

TENNESSEE SEX OFFENDER TREATMENT BOARD

APPROVED PROVIDER AGREEMENT

This PROVIDER AGREEMENT represents the binding contractual terms between the State of Tennessee, Sex Offender Treatment Board, and the Approved Sex Offender Treatment Provider. This Agreement is entered into under the Sex Offender Treatment Board's legislatively enacted authority to develop sex offender treatment guidelines, standards, and the Board's custodianship of legislatively appropriated funds under Tenn. Code Ann. § 39-13-704.

As an Approved Sex Offender Treatment Provider, I acknowledge, understand, and agree to the following:

1. I will provide therapy to sex offenders in groups no larger than ten (10) persons as primary modality. Any requests to conduct groups in larger than ten (10) persons must be approved by the Board in advance.

2. Psychoeducational groups may be used as an adjunct to, but not as a replacement to, group therapy. When these groups are used, they may be larger than ten (10) persons. Psychoeducational groups are not eligible for reimbursement from the indigent fund.

3. I will utilize the cognitive-behavioral relapse prevention methods as instructed and authorized by the Board.

4. I will provide sexual arousal reconditioning including covert sensitization and satiation behavioral interventions within the first nine (9) to twelve (12) months of treatment.

5. I will follow the protocol provided by the Board in assessing reunification of offender and family.

6. I will assist in developing a personal relapse prevention plan in conjunction with the relapse prevention and victim empathy curriculum modules.

7. I understand that sex offender treatment includes therapy and supervision and I will proactively communicate, in a regular and timely fashion, and be available to discuss the offender's treatment with the Board and/or the offender's community supervisor as required.

8. When available, I will utilize polygraphs and/or physiological assessment to monitor deviant sexual arousal/interest when client's resources permit.

9. I understand that TCA 39-13-704 places financial responsibility on the offender as he is able to pay.

10. I understand that reimbursement rates from the Sex Offender Treatment Fund are established by the Board. I understand that I may not charge an indigent offender a co-pay above the rate established by the Board.

11. I will allow monitoring of my sex offender specific therapy efforts by the Board, including complaints and site visits.

12. I understand that records relating to treatment in which I have sought reimbursement from the sex offender treatment fund are subject to audit by the Department of Correction and/or the Comptroller of the Treasury.

13. I understand the board may withdraw my privilege of being included in the statewide provider list for noncompliance with Tenn. Code Ann. Title 39, Chapter 13 -Standardized Treatment for Sex Offenders.
14. I will participate in the confidential quality improvement process as outlined by the board.
15. I understand that currently approved providers must attend eight (8) hours specific to sex offender treatment at the Board's annual conference.
16. I understand that new providers must attend the Board plenary session at the annual conference.
17. I understand that if I have concerns that I want to bring to the attention of the Board, I can contact a Board member or the relevant Department of Correction official.
18. I agree to comply with TCA 40-39-211 Tennessee Sexual Offender and Violent Sexual Offender Registration, Verification, and Tracking Act of 2004.
19. I recognize that by participating in this training that I am acknowledging that I am willing to subscribe to the treatment philosophy held by the State of Tennessee Sex Offender Treatment Board.
20. I understand that attendance at the annual training or my signature on this agreement does not guarantee my placement on the Approved Provider or Approved Evaluator list and that placement on the list is dependent upon my ability to meet the Approved Treatment Provider Qualifications as outlined by the Board.
21. I agree to comply with the Board's Best Practice Standards as outlined below:
 - a. Approved providers have specific training in the field of sex offender treatment in addition to the Tennessee Sex Offender Board Annual training.
 - b. Approved providers providing clinical services to sex offenders have participated in sufficient supervision of face to face clinical contact with sexual offenders.
 - c. Approved providers obtain continuing education in the field of sexual offender treatment.
 - d. Approved providers only provide sex offender treatment services and techniques in which they have education, training, and experience.
 - e. Approved providers are aware of the limitations of the client's self-report and will utilize multiple sources of information in order to corroborate the offender's self-report.
 - f. Approved providers are aware of the importance of group treatment with sexual offenders and will provide group weekly. However, approved providers recognize the need for adjunct services such as family, marriage, and individual. The use of a combination of services is most likely to be effective.
 - g. Approved providers recognize the importance of psycho physiological testing such as phallometry, polygraph, and viewing time in the treatment and assessment of sex offenders and will make every effort to include these measures as a part of the treatment protocol.

h. Approved providers recognize the importance of utilizing a “Team Approach” in the treatment of sexual offenders. Multiple clinicians, male/female co-group leaders, and regular communication/contact with probation/parole officers improve treatment services.

i. Approved providers recognize the limitations of community based treatment settings with offenders who are in complete denial of their sexual offending and make the appropriate referral to more intensive treatment/supervision settings.

j. Approved providers exercise caution when making decisions about contact between sex offenders and children. Top priority is given to the child’s safety and well-being when considering contact between offenders and children.

Furthermore, I recognize that the training provided by the Board itself does not qualify me as an expert in the area of sex offender treatment.

PRINTED PROVIDER NAME

DATE

PROVIDER SIGNATURE

LICENSE #/DATE OF EXPIRATION

EMAIL ADDRESS

PHONE NUMBER

MAILING ADDRESS FOR BOARD COMMUNICATION:

STREET ADDRESS/P.O. BOX NO.

CITY/ZIP CODE

LIST ALL ADDRESSES TO BE LISTED ON THE APPROVED PROVIDER LIST:

STREET ADDRESS

STREET ADDRESS

CITY/ZIP CODE

CITY/ZIP CODE

STREET ADDRESS

STREET ADDRESS

CITY/ZIP CODE

CITY/ZIP CODE

*****IT IS THE PROVIDER’S RESPONSIBILITY TO NOTIFY THE BOARD OF ANY CHANGES TO THE ABOVE INFORMATION*****