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**OREGON YOUTH AUTHORITY
Request for Application (RFA)
Community Treatment Services
RFA #415-1527-09**

Issuance Date: November 2, 2009

Applications Accepted: At the issuing office (applications will be accepted on an ongoing basis until June 30, 2011)

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 #415-1527-09

SECTION I: General Instructions and Information

SECTION II: Required Information for all Service Provider Applications

- Application Cover Sheet (Form A)
- Fee-for-Service Rates (Form B)
- Consent to Subcontract (YA 2020—for Community Reintegration only)
- Consent for Criminal Records Check (YA 2010)

SECTION III: General Therapy

SECTION IV: Sex Offender Treatment

SECTION V: Alcohol and Drug Treatment

SECTION VI: Community Reintegration Services

All items listed in the sections for which the application is being made must be submitted, as well as the items and forms listed in Section II. If more than one type of service is being applied for, all items for each applicable section must be submitted, along with all items and forms in Section II.

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.

If you have any questions about the Community Based Treatment Services Application, contact Laura Hince at (503) 373-7333.



SECTION I: GENERAL INSTRUCTIONS AND INFORMATION

Provide type-written responses and submit all required information. Be aware that the answers you give will be entered into the Juvenile Justice Information System (JJIS) and will be used to match offenders with contractors who best meet the identified needs of the youth.

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 Section
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, drug and alcohol treatment, or community services. 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 below, posted on 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.

The 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, the youth offender, and considering the qualifications and availability of providers.

The Agency cannot predict a case load for these services and does not represent 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

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 and are on probation and/or at risk of being placed in an out-of-home residential setting or youth correctional facility and/or who are on parole status from close custody.

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

Services provided will be gender specific and culturally competent.

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/contracts.shtml>. 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 B** 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 to the OYA staff who refers the youth for service in an OYA prescribed format. 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.

- Contractors will be required to provide the youth offender's parole/probation officer with a written 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. Modifications to the treatment/service plan will be developed with the assigned parole/probation officer and/or transition specialist and the youth offender, and will be updated at least every 90 days.
- 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 address OYA case plan goals. The report will include documented input from the youth offender, the youth offender's parole/probation officer and/or youth 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.

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 develop a process to 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, and 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.

Location of Services to be Provided:

Services for general therapy, sex offender treatment, alcohol and drug treatment, and community based services 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 having contact or providing services to OYA youth. Under no condition will someone who has not been approved by the Contract Administrator provide services or have access to OYA youth.

Insurance requirements

OYA requires insurance coverage in the amounts of \$500,000 General Liability and \$500,000 Professional Liability Insurance. This insurance is required for all providers of Community Treatment Services. You must provide copies of your insurance policy coverage page(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.

- If you are providing transportation for any reason to youth, you must carry business automobile insurance coverage in the amount of \$500,000. No contractor may transport youth without the consent of the JPPO authorizing services.

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

Providers cannot provide both Treatment Services and Community Reintegration Services to the same youth offender at the same time.



SECTION II: REQUIRED INFORMATION FOR ALL SERVICE PROVIDER APPLICATIONS

Provider name(s)

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.

Applying as an individual

Complete all forms, respond to all questions, and include all required materials.

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

Complete all forms, respond to all questions, and include all required materials.

Additional information needed:

- 1) Attach a description of your agency or business.
 - Include your philosophical overview.
- 2) Describe the qualifications therapists and other direct service staff must meet to work in your agency.
- 3) Attach current resume for each therapist/counselor and other staff who will be providing services.
- 4) Attach a copy (front and back, as applicable) of the professional degree, certificate or license for each therapist/counselor and other staff who will be providing services, if required and applicable.
 - Include documentation of continuing education for all certified or licensed providers, as identified in the relevant section of the application.
- 5) Criminal Records Check (OYA form 2010) must be completed for every person who will be providing direct services to OYA youth, or for every person who will have unsupervised contact with OYA youth. This form is part of this application package.
- 6) 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.

Staff

If applicable, attach a list of all of the staff that will be working directly with the youth. List staff by type of service being provided. (Note: a Criminal History Check form will be required for everyone on this list)

- Include with the list a description of qualifications, including any specific bi-cultural/bilingual experience
- If interns are listed here, describe how the intern will be supervised

Service Location(s)

Indicate the Counties where services will be provided by checking the box to the left of the county listed below. If you will provide services in all counties in an area check the "All" box:

Tri-County Region	Northern Region	Southern Region	Central/Eastern Region	
<input type="checkbox"/> Clackamas	<input type="checkbox"/> Benton	<input type="checkbox"/> Coos	<input type="checkbox"/> Baker	<input type="checkbox"/> Malheur
<input type="checkbox"/> Multnomah	<input type="checkbox"/> Clatsop	<input type="checkbox"/> Curry	<input type="checkbox"/> Crook	<input type="checkbox"/> Morrow
<input type="checkbox"/> Washington	<input type="checkbox"/> Columbia	<input type="checkbox"/> Douglas	<input type="checkbox"/> Deschutes	<input type="checkbox"/> Sherman
<input type="checkbox"/> ALL	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Jackson	<input type="checkbox"/> Gilliam	<input type="checkbox"/> Umatilla
	<input type="checkbox"/> Linn	<input type="checkbox"/> Josephine	<input type="checkbox"/> Grant	<input type="checkbox"/> Union
	<input type="checkbox"/> Marion	<input type="checkbox"/> Klamath	<input type="checkbox"/> Harney	<input type="checkbox"/> Wallowa
	<input type="checkbox"/> Polk	<input type="checkbox"/> Lane	<input type="checkbox"/> Hood River	<input type="checkbox"/> Wasco
	<input type="checkbox"/> Tillamook	<input type="checkbox"/> ALL	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Wheeler
	<input type="checkbox"/> Yamhill		<input type="checkbox"/> Lake	<input type="checkbox"/> ALL
	<input type="checkbox"/> ALL			



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)	

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

- Male
- Female
- Both

Age preference:

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

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.



Answer these questions as part of your application:

- 1) 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.
- 2) How do these services vary if you are providing services to similar ethnic groups with differing cultural norms?
- 3) 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.
- 4) Describe your experience, if any, with youth who are disabled or have learning disabilities.
- 5) 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 _____)
- 6) Are you bilingual or multilingual?
 - Yes (specify languages _____)
 - No
- 7) 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.

QUALIFICATIONS

Applications **MUST** demonstrate that the applicant meets the following qualifications. This must be specific to the type(s) of services for which you are applying. Please limit your responses to each area below to one page per response, and include this with your application packet.

- a. Documented experience working with youth offenders.
- b. Documented use of evidence-based program models to deliver the services outlined in the RFA.
 - 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?

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

REQUIRED FORMS

In addition to the information required, the following forms are required to be submitted for consideration of an application. You will find them as attachments to this solicitation.

- Application Cover Sheet (Form A)
- Fee-for-Service Rates (Form B)
- Proof of Insurance
- Consent to Subcontract (Form YA 2020)—for Community Reintegration only
- Consent for Criminal Records Check (Form YA 2010)



SECTION III: 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.

PART A: DESCRIPTION OF SERVICES

SERVICES OFFERED (check all services for which you are applying)

- Psychiatric assessments**
- Psychological evaluations**
- Neuropsychological testing**
- Individual therapy**
- Group therapy**
- Family therapy**
- Multi-Family Treatment Group**
- Special assessments and evaluations**
 - Psychosexual**
 - fire setter**
 - alcohol and drug* (if applying for ATOD treatment, be sure to complete section V)**
 - mental health evaluations**
- UA/Drug Testing* (if applying for ATOD treatment, be sure to complete section V)**

Professional Standards 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.



PART B – REQUIREMENTS FOR PERSONS APPLYING TO PROVIDE GENERAL THERAPY TREATMENT SERVICES

- 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 one to provide therapy or counseling (e.g., psychology, psychiatry, social work, family counseling, etc.).
- **Attach a copy of the degree to your application.**

EDUCATION (identify highest qualification):	
<input type="checkbox"/> Doctoral Degree	_____ Discipline (Field)
<input type="checkbox"/> Master's Degree	_____ Discipline (Field)
Name of University	_____

- Professional license by a relevant Oregon licensing board to provide clinical evaluations, therapy or counseling, if applicable. 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.
- **Attach a copy of the license to your application. Include both front and back**

Professional License: <input type="checkbox"/> YES--License Number : _____ <input type="checkbox"/> NO Discipline: _____
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- An agency or individual qualified to provide general therapy treatment services may provide approved direct clinical supervision to interns or individuals seeking to obtain a masters degree or licensure to meet qualifications as outlined in this Application. The contract will be made with the agency or individual providing the clinical supervision. The Agency reserves the right to determine if proposed clinical supervision meets Agency standards.

Provide Direct Clinical Supervision <input type="checkbox"/> YES <input type="checkbox"/> NO

CONTINUING EDUCATION REQUIREMENTS

Continuing education is a critical part of maintaining professional standards in the practice of professional behavioral health treatment. Submit copies of the continuing education/training/seminar certificates for the continuing education you have completed in the last two years, OR, all the continuing education certificates that you submitted for your current licensure or certification, if applicable.

CLINICAL SUPERVISION

Describe how you receive clinical supervision. Include the name, credentials, and contact information for the person(s) who provide supervision to you.



PART C: 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 the services that you have indicated interest in providing. Be specific with regard to your experience in providing services to juvenile offenders, including the population served and the location of service provision.
- 2) Describe how you measure both short and long-term goals and objectives for youth.
- 3) Describe your philosophy and approach to providing appropriate services to criminally affected youth and families.
- 4) Describe how you would deliver the requested services to the target population(s) you have identified in Section II.
- 5) Describe in detail specific experience you have had working in a multidisciplinary environment of professionals. Include your role as part of an integrated team.
- 6) Describe in detail 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.
- 7) 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.
- 8) 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?
- 9) 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.



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.

PART A: DESCRIPTION OF SERVICES

SERVICES OFFERED (check all services for which you are applying)

Sex Offender Specific Services

- Psychological evaluations
- Psychosexual evaluations
- Individual therapy/treatment
- Group therapy/treatment
- Family therapy/treatment
- Multi-Family Treatment Group

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 or 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 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 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.



PART B: REQUIREMENTS FOR PERSONS APPLYING TO PROVIDE SEX OFFENDER TREATMENT SERVICES

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.).

- **Attach a copy of the degree. Include both front and back**

EDUCATION (identify highest qualification):	
<input type="checkbox"/> Doctoral Degree _____	Discipline (Field) _____
<input type="checkbox"/> Master's Degree _____	Discipline (Field) _____
Name and location of University _____	

Professional license by a relevant Oregon licensing board to provide clinical evaluations, therapy or counseling, if applicable. 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.

- **Attach a copy of the license. Include both front and back**

Professional License: <input type="checkbox"/> YES--License Number : _____ <input type="checkbox"/> NO Discipline: _____
--

Sex Offender Treatment Board Certification: <input type="checkbox"/> YES—Certification Number: _____ <input type="checkbox"/> NO

- **Attach a copy of the certification.**

An agency or individual qualified to provide sex offender treatment services may provide approved direct clinical supervision to interns or individuals seeking to obtain a masters degree or licensure to meet qualifications as outlined in this Application. The contract will be made with the agency or individual providing the clinical supervision. The Agency reserves the right to determine if proposed clinical supervision meets Agency standards.

Provide Direct Clinical Supervision <input type="checkbox"/> YES <input type="checkbox"/> NO

CONTINUING EDUCATION REQUIREMENTS

Continuing education is a critical part of maintaining professional standards in the practice of professional behavioral health treatment. Submit copies of the continuing education/training/seminar certificates for the continuing education you have completed in the last two years, OR, all the continuing education certificates that you submitted for your current licensure or certification, if applicable.

ERASOR

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.

CLINICAL SUPERVISION

Describe how you receive clinical supervision. Include the name, credentials, and contact information for the person(s) who provide supervision to you.



PART C: 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 the ERASOR and how you utilize this instrument in formulating services.
- 3) What is your view of the use of polygraphs in the provision of sex offender treatment services?
- 4) Describe how you measure both short and long-term goals and objectives for youth.
- 5) Describe your philosophy and approach to providing appropriate services to criminally affected youth and families.
- 6) Describe how you would deliver the requested services to the target population(s) you have identified in Section II.
- 7) Describe in detail specific experience you have had working in a multidisciplinary environment of professionals. Include your role as part of an integrated team.
- 8) Describe in detail 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.
- 9) 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.
- 10) 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?
- 11) 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.



SECTION V: 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.

PART A: DESCRIPTION OF SERVICES

SERVICES BEING OFFERED (check all services for which you are applying)

- Individual therapy/treatment
- Group therapy/treatment
- Family therapy/treatment
- Multi-Family Treatment Group
- Urinalysis

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 Standard Expectations

Contractors must be certified/licensed 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.



PART B: REQUIREMENTS FOR PERSONS APPLYING TO PROVIDE ALCOHOL AND DRUG TREATMENT SERVICES

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

- **Attach a copy of the degree**

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.

- **Attach a copy of the certificate**

CONTINUING EDUCATION REQUIREMENTS

Continuing education is a critical part of maintaining professional standards in the practice of professional behavioral health treatment. Submit copies of the continuing education/training/seminar certificates for the continuing education you have completed in the last two years, OR, all the continuing education certificates that you submitted for your current licensure or certification, if applicable.

CLINICAL SUPERVISION

Describe how you receive clinical supervision. Include the name, credentials, and contact information for the person(s) who provide supervision to you.

PART C: 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 the services that you have indicated interest in providing. 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 how you measure both short and long-term goals and objectives for youth.
- 5) Describe your philosophy and approach to providing appropriate services to criminally affected youth and families.
- 6) Describe how you would deliver the requested services to the target population(s) you have identified in Section II.



- 7) Describe in detail specific experience you have had working in a multidisciplinary environment of professionals. Include your role as part of an integrated team.
- 8) Describe in detail 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.
 - b) In particular, how would you ensure the coordinated provision of treatment for co-occurring mental health conditions? Describe your experience with integrated treatment services for youth with co-occurring substance abuse and mental health disorders.
- 9) 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.
- 10) 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?
- 11) 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.



SECTION VI: APPLICANT IS OFFERING TO PROVIDE COMMUNITY REINTEGRATION SERVICES

***** Applications will only be accepted for services in Clackamas, Multnomah, Washington, Jackson, Josephine, and Klamath counties from providers who will serve Hispanic/Latino, Native American, and Asian or Pacific Islander populations. Applications will be accepted for services in all other counties for all populations. Applications for Hispanic/Latino services in Marion County will be prioritized.*****

The purpose of community services is to assist youth transitioning from close custody to the community or to maintain youth in the community thereby avoiding commitment to close custody or another more restrictive service. The community services outlined in this Request are designed to provide youth with "wrap around" services tailored to meet their individual needs based on criminogenic risk factors. The specific services needed for each youth will be specified by the referring parole/probation officer or transition specialist, and outlined in the youth's OYA case plan.

The majority of Community Services will be provided by the Awardee(s) to youth and their families within the community, with some initial services designed to support transition provided at the OYA correctional facilities. It is anticipated that services provided to youth still in correctional facilities will be available to meet the schedules of the OYA correctional facility staff, the youth and their families, and therefore, may be required during hours outside the standard business day.

The services may be provided as site-based, or under direct supervision in the community in the actual living, learning and/or work environments of the youth, depending on the contract awarded, and the services requested. Services typically occur from Monday through Friday. Weekend days may be added as needed with prior approval and authorization by the Contract Administrator.

Site-based transition services shall be provided on site at the Contractor's facility for a minimum of 5 hours per day, Monday through Friday. The services may take place individually or in group settings.

One-on-one services in the community will be provided in the actual living, learning and/or work environments of the youth. The goal of these services is connecting the youth with appropriate services currently existing in the community.

Contractor shall not provide both site-based services and services in the community to a youth on the same day.

*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.

Subcontracting

Any subcontractor utilized under contract with OYA must be pre-approved by the OYA Contract Administrator. Contractors are responsible for obtaining approval prior to subcontracting services to another person, or allowing another person to have contact with an OYA youth. This process includes verification of credentials, and an approved Criminal History Check.

- If you are subcontracting, provide insurance policy cover page(s) that cover the subcontractor(s). For purposes of this contract, consider interns to be subcontractors.
- Request to Subcontract (OYA form 2020) must be completed for any person/entity that a contractor will utilize to provide services to OYA youth and the subcontractor must meet the requirements as outlined in this application. Any subcontractor who is approved will also need to have a Criminal Records Check (OYA form 2010). This form is part of this application.

Subcontracting will only be approved for reintegration services provided out in the community and will not apply to site-based transition services.



COMMUNITY REINTEGRATION - CONTRACTED PROVIDERS

MINIMUM REQUIREMENTS FOR SERVICE DELIVERY TO OYA YOUTH OFFENDERS

The Oregon Youth Authority proposes to expand requirements and qualifications for private contractors who wish to deliver community reintegration services to OYA youth.

Approved community reintegration services providers may deliver services directly or through sub-contractors. The following requirements/qualifications would apply to all community reintegration providers including employees and subcontractors.

Currently criminal history checks are conducted when the initial contract is established and at renewal. OYA is in the process of establishing an annual criminal history check (CHC) process.

In order to be considered for a contractual relationship with Oregon Youth Authority, all of the individuals who will be delivering services to OYA youth under the contract must CLEARLY show the following qualifications:

- AT LEAST eighteen months experience in a social service, rehabilitative or correctional program with primary responsibility for guiding individuals or groups in the solution of occupational, educational, personal or social problems, AND
An Associates Degree in Criminal Science, Criminal Justice, the Behavioral Sciences, Human services or a related field from an accredited institution or equivalent credits in appropriate courses OR
An additional two years experience may substitute for the Associate Degree
- Be at least 25 years of age
- Possess a valid driver's license and have an acceptable driving record based on the CHC.

All of the individuals working with OYA youth must provide documentation of successful completion of training in mandatory child-abuse reporting according to Oregon state law prior to service delivery.

All employees and subcontractors must provide at least three (3) letters of reference. The letters must be from individuals other than the contract applicant or current OYA staff. For example, the supervisor of the staff for the private non-profit can not be one of the references, nor any of the staff employed by the providers. If the contractor is subcontracting for services, the contractor can not be one of the references.

The letters must CLEARLY document the individual has, in their presence, demonstrated ALL of the following knowledge, skills and competencies:

- ability to deal with youth offenders who may exhibit hostile, assaultive behavior
- ability to recognize symptoms/behaviors attributed to substance abuse
- determine appropriate course of action in dealing with irate youth offenders or other individuals especially when safety/security is in question
- ability to adhere to/abide by safety/security standards when visiting an OYA youth correctional facility
- conduct themselves in a professional manner, as a role model for other staff and youth offenders, including but not limited to: reliability, dependability, regular and punctual attendance in order to provide consistent services, treating all humans with respect and being a law-abiding citizen. (Attached to the application is OYA's professional conduct policy which applies to all subcontractors.)
- familiar with common safety procedures related to field work and exhibits safe work practices (e.g. no history in which staff/youth were in danger due to reckless behavior)
- performance appraisals indicate that the individual has made sound case work decisions
- talk to youth offenders and their families with ability to effectively convey information
- gain cooperation through discussion and diplomacy
- communicate effectively with juvenile parole/probation officer and adhere to case management/ case plan guidelines as requested
- provides accurate, timely, understandable and legible service documentation pursuant to case plan goals



These guidelines will apply to all new contractors as well as contractors known to the agency. These new requirements will be applied at the time of contract renewal for existing contractors. Contract renewal will be contingent on contract applicant providing all documentation and meeting all guidelines of the process.

Contract applicants unable or unwilling to provide such documentation will not be considered for contract renewal.



PART A: SERVICES BEING OFFERED

SERVICES BEING OFFERED --All applicants must be prepared to meet the delivery expectations for services 1 through 6 described below. Applicants may also apply to provide gang intervention services as a component of either community-based or site-based services.

(check all services for which you are applying)

- Community-Based Services**
- Site-Based Services**
- Gang Intervention Services**

1. Employment Assistance

- Assist youth in obtaining necessary documentation for employment
- Assist youth in completing job applications, cover letters, resumes, and thank you notes
- Provide job readiness and retention training
- Provide skill training/training on building relationships
- Assist with job leads and interview preparation
- Provide employer/employee conflict resolution/mediation

2. Education Assistance

- Assist youth who are attending school in gaining access to resources and participating in curricular and extra-curricular activities
- Assist youth in accessing GED classes/testing, high school classes, or post-secondary education
- Provide tutoring (teaching study skills) both during and after school
- Provide computer skills training
- Assist youth in developing a career plan
- Assist youth in maintaining positive relationships with other students and faculty

3. Skill Training and Acquisition

- Assist youth with daily living skills; e.g. nutrition, menu planning, grocery shopping, home management, home safety, etc.
- Assist youth with self-care skills; e.g. hygiene, health, parenting skills, etc.
- Assist youth with money management skills; e.g. budgeting, saving, managing credit, etc.
- Assist youth with pro-social skills and activities; e.g. relationship building, appropriate language, appropriate dress attire, positive attitudes, etc.
- Assist youth with anger management skills and conflict resolution

4. Crisis Intervention

- Provide mediation in specific episodes of conflict
- Provide family, individual, peer support
- Provide grief counseling
- Be available to youth and family in times of crisis

5. Tracking/Intensive Supervision

- Maintain daily or regular communication with community resources as to youth's accountability while in the community; e.g. school attendance, work schedule, counseling appointments, court hearings, community service work, etc.
- Provide direct supervision of youth on occasion as requested by youth's parole/probation officer or transition specialist
- Transport youth to various scheduled appointments as requested by the parole/probation officer or transition specialist; e.g. job interview, school placement screening, etc.

6. Coordination of Services for Case Planning

- Transition Planning Meetings: As requested, participate in transition planning meetings with Agency staff and treatment providers prior to youth's release from the Agency's close custody facility. Agency will pay Contractor to attend no more than three transition planning meetings within 90 days of youth's release from Agency's facility.
- Multi-disciplinary Treatment Team: As requested, actively participate in regularly scheduled multi-disciplinary treatment team meetings. The focus of these meetings will be to present outcomes and



responses to treatment provided and to review and make recommendations for revisions to youth case plans. Agency will pay Contractor to attend quarterly multi-disciplinary treatment meetings while the youth is in the community.

- **Family Support:** Ensure that the youth's family or persons identified by the youth as family participates in the youth's life to ensure a successful transition back into the community. Agency will pay Contractor for meetings with the family only when the youth is present. Agency will pay for family meetings without the youth only upon prior approval of the Agency on an individual case-by-case basis.
- **Court Hearings:** Agency will pay Contractor to attend court hearings only upon prior written approval of the Agency.

Applicants may also choose to provide gang intervention services as a component of community-based or site-based reintegration services and must meet the following service delivery expectations:

7. Gang Intervention Services

- Assist in defining and addressing gang mentality and behaviors, providing problem solving and alternatives
- Assist youth in dealing with gang and violence issues
- Provide street mediation
- Provide collaboration for law enforcement mediation
- Provide crisis intervention services as described in item 4, Crisis Intervention

PART B: SUPPLEMENTAL QUESTIONS FOR PERSONS APPLYING TO PROVIDE COMMUNITY REINTEGRATION SERVICES:

- 1) There are 6 service expectations outlined in the RFP, Employment Assistance, Education Assistance, Skills Training/Acquisition, Crisis Prevention, Tracking/Intensive Supervision, and Coordination of Services for Case Planning.
 - a) Describe any experience and/or training you have had in providing services to youth offenders in each of these areas. Be specific.
 - b) How do you provide these services to the target population(s) you have identified?
- 2) Describe your philosophy regarding rules. Are rules a 'general guideline' which should be adapted to particular circumstances, or are rules something that must be enforced as written?
- 3) Describe how you would proceed in a situation when a youth or family reacts unfavorably to something you have said or done which you think might be cultural in nature.
- 4) Describe any experience you have had in participating in a multi-disciplinary approach to service planning and provision. Be specific as to your role in each situation that you describe.
- 5) Continuity of care is a very important concept in providing services to youth. Given that your role in a youth's life is fairly short, what would you consider to be important to do when starting to provide services to a youth, and then transitioning a youth to another service when your work is completed or services are terminated due to lack of compliance by the youth?
- 6) Please give an example of a long term goal for a youth in one of the following: employment assistance, education assistance, or crisis prevention. Give two examples of short term goals which would assist the youth in accomplishing his/her long term goal in this area. How would you document progress toward goal achievement?
- 7) 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.
- 8) 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?



PART C: SUPPLEMENTAL QUESTIONS FOR PERSONS APPLYING TO PROVIDE GANG INTERVENTION SERVICES:

Applicants who apply to provide gang intervention services must demonstrate competencies in gang intervention approaches. If you are proposing to provide gang intervention services, please describe your qualifications to provide these services.

PART D: SUPPLEMENTAL QUESTIONS FOR PERSONS APPLYING TO PROVIDE SITE-BASED TRANSITION SERVICES

- 1) What is your daily schedule for youth participating in site-based community support services? Be specific with the types of activities youth participate in, and the level of staff involvement in each of the activities, including the number of hours youth are participating in these services.
- 2) What are the hours of operation for this program?
- 3) Identify or describe the curriculum or program you use when providing the services you have listed above. What is covered? What form do these services take? (individual, group, skills building, psycho-educational, informational, etc.)
- 4) Where are these services provided? Describe the facility where these services will occur.
- 5) What is the maximum capacity of youth you can serve at this location at one time?
- 6) What other population(s) of youth does this program serve? (DHS, county youth, etc.)
- 7) Are there other persons on site who may have contact with OYA youth? If so, who might they be? (school personnel, volunteers, etc)
- 8) Is this location inspected/certified/licensed by any governmental entity? If so, which one?
 - Include a copy of the inspection/certification/license with this application.



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 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. **Mailing Address:** _____

City, State, Zip: _____

4. **Telephone #:** _____ **Fax#:** _____

5. **E-mail Address:** _____

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

Name: _____ Title: _____

7. 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

FEE-FOR-SERVICE RATES

The Agency will not pay the Contractor for the listed services at rates higher than those identified on the published OYA rate schedule, Form YA 2021, which can be found at <http://www.oregon.gov/OYA/contracts.shtml>

*If your rates are the **same as or higher than** those listed on the rate schedule, the OYA will reimburse you at the rates listed on the published rate schedule.

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

You must check the boxes below for all the services you have offered to provide. Only the services you indicate below will be included in your contract:

SERVICE	Yes I will provide this service	No I will not provide this service	*Use the OYA published rate	**Use my rate listed below	UNIT
Comprehensive Psychiatric or Psychological Evaluation With testing and written report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$569.25		Each
Neuropsychological Testing With testing and write up of results/recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$155.25		Each
Special Assessments (e.g., psychosexual, fire setter, alcohol and drug, mental health evaluations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$105.70		Hour (8 max)
Individual Therapy (QMHP, CADC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$105.70		Hour
Family Therapy (QMHP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$143.15		Hour
Group Therapy (QMHP, CADC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$47.73		Hour
Multifamily Treatment Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$47.73		Hour
Consultation/Treatment Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$98.77		Hour
Special Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$95.43		Hour
UA/Drug Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$15.53		Each
Site-Based Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$55.00		Day
Community Reintegration Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$45.00		Hour
Community Reintegration - Gang	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$50.00		Hour
Mileage* (with pre-approval from Contract Administrator)			At current published state rates		

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

Authorized Signature: _____ **Date:** _____

****FOR COMMUNITY REINTEGRATION SERVICES ONLY****



CONSENT TO SUBCONTRACT

**State of Oregon
OREGON YOUTH
AUTHORITY**

Approval of this document provides the Agency prior written consent for Contractor to enter into a subcontract with the name identified below, for any of the Work required by the Contractor's OYA Contract.

Contractor: _____ **OYA Contract #:** _____

Subcontractor Name: _____

Address: _____

Phone #: _____ **FAX #:** _____

Services to be provided by subcontractor:

Required Qualifications/Certificates/Licenses:

Consent to criminal history check per OYA policy: Required YES NO

If yes, has the form been provided and approved by Employee Services: YES NO

Approved by OYA Contract Administrator: _____ (Authorized Signature) _____ (Date)



**State of Oregon
 OREGON YOUTH AUTHORITY**

OYA Youth Offender Contracted Providers - Consent for Criminal Records Check

The mission of the Oregon Youth Authority (OYA) is to protect the public by holding youth offenders accountable and providing opportunities for reformation. In answer to OYA's need for appropriate community-based treatment resources for youth offenders, you have expressed a desire to provide contracted services in support of OYA's mission. 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.

Please PRINT all information clearly

Name (last, first, middle): _____			
Gender	M	F	Social Security Number: _____
			Date of Birth: _____
Business and 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? If yes , please list all other states, by their name: _____	Yes	No
2. Have you ever been arrested for, convicted of, or adjudicated on any crime(s)? 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.	Yes	No
<p>The Oregon Youth Authority requests that you voluntarily provide your social security number to this agency for use as an identification number for criminal records 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.</p> <p>Applicant's Signature authorizing OYA's Use and Disclosure of Social Security Number _____</p> <p>*** APPLICANT'S SIGNATURE REQUIRED - Consent will not be processed without the applicant's signature:</p> <p>"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, is true and accurate."</p> <p>Signature _____ Date _____</p>		

For OYA Program Office Use Only

CRIMINAL RECORD STATUS	(Date/Initial)
REVIEWED	_____
Approved	_____
Denied	_____
REASON FOR DENIAL:	
Prepared by: _____	_____
Signature	Date



CHECKLIST

ALL Providers:

- Form A: Application Cover Sheet
- Form B: Fee-For-Service Rates
- YA 2020 Consent to Subcontract (If applicable)
- YA 2010 Consent for Criminal Records Check

(Note: A separate consent form must be prepared and submitted for each person who will have contact with youth – e.g. provider, employee, subcontractor.)

- Certificate of Insurance
- Provide a list of all staff that will be working directly with youth
- Copy of professional degree, certificate or license for each therapist/counselor or other staff who will be providing services.
- Current resume for each therapist/counselor or other staff who will be providing services.
- Provide directors or a map if services provided will be program or office based.
- Section II: Checkboxes, questions, qualifications - pages 8-10

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

- Description of your agency or business, including mission statement
- Qualifications staff must meet to work in your agency.

General Therapy Providers:

- Part A
- Part B
- Part C

Sex Offender Treatment Providers:

- Part A
- Part B
- Part C

Alcohol and Drug Treatment Providers:

- Part A
- Part B
- Part C

Community Reintegration Providers

- Part A
- Part B
- Part C – If providing gang intervention services
- Part D – If providing site-based program services
- Letters of reference as described on page 23

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