



In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audiotape, oral presentation, and computer disk. To request an alternate format call the State of Oregon, Oregon Youth Authority, Budget and Contracts Unit at (503) 373-7371.

OREGON YOUTH AUTHORITY
Treatment Services

Application to Add Additional Staff



**STATE OF OREGON
OREGON YOUTH AUTHORITY (OYA)**

**TREATMENT SERVICES
APPLICATION TO ADD ADDITIONAL STAFF
PROCESS AND INSTRUCTIONS**

Purpose:

All providers requesting approval for additional staff to be added as providers under the existing treatment contract are required to complete the Application to Add Additional Staff.

Per Section 1.B.x of your contract, services provided under your Contract shall ONLY be provided by individuals who have been approved by the Agency through the OYA Community Treatment Services Application Packet. If, during the term of your Contract, any individuals who are authorized to provide services cease employment, Contractor must notify the OYA Contract Administrator. Services may be provided by additional individual practitioners of the Contractor ONLY upon prior approval of the Agency and ONLY if the individual(s) meet the Agency's criminal history records check standards and meet the qualifications specified in the OYA Treatment Services Application Packet.

Instructions:

1. Please submit a completed original and one photocopy of this Application. Please submit all required information on plain white paper.
2. Staple the entire application in the upper left-hand corner. Please do not use any kind of folder or binding.
3. Please provide a list of any staff to be removed from your current contract because they are no longer providing services.
4. The following must be completed for each new individual who will be providing direct services to OYA youth:
 - Provider Qualifications (Form A)
 - Consent for Criminal Records Check (Form B)
 - Current resume
 - Continuing Education Documentation:
Documentation of continuing education credits during the previous two years is required. Please provide documentation of the workshop content and copies of your CEU certificates with your renewal application. A list of classes attended is not sufficient

CEU requirements are as follows:

Alcohol & Drug Treatment - 20 hours every 2 years specific to the treatment of youth with alcohol and drug related issues.

Sex Offender Treatment - 20 hours every 2 years specific to the treatment of youth with sex offending issues.

General Therapy - 20 hours every 2 years specific to the treatment of adolescents.

- Checklist (Form C)

Submit documentation to:

Oregon Youth Authority
Attn: Contracts Unit
530 Center St. NE, Suite 200
Salem, Oregon 97301-3765

Direct questions to:

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

Gloria Andersen, Office Specialist
(503) 373-7371
gloria.andersen@oya.state.or.us

Incomplete Applications:

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

The following is a brief description of the services for each treatment area:

Treatment Services shall be provided to male and/or female youth offenders ages twelve (12) through twenty-four (24) years, referred by the Agency who are on parole from a youth correctional facility or on probation and 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; evaluations; and special assessments.

Youth typically will present multiple treatment issues, which may include, but not be limited to:

Aggressive behaviors	Mental health disorders as described in DSM-IV
Criminal behavior	Multiple family losses
Risky thinking patterns	Prostitution
Drug or alcohol affected infant	Sexual offending (other than aftercare)
Drug and alcohol issues	Suicidal ideation or history of parasuicidal behavior
Fire setting	Abuse – Physical, Emotional, Neglect
Grief and loss counseling	Trauma
Constructed coping skills/behaviors	

In general, treatment services that are delivered to OYA youth offenders need to be focused on reducing recidivism and founded on modalities, techniques, and interventions known to be effective with the juvenile delinquent population. The majority of the therapeutic work done with OYA youth should be directed at increasing adaptive social skills along with creating and implementing effective relapse prevention planning.

Sex Offender Treatment Services shall be provided to male and female youth offenders referred by the Agency who are on parole from a state youth correctional facility or on probation and 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 evaluations; consultation; and special reports.

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 on probation and 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.

General Therapy Services shall be provided to male and female youth offenders referred by the Agency who are on parole from a youth correctional facility or on probation and 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.

**FORM A
PROVIDER QUALIFICATIONS**

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

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 proof of the degree which includes 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

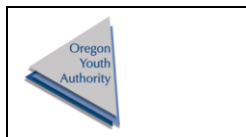
If yes, discipline: _____ License No.: _____

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

Persons who provide sex offender treatment services for OYA youth must be qualified to provide the ERASOR as part of the overall assessment and treatment process. You must provide documentation that you are qualified to administer the ERASOR.

ERASOR Qualified: YES NO

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



**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:

Signature

Date

CHECKLIST

Please review the checklist and submit with your application

- List of staff to be removed, if applicable
- Form A: Provider Qualifications for each therapist/counselor who will be providing direct services to OYA youth
- Form B: Consent for Criminal Records Check

(Note: A separate consent form must be prepared and submitted for each person who will be providing direct services to OYA youth)

- Current resume for each therapist/counselor who will be providing direct services to OYA youth
- Copy of diploma or an official transcript with the highest relevant conferring degree for each therapist/counselor who will be providing direct services to OYA youth
- Copy of professional license and/or certification for each therapist/counselor who will be providing direct services to OYA youth
- Continuing education documentation for each therapist/counselor who will be providing direct services to OYA youth
- Copy of ERASOR documentation for individuals who are providing sex offender treatment services to OYA youth
- One (1) original and one (1) photocopy of application and documentation

Incomplete Applications

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