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OREGON YOUTH AUTHORITY Request for Application (RFA) Community Treatment Services RFA #415-1816-13

Issuance Date: July 9, 2013 REVISED December 2, 2013

Applications Accepted: At the issuing office (applications will be accepted on an ongoing basis until June 30, 2015)

Issuing Office: Oregon Youth Authority
Budget and Contracts Section
530 Center St., Suite 200
Salem, Oregon 97301-3765

Contact: Laura Hince at 503-373-7333
Facsimile: 503-373-7921



Request for Application (RFA) for
Community Based Treatment Services
RFA #415-1816-13

SECTION I: General Instructions and Information

SECTION II: General Therapy

SECTION III: Sex Offender Treatment

SECTION IV: Alcohol and Drug Treatment

SECTION V: Application Forms and Exhibits

The applicant is responsible for understanding all information contained in this application. Read all information carefully before submitting your application. Incomplete applications will not be processed. You will be notified if your application is incomplete.

Direct questions to:

Laura Hince, Senior Contract Specialist
(503) 373-7333
laura.hince@oya.state.or.us

SECTION I: GENERAL INSTRUCTIONS AND INFORMATION

Provide typewritten responses and submit all required information. Your responses to the questions in this Request will be part of any contract awarded and entered into OYA's Juvenile Justice Information System (JJIS) which allows OYA staff to match the needs of youth offenders with contractors who can best meet the needs of the youth offender.

Application format:

Complete and submit this application and required information on plain white paper, stapled together. Do not use any kind of folder or binding. Applicants are discouraged from using elaborate presentation formats. Provide an original and one copy.

Review all sections of the application that pertain to the services for which you are applying. Ensure that all required documentation is submitted with your application.

Submit application to: **Oregon Youth Authority
Budget and Contracts Unit
530 Center St. NE, Suite 200
Salem, Oregon 97301-3765**

GENERAL INFORMATION

The guidelines and specifications contained in this application will be considered a part of any contract awarded for general therapy services, sex offender treatment, or drug and alcohol treatment. Read it carefully and thoroughly.

All providers requesting to contract for community based treatment services will be required to complete an application. Applications will be available when solicitations are open by contacting the Contracts Unit at the address listed above, through the OYA website, or through the state ORPIN system. Once received in the Contracts Office, approximately 45 days will be required to process an application and execute an effective contract.

Contractors will be required to resubmit a renewal application approximately every two (2) years for re-evaluation.

Applicants must successfully meet all requirements of the application to contract with the OYA. The Agency reserves the right to award a contract based solely upon information submitted. The Agency may also choose to request additional information or to conduct interviews to provide clarification or answer questions the Agency may have in conjunction with the written responses to this request.

OYA is responsible for the care of the youth in its custody. At any point, the Agency may decide that an Applicant's response to any one or more of the questions is sufficiently inadequate so as to disqualify the Applicant from providing care to the youth in OYA's custody. The Agency reserves the right to withdraw, re-open, or otherwise amend the RFA at any time, and to reject any or all applications, in whole or in part, when the Agency determines that it is in its best interest to do so.

OYA reserves the right to investigate previous performance and financial stability as these areas relate to the performance of duties under any contract resulting from this application.

All services must be provided in accordance with the specifications and requirements of an awarded contract between the Contractor and the OYA. A copy of the specifications and requirements may be obtained by contacting the issuing office identified above. Applicant must agree to abide by the guidelines set forth in this application.

OYA reserves the right to enter into a new contract or amend any contract resulting from this application one or more times for changes in terms, conditions, time, money, services, or any combination of the foregoing. The Agency will have no obligation to amend and/or extend the contract and will incur no liability for electing not to exercise its option.

The selection of a specific contractor for a youth offender will be made by the Agency, after consulting with the youth offender's parole/probation officer (JPPO), the youth offender, and considering the qualifications and availability of providers.

The Agency cannot predict a case load for these services and does not guarantee any particular volume of business will be offered to any applicant who qualifies to provide services, nor is there any guarantee that OYA parole/probation staff will use the services of any applicant who is issued a contract by virtue of this application.

The OYA reserves the right to close applications for any service listed if contracting capacity is obtained. Updated information will be available on the OYA website with regard to which service areas are open for new applications.

Population to be Served

Treatment services will be provided to male and/or female youth offenders ages twelve (12) through twenty-four (24) years who have been committed to the OYA who are on parole from a youth correctional facility, or are on probation and are possibly at risk of being placed in a more restrictive setting.

Services provided will be gender specific and culturally competent.

Location of Services to be Provided:

Services for general therapy, sex offender treatment, and alcohol and drug treatment are needed in all Oregon counties. Services being offered in low resource areas will be given priority.

It is anticipated that the majority of services will be provided in a community setting. However, in consultation with the youth's parole/probation officer and/or transition specialist, and upon prior authorization by the contract administrator, services may be provided to youth offenders transitioning from close custody to a community placement. Contractors may be asked to meet with the youth offender at least once if the youth offender is in close custody in order to begin to establish a relationship. Contractors may be requested to travel to accommodate the treatment needs of the youth offender.

If, during the course of a contract, any persons who are authorized to provide services cease employment, Contractors must notify the OYA Contract Administrator so their names can be removed from the list of approved providers. Additionally, if other persons are to be added to the list of approved providers, these new persons must be pre-approved prior to providing direct services to OYA youth. Under no condition will someone who has not been approved by the Contract Administrator provide direct services to OYA youth.

Evidence-Based Services

Contractors are expected to use evidence-based treatment approaches which focus on reducing risk of criminal behavior and address the youth's needs as documented in the OYA Case Plan. Contractor will work with OYA to support and ensure services funded under this Application are appropriate and workable and meet the guidelines of evidence-based programs and cost effectiveness as described under SB 267 (2003), ORS 182.515, as applicable.

In order to be considered 'evidence based', services must adhere to certain standards. These standards include:

- Group treatment provided using a standardized manual must adhere to the manual as developed. A list of OYA approved curricula is located in Section II of this application.
- Assessments must be standardized and normed for the population being served.
- Service approaches must be shown by research to reduce recidivism, focusing on criminogenic risks and responsivity factors. In order to be most effective from a correctional treatment standpoint, the services being offered must correspond to an OYA case plan goal, the risk factor must be addressed as the 'problem statement' corresponding to the case plan goal, and the objectives for the treatment to be provided.

Contractor will work with OYA to develop a reporting process on Contractor's evidence-based services funded under this Application. Contractor will submit to OYA such reports on Contractor's evidence-based services funded under this Application as requested by OYA.

Outcomes:

Program services under this Request will be designed to produce positive, measurable outcomes in keeping with the OYA mission of reformation.

Outcomes will be demonstrated through documentation and reporting requirements.

Services and Rates

Contracted services are used to purchase needed services for youth offenders in the Agency's custody ONLY when other funding sources (Medicaid, private insurance, and other funding resources) are nonexistent or unavailable to the youth offender. Contracted services require the prior authorization of OYA staff responsible for the youth's case plan and/or the OYA Contract Administrator, in terms of types, amounts and durations of services to be provided. The OYA will not reimburse for services outside the scope of the contract.

The Agency will pay the Contractor for the services listed in the resulting contract at rates which cannot exceed those shown on the published OYA rate schedule, Form YA2021, which can be found at <http://www.oregon.gov/OYA/Pages/contracts.aspx>. When the rate schedule is revised, the Contractor will be notified of the new rates. If contractor's normal and customary rate is less than the published rate for the service, contractor will be paid at contractor's normal and customary rates. The agreed-upon rates will be specified in the contract. Contractor's rates must be clearly stated on **Form F** of the application.

Service Authorization Voucher

All services will be pre-approved by a Service Authorization Voucher issued by OYA that will set out in detail what services are being requested and the maximum number of units that have been authorized for that service.

Under no circumstance should services be rendered without a voucher which details the services which are being authorized.

Any services provided by the contractor prior to a voucher being issued will not be paid by the Agency.

Contractors will not be paid for services which exceed the amount of service authorized for each youth offender in the OYA payment system.

The contractor is required to notify and receive written authorization from the youth offender's parole/probation officer PRIOR to services being provided if more units of service than were authorized are necessary.

Reporting and Documentation

Contractors will submit the following reports and documentation in an OYA prescribed format to the OYA staff who refers the youth for service. The services below are considered a normal part of doing business. Depending on the specific issues of the youth offender, more frequent and formal reporting may be required and may require a "special" report for which authorization must be obtained from the Contract Administrator. The required reporting forms are available at <http://www.oregon.gov/OYA/Pages/contracts.aspx>.

- Contractors will be required to provide the youth offender's parole/probation officer with a typewritten assessment or evaluation with a treatment/service plan after two sessions with the youth, and no later than thirty (30) days after initial contact with the referred youth offender. Contractors will also provide a copy of the treatment/service plan to the youth offender. The treatment plan will outline the specific goals identified in the youth offender's OYA case plan, the type and frequency of treatment sessions or activities, and the anticipated length of the process to meet the goals. The treatment/service plan will be updated at least every 90 days and modifications will be developed with the assigned parole/probation officer and/or transition specialist and the youth offender.
- Contractors will be required to document each service provided, utilizing monthly activity logs in an OYA prescribed format, specifying the service each youth received for each service area. If activity logs are not received by 5:00 p.m. on the first business day after the end of the month in which services were provided, service authorization may be suspended and payment may be delayed at least one month pending receipt of the activity log from the provider.
- Contractors will be available to provide verbal reports and updates to the youth's parole/probation officer and/or transition specialist as agreed to with the officer and specialist and as deemed necessary by the provider. This communication will include verbal and/or written notification as to youth's accountability (e.g. attending to tasks, following through, etc.), and immediate notification upon awareness of any warrants, arrests, convictions or dismissal of any charge(s) made against the youth or anyone living in the youth's household or providing care or treatment for the youth.

- Contractors will be required to provide typewritten monthly reports that clearly demonstrate that OYA case plan goals have integrated into the treatment plan. The report will include documented input from the youth offender, the youth offender's parole/probation officer and/or transition specialist, and any other persons actively participating in the treatment of the youth offender. In addition, the reports will include, at a minimum, (a) treatment progress toward the case plan goals, (b) attendance records of client over the reporting period, (c) recommended treatment goals for the next quarter, and (d) any treatment issues or concerns.
- Contractors will be required to provide a typewritten discharge summary within seven (7) days of the youth offender's completion of services or discharge from services. The discharge summary will outline presenting issues, the identified goals and outcomes, services provided and recommendations for further services if necessary.

Consultation

Contractors may be requested to consult with substitute care providers on treatment and behavioral programs for the youth offender.

Contractors will be responsible for consultation and coordination of services with other providers and the youth offender's parole/probation officer. Consultation may include regular multi-disciplinary staffings for the purpose of case planning and case management. Consultation is to be included in the services requested and must be pre-authorized by the OYA staff referring the youth for services.

Interpreter Services

Interpreter services are provided on a case by case basis through OYA's Office of Minority Services. If interpretation or translation is needed to provide services, the youth's JPPO must be notified so that these services can be initiated. No other form of interpretation or translation is allowable under these contracts.

Service Termination

Contractors will request a staffing with a youth offender's parole/probation officer in the event the youth offender is not making progress in his/her case plan goals or the provider feels that the youth offender should be terminated from services. If such staffing fails to resolve the issue and the provider/youth offender or the youth offender's parole/probation officer feels it would be in the best interest of the youth offender to terminate, provider will continue treatment until such time as a new provider can be engaged. Contractor will facilitate the transfer of information as necessary to the new provider.

Other Contract Responsibilities

All Contractors will be expected to participate in Agency's business meetings pertaining to a contract as requested. This is considered part of doing business; therefore, the time the Contractor attends business meetings will not be paid by the Agency.

All Contractors will be expected to participate in all Quality Assurance Surveys and evidence-based intervention and monitoring activities that the Agency may require. This is considered a part of doing business; therefore, the time the Contractor attends meetings pertaining to quality assurance will not be paid by the Agency.

Insurance requirements

OYA requires insurance coverage in the amounts indicated in Exhibit A for all treatment services providers. You must provide copies of your insurance certificate(s) as part of this application. If the insurance covers employees of a company, ensure that you provide a statement regarding who is covered under the policy.

Confidentiality

Confidentiality – Client communications and records must be kept confidential in accordance with ORS 40.230, ORS 40.252, ORS 107.154 and ORS 179.505.

Prohibitions

Individuals cannot provide both Treatment Services and Community Reintegration Services to the same youth offender during the same reporting period.

Providers shall not transport youth without written permission from the Contract Administrator. Contractors who transport youth shall provide proof of automobile liability insurance of not less than \$500,000 prior to the provision of services.

Professional Standard Expectations

Contractors must be certified/licensed and will be required to meet the standards of their respective certification/licensing authority. Continuing education credits should reflect demonstrable education and training which allow the contractor to provide current, evidence-based/research informed practices for the services that are being provided. Documented evidence of CEUs will be required during new application and renewal application submissions.

Contractors that are certified by DHS/OHA and have a DMAP number are allowed to have employees who have a Masters degree in a behavioral or social science (but do not have a mental health license) provide treatment. The organization's DMAP number will be required.

Mandatory Reporting

Contractors have reporting and training obligations as mental health professionals providing service to offenders in the Agency's custody.

- Contractor must immediately inform the Agency, and either the local office of the Department of Human Services (DHS) or a law enforcement agency, if the Contractor has reasonable cause to believe that: i. an offender with whom the Contractor comes in contact who is under the age of 18 has suffered abuse, or ii. any person with whom the Contractor comes in contact in the course of providing services under an OYA contract has abused a child.
- OYA is committed to a zero-tolerance standard toward all forms of sexual abuse and the elimination of sexual abuse in its program. The Prison Rape Elimination Act (PREA) targets the elimination of sexual abuse or intimidation while the person is in confinement. If the Contractor obtains knowledge, suspicion, or information about (i) an incident of sexual abuse or sexual harassment that occurred while in custody, or (ii) retaliation against offenders or other reporters of such incidents, or (iii) any staff neglect or violation or responsibilities that may have contributed either to the incident or the retaliation, the Contractor shall take steps to ensure the safety of the offender, support the well being of the offender, and, if it is a recent incident, be aware of the preservation of evidence. Contractor shall immediately notify the youth's parole/probation officer and the OYA Professional Standards Office and assist the Agency in completing any forms required under the Agency's current policies.
- The Contractor shall complete Agency-provided trainings as requested by the Contract Administrator. The trainings enable the Contractor to understand their responsibilities as part of a professional team to ensure the ongoing safety and security of all parties.

Incomplete Applications

The provider is responsible for all information contained in this application. Please read all information and instructions carefully before submitting your application. Incomplete applications will be delayed, and may be disqualified or returned as incomplete.

Legislative changes are being discussed around provider credential requirements and may require us to change OYAs standards accordingly.

SECTION II: APPLICANT IS OFFERING TO PROVIDE GENERAL THERAPY SERVICES

The OYA is seeking to establish a list of qualified professionals to provide services as needed for youth offenders in OYA custody. Typically, youth offenders present with multiple treatment issues and the OYA wishes to provide therapy as needed for those youth offenders as relates to the reduction of criminogenic risk factors identified in the OYA risk/needs assessment and case plan goals. The Oregon Youth Authority contracts for evidence based mental health treatment services related to criminal behavior, e.g., correctional treatment models.

Presenting issues may include: trauma issues, aggressive behaviors, anti-social attitudes and beliefs, drug and alcohol issues, fire setting, grief/loss issues, immature coping skills/behaviors, multiple family losses, sexual boundary issues, sexual offending, suicidal/self harming behavior, victimization issues, domestic violence issues, and issues related to DSM IV mental health conditions.

Research has shown that groups should be comprised of no more than 6-8 youth. OYA endorses this as the standard for group based therapy and skills training services.

*The Agency cannot predict the caseload for the future and does not represent any particular volume of business will be offered to any applicant who contracts to provide services.

Professional Standards Requirements

Contractors must be licensed and will be required to meet the standards of their respective licensing authority. Continuing education credits should reflect demonstrable education and training which allow the contractor to provide current, evidence-based/research informed practices for the services that are being provided. Documented evidence of CEUs will be required during new application and renewal application submissions.

Masters or doctoral degree from an accredited university (by an accrediting body recognized by the U.S. Department of Education or the Oregon Office of Degree Authorization) in a professional discipline qualifying a person to provide therapy or counseling (e.g., psychology, psychiatry, social work, family counseling, etc.).

Professional license by a relevant Oregon licensing board to provide clinical evaluations, therapy or counseling. The Agency may request further information and request interviews before offering a contract. Be advised, professionals must be licensed in Oregon to provide services in Oregon. **The Contractor shall immediately notify the Oregon Youth Authority of any change in licensure.**

Continuing Education Requirements

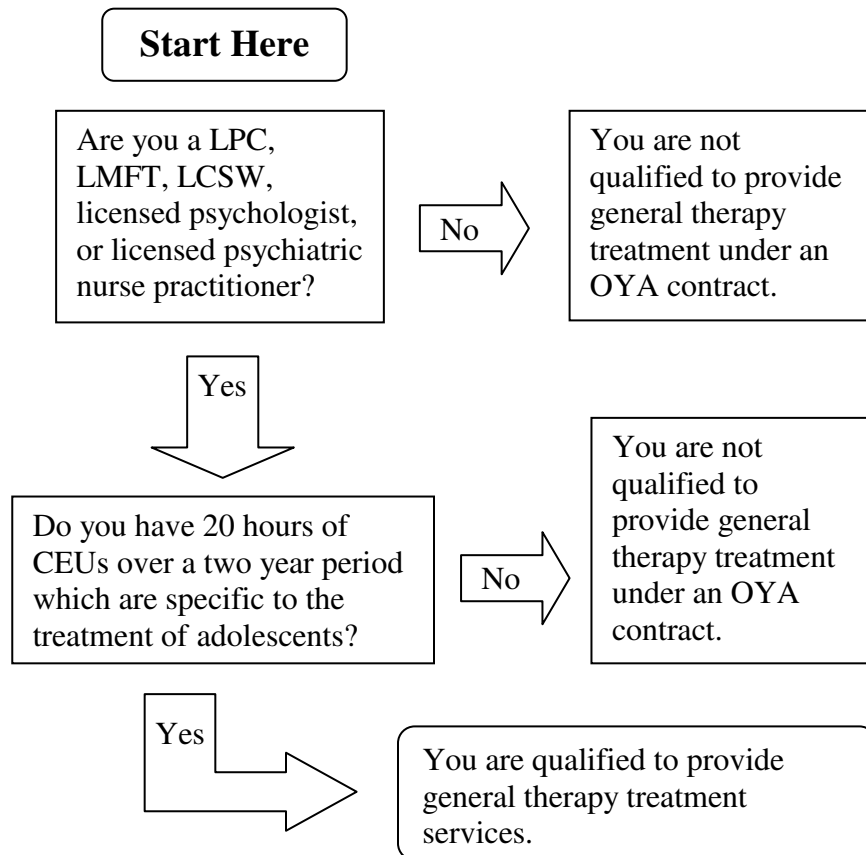
Continuing education is a critical part of maintaining professional standards in the practice of behavioral health treatment. OYA recognizes that licensure requires a certain number of CEUs to be completed and accepts current licensure as evidence that this training has occurred. OYA does require documentation from General Therapy providers showing that 20 hours of training every two years specific to the treatment of adolescents has been obtained. This training must be relevant to the services being provided (e.g. general therapy, alcohol/drug, or sex offender treatment). Copies of the relevant training certificates obtained within the past two years must accompany your application, a list of classes attended is not sufficient. Certificates must contain trainee's name, date(s) of training, number of CEUs, the workshop title with the speaker name(s) and/or sponsor(s), and a signature of the presenter or sponsor representative of the training.

Legislative changes are being discussed around provider credential requirements and may require us to change OYAs standards accordingly.

General Therapy Services shall be provided to male and/or female youth offenders referred by the Agency who are on parole from a youth correctional facility or are on probation and are possibly at risk of being placed in a more restrictive setting. These services may include but are not limited to, individual, group, and/or family therapy; special assessments and evaluations; consultations; and special reports.

General Therapy Matrix (Licensed Providers Only)

Being “qualified” to provide treatment does not automatically mean you are approved.



The above matrix does not apply to providers employed by agencies certified by DHS/OHA which have a DMAP number.

Legislative changes are being discussed around provider credential requirements and may require us to change OYAs standards accordingly.

SECTION III: APPLICANT IS OFFERING TO PROVIDE SEX OFFENDER TREATMENT SERVICES

****Applications for sex offender treatment services to Jackson and Josephine counties will be prioritized.****

The OYA requires comprehensive sex offense-specific treatment for youth offenders adjudicated of sex crimes. The OYA believes sexual offenses are a complex and multidimensional set of behaviors and therefore subject to modification and change.

In order to accomplish its mission with youth adjudicated for sex offenses, the OYA has developed a method of community protection that emphasizes appropriate treatment and intense supervision, with incarceration when necessary. The OYA has developed a continuum of treatment that begins the reformation process when youth offenders enter the OYA's system of care. This continuum includes community treatment while on probation supervision; treatment in a youth correction facility and in a youth camp; and concluding with aftercare in the community while on parole supervision. Ideally, each youth offender will complete sex offense-specific treatment in the areas of cognitive and emotional ownership, social skills development, and relapse prevention.

If the contractor wishes to provide sex offense-specific treatment, the Contractor must focus on therapeutic intervention designed to prevent sexual re-offending behavior.

Research has shown that groups should be comprised of no more than 6-8 youth. OYA endorses this as the standard for group based therapy and skills training services.

*The Agency cannot predict the caseload for the future and does not represent any particular volume of business will be offered to any applicant who contracts to provide services.

ADDITIONAL SERVICE DELIVERY REQUIREMENTS FOR CONTRACTORS PROVIDING SEX OFFENDER TREATMENT SERVICES

Contractors will focus on therapeutic interventions designed to prevent sexual re-offending behavior.

Contractors will treat youth offenders using sex offense-specific group, individual and family treatment modalities. Request to provide alternative treatment services **MUST** be initiated through Agency's assigned parole/probation officer and have prior written Agency approval according to policy and protocol.

It is expected that contractors will adhere to any protocols which may be established by the Agency for the treatment of sexual offenders. In addition, should the Agency adopt a core curriculum, contractors will be expected to incorporate similar components into treatment activities.

Contractor will be required to complete an initial or updated sex offender assessment or evaluation utilizing the ERASOR, or other risk assessments related to juvenile sex offending behavior if provider has not been trained in the ERASOR, for each youth offender referred by the Agency within 30 days of referral (unless one has been completed as a part of treatment within the previous 6 months) and every twelve months thereafter. The Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR) is an empirically-guided checklist designed to assist evaluators to estimate the short-term risk of a sexual reoffense for youth aged 12 up to and including 18 years. The ERASOR provides objective coding instructions for 25 risk factors (16 dynamic and 9 static).

Contractor will not, under any circumstance, administer or allow to be administered by any other person, a plethysmograph, Abel assessment for sexual interest, aversive therapies or other alternative therapies on any youth offender referred unless approved, in writing, through the OYA administrative process on a case-by-case basis.

Treatment programs may consist of, but not be limited to, the following:

- Cognitive, behavioral and emotional ownership approaches designed to modify thinking and behavior
- Therapist-led groups
- Individual therapy
- Family therapy
- Victim clarification

- Use of polygraphs
- Multidisciplinary case staffing
- Relapse prevention
- Psycho-educational programs
- Skills Training groups

The focus of sessions will assist youth offenders in identifying, controlling and managing their sexual and aggressive behavior and not serve simply as a weekly check-in period. Sessions will provide interventions defined as the consensus of best juvenile sex offense-specific treatment practice.

Professional Standards Requirements

Contractors must be licensed and will be required to meet the standards of their respective licensing authority. Continuing education credits should reflect demonstrable education and training which allow the contractor to provide current, evidence-based/research informed practices for the services that are being provided. Documented evidence of CEUs will be required during new application and renewal application submissions.

Masters or doctoral degree from an accredited university (by an accrediting body recognized by the U.S. Department of Education or the Oregon Office of Degree Authorization) in a professional discipline qualifying a person to provide therapy or counseling (e.g., psychology, psychiatry, social work, family counseling, etc.).

Professional license by a relevant Oregon licensing board to provide clinical evaluations, therapy or counseling. The Agency may request further information and request interviews before offering a contract. Be advised, professionals must be licensed in Oregon to provide services in Oregon. **The Contractor shall immediately notify the Oregon Youth Authority of any change in licensure.**

Continuing Education Requirements

Continuing education is a critical part of maintaining professional standards in the practice of behavioral health treatment. OYA recognizes that licensure requires a certain number of CEUs to be completed and accepts current licensure as evidence that this training has occurred. OYA does require documentation from Sex Offender Treatment providers showing that 20 hours of training every two years specific to the treatment of adolescents has been obtained. This training must be relevant to the services being provided (e.g. general therapy, alcohol/drug, or sex offender treatment). Copies of the relevant training certificates must be obtained within the past two years must accompany your application, a list of classes attended is not sufficient. Certificates must contain trainee's name, date(s) of training, number of CEUs, the workshop title with the speaker name(s) and/or sponsor(s), and a signature of the presenter or sponsor representative of the training.

ERASOR/Risk Assessment Requirements

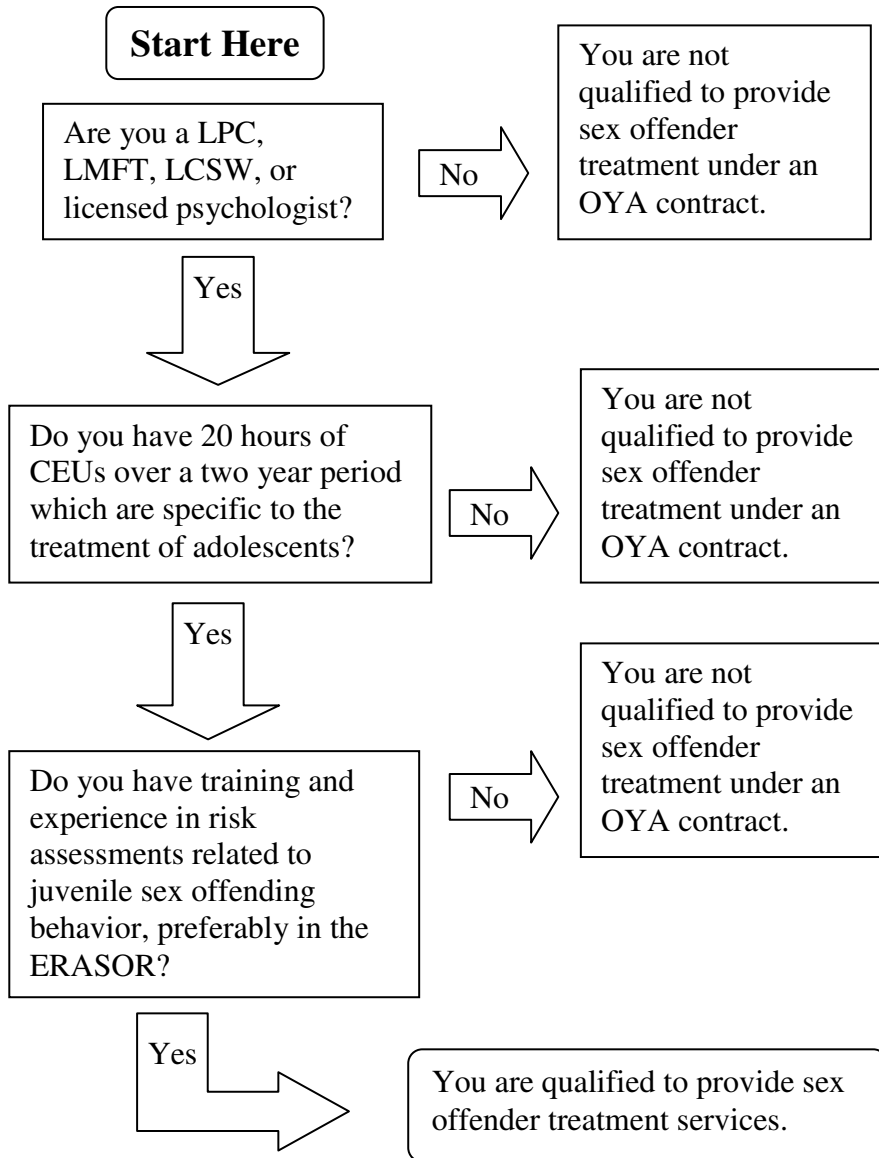
Persons who provide sex offender treatment services for OYA youth must have training and experience in risk assessments related to juvenile sex offending behavior, preferably the ERASOR, as part of the overall assessment and treatment process. You will need to provide documentation that you meet this standard. Depending on the type of risk assessment training you report, you may be required to attend the next scheduled risk assessment training provided by OYA.

Legislative changes are being discussed around provider credential requirements and may require us to change OYAs standards accordingly.

Sex Offender Treatment Services shall be provided to male and/or female youth offenders referred by the Agency who are on parole from a state youth correctional facility or are on probation and are possibly at risk of being placed in a more restrictive setting. These services are for paroled youth adjudicated of sex crimes and may include, but not limited to, individual, group and/or family therapy; special assessments and evaluations; consultation; and special reports.

Sex Offender Treatment Matrix (Licensed Providers Only)

Being “qualified” to provide treatment does not automatically mean you are approved.



The above matrix does not apply to providers employed by agencies certified by DHS/OHA which have a DMAP number.

Legislative changes are being discussed around provider credential requirements and may require us to change OYAs standards accordingly.

SECTION IV: APPLICANT IS OFFERING TO PROVIDE ALCOHOL AND DRUG TREATMENT SERVICES

The OYA is seeking to establish a list of qualified professionals to provide alcohol and drug treatment services as needed for youth offenders in OYA custody. Alcohol and drug treatment services have been demonstrated to reduce recidivism for youth with these conditions. Alcohol and drug treatment services to OYA youth must be designed to address the reduction of criminogenic risk factors identified in the OYA risk/needs assessment and case plan goals.

Alcohol and drug treatment services are expected to encompass a continuum of community-based services from early intervention to community reintegration and aftercare. These services must be integrated with mental health treatment services when co-occurring mental health conditions are present.

Research has shown that groups should be comprised of no more than 6-8 youth. OYA endorses this as the standard for group based therapy and skills training services.

*The Agency cannot predict the caseload for the future and does not represent any particular volume of business will be offered to any applicant who contracts to provide services.

ADDITIONAL SERVICE DELIVERY EXPECTATIONS FOR CONTRACTORS PROVIDING ALCOHOL AND DRUG TREATMENT SERVICES

A release of information form will be utilized, in compliance with federal guidelines, that is specific to corrections and juvenile justice clients. The contractor will immediately cease to provide services upon any revocation of release of information by the youth offender and will inform the client's youth offender's parole/probation officer of such revocation.

Individual alcohol and drug assessment utilizing the current ASAM (American Society of Addictions Medicine) patient placement criteria for each youth offender referred by the Agency within 30 days of referral.

Urinalysis as identified in the treatment plan.

Professional Standards Requirements

Contractors must be certified/licensed and will be required to meet the standards of their respective certification/licensing authority. Continuing education credits should reflect demonstrable education and training which allow the contractor to provide current, evidence-based/research informed practices for the services that are being provided. Documented evidence of CEUs will be required during new application and renewal application submissions.

A Minimum of a B.A./B.S. Degree (or equivalency - a minimum of an AA degree, and a combination of academic courses with specialized training in the Addiction Counseling Competencies commensurate with baccalaureate degree credit/hour requirements) with a minimum of 300 Alcohol & Drug Education Hours

All education hours must be accredited or approved by a recognized/approved accreditation body. Education hours must include the topical areas of:

- Basic Counseling Skills
- Group Counseling Skills
- Alcohol & Drugs of Abuse Pharmacology
- HIV/AIDS Risk Assessment & Risk Reduction
- Counseling Ethics
- Counseling Diverse Populations
- ASAM, or Assessment, or Client Record Management, etc.
- Coexisting Disorders, or Multiple Diagnosis, or Dual Diagnosis, etc.

CADC II, CADC III, NCAC I or NCAC II certification

OR

LPC, LMFT, LCSW or licensed psychologist with a CADC I or 120 hours of Addiction Counselor Certification Board of Oregon (ACCBO) approved training.

Continuing Education Requirements

Continuing education is a critical part of maintaining professional standards in the practice of behavioral health treatment. OYA recognizes that licensure requires a certain number of CEUs to be completed and accepts current licensure as evidence that this training has occurred. OYA does require documentation from Alcohol and Drug Treatment providers showing that 20 hours of training every two years specific to the treatment of adolescents has been obtained. This training must be relevant to the services being provided (e.g. general therapy, alcohol/drug, or sex offender treatment). Copies of the relevant training certificates obtained within the past two years must accompany your application, a list of classes attended is not sufficient. Certificates must contain trainee's name, date(s) of training, number of CEUs, the workshop title with the speaker name(s) and/or sponsor(s), and a signature of the presenter or sponsor representative of the training.

Supervision Requirements

Persons who provide alcohol and drug treatment services for OYA youth and have a CADC II but not a mental health license must be receiving supervision from a CADC III. You will need to provide documentation that you currently receive supervision at least twice a month.

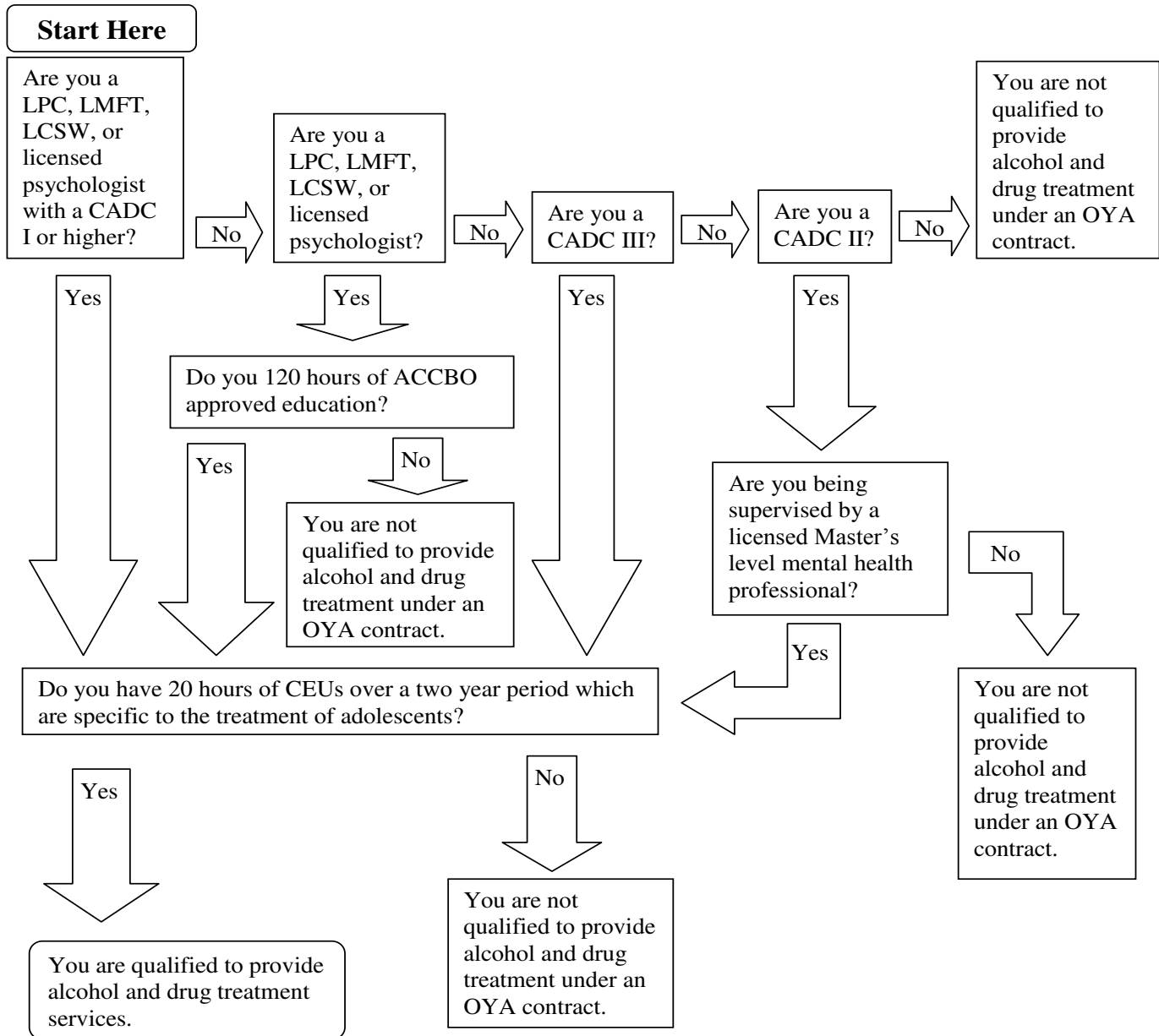
Legislative changes are being discussed around provider credential requirements and may require us to change OYAs standards accordingly.

Alcohol & Drug Treatment Services shall be provided to male and/or female youth offenders referred by the Agency who are on parole from a youth correctional facility or are on probation and are possibly at risk of being placed in a more restrictive setting. These services may include but are not limited to, individual, group, and/or family therapy; special assessments and evaluations; consultations; special reports; and UA's.

Alcohol and Drug Treatment Matrix

(Licensed and/or Certified Providers Only)

Being "qualified" to provide treatment does not automatically mean you are approved.



The above matrix applies to providers who are not certified by DHS/OHA and do not have a DMAP number.

Legislative changes are being discussed around provider credential requirements and may require us to change OYAs standards accordingly.

SECTION V: FORMS

All forms listed in the Section are required to be submitted for consideration of an application.

- Application Cover Sheet (Form A)
- Contractor's Tax Identification Information (Form B)
- Provider Qualifications (Form C)
- Consent for Criminal Records Check (Form D)
- Questionnaire and Other Required Information (Form E)
- Fee-for-Service Rates (Form F)
- Insurance Requirements (Exhibit A)
- Checklist

FORM A
STATE OF OREGON
OREGON YOUTH AUTHORITY
COMMUNITY TREATMENT SERVICES APPLICATION
COVER SHEET

The State of Oregon, acting by and through its Oregon Youth Authority (OYA), referred to herein as the Agency, issues this Application for Community Treatment Services to youth offenders.

Refer to the respective question number on all additional pages used for your application. When possible, use the application form. Check your application carefully to make sure you have submitted all required information. Incomplete applications may be disqualified.

1. Applicant's Name (if applying as a business, use registered business name):

2. Primary Contact Person: _____ Title: _____

3. Address where services will be provided:

City, State, Zip: _____

4. Mailing Address (if different than above):

City, State, Zip: _____

5. Telephone #: _____ Fax#: _____

6. E-mail Address: _____

7. Name and title of the person(s) authorized to represent the Applicant in any negotiations and sign any Contract that may result:

Name: _____ Title: _____

8. Applying to provide the following services:

- General Therapy
- Sex Offender Treatment
- Alcohol and Drug Treatment

9. Statement of acceptance of the terms and conditions contained in the Application:

I hereby acknowledge and agree that I have read and understand all the terms and conditions contained in the Application.

I hereby agree to use recyclable products to the maximum extent economically feasible in the performance of the work set forth in this Application.

I have not and will not discriminate against a subcontractor in the awarding of a subcontract because the subcontractor is a minority, woman, or emerging small business enterprise certified under ORS 200.055.

I certify that the information I have provided is correct. I understand that any misrepresentations or incorrect information provided to OYA can result in disqualification of my application.

Authorized Signature: _____ Date: _____

Printed Name: _____

FORM B

Contractors' Tax Identification Information

The State of Oregon requires Contractors to provide their Federal Employer Identification Number (FEIN) or Social Security Number (SSN) as applicable. If you are eligible to receive a 1099 form, Oregon must report this information to the Internal Revenue Service (IRS). Contractors must keep this information current at all times. Contractor is required to notify the State of Oregon contract administrator within 10 business days if this information changes.

Contractor Tax Identification Information. Contractor shall provide Contractor's Social Security number OR Contractor's federal tax ID number.

Name (tax filing): _____

Address: _____

Federal Tax ID#: _____ OR

SSN#: _____ - _____ - _____

The State of Oregon reserves the right to ask your firm to provide this information again at any time through the term of the Contract.

Female-Owned Business? Yes No **OMWESB Certified?** Yes No

Minority-Owned Business? Yes No **Number:** _____

To become certified, go to the OMWESB website at <http://www.oregon.gov/OBDD/OMWESB/>.

**FORM C
PROVIDER QUALIFICATIONS**

Please complete Form C for each therapist/counselor who will be providing direct services to OYA youth. Please attach a current resume.

Name: _____

Service (General Therapy, Sex Offender Treatment, Alcohol & Drug Treatment):

Experience

Please list the months, years you have provided services to delinquent adolescents in accordance with this Application:

_____ YEARS _____ MONTHS

Education

Providers must have a degree from an accredited university (by an accrediting body recognized by the U.S. Department of Education or the Oregon Office of Degree Authorization) in a professional discipline qualifying one to provide therapy or counseling (e.g., psychology, psychiatry, social work, family counseling, etc.). **Please attach a copy of the diploma or an official transcript only.**

EDUCATION (identify highest qualification):

- | | | |
|--|-------|--------------------|
| <input type="checkbox"/> Doctoral Degree | _____ | Discipline (Field) |
| <input type="checkbox"/> Master's Degree | _____ | Discipline (Field) |
| <input type="checkbox"/> Bachelor's Degree | _____ | Discipline (Field) |
| Name of University | _____ | |

Professional license by a relevant Oregon licensing board to provide clinical evaluations, therapy or counseling. The Agency may request further information and request interviews before offering a contract. Be advised, professionals must be licensed in Oregon to provide services in Oregon. **Please attach a copy of your license and/or certification.**

Professional License: YES NO

If yes, discipline: _____ License No.: _____

Sex Offender Treatment Board Certification: YES—Certification Number: _____ NO

Persons who provide sex offender treatment services for OYA youth must have training and experience in risk assessments related to juvenile sex offending behavior, preferably the ERASOR, as part of the overall assessment and treatment process. You will need to provide documentation that you meet this standard. Depending on the type of risk assessment training you report, you may be required to attend the next scheduled risk assessment training provided by OYA.

ERASOR Training Completed: YES NO Other Training: _____

Alcohol and Drug Treatment Certification: YES—Certification Number: _____ NO

Persons who provide alcohol and drug treatment services for OYA youth and have a CADC II but not a mental health license must be receiving supervision from a CADC III. You will need to provide documentation that you currently receive supervision at least twice a month.

Receiving Supervision from a CADC III: YES NO

DHS/OHA Certified Providers DMAP Number: YES---Certification Number:_____ NO

FORM D



**YOUTH OFFENDER CONTRACTED PROVIDERS
CONSENT FOR CRIMINAL RECORDS CHECK**

State of Oregon
OREGON YOUTH AUTHORITY

The mission of the Oregon Youth Authority (OYA) is to protect the public and reduce crime by holding youth offenders accountable and providing opportunities for reformation in safe environments. In keeping with these values, the OYA will conduct a criminal record check per OAR 416, Division 800. By your signature, you authorize OYA to obtain information about you from the Oregon State Police, the FBI and other law enforcement agencies, courts and record sources. Information obtained about an individual is confidential. An individual who refuses to consent to a criminal records/background check shall be disqualified from providing services.

Please PRINT all information clearly

Name (last, first, middle): _____

Gender: M F Social Security Number: _____ Date of Birth: _____

Business Address: (including Office Number or Suite Number) _____ City _____ State _____ Zip Code _____

Mailing Address: (including Office Number or Suite Number) _____ City _____ State _____ Zip Code _____

List ALL other name(s) used: (maiden, previous married name(s), aliases, legal name change, assumed names)

WARNING: Falsely responding to or omitting information in answer to the questions listed below, will disqualify your application.

1. Have you ever held residence (lived) in any state other than Oregon or any other country? Yes No
If **Yes**, please list all other states and/or countries by their name:

2. Have you ever been arrested for, convicted of, or adjudicated on any crime(s)? Yes No
If yes, use a separate sheet of paper to list the crime(s) and describe the circumstances by which you were arrested, convicted, and/or adjudicated, and provide any information you have to help us understand why you believe your previous criminal activities will not adversely impact your ability to provide youth offender treatment services for OYA. The explanation sheet(s) must be attached to this consent form, or it will **NOT** be processed.

***** APPLICANT'S SIGNATURE REQUESTED:**

The Oregon Youth Authority requests that you voluntarily provide your social security number to this agency for use as an identification number for criminal record checks. Failure to provide your social security number will not be used as a basis to deny you any right, benefit, or privilege provided by law. If you provide your social security number and consent to its use, it will be used only for the purpose stated above and will not be given to the general public. By signing this consent to disclose social security number, you authorize OYA to disclose your social security number to others if such disclosure is necessary for the purpose stated above.

Applicant's Signature authorizing OYA's Use and Disclosure of Social Security Number

X _____
(Applicant Signature)

*****APPLICANT'S SIGNATURE REQUIRED: (Consent will not be processed without the applicant's signature)**

"I have reviewed and completed this form as applicable to me. I give permission for OYA to verify any and all information I have provided. By my signature, I swear or affirm that all the information provided on this form, and any attachments thereto, are true and accurate."

Applicant's Signature: X _____ **Date:** _____

For Contract Administrator and Contracts Unit Use Only

Staff person who should receive results:

For OYA Employee Services Use Only

CRIMINAL RECORD STATUS

(Date/Initial)

REVIEWED

Approved

Denied

REASON FOR DENIAL:

Prepared by:

Name & Signature

Date

DISTRIBUTION: ORIGINAL – Human Resources, MAKE COPY – Applicant
REF: ORS Chapter 279; ORS 420A.010; ORS 420A.021; OAR 416-800
Restricted Information

Page 2 of 2
YA 2010 REV 6/10

FORM E
QUESTIONNAIRE AND OTHER REQUIRED INFORMATION

Please complete Form E for each therapist/counselor who will be providing direct services to OYA youth.

Name: _____

1. Indicate the gender of youth for which you are applying to provide services:

- Male
- Female
- Both

2. Age preference:

- 12 – 14
- 15 – 17
- 18 and up
- no preference

3. Offenders often have multiple treatment issues and it is the intent of the OYA that offenders are matched with contractors who best meet their needs. Identify the treatment areas below in which you feel you have particular experience and expertise so that parole/probation officers may locate issue-specific providers.

Adoption Disruption		HIV/AIDS Issues	
Alcohol & Drug		Mental Health/Emotional Disorders	
Anger Management		Physical Abuse/Neglect/Victimization	
Behavior Management		Pregnant/Parenting Teens	
Community Reintegration		Self-destructive Behavior (self endangering, self harm, suicidal behavior)	
Crisis Intervention		Sex Abuse Victimization	
Domestic Violence		Sex Offending	
Eating Disorders		Social Skills Deficits	
Fire Setting		Violence and Aggression	
Gang Affiliation		Other: (specify)	

Cultural Competency

Cultural competency is defined as behaviors, attitudes and policies that enable providers to deliver services in ways that meet the needs of the minority youth population (culture, language, gender, etc.). In order to be culturally competent, one must understand the differences between issues of gender, ethnicity, culture, and national origin.

Culture: the set of attitudes, values, beliefs, and behaviors shared by a group of people and communicated from one generation to the next. Spiritual values, family values, educational values, clothing, language and attitudes about things like gender roles are included in the issue of culture.

Culture can vary between similar ethnic groups, depending on the national origin of the person. Just because a person is identified as "Hispanic" does not mean that all the cultural values are the same as

someone else who is identified as “Hispanic”. Middle Eastern and Asian cultures can vary significantly with regard to cultural norms. African-American cultures can vary significantly as well.

Ethnicity: the common cultural heritage shared by a group of people. Language, social practices, and genetic racial identity are included in the term ‘ethnicity’. Ethnicity has a lot to do with a person’s self concept.

4. Describe the approaches, models, or “best practices” you employ when working with minority youth offenders. Provide samples of any assessments, skill-building plans, objectives, or any other relevant program material.

5. How do these services vary if you are providing services to similar ethnic groups with differing cultural norms?

6. If you have not served ethnic minority populations, describe the steps you plan to take toward becoming more culturally competent in order to effectively serve OYA youth.

7. Describe your experience, if any, with youth who are disabled.

8. Indicate if you are applying to provide culturally specific services for these population groups:

- Gay/Lesbian/Bisexual
- Hispanic/Latino
- African American
- Asian or Pacific Islander
- Caucasian
- Native American
- Other (specify _____)

9. Are you bilingual or multilingual?

- Yes (specify languages _____)
- No

10. Describe your level of proficiency in languages other than English, in terms of speaking, writing, understanding, and/or interpreting. Be specific with the language(s) and your level of proficiency with each.

11. OYA endorses and has implemented the following evidence-based curriculum:

Aggression Replacement Training (ART)	Treatment for Youth with Inappropriate or Dangerous Use of Fire
What Got Me Here (Pre Core Cog)	Street S.M.A.R.T.S.
Changing Offender Behavior 1-10 (Core Cognitive/Behavioral Curriculum)	Social Skills (Boys Town Curriculum)
Changing Offender Behavior 11-20 (Core Cognitive/Behavioral Curriculum)	Dialectical Behavioral Training
Skillstreaming the Adolescent	MET5/CBT7-Cannabis Youth Treatment Program (Core AOD Curriculum)
The Change Company-Responsible Thinking	Coping with Depression
Pathways to Self-Discovery and Change	Core Sex Offender Treatment
Thinking for a Change	Seeking Safety

Identify any/all services you provide which are evidence-based. Be specific with regard to models, curricula, and/or programs used. Explain why you selected these services, and how you have found them to be effective in reducing criminal behavior with the youth you have served. Are there other evidence based practices that you are interested in incorporating? Why?

12. OYA staff may search for you on the computer by nicknames, company names, acronyms, etc. List all names or formats that you may be known by other than your legal name or entity.

13. Describe how you measure both short and long-term goals and objectives for youth.

14. Describe your philosophy and approach to providing appropriate services to criminally affected youth and families.
15. Describe specific experience you have had working in a multidisciplinary environment of professionals. Include your role as part of an integrated team.
16. Describe how you envision coordinating services with other community providers, resources, and OYA Parole/Probation staff and/or OYA Transition Specialists to assure appropriate continuity of care.
17. All OYA youth/client treatment records must be kept in a locked cabinet in a safe and secure environment. Describe how and where you secure confidential records.
18. Disclosure of information is protected in accordance with federal and state laws unless authorized by a parent or guardian on an appropriate release of information form (in accordance with ORS 125.305, 419B.370, 419C.481 or 419C.555.) How is such information protected by you or your organization?
19. Describe the geographical features of your office if the services you are offering to provide will be program or office based. Include the neighborhood, bus-line availability, disabled access, and anything else that is relevant to how clients will be able to gain access to your services. Give directions or attach a map.

SUPPLEMENTAL QUESTIONS FOR PERSONS APPLYING TO PROVIDE GENERAL THERAPY SERVICES

- 1) Describe the training, education, and/or experience you have which qualifies you to provide general therapy services. Be specific with regard to your experience in providing services to juvenile offenders, including the population served and the location of service provision. If your experience is not with juvenile offenders, describe the population you have experience in serving.

SUPPLEMENTAL QUESTIONS FOR PERSONS APPLYING TO PROVIDE SEX OFFENDER TREATMENT SERVICES:

- 1) Applicants must have the education and clinical expertise relevant to the treatment of sexual deviance. Describe your experience working specifically with adjudicated juvenile sex offenders, including the population served and the location of service provision. If your experience is not with adjudicated juvenile sex offenders, describe the population you have experience in serving.
- 2) Provide information pertaining to your experience with risk assessments related to juvenile sex offending behavior, specifically the ERASOR, if applicable, and how you utilize assessments in formulating services.
- 3) What is your view of the use of polygraphs in the provision of sex offender treatment services?

SUPPLEMENTAL QUESTIONS FOR PERSONS APPLYING TO PROVIDE ALCOHOL AND DRUG TREATMENT SERVICES:

- 1) Describe the training, education, and/or experience you have which qualifies you to provide alcohol and drug treatment services. Be specific with regard to your experience in providing services to juvenile offenders, including the population served and the location of service provision. If your experience is not with juvenile offenders, describe the population you have experience in serving.
- 2) Describe your formal training in adolescent development and family counseling.
- 3) Describe your approach to providing gender and culturally appropriate alcohol and other drug abuse treatment to adolescents.

- 4) Describe your experience with integrated treatment services for youth with co-occurring substance abuse and mental health disorders. How would you ensure the coordinated provision of treatment for co-occurring mental health conditions?

SUPPLEMENTAL INFORMATION REQUIRED FOR ALL PROVIDERS

- 1) Form C – Provider Qualifications must be completed for each therapist/counselor providing direct services to OYA youth
- 2) Copy of a diploma or an official transcript for each therapist/counselor providing direct services to OYA youth
- 3) Copy of professional license and/or certification for each therapist/counselor providing direct services to OYA youth who do not work for a DHS/OHA certified provider
- 4) Current resume for each therapist/counselor providing direct services to OYA youth
- 5) For each therapist/counselor, provide three (3) references who can speak to your experience and skill at providing the services you have applied to provide in this application. Two of these references should be professional in nature, i.e., someone who supervised you while you were providing these services. You may attach letters of reference, which include telephone numbers for OYA to contact the references if follow up information is needed.
- 6) Include documentation of continuing education for each therapist/counselor providing direct services to OYA youth, as identified in the relevant section of the application. Copies of the relevant training certificates must accompany this application, a list of classes attended is not sufficient. Certificates must contain trainee's name, date(s) of training, number of CEUs, the workshop title with the speaker name(s) and/or sponsor(s), and a signature of the presenter or sponsor representative of the training.
- 7) Documentation of risk assessments related to juvenile sex offending behavior, preferably the ERASOR for each therapist/counselor providing direct sex offender treatment services to OYA youth.
- 8) Documentation showing currently receive supervision at least twice a month for each therapist/counselor who has a CADC II but not a mental health license who is providing alcohol and drug treatment services to OYA youth
- 9) Form D - Criminal Records Check must be completed for every person who will be providing direct services to OYA youth.
- 10) Insurance Certificate that meets the requirements outlined in Exhibit A.

Applying as a non-profit agency, business, corporation or governmental entity

Additional information needed:

- Attach a description of your agency or business.
- Include your philosophical overview.

FORM F FEE-FOR-SERVICE RATES

The Agency shall not pay the Contractor for the shown to the right services at rates higher than those identified on the published OYA rate schedule, which can be found at <http://www.oregon.gov/oia/Pages/contracts.aspx>.

The Contractor agrees that the rates charged to the Agency for services to OYA youth shall not exceed the Contractor's normal and customary rates for comparable services to the public. If your normal and customary rates for the services shown to the right below are **LOWER THAN** the published rates, please indicate those rates below.

Assessment			
Psycho-diagnostic Interview by a psychologist or psychiatrist (without testing) <i>(including report and interpretation)</i> <input type="checkbox"/> I do not provide this service <input type="checkbox"/> I accept the OYA published rate as shown to the right <input type="checkbox"/> My usual and customary rate is lower than the OYA rate, use my rate for this service--\$_____/hour	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Hour (2 hour max)</td> <td style="padding: 5px;">\$140.94</td> </tr> </table>	Hour (2 hour max)	\$140.94
Hour (2 hour max)	\$140.94		
Psychological Testing by a psychologist--testing <i>(including report and interpretation)</i> <input type="checkbox"/> I do not provide this service <input type="checkbox"/> I accept the OYA published rate as shown to the right <input type="checkbox"/> My usual and customary rate is lower than the OYA rate, use my rate for this service--\$_____/hour	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Hour (6 hour max)</td> <td style="padding: 5px;">\$91.19</td> </tr> </table>	Hour (6 hour max)	\$91.19
Hour (6 hour max)	\$91.19		
Neuropsychological Testing by a psychologist or psychiatrist <i>Psycho-diagnostic interview or psychological testing coded separately</i> <input type="checkbox"/> I do not provide this service <input type="checkbox"/> I accept the OYA published rate as shown to the right <input type="checkbox"/> My usual and customary rate is lower than the OYA rate, use my rate for this service--\$_____/hour	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Hour (3 hour max)</td> <td style="padding: 5px;">\$67.52</td> </tr> </table>	Hour (3 hour max)	\$67.52
Hour (3 hour max)	\$67.52		
Special Assessments (e.g., psychosexual, fire setter, alcohol and drug, mental health evaluations) <input type="checkbox"/> I do not provide this service <input type="checkbox"/> I accept the OYA published rate as shown to the right <input type="checkbox"/> My usual and customary rate is lower than the OYA rate, use my rate for this service--\$_____/hour	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Hour 8 hour max)</td> <td style="padding: 5px;">\$98.11</td> </tr> </table>	Hour 8 hour max)	\$98.11
Hour 8 hour max)	\$98.11		
Therapy—individual client or family			
Individual Therapy <input type="checkbox"/> I do not provide this service <input type="checkbox"/> I accept the OYA published rate as shown to the right <input type="checkbox"/> My usual and customary rate is lower than the OYA rate, use my rate for this service--\$_____/hour	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Hour</td> <td style="padding: 5px;">\$98.11</td> </tr> </table>	Hour	\$98.11
Hour	\$98.11		
Family Therapy <input type="checkbox"/> I do not provide this service <input type="checkbox"/> I accept the OYA published rate as shown to the right <input type="checkbox"/> My usual and customary rate is lower than the OYA rate, use my rate for this service--\$_____/hour	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Hour</td> <td style="padding: 5px;">\$98.11</td> </tr> </table>	Hour	\$98.11
Hour	\$98.11		
Group Therapy—multiple clients or families			
Group Therapy <input type="checkbox"/> I do not provide this service <input type="checkbox"/> I accept the OYA published rate as shown to the right <input type="checkbox"/> My usual and customary rate is lower than the OYA rate, use my rate for this service--\$_____/hour	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Hour</td> <td style="padding: 5px;">\$35.13</td> </tr> </table>	Hour	\$35.13
Hour	\$35.13		
Multifamily Treatment Group <input type="checkbox"/> I do not provide this service <input type="checkbox"/> I accept the OYA published rate as shown to the right <input type="checkbox"/> My usual and customary rate is lower than the OYA rate, use my rate for this service--\$_____/hour	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Hour</td> <td style="padding: 5px;">\$37.38</td> </tr> </table>	Hour	\$37.38
Hour	\$37.38		

Additional Services			
Consultation/Treatment Meetings <input type="checkbox"/> I do not provide this service <input type="checkbox"/> I accept the OYA published rate as shown to the right <input type="checkbox"/> My usual and customary rate is lower than the OYA rate, use my rate for this service--\$_____/hour	<table border="1"> <tr> <td>Hour</td> <td>\$62.94</td> </tr> </table>	Hour	\$62.94
Hour	\$62.94		
Special Reports (i.e., court reports, special incident evaluations requiring new recommendations, referrals for other services) <input type="checkbox"/> I do not provide this service <input type="checkbox"/> I accept the OYA published rate as shown to the right <input type="checkbox"/> My usual and customary rate is lower than the OYA rate, use my rate for this service--\$_____/hour	<table border="1"> <tr> <td>Hour</td> <td>\$95.43</td> </tr> </table>	Hour	\$95.43
Hour	\$95.43		
Urinalysis <input type="checkbox"/> I do not provide this service <input type="checkbox"/> I accept the OYA published rate as shown to the right <input type="checkbox"/> My usual and customary rate is lower than the OYA rate, use my rate for this service--\$_____/hour	<table border="1"> <tr> <td>Each</td> <td>\$11.48</td> </tr> </table>	Each	\$11.48
Each	\$11.48		
Travel			
Mileage* (needs pre-approval from Contract Administrator) <input type="checkbox"/> I do not provide this service <input type="checkbox"/> I accept the OYA published rate as shown to the right <input type="checkbox"/> My usual and customary rate is lower than the OYA rate, use my rate for this service--\$_____/mile	<table border="1"> <tr> <td>Mile</td> <td>GSA Travel Rates</td> </tr> </table>	Mile	GSA Travel Rates
Mile	GSA Travel Rates		

I agree to be paid at the rates I have indicated above, or at OYA rates, whichever is lower.

Authorized Signature: _____ Date: _____

Printed Name: _____

Exhibit A
INSURANCE REQUIREMENTS

As evidence of the insurance coverages required by this Contract, the Contractor shall furnish acceptable insurance certificates to Agency prior to commencing the work.

During the term of this Contract Contractor shall maintain in force at its own expense, each insurance noted below:

(Agency must check boxes for #2, #3, & #4 as to whether insurance is required or not.)

1. Required by Agency of contractors with one or more workers, as defined by ORS 656.027.

Workers' Compensation. All employers, including Contractor, that employ subject workers, as defined in ORS 656.027, shall comply with ORS 656.017 and shall provide workers' compensation insurance coverage for those workers, unless they meet the requirement for an exemption under ORS 656.126(2). Employers Liability insurance with coverage limits of not less than \$500,000 must be included. Contractor shall require and ensure that each of its subcontractors complies with these requirements.

2. Required by Agency Not required by Agency.

Professional Liability. Professional Liability Insurance covering any damages caused by an error, omission or any negligent acts related to the services to be provided under this Contract. Contractor shall provide proof of insurance of not less than the following amounts as determined by the Agency:

\$1,000,000 Per occurrence limit for any single claimant

3. Required by Agency Not required by Agency.

Commercial General Liability. Commercial General Liability Insurance covering bodily injury, death, and property damage in a form and with coverages that are satisfactory to the State. This insurance shall include personal injury liability, products, and completed operations. Coverage shall be written on an occurrence basis. Contractor shall provide proof of insurance of not less than the following amounts as determined by the Agency:

Bodily Injury/Death:

\$1,000,000 Per occurrence limit for any single claimant

Property Damage:

\$100,000 Per occurrence limit for any single claimant

4. *Required by Agency Not required by Agency. *Contractor shall not transport youth without the prior written consent of the Contract Administrator. Contractors who transport youth shall provide proof of automobile liability insurance as required in this Section 4 prior to providing services. Automobile Liability Insurance is not required for Contractors that do not transport youth.

Automobile Liability. This is to cover each accident for Bodily Injury and Property Damage, including coverage for owned, hired or non-owned vehicles, as applicable. Contractor shall provide proof of insurance of not less than the following amounts:

Bodily Injury/Death:

\$500,000 Per occurrence limit for any single claimant

Property Damage:

\$100,000 Per occurrence limit for any single claimant

5. **"Tail" Coverage.** If any of the required liability insurance is on a "claims made" basis, Contractor shall maintain either "tail" coverage or continuous "claims made" liability coverage, provided the effective date of the continuous "claims made" coverage is on or before the effective date of this Contract, for a minimum of 24 months following the later of

- i. Contractor's completion and Agency's acceptance of all Services required under this Contract, or,
 - ii. The expiration of all warranty periods provided under this Contract. Notwithstanding the foregoing 24-month requirement, if Contractor elects to maintain "tail" coverage and if the maximum time period "tail" coverage reasonably available in the marketplace is less than the 24-month period described above, then Contractor shall maintain "tail" coverage for the maximum time period that "tail" coverage is reasonably available in the marketplace for the coverage required under this Contract. Contractor shall provide to Agency, upon Agency's request, certification of the coverage required under this section 5.C.
- 6. Certificates of Insurance.** Contractor shall provide to Agency Certificate(s) of Insurance for Professional Liability Insurance and Commercial General Liability Insurance before delivering any Goods and performing any Services required under this Contract. The Certificate(s) must specify all entities and individuals who are endorsed on the policy as Additional Insured (or Loss Payees). Contractor shall pay for all deductibles, self-insured retention and self-insurance, if any. **The Contractor shall immediately notify the Oregon Youth Authority of any change in insurance coverage.**
- 7. Additional Insured.** If the total amount payable under the Contract is greater than \$15,000.00, the Commercial General Liability and Automobile Liability insurance coverages required under this Contract shall include the State of Oregon, and its agencies, departments, divisions, commissions, branches, officers, employees, and agents as Additional Insureds but only with respect to Contractor's activities to be performed under this Contract. Coverage shall be primary and non-contributory with any other insurance and self-insurance.

CHECKLIST

ALL Providers:

- Form A: Application Cover Sheet
- Form B: Contractor's Tax Identification Information
- Form C: Provider Qualifications for each therapist/counselor
- Form D: Consent for Criminal Records Check for each therapist/counselor
- Form E: Questionnaire and Other Required Information for each therapist/counselor
- Form F: Fee-For-Service Rates
- Copy of a diploma or an official transcript for each therapist/counselor
- Copy of professional license and/or certification for each therapist/counselor
- Continuing education documentation for each therapist/counselor
- Current resume for each therapist/counselor
- Three references for each therapist/counselor
- Certificate(s) of Insurance

If applying as a non-profit agency, business, corporation or governmental entity, in addition include:

- Description of your agency or business, including mission statement
- Philosophical overview

If applying as a DHS/OHA certified provider:

- DMAP Number

General Therapy Providers:

- Supplemental Questions

Sex Offender Treatment Providers:

- Supplemental Questions
- Documentation of training in risk assessments related to juvenile sex offending behavior, preferably the ERASOR for each counselor/therapist

Alcohol and Drug Treatment Providers:

- Supplemental Questions
- Documentation showing currently receive supervision at least twice a month for each counselor/therapist who has a CADDC II but not a mental health license

- One (1) original and one (1) photocopy of the application forms and documentation

Please only submit the documentation listed on the above checklist. There is no need to send in a copy of the instructions and other information on the first 16 pages of the application.

Incomplete Applications

The provider is responsible for all information contained in this application. Please read all information and instructions carefully before submitting your application. Incomplete applications will be delayed, and may be disqualified or returned as incomplete.