  
E-mail: Donna.Hicks@doc.mo.gov

#### Services procured for

Missouri Department of Corrections  
Division of Probation and Parole

#### PRE-BID CONFERENCE

A pre-bid conference will be held at 9:00 a.m. Central Time, on December 22, 2010 at the Missouri Department of Corrections, Large Conference Room, 2729 Plaza Drive, Jefferson City, Missouri. Attendance is not required to submit a bid; however, all bidders are encouraged to attend since information related to the IFB will be discussed in detail.

Bids must be delivered to the Department of Corrections, Purchasing Section, 2729 Plaza Drive, 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 from providing any service requirements outlined herein.

Name: LAKE BEHAVIORAL HEALTH / LANE ARMSTRONG  
Business Name as filed with the IRS: LAKE BEHAVIORAL HEALTH ASSOCIATES LLC  
Mailing Address: P.O. Box 115  
City, State Zip: OSAGE BEACH, MO. 65065  
Telephone: 573-348-3010 State Vendor Number: \_\_\_\_\_  
Federal Taxpayer ID Number: 201006721  
E-Mail Address: lane@charterinternet.com  
Authorized Signer's Printed Name and Title: LANE S. ARMSTRONG, President  
Authorized Signature: [Signature]  
Bid Date: 1/21/2011

#### NOTICE OF AWARD:

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

[Signature] Date 4/29/11  
Division Director

Contract No. **SDA50300106**  
**ACCEPTED IN ITS ENTIRETY**

CONTRACT PERIOD:  
04/29/2011 - 06/30/2012

ORIGINAL

**INVITATION FOR BID**

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

**IFB SDA503-001**

**Amendment 002**  
For  
**Indigent Sex Offender Treatment Services**

Contract Period: Date of Award through June 30, 2011  
Date of Issue: January 14, 2011  
Page 1 of 63

**Bids Must be Received No Later Than:**

Amended Via Amendment 002

**2:00 p.m., January 27, 2011**

For information pertaining to the IFB contact:  
Donna J. Lynch-Hicks, CPPB  
Procurement Officer II  
Telephone: (573) 526 - 6590  
Fax: (573)522-8407  
E-mail: Donna.Hicks@doc.mo.gov

**Services procured for**

**Missouri Department of Corrections  
Division of Probation and Parole**

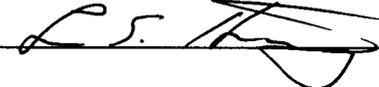
**PRE-BID CONFERENCE**

A pre-bid conference will be held at 9:00 a.m. Central Time, on December 22, 2010 at the Missouri Department of Corrections, Large Conference Room, 2729 Plaza Drive, Jefferson City, Missouri. Attendance is not required to submit a bid; however, all bidders are encouraged to attend since information related to the IFB will be discussed in detail.

Bids must be delivered to the Department of Corrections, Purchasing Section, 2729 Plaza Drive, 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 from providing any service requirements outlined herein.

Name: LAKE BEHAVIORAL HEALTH / LANE ARMSTRONG  
Business Name as filed with the IRS: LAKE BEHAVIORAL HEALTH ASSOCIATES LLC  
Mailing Address: P.O. Box 115  
City, State Zip: OSAGE BEACH, MO. 65065  
Telephone: 573-348-3010 State Vendor Number: \_\_\_\_\_  
Federal Taxpayer ID Number: 201006721  
E-Mail Address: lane@charterinternet.com  
Authorized Signer's Printed Name and Title: LANE S. ARMSTRONG, President

Authorized Signature: 

Bid Date  
1/21/2011

**NOTICE OF AWARD:**

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

Contract No. \_\_\_\_\_

Division Director \_\_\_\_\_

Date \_\_\_\_\_

**Amendment #002 for IFB SDA503-001**

**Title: Indigent Sex Offender Treatment Services**

**Contract Period: Date of Award through June 30, 2011**

IFB SDA503-001 is hereby amended as follows:

1. Bids must be received no later than **2:00 p.m., January 27, 2011**, Central Time.
2. The following paragraphs and Exhibits were modified as a result of Amendment #002.
  - 1.1.1
  - 2.1.1
  - 4.11.2
  - Pricing Page
3. The following paragraphs were added as a result of Amendment #002.
  - 2.2.6 a.

# INVITATION FOR BID

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

## Bids Must be Received No Later Than:

Amended Via Amendment 001

**2:00 p.m., January 19, 2011**

### For information pertaining to the IFB contact:

Donna J. Lynch-Hicks, CPPB  
Procurement Officer II  
Telephone: (573) 526 - 6590  
Fax: (573) 522-8407  
E-mail: Donna.Hicks@doc.mo.gov

### PRE-BID CONFERENCE

A pre-bid conference will be held at 9:00 a.m. Central Time, on December 22, 2010 at the Missouri Department of Corrections, Large Conference Room, 2729 Plaza Drive, Jefferson City, Missouri. Attendance is not required to submit a bid; however, all bidders are encouraged to attend since information related to the IFB will be discussed in detail.

Bids must be delivered to the Department of Corrections, Purchasing Section, 2729 Plaza Drive, 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 from providing any service requirements outlined herein.

Name: LAKE BEHAVIORAL HEALTH / LANE ARMSTRONG  
Business Name as filed with the IRS: LAKE BEHAVIORAL HEALTH ASSOCIATES LLC  
Mailing Address: P.O. Box 115  
City, State Zip: OSAGE BEACH, MO. 65065  
Telephone: 573-348-3010 State Vendor Number: \_\_\_\_\_  
Federal Taxpayer ID Number: 201006721  
E-Mail Address: lane@charterinternet.com  
Authorized Signer's Printed Name and Title: LANE S. ARMSTRONG, President

Authorized Signature: 

Bid Date

1/4/11

### NOTICE OF AWARD:

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

Contract No. \_\_\_\_\_

Division Director \_\_\_\_\_

Date \_\_\_\_\_

# IFB SDA503-001

## Amendment 001

For

Indigent Sex Offender Treatment Services

Contract Period: Date of Award through June 30, 2011

Date of Issue: December 23, 2010

Page 1 of 61

### Services procured for

Missouri Department of Corrections  
Division of Probation and Parole

**Amendment #001 for IFB SDA503-001**

**Title: Indigent Sex Offender Treatment Services**

**Contract Period: Date of Award through June 30, 2011**

IFB SDA503-001 is hereby amended as follows:

1. Bids must be received no later than **2:00 p.m., January 19, 2011**, Central Time.
2. The following paragraphs and Exhibits were modified as a result of Amendment #001.
  - 1.1.1
  - 1.4.1
  - 2.2.1
  - 2.8.2
  - 4.6.1
  - 4.7.1
  - Pricing Page
3. The following paragraphs were added as a result of Amendment #001.
  - 1.4.5
4. The following paragraphs were deleted as a result of Amendment #001.
  - 4.7.3
  - 4.7.4
  - 4.7.5
  - 4.7.6
  - 4.7.7

Listed below are questions asked by potential bidders and the corresponding answers that are provided for clarification purposes only. In the event of a conflict between the responses to the questions listed below and the IFB, the IFB shall govern.

| <b>Reference</b> | <b>Questions/Comments</b>   | <b>Response</b>   |
|------------------|---|---|
| 1.1.1 and 1.4.1  | IFB references Substance Abuse Treatment Services.                                      | Language throughout the document will be corrected via amendment.   |
| 1.4.3            | Clarify Paragraph 1.4.3 which references 160 indigent offenders                         | There are approximately 160 offenders that need to be evaluated, and 400 indigent offenders that are in need of treatment. These numbers change frequently. |
| 2.2              | Who determines if an offender is indigent?  | The Department's supervising Probation and Parole Officer will make the referral.   |
| 2.2              | How do you define indigent? What if an offender is gainfully employed during treatment? | Offenders are considered indigent if they do not qualify for an intervention fee waiver. Indigent will be defined via amendment. See paragraph 1.4.5.       |
| 2.2              | What is the treatment length?   | Treatment length is determined by the provider and Department's supervising Probation and Parole Officer.   |
| 2.2.1            | Paragraph 1.2.2 is referenced in Paragraph 2.2.1.                                       | The correct Paragraph reference is 2.2.2. This will be corrected via amendment.   |
| 2.2.7            | Who will pay for polygraph testing referenced in Paragraph 2.2.7?                       | The offender or the Department will pay for polygraph testing services.   |
| 2.5.1            | Does the contractor need to be on the Department Approved Sex Offender list?            | Yes. Contractors must be a Department approved provider. Refer to attachment and criteria on how to go about getting approved.                              |
| 2.5.1            | How long does it take to become an approved provider? How does the bidder qualify?      | There first must be a need in a geographic area. If there is a need in a geographic area, the length of time may be short; a couple of                      |

| <b>Reference</b> | <b>Questions/Comments</b>   | <b>Response</b>  |
|------------------|---|--|
|                  |   | weeks after the Department receive application material. The application documentation may be turned in with bid. It usually minimally takes 30 days to evaluate responses to an Invitation for Bid (IFB). |
| 4.3.1            | Where will a technical question and answer conference or interview be conducted?                    | The technical question and answer conference or interview depends upon the product or service. These sessions are seldom requested.  |
| Pricing Page     | Is the pricing all or nothing, or sliding scale?  | The offender or the Department pays.   |
| Pricing Page     | Clarify. There is not a place on the Pricing Page on what locations the bidder is bidding services. | The Department assumed the provider would provide services in all the locations they are approved. A place to list locations will be added to the Pricing Page via amendment.                              |

## INVITATION FOR BID

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

Bids Must be Received No Later Than:

**2:00 p.m., January 12, 2011**

For information pertaining to the IFB contact:

Donna J. Lynch-Hicks, CPPB  
Procurement Officer II  
Telephone: (573) 526 - 6590  
Fax: (573) 522-8407  
E-mail: Donna.Hicks@doc.mo.gov

## IFB SDA503-001

For  
Indigent Sex Offender Treatment Services

Contract Period: Date of Award through June 30, 2011  
Date of Issue: December 8, 2010  
Page 1 of 59

Services procured for

Missouri Department of Corrections  
Division of Probation and Parole

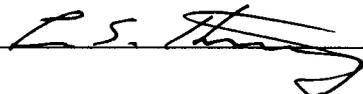
### PRE-BID CONFERENCE

A pre-bid conference will be held at 9:00 a.m. Central Time, on December 22, 2010 at the Missouri Department of Corrections, Large Conference Room, 2729 Plaza Drive, Jefferson City, Missouri. Attendance is not required to submit a bid; however, all bidders are encouraged to attend since information related to the IFB will be discussed in detail.

Bids must be delivered to the Department of Corrections, Purchasing Section, 2729 Plaza Drive, 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 from providing any service requirements outlined herein.

Name: LAKE BEHAVIORAL HEALTH / LANE ARMSTRONG  
Business Name as filed with the IRS: LAKE BEHAVIORAL HEALTH ASSOCIATES LLC  
Mailing Address: P.O. BOX 115  
City, State Zip: OSAGE BEACH, MO. 65065  
Telephone: 573-348-3010 State Vendor Number: \_\_\_\_\_  
Federal Taxpayer ID Number: 201006721  
E-Mail Address: lane@charterinternet.com  
Authorized Signer's Printed Name and Title: LANE S. ARMSTRONG, President

Authorized Signature: 

Bid Date

1/4/11

### NOTICE OF AWARD:

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

Contract No.

Division Director

Date

**Price Page modified via Amendment 001 and 002**

**EXHIBIT A  
SUBMISSION IS MANDATORY  
SDA503-001  
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.*

| SERVICE DESCRIPTION                                 | FIRM, FIXED PRICE                           | First Renewal Option                        | Second Renewal Option                       | Third Renewal Option                        |
|---|---|---|---|---|
| Intake Evaluation                                   | \$ <u>125.00</u><br>per evaluation          | \$ <u>125.00</u><br>per evaluation          | \$ <u>125.00</u><br>per evaluation          | \$ <u>125.00</u><br>per evaluation          |
| Assessment  | \$ <u>450.00</u><br>per assessment          | \$ <u>475.00</u><br>per assessment          | \$ <u>475.00</u><br>per assessment          | \$ <u>475.00</u><br>per assessment          |
| Individual Counseling<br>(per 15 minute increments) | \$ <u>15.00</u><br>per 15 minute increments |
| Group Counseling<br>(per 15 minute increments)      | \$ <u>5.00</u><br>per 15 minute increments  | \$ <u>5.00</u><br>per 15 minute increments  | \$ <u>5.00</u><br>per 15 minute increments  | \$ <u>5.80</u><br>per 15 minute increments  |

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

2705 W. MAIN, JEFFERSON CITY, MO. (Group Services)  
409 N. HWY 54, CAMDENTON, MO. (Group Services)  
102 S. Aurora, Eldon, MO. (Group Services)  
3797 HWY 54, OSAGE BEACH, MO. (Assessment/Testing Services)

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:                      | _____ % |  |

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

\_\_\_\_\_ days after effective date of contract award.

Bidder to state discount for prompt payment.

0 % if paid within \_\_\_\_\_ days

In accordance with Executive Order 04-09, the bidder is required to provide certification of the location where the contracted services are to be performed and whether the vendor contemplates any of the work necessary to provide the contracted services being performed offshore.

The bidder shall certify by completing the questions below:

Will any work related to the contract be performed offshore? \_\_\_ Yes  No

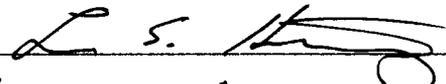
If answer to above is "yes," describe work and indicate location: (attach extra page if necessary)

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

Authorized Signature  Date 1/4/11

Printed Name LANE S. ARMSTRONG

## **BACKGROUND/INTRODUCTION**

Lake Behavioral Health Associates LLC is solely owned and operated by Lane Armstrong, M.S., licensed Psychologist. 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 for over 20 years.

# 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.) 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. *Camden County* at the Camdenton, Missouri probation and parole office, located at 409 W Hwy. 54.
2. *Cole County* at the Jefferson City, Mo. Probation and parole office, located at 2705 W. Main.
3. *Miller county* (part-time) at the First Christian Church basement at 102 S. Aurora in Eldon, Missouri.

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. Any disputes arising from conflicts with Departmental policy and clinical practice will be resolved through collaboration between the Department of Corrections Probation and Parole District Administrator, Regional Sex Offender Specialist and Lake Behavioral Health LLC.

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. Most of the forms/guides utilized are similar or modifications of forms used by The Missouri Sex Offenders Program (MOSOP). A number of other forms are also utilized that are client specific and too numerous to mention. Psychological testing materials to include the MMPI (Minnesota Multiphasic Personality Inventory), Sentence Completion Test and either the Static-99 or Vermont Assessment of Offender Risk will be utilized when deemed appropriate and necessary. 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 the *complete scope of services* to include Assessments, 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 five axis psychological diagnosis will also be completed. A risk assessment incorporating a standardized tool i.e. Static-99 or Vermont Assessment of Sex Offender Risk will also be utilized. Every effort 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) and Sentence Completion Test. A complete assessment will normally take approximately 4 to 6 hrs. of clinical time in total.

When participants have attended the MOSOP program in prison or have completed an assessment thru another sex offender program or provider, Lake Behavioral Health will obtain, with the offender's written permission, the psychosocial assessment/risk assessment and utilize this information and will not require the offender to repeat this assessment.

All assessments and individual counseling takes place at the Lake Behavioral Health Offices in Osage Beach, Mo.

### 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-99 or Vermont Assessment of Risk.

### Treatment Planning:

An individualized treatment plan will be finalized and driven by the offender's needs, as identified by the client's assessment 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. The first group schedule begins at 5:00 pm and the second group begins at 6:30 pm. Ideal group size is normally 8 to 10 participants per each group.

Group therapy is held one time weekly in Camdenton on Wednesday evenings for 60 minutes. Two groups are currently being held. The first group schedule begins at 5:30 pm and the second group begins at 6:30 pm. Ideal group size is normally 6 to 8 participants per each group.

Group therapy is held one time weekly in Eldon on Monday evenings. Lane Armstrong provides group coverage on a part-time basis when the approved provider is not available from November thru May of each calendar year. There are presently three groups operating. The first group schedule begins at 6 pm., the second group begins at 7 pm. and the third group begins at 8 pm. Ideal group size is normally 6 to 8 participants in each group.

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 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 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 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 to occur, 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, at the Lake Behavioral Health office, located at 3797 Hwy. 54 in Osage Beach, Missouri.

**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 Sex Offender 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.

# PERSONNEL REQUIREMENTS

## **Personnel Requirements**

Lane Armstrong, M.S. is/has been a Department of Corrections approved sex offender treatment provider for over 20 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.

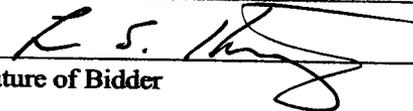
(See attached resume)

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

**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.

|  |  |
|--|--|
| <b>Bidder Name:</b>  | LAKE BEHAVIORAL HEALTH / LANE ARMSTRONG  |
| <b>Reference Information (Prior Services Performed For:)</b> |  |
| <b>Name of Reference Company:</b>                            | Mo. Dept. of Corrections   |
| <b>Address of Reference Company:</b>                         | 2705 W. MAIN<br>Jefferson City, MO, 65109  |
| <b>Reference Contact Person Name:</b>                        | Rebecca Fredrickson  |
| <b>Contact Person Phone #</b>                                | 573-751-4949   |
| <b>Contact Person e-mail address:</b>                        | Rebecca.Fredrickson.doc.mo.gov   |
| <b>Dates of Prior Services:</b>                              | SINCE 1990   |
| <b>Dollar Value of Prior Services</b>                        |  |
| <b>Description of Prior Services Performed</b>               | Provided all facets of outpatient sex offender services to include group and individual services |

  
 Signature of Bidder

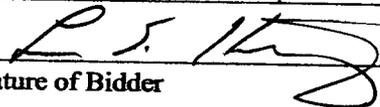
1/4/2011  
 Date of Signature

**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.

|  |  |
|--|--|
| <b>Bidder Name:</b>  | LAKE BEHAVIORAL HEALTH / LANE ARMSTRONG  |
| <b>Reference Information (Prior Services Performed For:)</b> |  |
| <b>Name of Reference Company:</b>                            | Mo. Dept. of Corrections   |
| <b>Address of Reference Company:</b>                         | 1500 VANDIVER DR. STE. 110<br>Columbia, MO. 65202  |
| <b>Reference Contact Person Name:</b>                        | JANICE PALMER, Regional Sex Offender Specialist  |
| <b>Contact Person Phone #</b>                                | 573-882-7403 (temporary number)  |
| <b>Contact Person e-mail address:</b>                        | Jan.palmer@doc.mo.gov  |
| <b>Dates of Prior Services:</b>                              | Since 1990   |
| <b>Dollar Value of Prior Services</b>                        |  |
| <b>Description of Prior Services Performed</b>               | Provided all facets of outpatient sex offender services to include group and individual services |

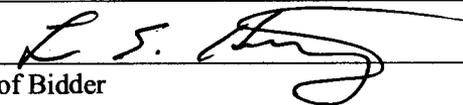
  
Signature of Bidder

1/4/2011  
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.

|  |  |
|--|--|
| <b>Bidder Name:</b>  | LAKE BEHAVIORAL HEALTH / LANE ARMSTRONG  |
| <b>Reference Information (Prior Services Performed For:)</b> |  |
| <b>Name of Reference Company:</b>                            | Mo. Dept. of Corrections   |
| <b>Address of Reference Company:</b>                         | 409 W. HWY. 54<br>Campenton, Mo. 65020   |
| <b>Reference Contact Person Name:</b>                        | Kathy Moeckel, PPO II  |
| <b>Contact Person Phone #</b>                                | 573-346-2878   |
| <b>Contact Person e-mail address:</b>                        | Kathryn.Moeckel@doc.mo.gov   |
| <b>Dates of Prior Services:</b>                              | Since 1990   |
| <b>Dollar Value of Prior Services</b>                        |  |
| <b>Description of Prior Services Performed</b>               | Provided all facets of outpatient sex offender services to include group and individual services |

  
 \_\_\_\_\_  
 Signature of Bidder

4/4/2011  
 \_\_\_\_\_  
 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.

|  |   |
|--|---|
| <b>Bidder Name:</b>  | LAKE BEHAVIORAL HEALTH / LANE ARMSTRONG   |
| <b>Reference Information (Prior Services Performed For:)</b> |   |
| <b>Name of Reference Company:</b>                            | Mo. Dept. of Corrections  |
| <b>Address of Reference Company:</b>                         | 2729 PLAZA DR, P.O. Box 236<br>Jefferson City, MO 65102   |
| <b>Reference Contact Person Name:</b>                        | DONNA HICKS, Purchasing Officer   |
| <b>Contact Person Phone #</b>                                | 573-526-6590  |
| <b>Contact Person e-mail address:</b>                        | Donna.Hicks@doc.  |
| <b>Dates of Prior Services:</b>                              | Since May 19, 2010  |
| <b>Dollar Value of Prior Services</b>                        |   |
| <b>Description of Prior Services Performed</b>               | Provided all facets of outpatient Sex offender services to include group and individual services<br>Awarded RFQ for Indigent Sex Offender Services. |

  
 Signature of Bidder

4/4/2010  
 Date of Signature

**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><br>(Name)<br><br><u>Psychologist / President</u><br>(Title) | Providing outpatient sex offender program since 1990 to clients of D.C.<br>Licensed Psychologist,<br>Former psychologist for D.O.C.<br>(SEE attached resume) |
| 2. _____<br>(Name)<br><br>_____<br>(Title)   |  |
| 3. _____<br>(Name)<br><br>_____<br>(Title)   |  |
| 4. _____<br>(Name)<br><br>_____<br>(Title)   |  |
| 5. _____<br>(Name)<br><br>_____<br>(Title)   |  |
| 6. _____<br>(Name)<br><br>_____<br>(Title)   |  |

Bidder's Signature 

1/4/2011  
Date

# State of Missouri

Division of Professional Registration  
Psychologist

Health Service Provider

VALID THROUGH JANUARY 31, 2012

ORIGINAL CERTIFICATE/LICENSE NO. 00208

LANE S ARMSTRONG

P O BOX 115

OSAGE BEACH MO 65065

USA

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

# State of Missouri

Department of Insurance, Financial Institutions and Professional Registration

Division of Professional Registration

State Committee of Psychologists

Psychologist

Health Service Provider

VALID THROUGH JANUARY 31, 2012

ORIGINAL CERTIFICATE/LICENSE NO. 00208

LANE S ARMSTRONG

P O BOX 115

OSAGE BEACH MO 65065

USA

*Patricia Dossae*

EXECUTIVE DIRECTOR

*James A. Packard*

DIVISION DIRECTOR

**LANE S. ARMSTRONG**

***Home Address:***

***P.O. Box 190  
Lake Ozark, Missouri 65049  
(573480-5212***

***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. 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 Psychological Association***

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

***Central Region Alcohol Committee (1981 – 1987)***

***Member, Camden County Mental Health Board 1992***

# 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. Currently these reports are being provided after each 8 week cycle, but would be at a minimum at least quarterly. These reports cover attendance, progress, 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 Sex Offender 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, regional sex offender 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 Regional Sex Offender Specialist's audit 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.

guides, as well as specific forms to address relapse prevention issues. Most of the forms/guides utilized are similar or modifications of forms used by The Missouri Sex Offenders Program (MOSOP). A number of other forms are also utilized that are client specific and too numerous to mention. Psychological testing materials to include the MMPI (Minnesota Multiphasic Personality Inventory), Sentence Completion Test and either the Static-99 or Vermont Assessment of Offender Risk will be utilized when deemed appropriate and necessary. Additional test materials may be also be used at the provider's discretion in addressing assessment and risk factors.

**EXHIBIT F**  
**MISSOURI SERVICE-DISABLED VETERAN BUSINESS PREFERENCE**

Pursuant to 34.074 RSMo, the Department of Corrections has a goal of awarding three (3) percent of all contracts for the performance of any job or service to service-disabled veteran businesses (see below for definitions included in 34.074 RSMo) either doing business as Missouri firms, corporations, or individuals; or which maintain Missouri offices or places of business, when the quality of performance promised is equal or better and the price quoted is the same or less or whenever competing bids, in their entirety, are comparable.

N/A

Definitions:

**Service-Disabled Veteran** is defined as any individual who is disabled as certified by the appropriate federal agency responsible for the administration of veterans' affairs.

**Service-Disabled Veteran Business** is defined as a business concern:

- a. not less than fifty-one (51) percent of which is owned by one or more service-disabled veterans or, in the case of any publicly owned business, not less than fifty-one (51) percent of the stock of which is owned by one or more service-disabled veterans; and
- b. the management and daily business operations of which are controlled by one or more service-disabled veterans.

If a bidder meets the definitions of a service-disabled veteran and a service-disabled veteran business as defined in 34.074 RSMo and is either doing business as a Missouri firm, corporation, or individual; or maintains a Missouri office or place of business, the bidder **must** provide the following with the bid in order to receive the Missouri service-disabled veteran business preference over a non-Missouri service-disabled veteran business when the quality of performance promised is equal or better and the price quoted is the same or less or whenever competing bids, in their entirety, are comparable:

- a. a copy of a letter from the Department of Veterans Affairs (VA), or a copy of the bidder's discharge paper (DD Form 214, Certificate of Release or Discharge from Active Duty) from the branch of service the bidder was in, stating that the bidder has a service-connected disability rating ranging from 0 to 100% disability; and
- b. a completed copy of this exhibit

(NOTE: For ease of evaluation, please attach copy of the above-referenced letter from the VA or a copy of the bidder's discharge paper to this Exhibit.)

By signing below, I certify that I meet the definitions of a service-disabled veteran and a service-disabled veteran business as defined in 34.074 RSMo and that I am either doing business as a Missouri firm, corporation, or individual; or maintain Missouri offices or places of business at the location(s) listed below.

\_\_\_\_\_  
Service-Disabled Veteran's Name  
(Please Print)

\_\_\_\_\_  
Service-Disabled Veteran Business Name

\_\_\_\_\_  
Service-Disabled Veteran's Signature

\_\_\_\_\_  
Missouri Address of Service-Disabled Veteran Business

**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
- 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)

4/3/2011  
Date

**EXHIBIT G, continued**

**BOX B – CURRENT BUSINESS ENTITY STATUS**

I certify that \_\_\_\_\_ (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530.

\_\_\_\_\_  
Authorized Business Entity  
Representative's Name  
(Please Print)

\_\_\_\_\_  
Authorized Business Entity  
Representative's Signature

*N/A*

\_\_\_\_\_  
Business Entity Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-Mail Address

As a business entity, the bidder/contractor must perform/provide the following. The bidder/contractor should check each to verify completion/submission:

- Enroll and participate in the E-Verify federal work authorization program (Website: [http://www.dhs.gov/xprevprot/programs/gc\\_1185221678150.shtm](http://www.dhs.gov/xprevprot/programs/gc_1185221678150.shtm); Phone: 888-464-4218; Email: [e-verify@dhs.gov](mailto:e-verify@dhs.gov)) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein; AND
- Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include a page from the E-Verify Memorandum of Understanding (MOU) listing the bidder's/contractor's name and the MOU signature page completed and signed, at minimum, by the bidder/contractor and the Department of Homeland Security – Verification Division. If the signature page of the MOU lists the bidder's/contractor's name and company ID, then no additional pages of the MOU must be submitted.; AND
- Submit a completed, notarized Affidavit of Work Authorization provided on the next page of this Exhibit.

**EXHIBIT G, continued**

**AFFIDAVIT OF WORK AUTHORIZATION:**

The bidder/contractor who meets the section 285.525, RSMo definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now \_\_\_\_\_ (Name of Business Entity Authorized Representative) as \_\_\_\_\_ (Position/Title) first being duly sworn on my oath, affirm \_\_\_\_\_ (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that \_\_\_\_\_ (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided to the contract(s) for the duration of the contract(s), if awarded.

*N/A*

*In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)*

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-Mail Address

Subscribed and sworn to before me this \_\_\_\_\_ of \_\_\_\_\_. I am  
(DAY) (MONTH, YEAR)  
commissioned as a notary public within the County of \_\_\_\_\_, State of  
(NAME OF COUNTY)  
\_\_\_\_\_, and my commission expires on \_\_\_\_\_.  
(NAME OF STATE) (DATE)

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Date

**EXHIBIT G, continued**

**BOX C – AFFIDAVIT ON FILE - CURRENT BUSINESS ENTITY STATUS**

I certify that \_\_\_\_\_ (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo and have enrolled and currently participates in the E-Verify federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri. We have previously provided documentation to a Missouri state agency or public university that affirms enrollment and participation in the E-Verify federal work authorization program. The documentation that was previously provided included the following.

- ✓ A page from the E-Verify Memorandum of Understanding (MOU) listing the bidder's/contractor's name and the MOU signature page completed and signed, by the bidder/contractor and the Department of Homeland Security – Verification Division.
- ✓ A current, notarized Affidavit of Work Authorization (must be completed, signed and notarized within the last twelve months).

*N/A*

\_\_\_\_\_  
Authorized Business Entity  
Representative's Name  
(Please Print)

\_\_\_\_\_  
Authorized Business Entity  
Representative's Signature

\_\_\_\_\_  
E-Verify MOU Company ID  
Number

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Business Entity Name

\_\_\_\_\_  
Date

Missouri State Agency or Public University\* Name \_\_\_\_\_  
Date of Submission \_\_\_\_\_

Bid/Contract Number \_\_\_\_\_  
  
(If known)

- \* Public University includes the following five schools:
- Harris-Stowe State University - St. Louis
  - Missouri Southern State University - Joplin
  - Missouri Western State University - St. Joseph
  - Northwest Missouri State University – Maryville
  - Southeast Missouri State University - Cape Girardeau
  - Division of Purchasing & Materials Management

Exhibit B



STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS  
VENDOR INFORMATION DATA

Purchasing Section  
P.O. Box 276  
Jefferson City, Missouri 65102  
Telephone: (573) 526-3268 Fax: (573) 522-8407

**BUSINESS NAME AS FILED WITH THE IRS**  
**LAKE BEHAVIORAL HEALTH Associates LLC**

**TAXPAYER ID TYPE**  
 FEIN  SSN **201006721** **NOT FOR PROFIT**  
 Yes  No

**TAXPAYER MINORITY STATUS** See <http://oa.mo.gov/purch/nbawbe.htm> for more information.

MBE  WBE  Not Applicable **MISSOURI MBE/WBE CERTIFICATION NUMBER**

**POST OFFICE BOX** **PO Box 115** **STREET ADDRESS** **3797 HWY 54 STE. 100**

**CITY** **OSAGE BEACH** **STATE** **MO** **ZIP CODE** **65065** **COUNTY** **CAMDEN**

**TELEPHONE NUMBER** **573-348-3010** **FAX NUMBER** **573-348-1858** **E-MAIL ADDRESS FOR NOTIFICATION OF BIDS** **lane@charteriatevnet.com**

**PAYMENT INFORMATION (IF DIFFERENT THAN ABOVE)**

**BUSINESS NAME**

**POST OFFICE BOX** **STREET ADDRESS**

**CITY** **STATE** **ZIP CODE**

**CONTACT** **TELEPHONE NUMBER** **FAX NUMBER**

The Office of Administration mandates all vendors to use Automatic Deposit for payment. That form can be found on-line at the following web address:  
[http://oa.mo.gov/acct/vendor\\_ach\\_ofid.pdf](http://oa.mo.gov/acct/vendor_ach_ofid.pdf).

**CHIEF EXECUTIVE OFFICER**

**NAME** **LANE S. ARMSTRONG**

**TITLE** **OWNER/President** **TELEPHONE NUMBER** **573-348-3010** **EXTENSION**

**CONTRACT INTERESTS (X THOSE THAT APPLY)**

|   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Banking Services                       | <input type="checkbox"/> Cable-TV-Satellite                 | <input type="checkbox"/> Canteen Resale (Specify Below)  | <input type="checkbox"/> Case Management Services           |
| <input type="checkbox"/> Commodity (Specify Below)              | <input type="checkbox"/> Crime Victim Impact Services       | <input type="checkbox"/> Curriculum Development (Specify Below)  | <input type="checkbox"/> Education Services (Specify Below) |
| <input type="checkbox"/> Electronic Monitoring Services         | <input type="checkbox"/> Employment Readiness Services      | <input type="checkbox"/> Fee Collection Services   | <input type="checkbox"/> Forensic/Lab Services              |
| <input type="checkbox"/> Interactive Voice Recognition Services | <input type="checkbox"/> Janitorial Services                | <input type="checkbox"/> Legal Library Services  | <input type="checkbox"/> Life Skills Services               |
| <input type="checkbox"/> Medical Services                       | <input checked="" type="checkbox"/> Mental Health Services  | <input type="checkbox"/> Parenting Skills Services   | <input type="checkbox"/> Pest Control Services              |
| <input type="checkbox"/> Polygram Exam Services                 | <input type="checkbox"/> Reentry-Community Services         | <input type="checkbox"/> Residential/Transitional Services   | <input type="checkbox"/> Security System                    |
| <input checked="" type="checkbox"/> Sex Offender Treatment      | <input type="checkbox"/> Substance Abuse Treatment Services | <input type="checkbox"/> Trash Removal Services  | <input type="checkbox"/> Vaccinations/TB Testing            |
| <input type="checkbox"/> Vending Services                       | <input type="checkbox"/> Other (Specify Below)              | <b>For service interests, specify the county(ies) you are willing to provide services or indicate statewide:</b> |   |

**OTHER - SPECIFY**

**BUSINESS WEBSITE (IF APPLICABLE)**

**NOTE:** Updates to the MO DOC database will only occur with the completion of the Purchasing Section's receipt of this form. Additions and/or corrections to the Office of Administration Vendor Profile must be made on-line at <https://www.moicb.mo.gov>.

**BY SIGNATURE OF:** **LANE S. ARMSTRONG** **DATE** **1/4/2011**

AO 301-496 (4-09)