



June 27, 2019

Board of County Commissioners  
Clackamas County

Members of the Board:

**Approval of Intergovernmental Agreement with Multiple Cities  
for Community Diversion Program Services**

<b>Purpose/Outcomes</b>	Clackamas County Juvenile Department will provide Community Diversion Program services (including referral services, Diversion services and centralized juvenile records depository services) for at-risk youth who live within the city limits of eleven (11) Cities as part of the Clackamas County Juvenile Crime Prevention Plan.
<b>Dollar Amount and Fiscal Impact</b>	<b>Canby, Estacada, Lake Oswego, Milwaukie, Molalla, Oregon City, and West Linn</b> , Oregon will provide \$2,500 each through June 30, 2019. There are no general fund dollars required.
<b>Funding Source</b>	<b>Canby, Estacada, Lake Oswego, Milwaukie, Molalla, Oregon City, and West Linn</b>
<b>Duration</b>	Effective through June 30, 2020
<b>Previous Board Action</b>	Signed by the Board in 2018
<b>Strategic Plan Alignment</b>	1. Provide interventions, compliance monitoring, and restorative services to youth so they can be accountable to victims and the community to repair the harm they have caused. 2. Ensure safe, healthy and secure communities.
<b>Counsel Review</b>	Reviewed and approved by County Counsel on 5-6-19
<b>Contact Person</b>	Ed Jones, Administrative Services Mgr, 503-650-3169

**BACKGROUND:**

One 1<sup>st</sup> renewal and six 4<sup>th</sup> renewals for Community Diversion Program services provided by Clackamas County Juvenile Department to the cities listed above. Listed Cities have agreed to contribute to help fund the community diversion services provided in their respective cities. Past Intergovernmental Agreements for Fiscal Year 2018-19 were signed by the Board in 2018.

**RECOMMENDATION:**

Staff recommends the Board of County Commissioners approve the attached Intergovernmental Agreement renewal.

Respectfully submitted,

Christina L. McMahan, Juvenile Department Director

**Renewal No 4 to the 2015-IGA  
Between the County, through its Juvenile Department  
and the City of Canby  
For Diversion Panel Services for At Risk Youth**

This Renewal No. 4 (4 of 4), when signed by each party, as authorized by the original Intergovernmental Agreement dated May 6, 2015, will become part of the contract documents, superseding the original to the applicable extent indicated.

**AGREEMENT FORM**

- III A.1. Compensation - Fiscal year 2019-20 begins on July 1, 2019 and ends on June 30, 2020.
- III A.2. Compensation - CITY agrees to pay COUNTY \$2,500 for services in fiscal year 2019-2020.
- III B.1. COUNTY will bill CITY on or about July 1, 2019 for fiscal year 2019-20. Payment is due within 30 days of invoice.
- III B.2. CITY Payments shall be mailed to: Clackamas County Juvenile Dept, Attn: Ed Jones, 2121 Kaen Road, Oregon City, OR 97045
- VII A. Term of Agreement - The term of this Agreement begins on July 1, 2019, and ends on June 30, 2020, and is effective upon signature of both parties.

CITY OF CANBY

CLACKAMAS COUNTY, OREGON  
BOARD OF COUNTY COMMISSIONERS



Richard W. Robinson  
City Administrator

DATE

5/7/2019



Jim Bernard  
Chair

DATE

Jeffrey Munns  
Approved by County Counsel

5/6/19  
Date

**Renewal No 4 to the 2015-IGA  
Between the County, through its Juvenile Department  
and the City of Estacada  
For Diversion Panel Services for At Risk Youth**

This Renewal No. 4 (4 of 4), when signed by each party, as authorized by the original Intergovernmental Agreement dated May 7, 2015, will become part of the contract documents, superseding the original to the applicable extent indicated.

**AGREEMENT FORM**

III A.1. Compensation - Fiscal year 2019-20 begins on July 1, 2019 and ends on June 30, 2020.

III A.2. Compensation - CITY agrees to pay COUNTY \$2,500 for services in fiscal year 2019-2020.

III B.1. COUNTY will bill CITY on or about July 1, 2019 for fiscal year 2019-20. Payment is due within 30 days of invoice.

III B.2. CITY Payments shall be mailed to: Clackamas County Juvenile Dept, Attn: Ed Jones, 2121 Kaen Road, Oregon City, OR 97045

VII A. Term of Agreement - The term of this Agreement begins on July 1, 2019, and ends on June 30, 2020, and is effective upon signature of both parties.

CITY OF ESTACADA

CLACKAMAS COUNTY, OREGON  
BOARD OF COUNTY COMMISSIONERS

X Denise Carey

Denise Carey  
City Manager

DATE

X

Jim Bernard  
Chair

DATE

Jeffrey Munns  
Approved by County Counsel

5/6/19  
Date

**Renewal No 4 to the 2015-IGA  
Between the County, through its Juvenile Department  
and the City of Lake Oswego  
For Diversion Panel Services for At Risk Youth**

This Renewal No. 4 (4 of 4), when signed by each party, as authorized by the original Intergovernmental Agreement dated June 18, 2015, will become part of the contract documents, superseding the original to the applicable extent indicated.

**AGREEMENT FORM**

- III A.1. Compensation - Fiscal year 2019-20 begins on July 1, 2019 and ends on June 30, 2020.
- III A.2. Compensation - CITY agrees to pay COUNTY \$2,500 for services in fiscal year 2019-2020.
- III B.1. COUNTY will bill CITY on or about July 1, 2019 for fiscal year 2019-20. Payment is due within 30 days of invoice.
- III B.2. CITY Payments shall be mailed to: Clackamas County Juvenile Dept, Attn: Ed Jones, 2121 Kaen Road, Oregon City, OR 97045
- VII A. Term of Agreement - The term of this Agreement begins on July 1, 2019, and ends on June 30, 2020, and is effective upon signature of both parties.

CITY OF LAKE OSWEGO

CLACKAMAS COUNTY, OREGON  
BOARD OF COUNTY COMMISSIONERS

**X**

\_\_\_\_\_  
Scott Lazenby  
City Manager

DATE

**X**

\_\_\_\_\_  
Jim Bernard  
Chair

DATE

\_\_\_\_\_  
Jeffrey Munns  
Approved by County Counsel

\_\_\_\_\_  
5/6/19  
Date

**Renewal No 1 to the 2018-IGA**  
**Between the County, through its Juvenile Department**  
**and the City of Milwaukie**  
**For Diversion Panel Services for At Risk Youth**

This Renewal No. 1 (1 of 4), when signed by each party, as authorized by the original Intergovernmental Agreement dated June 28<sup>th</sup>, 2018, will become part of the contract documents, superseding the original to the applicable extent indicated.

**AGREEMENT FORM**

- III A.1. Compensation - Fiscal year 2019-20 begins on July 1, 2019 and ends on June 30, 2020.
- III A.2. Compensation - CITY agrees to pay COUNTY \$2,500 for services in fiscal year 2019-2020.
- III B.1. COUNTY will bill CITY on or about July 1, 2019 for fiscal year 2019-20. Payment is due within 30 days of invoice.
- III B.2. CITY Payments shall be mailed to: Clackamas County Juvenile Dept, Attn: Ed Jones, 2121 Kaen Road, Oregon City, OR 97045
- VII A. Term of Agreement - The term of this Agreement begins on July 1, 2019, and ends on June 30, 2020, and is effective upon signature of both parties.

CITY OF MILWAUKIE

CLACKAMAS COUNTY, OREGON  
BOARD OF COUNTY COMMISSIONERS

X  5/9/2019.  
Ann Ober                                  DATE  
City Manager

X \_\_\_\_\_  
Jim Bernard                                  DATE  
Chair

Jeffrey Munns                          5/6/19  
Approved by County Counsel          Date

**Renewal No 4 to the 2015-IGA  
Between the County, through its Juvenile Department  
and the City of Molalla  
For Diversion Panel Services for At Risk Youth**

This Renewal No. 4 (4 of 4), when signed by each party, as authorized by the original Intergovernmental Agreement dated May 11, 2015, will become part of the contract documents, superseding the original to the applicable extent indicated.

**AGREEMENT FORM**

III A.1. Compensation - Fiscal year 2019-20 begins on July 1, 2019 and ends on June 30, 2020.

III A.2. Compensation - CITY agrees to pay COUNTY \$2,500 for services in fiscal year 2019-2020.

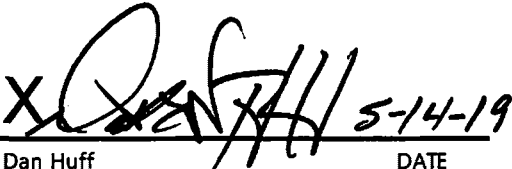
III B.1. COUNTY will bill CITY on or about July 1, 2019 for fiscal year 2019-20. Payment is due within 30 days of invoice.

III B.2. CITY Payments shall be mailed to: Clackamas County Juvenile Dept, Attn: Ed Jones, 2121 Kaen Road, Oregon City, OR 97045

VII A. Term of Agreement - The term of this Agreement begins on July 1, 2019, and ends on June 30, 2020, and is effective upon signature of both parties.

CITY OF MOLALLA

CLACKAMAS COUNTY, OREGON  
BOARD OF COUNTY COMMISSIONERS

  
\_\_\_\_\_  
Dan Huff  
City Manager

DATE

X  
\_\_\_\_\_  
Jim Bernard  
Chair

DATE

\_\_\_\_\_  
Jeffrey Munns  
Approved by County Counsel

\_\_\_\_\_  
5/6/19  
Date

**Renewal No 4 to the 2015-IGA  
Between the County, through its Juvenile Department  
and the City of Oregon City  
For Diversion Panel Services for At Risk Youth**

This Renewal No. 4 (4 of 4), when signed by each party, as authorized by the original Intergovernmental Agreement dated May 7, 2015, will become part of the contract documents, superseding the original to the applicable extent indicated.

**AGREEMENT FORM**

III A.1. Compensation - Fiscal year 2019-20 begins on July 1, 2019 and ends on June 30, 2020.

III A.2. Compensation - CITY agrees to pay COUNTY \$2,500 for services in fiscal year 2019-2020.

III B.1. COUNTY will bill CITY on or about July 1, 2019 for fiscal year 2019-20. Payment is due within 30 days of invoice.

III B.2. CITY Payments shall be mailed to: Clackamas County Juvenile Dept, Attn: Ed Jones, 2121 Kaen Road, Oregon City, OR 97045

VII A. Term of Agreement - The term of this Agreement begins on July 1, 2019, and ends on June 30, 2020, and is effective upon signature of both parties.

CITY OF OREGON CITY

CLACKAMAS COUNTY, OREGON  
BOARD OF COUNTY COMMISSIONERS

X  5-13-19

Jim Band  
Chief of Police

DATE

X

Jim Bernard  
Chair

DATE

Jeffrey Munns  
Approved by County Counsel

5/6/19  
Date

Renewal No 4 to the 2015-IGA  
Between the County, through its Juvenile Department  
and the City of West Linn  
For Diversion Panel Services for At Risk Youth

This Renewal No. 4 (4 of 4), when signed by each party, as authorized by the original Intergovernmental Agreement dated May 12, 2015, will become part of the contract documents, superseding the original to the applicable extent indicated.

AGREEMENT FORM

- III A.1. Compensation - Fiscal year 2019-20 begins on July 1, 2019 and ends on June 30, 2020.
- III A.2. Compensation - CITY agrees to pay COUNTY \$2,500 for services in fiscal year 2019-2020.
- III B.1. COUNTY will bill CITY on or about July 1, 2019 for fiscal year 2019-20. Payment is due within 30 days of invoice.
- III B.2. CITY Payments shall be mailed to: Clackamas County Juvenile Dept, Attn: Ed Jones, 2121 Kaen Road, Oregon City, OR 97045
- VII A. Term of Agreement - The term of this Agreement begins on July 1, 2019, and ends on June 30, 2020, and is effective upon signature of both parties.

CITY OF WEST LINN

CLACKAMAS COUNTY, OREGON  
BOARD OF COUNTY COMMISSIONERS

X *Eileen Stein* 5-7-19

Eileen Stein  
City Manager

DATE

X

Jim Bernard  
Chair

DATE

Jeffrey Munns  
Approved by County Counsel

5/6/19  
Date





CHRISTINA MCMAHAN  
DIRECTOR

JUVENILE DEPARTMENT

JUVENILE INTAKE AND ASSESSMENT CENTER  
2121 KAEN ROAD | OREGON CITY, OR 97045

**Approval of Personal Services Contract With Maple Star Oregon, Inc.  
to provide Short Term Residential Placement Services**

<b>Purpose/ Outcomes</b>	Approval of contract for Short-Term Residential Placements. Outcomes include determining youth needs, stabilizing behaviors, family reunification and/or community re-entry, attending court, and not committing new crimes.
<b>Dollar Amount and Fiscal Impact</b>	Total contract value is not to exceed \$2,250,000 from contract begin date through the June 30, 2025 expiration date. Payments are made on a fee-for-service basis so annual amounts will vary.
<b>Funding Source</b>	260-7707-00-431590
<b>Duration</b>	Effective upon execution through June 30, 2025
<b>Previous Board Action</b>	N/A, Program is replacing expired Shelter Bed Contracts.
<b>Strategic Plan Alignment</b>	1. Provide interventions, compliance monitoring, and restorative services to youth so they can be accountable to victims and the community to repair the harm they have caused. 2. Ensure safe, healthy and secure communities.
<b>Counsel Review</b>	Approved as to Form on June 18, 2019
<b>Contact Person</b>	Ed Jones, EJones@clackamas.us, 503-650-3169

**BACKGROUND:**

The mission of the Clackamas County Juvenile Department is to provide prevention, intervention and juvenile justice services to youth and families so they can experience positive change, repair harm to victims, and become contributing members of our community. We support a system of care that addresses a youth's risk factors and supports success for that youth by identifying and building upon their strengths, competencies, and natural supports. The Short Term Residential Placement program improves upon the previous Shelter Beds program in helping fulfil this mission and achieve better outcomes for the youth, families and communities it serves.

On March 19, 2019, a Request for Proposals #2019-22 for Juvenile Department Short Term Residential Placements was posted to ORPIN. The County received responses from Maple Star, Inc., the Boys and Girls Aid Society of Oregon, Connections 365, and Parrot Creek Child and Family Services. An evaluation committee of qualified staff and community partners evaluated the proposals per the stated criteria and recommended Maple Star, Inc. and the Boys and Girls Aid Society of Oregon for a contract award. The Department concurred with the committee's recommendation and notice of intent to award was issued according to applicable rules and law. The County received no

protests, and proceeded to develop and circulate the contracts. The Contract for the Boys and Girls Aid Society of Oregon is still in process as of the date of this memo.

County Counsel has reviewed this contract.

**RECOMMENDATION:**

Staff recommends the Board of County Commissioners approve the attached amendment and renewal.

Respectfully submitted,

Christina McMahan, Director

Placed on the Agenda of \_\_\_\_\_ by the Procurement Division



CLACKAMAS COUNTY  
PERSONAL/PROFESSIONAL SERVICES CONTRACT

Contract #1538

This Personal/Professional Services Contract (this “Contract”) is entered into between **Maple Star Oregon, Inc.** (“Contractor”), and Clackamas County, a political subdivision of the State of Oregon (“County”, “CCJD”, STRP provider, service provider, or like terms) on behalf of its Juvenile Department.

**ARTICLE I.**

**1. Effective Date and Duration.** This Contract shall become effective upon signature of both parties. Unless earlier terminated or extended, this Contract shall expire on **June 30, 2025**. However, such expiration shall not extinguish or prejudice the County’s right to enforce this Contract with respect to: (a) any breach of a Contractor warranty; or (b) any default or defect in Contractor performance that has not been cured.

**2. Scope of Work.** Contractor will provide the following personal/professional services: (“Work”), further described in **Exhibit A**.

**3. Consideration.** The County agrees to pay Contractor, from available and authorized funds, a sum not to exceed **two million two-hundred fifty thousand dollars (\$2,250,000)**, for accomplishing the Work required by this Contract. If any interim payments to Contractor are made, such payments shall be made only in accordance with the schedule and requirements in Exhibit A and are contingent upon annual appropriation pursuant to Article II, Section 2 of this Contract.

**4. Travel and Other Expense.** Authorized:  Yes  No  
If travel expense reimbursement is authorized in this Contract, such expense shall only be reimbursed at the rates in the County Contractor Travel Reimbursement Policy, hereby incorporated by reference and found at: <https://clackamas.us/finance/terms.html>. Travel expense reimbursement is not in excess of the not to exceed consideration.

**5. Contract Documents.** This Contract consists of the following documents which are listed in descending order of precedence and are attached and incorporated by reference, this Contract, Exhibits A, B, C, and D.

**6. Contractor Data.**

**Address:** 825 NE 20<sup>th</sup> Avenue Suite 140, Portland, OR 97232

**Contractor Contract Administrator:** Chelsey Wilkman

**Phone No.:** 971-409-2308

**Email:** [Chelsey.Wilkman@pathways.com](mailto:Chelsey.Wilkman@pathways.com)

**MWESB Certification:**  DBE #  MBE #  WBE #  ESB #

Payment information will be reported to the Internal Revenue Service (“IRS”) under the name and taxpayer ID number submitted. (See I.R.S. 1099 for additional instructions regarding taxpayer ID numbers.) Information not matching IRS records could subject Contractor to backup withholding.

## ARTICLE II.

1. **ACCESS TO RECORDS.** Contractor shall maintain books, records, documents, and other evidence and accounting procedures and practices sufficient to reflect properly all costs of whatever nature claimed to have been incurred and anticipated to be incurred in the performance of this Contract. County and their duly authorized representatives shall have access to the books, documents, papers, and records of Contractor which are directly pertinent to this Contract for the purpose of making audit, examination, excerpts, and transcripts. Such books and records shall be maintained by Contractor for a minimum of three (3) years, or such longer period as may be required by applicable law, following final payment and termination of this Contract, or until the conclusion of any audit, controversy or litigation arising out of or related to this Contract, whichever date is later.
2. **AVAILABILITY OF FUNDS.** County certifies that sufficient funds are available and authorized for expenditures to finance costs of this Contract within its current annual appropriation or expenditure limitation for fiscal year 2020. However, continuation of this Contract, or any extension, after the end of the fiscal period in which it is written, or in an amount greater than the amount appropriated for fiscal year 2020, is contingent on a new appropriation sufficient in amount, in the exercise of the County's reasonable administrative discretion, to continue to make payments under this Contract.
3. **CAPTIONS.** The captions or headings in this Contract are for convenience only and in no way define, limit, or describe the scope or intent of any provisions of this Contract.
4. **COMPLIANCE WITH APPLICABLE LAW.** Contractor shall comply with all federal, state, county, and local laws, ordinances, and regulations applicable to the Work to be done under this Contract. Contractor specifically agrees to comply with all applicable requirements of federal and state civil rights and rehabilitation statutes, rules, and regulations. Contractor shall also comply with the Americans with Disabilities Act of 1990 (Pub. L. No. 101-336), Title VI of the Civil Rights Act of 1964, Section V of the Rehabilitation Act of 1973, ORS 659A.142, and all regulations and administrative rules established pursuant to those laws. Contractor further agrees to make payments promptly when due, to all persons supplying to such Contractor, labor or materials for the prosecution of the Work provided in this Contract; pay all contributions or amounts due the Industrial Accident Funds from such Contractor responsibilities incurred in the performance of this Contract; not permit any lien or claim to be filed or prosecuted against the County on account of any labor or material furnished; pay to the Department of Revenue all sums withheld from employees pursuant to ORS 316.167. If Contractor fails or refuses to make any such payments required herein, the appropriate County official may pay such claim. Any payment of a claim in the manner authorized in this section shall not relieve the Contractor or Contractor's surety from obligation with respect to unpaid claims. Contractor shall promptly pay any person or entity that furnishes medical care to Contractor's employees those sums which Contractor agreed to pay for such services and all money Contractor collected or deducted from employee's wages to provide such services.
5. **EXECUTION AND COUNTERPARTS.** This Contract may be executed in several counterparts, each of which shall be an original, all of which shall constitute but one and the same instrument.
6. **GOVERNING LAW.** This Contract shall be governed and construed in accordance with the laws of the State of Oregon without regard to principles of conflicts of law. Any claim, action, or suit between County and Contractor that arises out of or relates to the performance of this Contract shall be brought and conducted solely and exclusively within the Circuit Court for Clackamas County, for the State of Oregon. Provided, however, that if any such claim, action, or

suit may be brought in a federal forum, it shall be brought and conducted solely and exclusively within the United States District Court for the District of Oregon.

- 7. HAZARD COMMUNICATION.** Contractor shall notify County prior to using products containing hazardous chemicals to which County employees may be exposed. Products containing hazardous chemicals are those products defined by Oregon Administrative Rules, Chapter 437. Upon County's request, Contractor shall immediately provide Material Safety Data Sheets for the products subject to this provision.
- 8. INDEMNITY, RESPONSIBILITY FOR DAMAGES.** Contractor shall be responsible for all damage to property, injury to persons, and loss, expense, inconvenience, and delay which may be caused by, or result from, the conduct of Work, or from any act, omission, or neglect of Contractor, its subcontractors, agents, or employees. The Contractor agrees to indemnify, hold harmless and defend the County, and its officers, elected officials, agents and employees from and against all claims and actions, and all expenses incidental to the investigation and defense thereof, arising out of or based upon damage or injuries to persons or property caused by the errors, omissions, fault or negligence of the Contractor or the Contractor's employees, subcontractors, or agents.
- 9. INDEPENDENT CONTRACTOR STATUS.** The service(s) to be rendered under this Contract are those of an independent contractor. Although the County reserves the right to determine (and modify) the delivery schedule for the Work to be performed and to evaluate the quality of the completed performance, County cannot and will not control the means or manner of Contractor's performance. Contractor is responsible for determining the appropriate means and manner of performing the Work. Contractor is not to be considered an agent or employee of County for any purpose, including, but not limited to: (A) The Contractor will be solely responsible for payment of any Federal or State taxes required as a result of this Contract; (B) This Contract is not intended to entitle the Contractor to any benefits generally granted to County employees, including, but not limited to, vacation, holiday and sick leave, other leaves with pay, tenure, medical and dental coverage, life and disability insurance, overtime, Social Security, Workers' Compensation, unemployment compensation, or retirement benefits; and (C) If the Contractor has the assistance of other persons in the performance of this Contract, and the Contractor is a subject employer, the Contractor shall qualify and remain qualified for the term of this Contract as an insured employer under ORS Chapter 656. (Also see Exhibit C)
- 10. INSURANCE.** Contractor shall provide insurance as indicated on **Exhibit B**, attached hereto and by this reference made a part hereof. Insurance policies, which cannot be excess to a self-insurance program, are to be issued by an insurance company authorized to do business in the State of Oregon.
- 11. LIMITATION OF LIABILITIES.** Except for liability arising under or related to Section 14 or 21(B), neither party shall be liable for (i) any indirect, incidental, consequential or special damages under this Contract or (ii) any damages of any sort arising solely from the termination of this Contract in accordance with its terms. This Contract is expressly subject to the debt limitation of Oregon counties set forth in Article XI, Section 10, of the Oregon Constitution, and is contingent upon funds being appropriated therefore. Any provisions herein which would conflict with law are deemed inoperative to that extent.
- 12. NOTICES.** Except as otherwise expressly provided in this Contract, any communications between the parties hereto or notices to be given hereunder shall be given in writing by personal delivery, email, or mailing the same, postage prepaid, to the County at: Clackamas County Procurement, 2051 Kaen Road, Oregon City, OR 97045, or [procurement@clackamas.us](mailto:procurement@clackamas.us), or to Contractor at the address or number set forth in Section 1 of this Contract, or to such other

addresses or numbers as either party may hereafter indicate. Any communication or notice so addressed and mailed shall be deemed to be given five (5) days after mailing. Any communication or notice by personal delivery shall be deemed to be given when actually delivered.

- 13. OWNERSHIP OF WORK PRODUCT.** All work product of Contractor that results from this Contract (the “Work Product”) is the exclusive property of County. County and Contractor intend that such Work Product be deemed “work made for hire” of which County shall be deemed the author. If for any reason the Work Product is not deemed “work made for hire,” Contractor hereby irrevocably assigns to County all of its right, title, and interest in and to any and all of the Work Product, whether arising from copyright, patent, trademark or trade secret, or any other state or federal intellectual property law or doctrine. Contractor shall execute such further documents and instruments as County may reasonably request in order to fully vest such rights in County. Contractor forever waives any and all rights relating to the Work Product, including without limitation, any and all rights arising under 17 USC § 106A or any other rights of identification of authorship or rights of approval, restriction or limitation on use or subsequent modifications.
- 14. REPRESENTATIONS AND WARRANTIES.** Contractor represents and warrants to County that (A) Contractor has the power and authority to enter into and perform this Contract; (B) this Contract, when executed and delivered, shall be a valid and binding obligation of Contractor enforceable in accordance with its terms; (C) the Work under this Contract shall be performed in a good and workmanlike manner and in accordance with the highest professional standards; and (D) Contractor shall at all times during the term of this Contract, be qualified, professionally competent, and duly licensed to perform the Work. The warranties set forth in this section are in addition to, and not in lieu of, any other warranties provided.
- 15. SURVIVAL.** All rights and obligations shall cease upon termination or expiration of this Contract, except for the rights and obligations set forth in Article II, Paragraphs 1, 6, 8, 11, 13, 14, 15, and 21.
- 16. SEVERABILITY.** If any term or provision of this Contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the Contract did not contain the particular term or provision held to be invalid.
- 17. SUBCONTRACTS AND ASSIGNMENTS.** Contractor shall not enter into any subcontracts for any of the Work required by this Contract, or assign or transfer any of its interest in this Contract by operation of law or otherwise, without obtaining prior written approval from the County. In addition to any provisions the County may require, Contractor shall include in any permitted subcontract under this Contract a requirement that the subcontractor be bound by this Article II, Paragraphs 1, 8, 13, 15, and 27 as if the subcontractor were the Contractor. County’s consent to any subcontract shall not relieve Contractor of any of its duties or obligations under this Contract.
- 18. SUCCESSORS IN INTEREST.** The provisions of this Contract shall be binding upon and shall inure to the benefit of the parties hereto, and their respective authorized successors and assigns.
- 19. TAX COMPLIANCE CERTIFICATION.** Contractor must, throughout the duration of this Contract and any extensions, comply with all tax laws of this state and all applicable tax laws of any political subdivision of this state. Any violation of this section shall constitute a material breach of this Contract. Further, any violation of Contractor’s warranty in this Contract that Contractor has complied with the tax laws of this state and the applicable tax laws of any political subdivision of this state also shall constitute a material breach of this Contract. Any violation shall entitle County

to terminate this Contract, to pursue and recover any and all damages that arise from the breach and the termination of this Contract, and to pursue any or all of the remedies available under this Contract, at law, or in equity, including but not limited to: (A) Termination of this Contract, in whole or in part; (B) Exercise of the right of setoff, and withholding of amounts otherwise due and owing to Contractor, in an amount equal to County's setoff right, without penalty; and (C) Initiation of an action or proceeding for damages, specific performance, declaratory or injunctive relief. County shall be entitled to recover any and all damages suffered as the result of Contractor's breach of this Contract, including but not limited to direct, indirect, incidental and consequential damages, costs of cure, and costs incurred in securing replacement performance. These remedies are cumulative to the extent the remedies are not inconsistent, and County may pursue any remedy or remedies singly, collectively, successively, or in any order whatsoever.

The Contractor represents and warrants that, for a period of no fewer than six calendar years preceding the effective date of this Contract, Contractor has faithfully complied with: (A) All tax laws of this state, including but not limited to ORS 305.620 and ORS Chapters 316, 317, and 318; (B) Any tax provisions imposed by a political subdivision of this state that applied to Contractor, to Contractor's property, operations, receipts, or income, or to Contractor's performance of or compensation for any Work performed by Contractor; (C) Any tax provisions imposed by a political subdivision of this state that applied to Contractor, or to goods, services, or property, whether tangible or intangible, provided by Contractor; and (D) Any rules, regulations, charter provisions, or ordinances that implemented or enforced any of the foregoing tax laws or provisions.

**20. TERMINATIONS.** This Contract may be terminated for the following reasons: (A) This Contract may be terminated at any time by mutual consent of the parties, or by the County for convenience upon thirty (30) days' written notice to the Contractor; (B) County may terminate this Contract effective upon delivery of notice to Contractor, or at such later date as may be established by the County, if (i) federal or state laws, rules, regulations, or guidelines are modified, changed, or interpreted in such a way that either the Work under this Contract is prohibited or the County is prohibited from paying for such Work from the planned funding source; or (ii) any license or certificate required by law or regulation to be held by the Contractor to provide the services required by this Contract is for any reason denied, revoked, or not renewed; (C) This Contract may also be immediately terminated by the County for default (including breach of Contract) if (i) Contractor fails to provide services or materials called for by this Contract within the time specified herein or any extension thereof; or (ii) Contractor fails to perform any of the other provisions of this Contract or so fails to pursue the Work as to endanger performance of this Contract in accordance with its terms, and after receipt of notice from the County, fails to correct such failure within ten (10) business days; or (D) If sufficient funds are not provided in future approved budgets of the County (or from applicable federal, state, or other sources) to permit the County in the exercise of its reasonable administrative discretion to continue this Contract, or if the program for which this Contract was executed is abolished, County may terminate this Contract without further liability by giving Contractor not less than thirty (30) days' notice.

**21. REMEDIES.** (A) In the event of termination pursuant to Article II Section 20(A), (B)(i), or (D), Contractor's sole remedy shall be a claim for the sum designated for accomplishing the Work multiplied by the percentage of Work completed and accepted by the County, less previous amounts paid and any claim(s) which the County has against Contractor. If previous amounts paid to Contractor exceed the amount due to Contractor under Section 21(A), Contractor shall pay any excess to County on demand. (B) In the event of termination pursuant to Sections 20(B)(ii) or 20(C), the County shall have any remedy available to it in law or equity. If it is determined for any reason that Contractor was not in default under Sections 20(B)(ii) or 20(C), the rights and obligations of the parties shall be the same as if the Contract was terminated

pursuant to Section 20(A). (C) Upon receiving a notice of termination of this Contract, Contractor shall immediately cease all activities under this Contract, unless County expressly directs otherwise in such notice of termination. Upon termination of this Contract, Contractor shall deliver to County all documents, information, works-in-progress and other property that are or would be deliverables had the Contract Work been completed. Upon County's request, Contractor shall surrender to anyone County designates, all documents, research, objects or other tangible things needed to complete the Work.

- 22. NO THIRD PARTY BENEFICIARIES.** County and Contractor are the only parties to this Contract and are the only parties entitled to enforce its terms. Nothing in this Contract gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly or otherwise, to third persons unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of the terms of this Contract.
- 23. TIME IS OF THE ESSENCE.** Contractor agrees that time is of the essence in the performance this Contract.
- 24. FOREIGN CONTRACTOR.** If the Contractor is not domiciled in or registered to do business in the State of Oregon, Contractor shall promptly provide to the Oregon Department of Revenue and the Secretary of State, Corporate Division, all information required by those agencies relative to this Contract. The Contractor shall demonstrate its legal capacity to perform these services in the State of Oregon prior to entering into this Contract.
- 25. FORCE MAJEURE.** Neither County nor Contractor shall be held responsible for delay or default caused by fire, terrorism, riot, acts of God, or war where such cause was beyond, respectively, County's or Contractor's reasonable control. Contractor shall, however, make all reasonable efforts to remove or eliminate such a cause of delay or default and shall upon the cessation of the cause, diligently pursue performance of its obligations under this Contract.
- 26. WAIVER.** The failure of County to enforce any provision of this Contract shall not constitute a waiver by County of that or any other provision.
- 27. COMPLIANCE.** Pursuant to the requirements of ORS 279B.020 and 279B.220 through 279B.235 and Article XI, Section 10, of the Oregon Constitution, the following terms and conditions are made a part of this Contract:
- (A) Contractor shall: (i) Make payments promptly, as due, to all persons supplying to the Contractor labor or materials for the prosecution of the Work provided for in this Contract; (ii) Pay all contributions or amounts due the Industrial Accident Fund from such Contractor or subcontractor incurred in the performance of this Contract; (iii) Not permit any lien or claim to be filed or prosecuted against the County on account of any labor or material furnished.
- (B) If the Contractor fails, neglects or refuses to make prompt payment of any claim for labor or services furnished to the Contractor or a subcontractor by any person in connection with this Contract as such claim becomes due, the proper officer representing the County may pay such claim to the person furnishing the labor or services and charge the amount of the payment against funds due or to become due to the Contractor by reason of this Contract.
- (C) The Contractor shall pay employees for Work in accordance with ORS 279B.020 and ORS 279B.235, which is incorporated herein by this reference. All subject employers working under the contract are either employers that will comply with ORS 656.017 or employers that are exempt under ORS 656.126. The Contractor shall comply with the prohibitions set forth in ORS 652.220, compliance of which is a material element of this Contract and failure to comply is a material breach that entitles County to exercise any rights and remedies available under this Contract including, but not limited to, termination for default.



(D) The Contractor shall promptly, as due, make payment to any person or co-partnership, association or corporation furnishing medical, surgical and hospital care, or other needed care and attention incident to sickness and injury to the employees of the Contractor, of all sums which the Contractor agrees to pay for such services and all moneys and sums which the Contractor collected or deducted from the wages of the Contractor's employees pursuant to any law, contract or agreement for the purpose of providing or paying for such services.

**28. CONFIDENTIALITY.** Contractor acknowledges that it and its employees and agents may, in the course of performing their obligations under this Contract, be exposed to or acquire information that the County desires or is required to maintain as confidential. Any and all information of any form obtained by Contractor or its employees or agents in the performance of this Contract, including but not limited to Personal Information (as "Personal Information" is defined in ORS 646A.602(11), shall be deemed to be confidential information of the County ("Confidential Information"). Any reports or other documents or items (including software) which result from the use of the Confidential Information by Contractor shall be treated with respect to confidentiality in the same manner as the Confidential Information.

Contractor agrees to hold Confidential Information in strict confidence, using at least the same degree of care that Contractor uses in maintaining the confidentiality of its own confidential information, and not to copy, reproduce, sell, assign, license, market, transfer or otherwise dispose of, give or disclose Confidential Information to third parties or use Confidential Information for any purposes whatsoever (other than in the performance of this Contract), and to advise each of its employees and agents of their obligations to keep Confidential Information confidential.

Contractor agrees that, except as directed by the County, Contractor will not at any time during or after the term of this Contract, disclose, directly or indirectly, any Confidential Information to any person, and that upon termination or expiration of this Contract or the County's request, Contractor will turn over to the County all documents, papers, records and other materials in Contractor's possession which embody Confidential Information. Contractor acknowledges that breach of this Contract, including disclosure of any Confidential Information, or disclosure of other information that, at law or in good conscience or equity, ought to remain confidential, will give rise to irreparable injury to the County that cannot adequately be compensated in damages. Accordingly, the County may seek and obtain injunctive relief against the breach or threatened breach of the foregoing undertakings, in addition to any other legal remedies that may be available. Contractor acknowledges and agrees that the covenants contained herein are necessary for the protection of the legitimate business interests of the County and are reasonable in scope and content.

Contractor agrees to comply with all reasonable requests by the County to ensure the confidentiality and nondisclosure of the Confidential Information, including if requested and without limitation: (a) obtaining nondisclosure agreements, in a form approved by the County, from each of Contractor's employees and agents who are performing services, and providing copies of such agreements to the County; and (b) performing criminal background checks on each of Contractor's employees and agents who are performing services, and providing a copy of the results to the County.

Contractor shall report, either orally or in writing, to the County any use or disclosure of Confidential Information not authorized by this Contract or in writing by the County, including any reasonable belief that an unauthorized individual has accessed Confidential Information. Contractor shall make the report to the County immediately upon discovery of the unauthorized disclosure, but in no event more than two (2) business days after Contractor reasonably believes there has been such unauthorized use or disclosure. Contractor's report shall identify: (i) the

nature of the unauthorized use or disclosure, (ii) the Confidential Information used or disclosed, (iii) who made the unauthorized use or received the unauthorized disclosure, (iv) what Contractor has done or shall do to mitigate any deleterious effect of the unauthorized use or disclosure, and (v) what corrective action Contractor has taken or shall take to prevent future similar unauthorized use or disclosure. Contractor shall provide such other information, including a written report, as reasonably requested by the County.

Notwithstanding any other provision in this Contract, Contractor will be responsible for all damages, fines, and corrective actions (including credit monitoring and identity restoration services) arising from disclosure of such Confidential Information caused by a data breach or a breach of Contractor's confidentiality obligations hereunder.

The provisions in this Section shall operate in addition to, and not as limitation of, the confidentiality and similar requirements set forth in the rest of the Contract, as it may otherwise be amended. Contractor's obligations under this Contract shall survive the expiration or termination of the Contract, as amended, and shall be perpetual.

- 29. CRIMINAL BACKGROUND CHECK REQUIREMENTS.** Contractor shall be required to have criminal background checks (and in certain instances fingerprint background checks) performed on all employees, agents, or subcontractors that perform services under this Contract including Section 3.3.4 Additional Requirements. Only those employees, agents, or subcontractors that have met the acceptability standards of the County may perform services under this Contract or be given access to Personal Information, Confidential Information or access to County facilities.
- 30. KEY PERSONS.** Contractor acknowledges and agrees that a significant reason the County is entering into this Contract is because of the special qualifications of certain Key Persons set forth in the contract. Under this Contract, the County is engaging the expertise, experience, judgment, and personal attention of such Key Persons. Neither Contractor nor any of the Key Persons shall delegate performance of the management powers and responsibilities each such Key Person is required to provide under this Contract to any other employee or agent of the Contractor unless the County provides prior written consent to such delegation. Contractor shall not reassign or transfer a Key Person to other duties or positions such that the Key Person is no longer available to provide the County with such Key Person's services unless the County provides prior written consent to such reassignment or transfer
- 31. MERGER. THIS CONTRACT CONSTITUTES THE ENTIRE AGREEMENT BETWEEN THE PARTIES WITH RESPECT TO THE SUBJECT MATTER REFERENCED THEREIN. THERE ARE NO UNDERSTANDINGS, AGREEMENTS, OR REPRESENTATIONS, ORAL OR WRITTEN, NOT SPECIFIED HEREIN REGARDING THIS CONTRACT. NO AMENDMENT, CONSENT, OR WAIVER OF TERMS OF THIS CONTRACT SHALL BIND EITHER PARTY UNLESS IN WRITING AND SIGNED BY ALL PARTIES. ANY SUCH AMENDMENT, CONSENT, OR WAIVER SHALL BE EFFECTIVE ONLY IN THE SPECIFIC INSTANCE AND FOR THE SPECIFIC PURPOSE GIVEN. CONTRACTOR, BY THE SIGNATURE HERETO OF ITS AUTHORIZED REPRESENTATIVE, IS AN INDEPENDENT CONTRACTOR, ACKNOWLEDGES HAVING READ AND UNDERSTOOD THIS CONTRACT, AND CONTRACTOR AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.**

By their signatures below, the parties to this Contract agree to the terms, conditions, and content expressed herein.

Maple Star Oregon, Inc.

Clackamas County Board of Commissioners

\_\_\_\_\_
Authorized Signature Date

\_\_\_\_\_
Chair Date

\_\_\_\_\_
Name / Title (Printed)

Approved as to Form:

\_\_\_\_\_
643581-88

Oregon Business Registry #

\_\_\_\_\_
County Counsel Date

\_\_\_\_\_
DNP / Oregon

Entity Type / State of Formation

**EXHIBIT A**  
**PERSONAL/PROFESSIONAL SERVICES CONTRACT**

Contractor shall provide Short Term Residential Placement Services (“Work”) as detailed in **Exhibit A** and Contractor’s Proposal hereby incorporated by reference as **Exhibit D**.

Work under this contract includes providing services to people who are, as determined by and represented as such County, associated with the Clackamas County Juvenile Department (“Youth”).

The County Contract Administrator for this Contract is: Ed Jones

**3.1. PLACEMENT PROCESS**

Contractor shall accept placement of Youth referred to Contractor by CCJD (“Referred Youth”). Contractor may, at its discretion, decline to accept for placement for a Referred Youth based upon a mutually-agreed upon set of criteria. Contractor shall only accept placement of Youth according to a written process, including County staff with authority to make placement, as provided by County, and as mutually agreeable by County and Contractor.

**3.3. STATEMENT OF WORK**

Contractor shall provide Short-Term Residential Placement located in the Portland Metropolitan region for youth involved with the Clackamas County Juvenile Department. Contractor shall provide stabilization and assessment of youth, and their families, and provide recommendations relative to placement following STRP. These services will also be made available to an identified population of both eligible and ineligible Behavioral Residential Services (“BRS”) youth and undocumented youth. Contractor must provide a safe, structured and supervised environment, exercise a fair and consistent application of boundaries/limits to the youth’s conduct and behavior coupled with predictable rewards for positive behaviors and consequences for rule violations, and provide and support an environment that offers supportive and nurturing relationships as well as being culturally, gender, and sexual orientation responsive to the youth and families’ needs.

**3.3.1. OVERALL PROGRAM GOAL:** Contractor shall utilize the principals of family engagement that are aligned with the Developmental Approach<sup>1</sup> to determine the needs of, and stabilize the behaviors of moderate to severely acting out youth by providing Short-Term Residential Placement (STRP), case management, assessment, and recommendations in an out of home placement of up to ninety (90) days with the goal of family reunification and/or community re-entry Services provided to the youth and families will be voluntary and in the least restrictive level to youth referred by the Clackamas County Juvenile Department. While in STRP, additional programmatic goals include youth attending all court hearings and CCJD appointments, as well as youth not committing new crimes. Provider must demonstrate flexibility to screen youth for STRP at locations/times that are convenient for the family, (e.g. community, home, CCJD, educational institutions), thus considering barriers that may limit the opportunity for the family to be involved in the services provided to the youth and engage with the youth while the youth is in STRP.

**3.3.3. SERVICE COMPONENTS** All service components shall be compliant with current State of Oregon BRS rules and guidelines for the Assessment and Evaluation level of BRS services, relative to programming, living environment, physical care, hygiene, and educational opportunities. The Contractor must transport youth and make any and all arrangements needed to meet any medical or psychiatric

---

<sup>1</sup> *Reforming Juvenile Justice: A Development Approach*, [http://www.njjn.org/uploads/digital-library/Reforming\\_JuvJustice\\_NationalAcademySciences.pdf](http://www.njjn.org/uploads/digital-library/Reforming_JuvJustice_NationalAcademySciences.pdf)

emergency. Specific service components, along with the target populations to be served, are listed below, but not limited to, the following:

**1. STABILIZATION OF YOUTH'S BEHAVIOR**

Target population: Youth in need of out-of-home placement due to behaviors that presents risk to the community, the youth, or the youth's family. During the anticipated sixty (60) to ninety (90) day placement period, Contractor shall conduct an assessment of the youth's risk and needs, family dynamics, readiness for treatment, and appropriate community placement options.

Specific service components shall include, but not be limited to the following components, depending on individual youth needs:

- Cognitive, behavioral, and social assessment
- Mental Health coordination
- Individual and group counseling and/or skill building
- Skills training contributing to emotional and behavioral regulation
- Educational Support
- Family engagement and/or support
- Court transportation to and from
- Community inclusion
- Crisis or planned respite
- 24-7 staffing
- Interpreter services
- Written service planning, pursuant to BRS rules, at the youth's initial intake, and at forty-five (45) and ninety (90) day reviews.
- The maximum stay shall not exceed ninety (90) days, unless otherwise specified in writing by a CCJD contract administrator.

**Purpose of services:** Assess the needs of the youth and family and provide recommendations for services that contribute to the successful return of the youth to the community or other appropriate placement. Determine community supports or collaborations with community partners such as schools and treatment resources that could support youth's return home. Gather history of services or placements attempted with youth and family.

**2. ASSESSMENT OF YOUTH NEEDS FOR SUPERVISION, STRUCTURE AND TREATMENT SERVICES**

Target populations: Youth ages 12-17 in need of out-of-home placement due to behavior that presents risk to the youth, the community, or within the youth's home environment.

- Provide a written assessment of youth and family needs
- Assess/Provide or coordinate treatment services for alcohol and other drug dependence
- Assess as needed and/or provide or coordinate psychiatric consultation/evaluation
- Provide trauma informed treatment services
- Medication management
- Case management, including integration and coordination of services
- Provide a written Master Service plan within forty-five (45) days of intake
- Educational enrollment and/or vocational opportunities
- Identify a family liaison to communicate/coordinate intervention planning
- Provide recreation opportunities and access to prosocial activities
- Provide hygienic conditions

- Provide nutritious, culturally appropriate and ample meals
- Provide a de-institutionalized, homelike environment
- Provide opportunity and transportation for community service/restitution earning opportunity
- All youth will receive the service menu identified by the state of Oregon for BRS assessment and evaluation level services within required timelines
- Include parents and/or guardians in the development of the Initial and Master Service Plans, absent compelling circumstances documented and approved in advance by CCJD management

**Purpose of services:** Delivery of assessment, treatment, and rehabilitative services to youth with emotional and behavioral disorders. Services may be provided in the physical location of the placements, in an outpatient clinic setting, in the home and/or community. Focus of services is on improving family and youth functions and reducing the impact of the emotional or behavioral disorder on daily life.

Outpatient services are provided on a short-term basis to address behaviors, achieve stabilization and immediate problem resolution. Mental health evaluations will be completed as needed and billed to medical card to aid the CCJD counselor in determination of need for further out of home placement or creation of service delivery plan upon return to the family home

**3. PREPARATION OF YOUTH FOR TRANSITION TO THEIR NEXT LIVING ENVIRONMENT:**

Target population: Youth at risk of further out-of-home residential placements, detention, or youth correctional setting.

- Case Management
- Competency and interpersonal skill development
- Life skill development
- Provide an aftercare/transition plan at least 30 days prior or as close as possible to discharge
- Provide a written discharge summary within 15 business days of discharge. (Including community-based services, education and support plan)
- Family engagement focused on increasing communication and strengthening relationships that contribute to the reunification of the youth with their family
- Facilitate integration and coordination with schools and mental health services
- Assist youth in developing a plan for establishing community connections/engagement upon their return home

**Purpose of services:** Determine, establish and provide a written transition plan that addresses youth's needs and provide recommendation for the youth's return home or to a higher level of care. This plan will be developed and incorporated into the BRS required Master Service Plan and Discharge Summary at the conclusion of a youth's placement in STRP.

**4. TARGETED NEEDS WITHIN CERTAIN YOUTH POPULATIONS:**

- Recruit and train staff and/or foster homes to supervise and support youth from the target populations listed below.
- Participate in the development and implementation of safety plans as needed, specific to youth in target populations listed below.

**Target population:**

- Male, female, and non-binary youth charged with criminal allegations of sexual offense(s) who require individualized supervision plans
- Male, female, and non-binary youth charged with criminal allegations who cannot be safely maintained in their homes for a variety of reasons
- Lesbian, gay, bisexual, transgender, queer, questioning, intersex (LGBTQQI) and other sexual orientation and gender identity minority youth
- Male, female, and non-binary undocumented and/or non-BRS qualifying youth
- Male, female, and non-binary youth with specific needs, i.e. fire setting behaviors, serious emotional disturbances, and suicidal ideation.
- Male, female, and non-binary developmentally disabled youth
- Male, female, and non-binary commercially sexually exploited children

**Purpose of services:** Provide STRP to a difficult to place population of youth that need individualized supervision requirements.

**5. CAPACITY AND AVERAGE LENGTH OF STAY**

**Short Term Residential Placement:** The anticipated average daily population is 5 youth.

**3.3.4. ADDITIONAL REQUIREMENTS:**

- 1. General:** All services provided must be in compliance with BRS rules. Non-Qualifying BRS youth will qualify for a Medical Card and will receive appropriate medical and treatment services as recommended by medical professionals.
- 2. Residential Care Requirements:**
  - Residential care must be safe (i.e. contains functioning smoke detectors and fire extinguishers, have a fully stocked and available first aid kit, spills container, and written emergency evacuation procedures), be reasonably clean and meet all applicable residential care codes/regulations.
  - Contractor shall have clear, written policies and procedures concerning security and responses to violations that are in effect 24 hours, seven days per week. Youth shall be briefed on these policies and procedures at the time of orientation.
  - A bed, a clean and comfortable mattress and pillow; a storage compartment or area for storing personal belongings; linens (i.e. sheets, pillowcases, blankets, towels, washcloths); and culturally and gender specific personal hygiene products (i.e. comb, toothbrush, soap, toothpaste, toilet paper and feminine sanitary supplies), when applicable.
  - The Contractor’s private youth care facilities and foster homes are subject to the any and all current and/or future provisions of ORS Chapter 418.205-325, BRS, Title IV-E Foster Care, and Family First Act of 2018, and will be certified through the Department of Human Services (Child Adult and Families) per OAR 413-215-001 to 0131 and OAR 413-215-0301 to 0396.
  - Comply with all applicable Criminal Background Check Rules including OAR 407-007-0200 through 407-007-0380 and OAR 943-007-000 through 943-007-0501, which may be revised on occasion. Pursuant to these rules, the following individuals working under this Contract are subject to a background check through the Background Check Unit serving the Oregon Health Authority:
    - All employees of the Contractor providing care or having access to clients, client information or client funds.

- All volunteers of the Contractor providing care of having access to clients, client information, or client funds.
    - All subcontractors of the Contractor providing care or having access to clients, client information, or client funds.
  - Pursuant to this the Contractor shall provide the County a quarterly list of employees, volunteers and sub-contractors detailing status of employment, contract, and/or volunteer and status of background/fingerprint.
  - All employees, volunteers and subcontractors of the Contractor receiving background checks from OHA are required to report to the County any new arrest, convictions or investigations for child protective services within one (1) business day.
3. Culturally, gender, and sexual orientation responsive services provided shall be culturally, gender and sexual orientation competent and responsive to the youth's cultural heritage and/or identity, gender, and sexual orientation. Competence is defined as the development of behaviors, attitudes and policies that enable the contract agency to deliver service in ways that meet the diverse needs of the youth and their families. In order for the youth to understand and appreciate the desired culture/heritage, gender, and/or sexual orientation, the provider shall schedule activities on an individual or small group basis for the purpose of:
- Teaching youth constructive ways to express and appreciate their own culture/heritage, gender, and/or sexual orientation;
  - Allowing youth to identify and participate in activities that extend beyond their own immediate personal experiences;
  - Helping youth to utilize community resources to advance their cultural, gender identification, and/or sexual orientation awareness and improve their social network;
  - Helping youth to recognize the relationships between various value systems;
  - Increasing awareness and acceptance for the ethnic or cultural, gender identification, and/or sexual orientation differences of others; and
  - Having staff/foster parent available and able to communicate with the youth and family in their preferred language were applicable.
4. **Care for Undocumented Youth:** Undocumented youth will not qualify for a Medical Card, however, the following describes how this circumstance will be managed.
- a) Emergency medical care will be received at a hospital emergency room.
  - b) Routine or regular medical and dental appointments will be provided by the parent or in coordination with the Juvenile Department in advance of the STRP.
  - c) Scheduling for drug and alcohol and/or mental health assessments will be coordinated and approved in advance by the Juvenile Department and the STRP provider at the expense of the parent or Juvenile Department.
5. **Training:** All staff employed by the STRP program shall be in compliance with the BRS training requirements of an initial 28 hours of training upon initial employment relative to topics outlined in the BRS Oregon Administrative Rules (OAR) and 16 hours annually on the topics outlined in the BRS OAR. Additionally each organization is required to provide and document staff participation annually of cultural, gender identification, and/or sexual orientation training to staff/foster.
6. **Incident Reporting:** Verbally report any violation of the youth's court order within 24 hours of the incident. Written notification should be provided to CCJD within 3 business days. For incidents requiring youth to appear in court, written notification should be provided prior to 9am the following business day. Critical incidents, as defined by the BRS OAR, must be reported to



CCJD in the same timelines and same manner as required by the BRS OAR current at the time of the critical incident.

7. **Runaway Notification:** In the event a youth runs from a STRP program, staff with knowledge of the run incident will ensure that immediate notification will be made to the youth's parent, the law enforcement agency who responds to their location and to the Clackamas County Juvenile Assessment and Intake Center. To be in compliance with Title IV-E requirements relative to youth who run away from a foster care placement, this notification must be made without delay.
8. **Pursuant to Title IV-E Requirements:** CCJD will generate a Voluntary Placement Agreement with each youth placed in STRP. STRP provider shall notify the CCJD when the status of each placement changes to ensure accurate utilization dates in the Juvenile Justice Information System (JJIS). New County, State, and/or federal rules regarding Family First or other requirements may be applied to the Contract.
9. **Reporting:** CCJD will establish performance, process and outcome measures as well as data collection strategies relative to the services being provided to youth and families in order to accomplish programmatic and departmental goals listed above. Service provider shall submit specific output measures on a regular basis (monthly, quarterly, and/or semi-annually) to CCJD and will be periodically reviewed with CCJD. Output data may include dosage and frequency of intervention. In addition to any other reports that County may request, Contractor shall submit to County a Quarterly Report within thirty (30) calendar days following the end of each quarter in which Contractor provided Work. The contents and format of this report shall be determined by County, and include information to which Contract has reasonable access. Data in any and all reports requested by County shall be youth-specific. Changes to agreed-upon service or service delivery must be reviewed and approved by the CCJD.
10. **Quarterly/Semi Annual Review:** A quarterly/Semi Annual review will be conducted by CCJD supervisor(s).
11. **Quality Assurance:** Applicants should have existing processes and procedures in place for quality assurance of their program. Applicants should be equipped to accurately monitor and track reliable measures of program implementation and delivery of services. It is expected applicants will also comply with data collection and reporting requirements established by CCJD regarding a variety of quality assurance and evaluation processes. It is also the responsibility of the applicant to respond accordingly to any possible program drift or performance improvement issues identified in an effort to ensure program fidelity and performance.
12. **Quality Improvement:** Contractor shall actively participate in any and all performance and/or quality improvement initiatives undertaken by CCJD (e.g., Standardized Program Evaluation Protocol, Crossover Youth Practice Model, etc.). Contractor agrees to make any and all reasonable efforts to adapt and change services as requested by CCJD, and as a result of the findings of performance and/or quality improvement initiatives. Reasonable changes may be agreed upon in writing by Contractor's authorized representative and the County's Contract Administrator.

### 3.3.5. PAYMENTS AND INVOICES

1. **Consideration Rates:** The County agrees to pay Contractor on a Fixed Fee for Service basis at the current BRS rates. The current BRS rates are as follows:
  - a. **Short-term shelter care Full bed day:** Beginning July 1, 2019 equals \$197.65 per bed day

- b. **Short-term shelter care Partial/Absent:** Beginning July 1, 2019 equals \$98.83 per bed day.
- c. **Foster Parent Payments:** Contractor shall be solely responsible for any and all obligations owed to the foster parent(s) and shall make all payments and reimbursements required to be made to the foster parent(s) in a timely manner.

**At the time that different BRS rates than those listed above become effective during the Term of the Contract, the Consideration Rates under the Contract shall change, without notification or Contract amendment, to match the current BRS rates.**

- 2. **Contractor Billing:** Contractor shall submit an invoice for the previous month's services by the tenth (10) day of the month following the end of service using a format generated or approved by CCJD staff. If Contractor fails to present invoices in proper form within sixty (60) calendar days after the end of the month in which the services were rendered, Contractor waives any rights to present such invoice thereafter and to receive payment therefor. Payments shall be made to Contractor following the County's review and approval of invoices submitted by Contractor. Contractor shall not submit invoices for, and the County will not pay, any amount in excess of the maximum compensation amount set forth above. If this maximum compensation amount is increased by amendment of this Contract, the amendment must be fully effective before Contractor performs Work subject to the amendment. The invoice must minimally contain the following information:
  - a. State: Bill to Clackamas County Juvenile Department
  - b. Contractor's name and address
  - c. Contract number
  - d. Invoice number and date
  - e. Dates or periods of service
  - f. A brief description of goods and/or services delivered and the rates charged, i.e. # of day x bed day rate = \$X.XX  
The total invoice amount
- 3. **Payment to Contractor:** The County shall process payment net 30-days after receipt of an invoice and backup spreadsheet, provided that the work described in the invoice has been completed in accordance with the terms and conditions in the Contract. A client roster/spreadsheet must be submitted by the 5th of the month following the end of service month being invoiced. Failure to submit the roster or complete the data requirements as identified in the Contract will delay the processing of the invoice. The roster/spreadsheet must include the following:
  - a. Youth name
  - b. Start Date & Exit Date
  - c. Days in Program
  - d. Status of youth i.e. Home visit, Detention, Runaway
  - e. Total of days for all youth

**EXHIBIT B  
INSURANCE**

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

**1. Required by County of Contractor with one or more workers, as defined by ORS 656.027.**

**Contractor, its subcontractors, if any, and all employers providing work, labor, or materials under this Contract are subject employers under the Oregon Workers' Compensation Law, and shall either comply with ORS 656.017, which requires said employers to provide workers' compensation coverage that satisfies Oregon law for all their subject workers, or shall comply with the exemption set out in ORS 656.126.**

**2.  Required by County  Not required by County**

**Professional Liability** insurance with a combined single limit, or the equivalent, of not less than \$1,000,000 for each claim, incident, or occurrence, with an annual aggregate limit of \$2,000,000. This is to cover damages caused by error, omission or negligent acts related to the professional services to be provided under this Contract. The policy must provide extending reporting period coverage for claims made within two years after the contract is completed.

**3.  Required by County  Not required by County**

**General Liability** insurance with a combined single limit, or the equivalent, of not less than \$1,000,000 for each claim, incident, or occurrence, with an annual aggregate limit of \$2,000,000 for Bodily Injury and Property Damage. It shall include contractual liability coverage for the indemnity provided under this Contract.

**4.  Required by County  Not required by County**

**Automobile Liability** insurance with a combined single limit, or the equivalent, of not less than \$1,000,000 for each accident for Bodily Injury and Property Damage, including coverage for owned, hired, or non-owned vehicles, as applicable.

**5. Physical Abuse and Molestation Liability.  Required by County  Not required by County**

Physical Abuse and Molestation Liability insurance with a combined single limit of not less than \$1,000,000 each claim, incident, or occurrence, with an annual aggregate limit of \$2,000,000. Coverage shall be provided through either general liability or professional liability coverage. Proof of Sex Abuse/Molestation insurance coverage must be provided.

**6. Certificates of Insurance.** Contractor shall furnish evidence of the insurance required in this Contract. The insurance for general liability and automobile liability must include an endorsement naming the County, its officers, elected officials, agents, and employees as additional insureds with respect to the Work under this Contract. Insuring companies or entities are subject to County acceptance. If requested, complete copies of insurance policies, trust agreements, etc. shall be provided to the County. The Contractor shall be financially responsible for all pertinent deductibles, self-insured retentions and/or self-insurance.

**7. Notice of cancellation or change.** There shall be no cancellation, material change, reduction of limits or intent not to renew the insurance coverage(s) without thirty (30) days written notice from the Contractor or its insurer(s) to the County at the following address: Clackamas County Procurement Division, 2051 Kaen Road, Oregon City, OR 97045 or [procurement@clackamas.us](mailto:procurement@clackamas.us).

**EXHIBIT C**  
**CERTIFICATION STATEMENT FOR INDEPENDENT CONTRACTOR**

(Contractor completes if Contractor is not a corporation or is a Professional Corporation)

Contractor certifies he/she is independent as defined in Oregon Revised Statutes 670.600 and meets the following standards that the Contractor is:

1. Free from direction and control, beyond the right of the County to specify the desired result; **AND**
2. Are licensed if licensure is required for the services; **AND**
3. Are responsible for other licenses or certificates necessary to provide the services **AND**
4. Are customarily engaged in an “independently established business.”

To qualify under the law, an “independently established business” must meet three (3) out of the following five (5) criteria. **Check as applicable:**

- \_\_\_\_\_ A. Maintains a business location that is: (a) Separate from the business or work of the County; or (b) that is in a portion of their own residence that is used primarily for business.
- \_\_\_\_\_ B. Bears the risk of loss, shown by factors such as: (a) Entering into fixed price contracts; (b) Being required to correct defective work; (c) Warranting the services provided; or (d) Negotiating indemnification agreements or purchasing liability insurance, performance bonds, or errors and omissions insurance.
- \_\_\_\_\_ C. Provides contracted services for two or more different persons within a 12-month period, or routinely engages in business advertising, solicitation or other marketing efforts reasonably calculated to obtain new contracts to provide similar services.
- \_\_\_\_\_ D. Makes significant investment in the business through means such as: (a) Purchasing tools or equipment necessary to provide the services; (b) Paying for the premises or facilities where the services are provided; or (c) Paying for licenses, certificates or specialized training required to provide the services.
- \_\_\_\_\_ E. Has the authority to hire and fire other persons to provide assistance in performing the services.

Additional provisions:

1. A person who files tax returns with a Schedule F and also performs agricultural services reportable on a Schedule C is not required to meet the independently established business requirements.
2. Establishing a business entity such as a corporation or limited liability company, does not, by itself, establish that the individual providing services will be considered an independent contractor.

Contractor Signature \_\_\_\_\_ Date \_\_\_\_\_

**EXHIBIT D**  
**CONTRACTOR'S PROPOSAL**



CHRISTINA MCMAHAN  
DIRECTOR

JUVENILE DEPARTMENT

JUVENILE INTAKE AND ASSESSMENT CENTER  
2121 KAEN ROAD | OREGON CITY, OR 97045

**Approval of Personal Services Contract With The Boys and Girls Aid Society of Oregon to provide Short Term Residential Placement Services**

<b>Purpose/ Outcomes</b>	Approval of contract for Short-Term Residential Placements. Outcomes include determining youth needs, stabilizing behaviors, family reunification and/or community re-entry, attending court, and not committing new crimes.
<b>Dollar Amount and Fiscal Impact</b>	Total contract value is not to exceed \$2,750,000 from contract begin date through the June 30, 2025 expiration date. Payments are made on a fee-for-service basis so annual amounts will vary.
<b>Funding Source</b>	260-7707-00-431590
<b>Duration</b>	Effective upon execution through June 30, 2025
<b>Previous Board Action</b>	N/A, Program is replacing expired Shelter Bed Contracts.
<b>Strategic Plan Alignment</b>	1. Provide interventions, compliance monitoring, and restorative services to youth so they can be accountable to victims and the community to repair the harm they have caused. 2. Ensure safe, healthy and secure communities.
<b>Counsel Review</b>	Approved as to Form on June 18, 2019
<b>Contact Person</b>	Ed Jones, EJones@clackamas.us, 503-650-3169

**BACKGROUND:**

The mission of the Clackamas County Juvenile Department is to provide prevention, intervention and juvenile justice services to youth and families so they can experience positive change, repair harm to victims, and become contributing members of our community. We support a system of care that addresses a youth's risk factors and supports success for that youth by identifying and building upon their strengths, competencies, and natural supports. The Short Term Residential Placement program improves upon the previous Shelter Beds program in helping fulfil this mission and achieve better outcomes for the youth, families and communities it serves.

On March 19, 2019, a Request for Proposals #2019-22 for Juvenile Department Short Term Residential Placements was posted to ORPIN. The County received responses from Maple Star, Inc., the Boys and Girls Aid Society of Oregon, Connections 365, and Parrot Creek Child and Family Services. An evaluation committee of qualified staff and community partners evaluated the proposals per the stated criteria and recommended Maple Star, Inc. and The Boys and Girls Aid Society of Oregon for a contract award. The Department concurred with the committee's recommendation and notice of intent to

award was issued according to applicable rules and law. The County received no protests, and proceeded to develop and circulate the contracts. Staff is requesting approval of the Contract with Maple Star, Inc. on a separate memo.

County Counsel has reviewed this contract.

**RECOMMENDATION:**

Staff recommends the Board of County Commissioners approve the attached contract with The Boys and Girls Aid Society of Oregon.

Respectfully submitted,

Christina McMahan, Director

Placed on the Agenda of \_\_\_\_\_ by the Procurement Division



**CLACKAMAS COUNTY  
PERSONAL/PROFESSIONAL SERVICES CONTRACT  
Contract # 1534**

This Personal/Professional Services Contract (this “Contract”) is entered into between **The Boys and Girls Aid Society of Oregon** (“Contractor”), and Clackamas County, a political subdivision of the State of Oregon (“County”, “CCJD”, STRP provider, service provider, or like terms) on behalf of its Juvenile Department.

**ARTICLE I.**

**1. Effective Date and Duration.** This Contract shall become effective upon signature of both parties. Unless earlier terminated or extended, this Contract shall expire on **June 30, 2025**. However, such expiration shall not extinguish or prejudice the County’s right to enforce this Contract with respect to: (a) any breach of a Contractor warranty; or (b) any default or defect in Contractor performance that has not been cured.

**2. Scope of Work.** Contractor will provide the following personal/professional services: (“Work”), further described in **Exhibit A**.

**3. Consideration.** The County agrees to pay Contractor, from available and authorized funds, a sum not to exceed **two million seven-hundred fifty thousand dollars (\$2,750,000)**, for accomplishing the Work required by this Contract. If any interim payments to Contractor are made, such payments shall be made only in accordance with the schedule and requirements in Exhibit A and are contingent upon annual appropriation pursuant to Article II, Section 2 of this Contract.

**4. Travel and Other Expense.** Authorized:  Yes  No  
If travel expense reimbursement is authorized in this Contract, such expense shall only be reimbursed at the rates in the County Contractor Travel Reimbursement Policy, hereby incorporated by reference and found at: <https://clackamas.us/finance/terms.html>. Travel expense reimbursement is not in excess of the net to exceed consideration.

**5. Contract Documents.** This Contract consists of the following documents which are listed in descending order of precedence and are attached and incorporated by reference, this Contract, Exhibits A, B, C, and D.

**6. Contractor Data.**

**Address:** 9320 SW Barbur Boulevard Suite 200, Portland, OR 97219

**Contractor Contract Administrator:** Vera Stoullil

**Phone No.:** 503-542-2309

**Email:** [vtoullil@boysandgirlsaid.org](mailto:vtoullil@boysandgirlsaid.org)

**MWESB Certification:**  DBE #  MBE #  WBE #  ESB #

Payment information will be reported to the Internal Revenue Service (“IRS”) under the name and taxpayer ID number submitted. (See I.R.S. 1099 for additional instructions regarding taxpayer ID numbers.) Information not matching IRS records could subject Contractor to backup withholding.



**ARTICLE II.**

- 1. ACCESS TO RECORDS.** Contractor shall maintain books, records, documents, and other evidence and accounting procedures and practices sufficient to reflect properly all costs of whatever nature claimed to have been incurred and anticipated to be incurred in the performance of this Contract. County and their duly authorized representatives shall have access to the books, documents, papers, and records of Contractor which are directly pertinent to this Contract for the purpose of making audit, examination, excerpts, and transcripts. Such books and records shall be maintained by Contractor for a minimum of three (3) years, or such longer period as may be required by applicable law, following final payment and termination of this Contract, or until the conclusion of any audit, controversy or litigation arising out of or related to this Contract, whichever date is later.
- 2. AVAILABILITY OF FUNDS.** County certifies that sufficient funds are available and authorized for expenditures to finance costs of this Contract within its current annual appropriation or expenditure limitation for fiscal year 2020. However, continuation of this Contract, or any extension, after the end of the fiscal period in which it is written, or in an amount greater than the amount appropriated for fiscal year 2020, is contingent on a new appropriation sufficient in amount, in the exercise of the County's reasonable administrative discretion, to continue to make payments under this Contract.
- 3. CAPTIONS.** The captions or headings in this Contract are for convenience only and in no way define, limit, or describe the scope or intent of any provisions of this Contract.
- 4. COMPLIANCE WITH APPLICABLE LAW.** Contractor shall comply with all federal, state, county, and local laws, ordinances, and regulations applicable to the Work to be done under this Contract. Contractor specifically agrees to comply with all applicable requirements of federal and state civil rights and rehabilitation statutes, rules, and regulations. Contractor shall also comply with the Americans with Disabilities Act of 1990 (Pub. L. No. 101-336), Title VI of the Civil Rights Act of 1964, Section V of the Rehabilitation Act of 1973, ORS 659A.142, and all regulations and administrative rules established pursuant to those laws. Contractor further agrees to make payments promptly when due, to all persons supplying to such Contractor, labor or materials for the prosecution of the Work provided in this Contract; pay all contributions or amounts due the Industrial Accident Funds from such Contractor responsibilities incurred in the performance of this Contract; not permit any lien or claim to be filed or prosecuted against the County on account of any labor or material furnished; pay to the Department of Revenue all sums withheld from employees pursuant to ORS 316.167. If Contractor fails or refuses to make any such payments required herein, the appropriate County official may pay such claim. Any payment of a claim in the manner authorized in this section shall not relieve the Contractor or Contractor's surety from obligation with respect to unpaid claims. Contractor shall promptly pay any person or entity that furnishes medical care to Contractor's employees those sums which Contractor agreed to pay for such services and all money Contractor collected or deducted from employee's wages to provide such services.
- 5. EXECUTION AND COUNTERPARTS.** This Contract may be executed in several counterparts, each of which shall be an original, all of which shall constitute but one and the same instrument.
- 6. GOVERNING LAW.** This Contract shall be governed and construed in accordance with the laws of the State of Oregon without regard to principles of conflicts of law. Any claim, action, or suit between County and Contractor that arises out of or relates to the performance of this Contract shall be brought and conducted solely and exclusively within the Circuit Court for Clackamas County, for the State of Oregon. Provided, however, that if any such claim, action, or

suit may be brought in a federal forum, it shall be brought and conducted solely and exclusively within the United States District Court for the District of Oregon.

- 7. HAZARD COMMUNICATION.** Contractor shall notify County prior to using products containing hazardous chemicals to which County employees may be exposed. Products containing hazardous chemicals are those products defined by Oregon Administrative Rules, Chapter 437. Upon County's request, Contractor shall immediately provide Material Safety Data Sheets for the products subject to this provision.
- 8. INDEMNITY, RESPONSIBILITY FOR DAMAGES.** Contractor shall be responsible for all damage to property, injury to persons, and loss, expense, inconvenience, and delay which may be caused by, or result from, the conduct of Work, or from any act, omission, or neglect of Contractor, its subcontractors, agents, or employees. The Contractor agrees to indemnify, hold harmless and defend the County, and its officers, elected officials, agents and employees from and against all claims and actions, and all expenses incidental to the investigation and defense thereof, arising out of or based upon damage or injuries to persons or property caused by the errors, omissions, fault or negligence of the Contractor or the Contractor's employees, subcontractors, or agents.
- 9. INDEPENDENT CONTRACTOR STATUS.** The service(s) to be rendered under this Contract are those of an independent contractor. Although the County reserves the right to determine (and modify) the delivery schedule for the Work to be performed and to evaluate the quality of the completed performance, County cannot and will not control the means or manner of Contractor's performance. Contractor is responsible for determining the appropriate means and manner of performing the Work. Contractor is not to be considered an agent or employee of County for any purpose, including, but not limited to: (A) The Contractor will be solely responsible for payment of any Federal or State taxes required as a result of this Contract; (B) This Contract is not intended to entitle the Contractor to any benefits generally granted to County employees, including, but not limited to, vacation, holiday and sick leave, other leaves with pay, tenure, medical and dental coverage, life and disability insurance, overtime, Social Security, Workers' Compensation, unemployment compensation, or retirement benefits; and (C) If the Contractor has the assistance of other persons in the performance of this Contract, and the Contractor is a subject employer, the Contractor shall qualify and remain qualified for the term of this Contract as an insured employer under ORS Chapter 656. (Also see Exhibit C)
- 10. INSURANCE.** Contractor shall provide insurance as indicated on **Exhibit B**, attached hereto and by this reference made a part hereof. Insurance policies, which cannot be excess to a self-insurance program, are to be issued by an insurance company authorized to do business in the State of Oregon.
- 11. LIMITATION OF LIABILITIES.** Except for liability arising under or related to Section 14 or 21(B), neither party shall be liable for (i) any indirect, incidental, consequential or special damages under this Contract or (ii) any damages of any sort arising solely from the termination of this Contract in accordance with its terms. This Contract is expressly subject to the debt limitation of Oregon counties set forth in Article XI, Section 10, of the Oregon Constitution, and is contingent upon funds being appropriated therefore. Any provisions herein which would conflict with law are deemed inoperative to that extent.
- 12. NOTICES.** Except as otherwise expressly provided in this Contract, any communications between the parties hereto or notices to be given hereunder shall be given in writing by personal delivery, email, or mailing the same, postage prepaid, to the County at: Clackamas County Procurement, 2051 Kaen Road, Oregon City, OR 97045, or [procurement@clackamas.us](mailto:procurement@clackamas.us), or to Contractor at the address or number set forth in Section 1 of this Contract, or to such other

addresses or numbers as either party may hereafter indicate. Any communication or notice so addressed and mailed shall be deemed to be given five (5) days after mailing. Any communication or notice by personal delivery shall be deemed to be given when actually delivered.

- 13. OWNERSHIP OF WORK PRODUCT.** All work product of Contractor that results from this Contract (the “Work Product”) is the exclusive property of County. County and Contractor intend that such Work Product be deemed “work made for hire” of which County shall be deemed the author. If for any reason the Work Product is not deemed “work made for hire,” Contractor hereby irrevocably assigns to County all of its right, title, and interest in and to any and all of the Work Product, whether arising from copyright, patent, trademark or trade secret, or any other state or federal intellectual property law or doctrine. Contractor shall execute such further documents and instruments as County may reasonably request in order to fully vest such rights in County. Contractor forever waives any and all rights relating to the Work Product, including without limitation, any and all rights arising under 17 USC § 106A or any other rights of identification of authorship or rights of approval, restriction or limitation on use or subsequent modifications.
- 14. REPRESENTATIONS AND WARRANTIES.** Contractor represents and warrants to County that (A) Contractor has the power and authority to enter into and perform this Contract; (B) this Contract, when executed and delivered, shall be a valid and binding obligation of Contractor enforceable in accordance with its terms; (C) the Work under this Contract shall be performed in a good and workmanlike manner and in accordance with the highest professional standards; and (D) Contractor shall at all times during the term of this Contract, be qualified, professionally competent, and duly licensed to perform the Work. The warranties set forth in this section are in addition to, and not in lieu of, any other warranties provided.
- 15. SURVIVAL.** All rights and obligations shall cease upon termination or expiration of this Contract, except for the rights and obligations set forth in Article II, Paragraphs 1, 6, 8, 11, 13, 14, 15, and 21.
- 16. SEVERABILITY.** If any term or provision of this Contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the Contract did not contain the particular term or provision held to be invalid.
- 17. SUBCONTRACTS AND ASSIGNMENTS.** Contractor shall not enter into any subcontracts for any of the Work required by this Contract, or assign or transfer any of its interest in this Contract by operation of law or otherwise, without obtaining prior written approval from the County. In addition to any provisions the County may require, Contractor shall include in any permitted subcontract under this Contract a requirement that the subcontractor be bound by this Article II, Paragraphs 1, 8, 13, 15, and 27 as if the subcontractor were the Contractor. County’s consent to any subcontract shall not relieve Contractor of any of its duties or obligations under this Contract.
- 18. SUCCESSORS IN INTEREST.** The provisions of this Contract shall be binding upon and shall inure to the benefit of the parties hereto, and their respective authorized successors and assigns.
- 19. TAX COMPLIANCE CERTIFICATION.** Contractor must, throughout the duration of this Contract and any extensions, comply with all tax laws of this state and all applicable tax laws of any political subdivision of this state. Any violation of this section shall constitute a material breach of this Contract. Further, any violation of Contractor’s warranty in this Contract that Contractor has complied with the tax laws of this state and the applicable tax laws of any political subdivision of this state also shall constitute a material breach of this Contract. Any violation shall entitle County

to terminate this Contract, to pursue and recover any and all damages that arise from the breach and the termination of this Contract, and to pursue any or all of the remedies available under this Contract, at law, or in equity, including but not limited to: (A) Termination of this Contract, in whole or in part; (B) Exercise of the right of setoff, and withholding of amounts otherwise due and owing to Contractor, in an amount equal to County's setoff right, without penalty; and (C) Initiation of an action or proceeding for damages, specific performance, declaratory or injunctive relief. County shall be entitled to recover any and all damages suffered as the result of Contractor's breach of this Contract, including but not limited to direct, indirect, incidental and consequential damages, costs of cure, and costs incurred in securing replacement performance. These remedies are cumulative to the extent the remedies are not inconsistent, and County may pursue any remedy or remedies singly, collectively, successively, or in any order whatsoever.

The Contractor represents and warrants that, for a period of no fewer than six calendar years preceding the effective date of this Contract, Contractor has faithfully complied with: (A) All tax laws of this state, including but not limited to ORS 305.620 and ORS Chapters 316, 317, and 318; (B) Any tax provisions imposed by a political subdivision of this state that applied to Contractor, to Contractor's property, operations, receipts, or income, or to Contractor's performance of or compensation for any Work performed by Contractor; (C) Any tax provisions imposed by a political subdivision of this state that applied to Contractor, or to goods, services, or property, whether tangible or intangible, provided by Contractor; and (D) Any rules, regulations, charter provisions, or ordinances that implemented or enforced any of the foregoing tax laws or provisions.

**20. TERMINATIONS.** This Contract may be terminated for the following reasons: (A) This Contract may be terminated at any time by mutual consent of the parties, or by the County for convenience upon thirty (30) days' written notice to the Contractor; (B) County may terminate this Contract effective upon delivery of notice to Contractor, or at such later date as may be established by the County, if (i) federal or state laws, rules, regulations, or guidelines are modified, changed, or interpreted in such a way that either the Work under this Contract is prohibited or the County is prohibited from paying for such Work from the planned funding source; or (ii) any license or certificate required by law or regulation to be held by the Contractor to provide the services required by this Contract is for any reason denied, revoked, or not renewed; (C) This Contract may also be immediately terminated by the County for default (including breach of Contract) if (i) Contractor fails to provide services or materials called for by this Contract within the time specified herein or any extension thereof; or (ii) Contractor fails to perform any of the other provisions of this Contract or so fails to pursue the Work as to endanger performance of this Contract in accordance with its terms, and after receipt of notice from the County, fails to correct such failure within ten (10) business days; or (D) If sufficient funds are not provided in future approved budgets of the County (or from applicable federal, state, or other sources) to permit the County in the exercise of its reasonable administrative discretion to continue this Contract, or if the program for which this Contract was executed is abolished, County may terminate this Contract without further liability by giving Contractor not less than thirty (30) days' notice.

**21. REMEDIES.** (A) In the event of termination pursuant to Article II Section 20(A), (B)(i), or (D), Contractor's sole remedy shall be a claim for the sum designated for accomplishing the Work multiplied by the percentage of Work completed and accepted by the County, less previous amounts paid and any claim(s) which the County has against Contractor. If previous amounts paid to Contractor exceed the amount due to Contractor under Section 21(A), Contractor shall pay any excess to County on demand. (B) In the event of termination pursuant to Sections 20(B)(ii) or 20(C), the County shall have any remedy available to it in law or equity. If it is determined for any reason that Contractor was not in default under Sections 20(B)(ii) or 20(C), the rights and obligations of the parties shall be the same as if the Contract was terminated

pursuant to Section 20(A). (C) Upon receiving a notice of termination of this Contract, Contractor shall immediately cease all activities under this Contract, unless County expressly directs otherwise in such notice of termination. Upon termination of this Contract, Contractor shall deliver to County all documents, information, works-in-progress and other property that are or would be deliverables had the Contract Work been completed. Upon County's request, Contractor shall surrender to anyone County designates, all documents, research, objects or other tangible things needed to complete the Work.

- 22. NO THIRD PARTY BENEFICIARIES.** County and Contractor are the only parties to this Contract and are the only parties entitled to enforce its terms. Nothing in this Contract gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly or otherwise, to third persons unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of the terms of this Contract.
- 23. TIME IS OF THE ESSENCE.** Contractor agrees that time is of the essence in the performance this Contract.
- 24. FOREIGN CONTRACTOR.** If the Contractor is not domiciled in or registered to do business in the State of Oregon, Contractor shall promptly provide to the Oregon Department of Revenue and the Secretary of State, Corporate Division, all information required by those agencies relative to this Contract. The Contractor shall demonstrate its legal capacity to perform these services in the State of Oregon prior to entering into this Contract.
- 25. FORCE MAJEURE.** Neither County nor Contractor shall be held responsible for delay or default caused by fire, terrorism, riot, acts of God, or war where such cause was beyond, respectively, County's or Contractor's reasonable control. Contractor shall, however, make all reasonable efforts to remove or eliminate such a cause of delay or default and shall upon the cessation of the cause, diligently pursue performance of its obligations under this Contract.
- 26. WAIVER.** The failure of County to enforce any provision of this Contract shall not constitute a waiver by County of that or any other provision.
- 27. COMPLIANCE.** Pursuant to the requirements of ORS 279B.020 and 279B.220 through 279B.235 and Article XI, Section 10, of the Oregon Constitution, the following terms and conditions are made a part of this Contract:
- (A) Contractor shall: (i) Make payments promptly, as due, to all persons supplying to the Contractor labor or materials for the prosecution of the Work provided for in this Contract; (ii) Pay all contributions or amounts due the Industrial Accident Fund from such Contractor or subcontractor incurred in the performance of this Contract; (iii) Not permit any lien or claim to be filed or prosecuted against the County on account of any labor or material furnished.
- (B) If the Contractor fails, neglects or refuses to make prompt payment of any claim for labor or services furnished to the Contractor or a subcontractor by any person in connection with this Contract as such claim becomes due, the proper officer representing the County may pay such claim to the person furnishing the labor or services and charge the amount of the payment against funds due or to become due to the Contractor by reason of this Contract.
- (C) The Contractor shall pay employees for Work in accordance with ORS 279B.020 and ORS 279B.235, which is incorporated herein by this reference. All subject employers working under the contract are either employers that will comply with ORS 656.017 or employers that are exempt under ORS 656.126. The Contractor shall comply with the prohibitions set forth in ORS 652.220, compliance of which is a material element of this Contract and failure to comply is a material breach that entitles County to exercise any rights and remedies available under this Contract including, but not limited to, termination for default.

(D) The Contractor shall promptly, as due, make payment to any person or co-partnership, association or corporation furnishing medical, surgical and hospital care, or other needed care and attention incident to sickness and injury to the employees of the Contractor, of all sums which the Contractor agrees to pay for such services and all moneys and sums which the Contractor collected or deducted from the wages of the Contractor's employees pursuant to any law, contract or agreement for the purpose of providing or paying for such services.

**28. CONFIDENTIALITY.** Contractor acknowledges that it and its employees and agents may, in the course of performing their obligations under this Contract, be exposed to or acquire information that the County desires or is required to maintain as confidential. Any and all information of any form obtained by Contractor or its employees or agents in the performance of this Contract, including but not limited to Personal Information (as "Personal Information" is defined in ORS 646A.602(11), shall be deemed to be confidential information of the County ("Confidential Information"). Any reports or other documents or items (including software) which result from the use of the Confidential Information by Contractor shall be treated with respect to confidentiality in the same manner as the Confidential Information.

Contractor agrees to hold Confidential Information in strict confidence, using at least the same degree of care that Contractor uses in maintaining the confidentiality of its own confidential information, and not to copy, reproduce, sell, assign, license, market, transfer or otherwise dispose of, give or disclose Confidential Information to third parties or use Confidential Information for any purposes whatsoever (other than in the performance of this Contract), and to advise each of its employees and agents of their obligations to keep Confidential Information confidential.

Contractor agrees that, except as directed by the County, Contractor will not at any time during or after the term of this Contract, disclose, directly or indirectly, any Confidential Information to any person, and that upon termination or expiration of this Contract or the County's request, Contractor will turn over to the County all documents, papers, records and other materials in Contractor's possession which embody Confidential Information. Contractor acknowledges that breach of this Contract, including disclosure of any Confidential Information, or disclosure of other information that, at law or in good conscience or equity, ought to remain confidential, will give rise to irreparable injury to the County that cannot adequately be compensated in damages. Accordingly, the County may seek and obtain injunctive relief against the breach or threatened breach of the foregoing undertakings, in addition to any other legal remedies that may be available. Contractor acknowledges and agrees that the covenants contained herein are necessary for the protection of the legitimate business interests of the County and are reasonable in scope and content.

Contractor agrees to comply with all reasonable requests by the County to ensure the confidentiality and nondisclosure of the Confidential Information, including if requested and without limitation: (a) obtaining nondisclosure agreements, in a form approved by the County, from each of Contractor's employees and agents who are performing services, and providing copies of such agreements to the County; and (b) performing criminal background checks on each of Contractor's employees and agents who are performing services, and providing a copy of the results to the County.

Contractor shall report, either orally or in writing, to the County any use or disclosure of Confidential Information not authorized by this Contract or in writing by the County, including any reasonable belief that an unauthorized individual has accessed Confidential Information. Contractor shall make the report to the County immediately upon discovery of the unauthorized disclosure, but in no event more than two (2) business days after Contractor reasonably believes there has been such unauthorized use or disclosure. Contractor's report shall identify: (i) the

nature of the unauthorized use or disclosure, (ii) the Confidential Information used or disclosed, (iii) who made the unauthorized use or received the unauthorized disclosure, (iv) what Contractor has done or shall do to mitigate any deleterious effect of the unauthorized use or disclosure, and (v) what corrective action Contractor has taken or shall take to prevent future similar unauthorized use or disclosure. Contractor shall provide such other information, including a written report, as reasonably requested by the County.

Notwithstanding any other provision in this Contract, Contractor will be responsible for all damages, fines, and corrective actions (including credit monitoring and identity restoration services) arising from disclosure of such Confidential Information caused by a data breach or a breach of Contractor's confidentiality obligations hereunder.

The provisions in this Section shall operate in addition to, and not as limitation of, the confidentiality and similar requirements set forth in the rest of the Contract, as it may otherwise be amended. Contractor's obligations under this Contract shall survive the expiration or termination of the Contract, as amended, and shall be perpetual.

- 29. CRIMINAL BACKGROUND CHECK REQUIREMENTS.** Contractor shall be required to have criminal background checks (and in certain instances fingerprint background checks) performed on all employees, agents, or subcontractors that perform services under this Contract including Section 3.3.4 Additional Requirements. Only those employees, agents, or subcontractors that have met the acceptability standards of the County may perform services under this Contract or be given access to Personal Information, Confidential Information or access to County facilities.
- 30. KEY PERSONS.** Contractor acknowledges and agrees that a significant reason the County is entering into this Contract is because of the special qualifications of certain Key Persons set forth in the contract. Under this Contract, the County is engaging the expertise, experience, judgment, and personal attention of such Key Persons. Neither Contractor nor any of the Key Persons shall delegate performance of the management powers and responsibilities each such Key Person is required to provide under this Contract to any other employee or agent of the Contractor unless the County provides prior written consent to such delegation. Contractor shall not reassign or transfer a Key Person to other duties or positions such that the Key Person is no longer available to provide the County with such Key Person's services unless the County provides prior written consent to such reassignment or transfer
- 31. MERGER. THIS CONTRACT CONSTITUTES THE ENTIRE AGREEMENT BETWEEN THE PARTIES WITH RESPECT TO THE SUBJECT MATTER REFERENCED THEREIN. THERE ARE NO UNDERSTANDINGS, AGREEMENTS, OR REPRESENTATIONS, ORAL OR WRITTEN, NOT SPECIFIED HEREIN REGARDING THIS CONTRACT. NO AMENDMENT, CONSENT, OR WAIVER OF TERMS OF THIS CONTRACT SHALL BIND EITHER PARTY UNLESS IN WRITING AND SIGNED BY ALL PARTIES. ANY SUCH AMENDMENT, CONSENT, OR WAIVER SHALL BE EFFECTIVE ONLY IN THE SPECIFIC INSTANCE AND FOR THE SPECIFIC PURPOSE GIVEN. CONTRACTOR, BY THE SIGNATURE HERETO OF ITS AUTHORIZED REPRESENTATIVE, IS AN INDEPENDENT CONTRACTOR, ACKNOWLEDGES HAVING READ AND UNDERSTOOD THIS CONTRACT, AND CONTRACTOR AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.**

By their signatures below, the parties to this Contract agree to the terms, conditions, and content expressed herein.

The Boys and Girls Aid Society of Oregon

Clackamas County Board of Commissioners

Vera Stoull

\_\_\_\_\_

Authorized Signature Date

Chair Date

Vera Stoull / COO

Approved as to Form:

000535-12  
Oregon Business Registry #

lsj 06/19/2019

DNP / Oregon  
Entity Type / State of Formation

County Counsel Date

\_\_\_\_\_  
Recording Secretary



**EXHIBIT A**  
**PERSONAL/PROFESSIONAL SERVICES CONTRACT**

Contractor shall provide Short Term Residential Placement Services (“Work”) as detailed in **Exhibit A**, and Contractor’s Proposal hereby incorporated by reference as **Exhibit D**.

Work under this contract includes providing services to people who are, as determined by and represented as such County, associated with the Clackamas County Juvenile Department (“Youth”).

The County Contract Administrator for this Contract is: Ed Jones

**3.1. PLACEMENT PROCESS**

Contractor shall accept placement of Youth referred to Contractor by CCJD (“Referred Youth”). Contractor may, at its discretion, decline to accept for placement for a Referred Youth based upon a mutually-agreed upon set of criteria. Contractor shall only accept placement of Youth according to a written process, including County staff with authority to make placement, as provided by County, and as mutually agreeable by County and Contractor.

**3.3. STATEMENT OF WORK**

Contractor shall provide Short-Term Residential Placement located in the Portland Metropolitan region for youth involved with the Clackamas County Juvenile Department. Contractor shall provide stabilization and assessment of youth, and their families, and provide recommendations relative to placement following STRP. These services will also be made available to an identified population of both eligible and ineligible Behavioral Residential Services (“BRS”) youth and undocumented youth. Contractor must provide a safe, structured and supervised environment, exercise a fair and consistent application of boundaries/limits to the youth’s conduct and behavior coupled with predictable rewards for positive behaviors and consequences for rule violations, and provide and support an environment that offers supportive and nurturing relationships as well as being culturally, gender, and sexual orientation responsive to the youth and families’ needs.

**3.3.1. OVERALL PROGRAM GOAL:** Contractor shall utilize the principals of family engagement that are aligned with the Developmental Approach<sup>1</sup> to determine the needs of, and stabilize the behaviors of moderate to severely acting out youth by providing Short-Term Residential Placement (STRP), case management, assessment, and recommendations in an out of home placement of up to ninety (90) days with the goal of family reunification and/or community re-entry Services provided to the youth and families will be voluntary and in the least restrictive level to youth referred by the Clackamas County Juvenile Department. While in STRP, additional programmatic goals include youth attending all court hearings and CCJD appointments, as well as youth not committing new crimes. Provider must demonstrate flexibility to screen youth for STRP at locations/times that are convenient for the family, (e.g. community, home, CCJD, educational institutions), thus considering barriers that may limit the opportunity for the family to be involved in the services provided to the youth and engage with the youth while the youth is in STRP.

**3.3.3. SERVICE COMPONENTS** All service components shall be compliant with current State of Oregon BRS rules and guidelines for the Assessment and Evaluation level of BRS services, relative to programming, living environment, physical care, hygiene, and educational opportunities. The Contractor

---

<sup>1</sup> *Reforming Juvenile Justice: A Development Approach*, [http://www.njjn.org/uploads/digital-library/Reforming\\_JuvJustice\\_NationalAcademySciences.pdf](http://www.njjn.org/uploads/digital-library/Reforming_JuvJustice_NationalAcademySciences.pdf)

must transport youth and make any and all arrangements needed to meet any medical or psychiatric emergency. Specific service components, along with the target populations to be served, are listed below, but not limited to, the following:

**1. STABILIZATION OF YOUTH'S BEHAVIOR**

Target population: Youth in need of out-of-home placement due to behaviors that presents risk to the community, the youth, or the youth's family. During the anticipated sixty (60) to ninety (90) day placement period, Contractor shall conduct an assessment of the youth's risk and needs, family dynamics, readiness for treatment, and appropriate community placement options.

Specific service components shall include, but not be limited to the following components, depending on individual youth needs:

- Cognitive, behavioral, and social assessment
- Mental Health coordination
- Individual and group counseling and/or skill building
- Skills training contributing to emotional and behavioral regulation
- Educational Support
- Family engagement and/or support
- Court transportation to and from
- Community inclusion
- Crisis or planned respite
- 24-7 staffing
- Interpreter services
- Written service planning, pursuant to BRS rules, at the youth's initial intake, and at forty-five (45) and ninety (90) day reviews.
- The maximum stay shall not exceed ninety (90) days, unless otherwise specified in writing by a CCJD contract administrator.

**Purpose of services:** Assess the needs of the youth and family and provide recommendations for services that contribute to the successful return of the youth to the community or other appropriate placement. Determine community supports or collaborations with community partners such as schools and treatment resources that could support youth's return home. Gather history of services or placements attempted with youth and family.

**2. ASSESSMENT OF YOUTH NEEDS FOR SUPERVISION, STRUCTURE AND TREATMENT SERVICES**

Target populations: Youth ages 12-17 in need of out-of-home placement due to behavior that presents risk to the youth, the community, or within the youth's home environment.

- Provide a written assessment of youth and family needs
- Assess/Provide or coordinate treatment services for alcohol and other drug dependence
- Assess as needed and/or provide or coordinate psychiatric consultation/evaluation
- Provide trauma informed treatment services
- Medication management
- Case management, including integration and coordination of services
- Provide a written Master Service plan within forty-five (45) days of intake
- Educational enrollment and/or vocational opportunities
- Identify a family liaison to communicate/coordinate intervention planning
- Provide recreation opportunities and access to prosocial activities

- Provide hygienic conditions
- Provide nutritious, culturally appropriate and ample meals
- Provide a de-institutionalized, homelike environment
- Provide opportunity and transportation for community service/restitution earning opportunity
- All youth will receive the service menu identified by the state of Oregon for BRS assessment and evaluation level services within required timelines
- Include parents and/or guardians in the development of the Initial and Master Service Plans, absent compelling circumstances documented and approved in advance by CCJD management

**Purpose of services:** Delivery of assessment, treatment, and rehabilitative services to youth with emotional and behavioral disorders. Services may be provided in the physical location of the placements, in an outpatient clinic setting, in the home and/or community. Focus of services is on improving family and youth functions and reducing the impact of the emotional or behavioral disorder on daily life.

Outpatient services are provided on a short-term basis to address behaviors, achieve stabilization and immediate problem resolution. Mental health evaluations will be completed as needed and billed to medical card to aid the CCJD counselor in determination of need for further out of home placement or creation of service delivery plan upon return to the family home

### **3. PREPARATION OF YOUTH FOR TRANSITION TO THEIR NEXT LIVING ENVIRONMENT:**

Target population: Youth at risk of further out-of-home residential placements, detention, or youth correctional setting.

- Case Management
- Competency and interpersonal skill development
- Life skill development
- Provide an aftercare/transition plan at least 30 days prior or as close as possible to discharge
- Provide a written discharge summary within 15 business days of discharge. (Including community-based services, education and support plan)
- Family engagement focused on increasing communication and strengthening relationships that contribute to the reunification of the youth with their family
- Facilitate integration and coordination with schools and mental health services
- Assist youth in developing a plan for establishing community connections/engagement upon their return home

**Purpose of services:** Determine, establish and provide a written transition plan that addresses youth's needs and provide recommendation for the youth's return home or to a higher level of care. This plan will be developed and incorporated into the BRS required Master Service Plan and Discharge Summary at the conclusion of a youth's placement in STRP.

### **4. TARGETED NEEDS WITHIN CERTAIN YOUTH POPULATIONS:**

- Recruit and train staff and/or foster homes to supervise and support youth from the target populations listed below.
- Participate in the development and implementation of safety plans as needed, specific to youth in target populations listed below.

**Target population:**

- Male, female, and non-binary youth charged with criminal allegations of sexual offense(s) who require individualized supervision plans
- Male, female, and non-binary youth charged with criminal allegations who cannot be safely maintained in their homes for a variety of reasons
- Lesbian, gay, bisexual, transgender, queer, questioning, intersex (LGBTQQI) and other sexual orientation and gender identity minority youth
- Male, female, and non-binary undocumented and/or non-BRS qualifying youth
- Male, female, and non-binary youth with specific needs, i.e. fire setting behaviors, serious emotional disturbances, and suicidal ideation.
- Male, female, and non-binary developmentally disabled youth
- Male, female, and non-binary commercially sexually exploited children

**Purpose of services:** Provide STRP to a difficult to place population of youth that need individualized supervision requirements.

**5. CAPACITY AND AVERAGE LENGTH OF STAY**

**Short Term Residential Placement:** The anticipated average daily population is 5 youth.

**3.3.4. ADDITIONAL REQUIREMENTS:**

- 1. General:** All services provided must be in compliance with BRS rules. Non-Qualifying BRS youth will qualify for a Medical Card and will receive appropriate medical and treatment services as recommended by medical professionals.
- 2. Residential Care Requirements:**
  - Residential care must be safe (i.e. contains functioning smoke detectors and fire extinguishers, have a fully stocked and available first aid kit, spills container, and written emergency evacuation procedures), be reasonably clean and meet all applicable residential care codes/regulations.
  - Contractor shall have clear, written policies and procedures concerning security and responses to violations that are in effect 24 hours, seven days per week. Youth shall be briefed on these policies and procedures at the time of orientation.
  - A bed, a clean and comfortable mattress and pillow; a storage compartment or area for storing personal belongings; linens (i.e. sheets, pillowcases, blankets, towels, washcloths); and culturally and gender specific personal hygiene products (i.e. comb, toothbrush, soap, toothpaste, toilet paper and feminine sanitary supplies), when applicable.
  - The Contractor’s private youth care facilities and foster homes are subject to the any and all current and/or future provisions of ORS Chapter 418.205-325, BRS, Title IV-E Foster Care, and Family First Act of 2018, and will be certified through the Department of Human Services (Child Adult and Families) per OAR 413-215-001 to 0131 and OAR 413-215-0301 to 0396.
  - Comply with all applicable Criminal Background Check Rules including OAR 407-007-0200 through 407-007-0380 and OAR 943-007-000 through 943-007-0501, which may be revised on occasion. Pursuant to these rules, the following individuals working under this Contract are subject to a background check through the Background Check Unit serving the Oregon Health Authority:
    - All employees of the Contractor providing care or having access to clients, client information or client funds.

- All volunteers of the Contractor providing care of having access to clients, client information, or client funds.
    - All subcontractors of the Contractor providing care or having access to clients, client information, or client funds.
  - Pursuant to this the Contractor shall provide the County a quarterly list of employees, volunteers and sub-contractors detailing status of employment, contract, and/or volunteer and status of background/fingerprint.
    - All employees, volunteers and subcontractors of the Contractor receiving background checks from OHA are required to report to the County any new arrest, convictions or investigations for child protective services within one (1) business day.
- 3. Culturally, gender, and sexual orientation responsive services provided shall be culturally, gender and sexual orientation competent and responsive to the youth's cultural heritage and/or identity, gender, and sexual orientation. Competence is defined as the development of behaviors, attitudes and policies that enable the contract agency to deliver service in ways that meet the diverse needs of the youth and their families. In order for the youth to understand and appreciate the desired culture/heritage, gender, and/or sexual orientation, the provider shall schedule activities on an individual or small group basis for the purpose of:**
- Teaching youth constructive ways to express and appreciate their own culture/heritage, gender, and/or sexual orientation;
  - Allowing youth to identify and participate in activities that extend beyond their own immediate personal experiences;
  - Helping youth to utilize community resources to advance their cultural, gender identification, and/or sexual orientation awareness and improve their social network;
  - Helping youth to recognize the relationships between various value systems;
  - Increasing awareness and acceptance for the ethnic or cultural, gender identification, and/or sexual orientation differences of others; and
  - Having staff/foster parent available and able to communicate with the youth and family in their preferred language were applicable.
- 4. Care for Undocumented Youth:** Undocumented youth will not qualify for a Medical Card, however, the following describes how this circumstance will be managed.
- a) Emergency medical care will be received at a hospital emergency room.
  - b) Routine or regular medical and dental appointments will be provided by the parent or in coordination with the Juvenile Department in advance of the STRP.
  - c) Scheduling for drug and alcohol and/or mental health assessments will be coordinated and approved in advance by the Juvenile Department and the STRP provider at the expense of the parent or Juvenile Department.
- 5. Training:** All staff employed by the STRP program shall be in compliance with the BRS training requirements of an initial 28 hours of training upon initial employment relative to topics outlined in the BRS Oregon Administrative Rules (OAR) and 16 hours annually on the topics outlined in the BRS OAR. Additionally each organization is required to provide and document staff participation annually of cultural, gender identification, and/or sexual orientation training to staff/foster.
- 6. Incident Reporting:** Verbally report any violation of the youth's court order within 24 hours of the incident. Written notification should be provided to CCJD within 3 business days. For incidents requiring youth to appear in court, written notification should be provided prior to 9am the following business day. Critical incidents, as defined by the BRS OAR, must be reported to

CCJD in the same timelines and same manner as required by the BRS OAR current at the time of the critical incident.

- 7. Runaway Notification:** In the event a youth runs from a STRP program, staff with knowledge of the run incident will ensure that immediate notification will be made to the youth's parent, the law enforcement agency who responds to their location and to the Clackamas County Juvenile Assessment and Intake Center. To be in compliance with Title IV-E requirements relative to youth who run away from a foster care placement, this notification must be made without delay.
- 8. Pursuant to Title IV-E Requirements:** CCJD will generate a Voluntary Placement Agreement with each youth placed in STRP. STRP provider shall notify the CCJD when the status of each placement changes to ensure accurate utilization dates in the Juvenile Justice Information System (JJIS). New County, State, and/or federal rules regarding Family First or other requirements may be applied to the Contract.
- 9. Reporting:** CCJD will establish performance, process and outcome measures as well as data collection strategies relative to the services being provided to youth and families in order to accomplish programmatic and departmental goals listed above. Service provider shall submit specific output measures on a regular basis (monthly, quarterly, and/or semi-annually) to CCJD and will be periodically reviewed with CCJD. Output data may include dosage and frequency of intervention. In addition to any other reports that County may request, Contractor shall submit to County a Quarterly Report within thirty (30) calendar days following the end of each quarter in which Contractor provided Work. The contents and format of this report shall be determined by County, and include information to which Contract has reasonable access. Data in any and all reports requested by County shall be youth-specific. Changes to agreed-upon service or service delivery must be reviewed and approved by the CCJD.
- 10. Quarterly/Semi Annual Review:** A quarterly/Semi Annual review will be conducted by CCJD supervisor(s).
- 11. Quality Assurance:** Applicants should have existing processes and procedures in place for quality assurance of their program. Applicants should be equipped to accurately monitor and track reliable measures of program implementation and delivery of services. It is expected applicants will also comply with data collection and reporting requirements established by CCJD regarding a variety of quality assurance and evaluation processes. It is also the responsibility of the applicant to respond accordingly to any possible program drift or performance improvement issues identified in an effort to ensure program fidelity and performance.
- 12. Quality Improvement:** Contractor shall actively participate in any and all performance and/or quality improvement initiatives undertaken by CCJD (e.g., Standardized Program Evaluation Protocol, Crossover Youth Practice Model, etc.). Contractor agrees to make any and all reasonable efforts to adapt and change services as requested by CCJD, and as a result of the findings of performance and/or quality improvement initiatives. Reasonable changes may be agreed upon in writing by Contractor's authorized representative and the County's Contract Administrator.

### **3.3.5. PAYMENTS AND INVOICES**

- 1. Consideration Rates:** The County agrees to pay Contractor on a Fixed Fee for Service basis at the current BRS rates. The current BRS rates are as follows:
  - a. Short-term shelter care Full bed day:** Beginning July 1, 2019 equals \$197.65 per bed day

- b. **Short-term shelter care Partial/Absent:** Beginning July 1, 2019 equals \$98.83 per bed day.
- c. **Foster Parent Payments:** Contractor shall be solely responsible for any and all obligations owed to the foster parent(s) and shall make all payments and reimbursements required to be made to the foster parent(s) in a timely manner.

**At the time that different BRS rates than those listed above become effective during the Term of the Contract, the Consideration Rates under the Contract shall change, without notification or Contract amendment, to match the current BRS rates.**

- 2. **Contractor Billing:** Contractor shall submit an invoice for the previous month's services by the tenth (10) day of the month following the end of service using a format generated or approved by CCJD staff. If Contractor fails to present invoices in proper form within sixty (60) calendar days after the end of the month in which the services were rendered, Contractor waives any rights to present such invoice thereafter and to receive payment therefor. Payments shall be made to Contractor following the County's review and approval of invoices submitted by Contractor. Contractor shall not submit invoices for, and the County will not pay, any amount in excess of the maximum compensation amount set forth above. If this maximum compensation amount is increased by amendment of this Contract, the amendment must be fully effective before Contractor performs Work subject to the amendment. The invoice must minimally contain the following information:
  - a. State: Bill to Clackamas County Juvenile Department
  - b. Contractor's name and address
  - c. Contract number
  - d. Invoice number and date
  - e. Dates or periods of service
  - f. A brief description of goods and/or services delivered and the rates charged, i.e. # of day x bed day rate = \$X.XX  
The total invoice amount
- 3. **Payment to Contractor:** The County shall process payment net 30-days after receipt of an invoice and backup spreadsheet, provided that the work described in the invoice has been completed in accordance with the terms and conditions in the Contract. A client roster/spreadsheet must be submitted by the 5th of the month following the end of service month being invoiced. Failure to submit the roster or complete the data requirements as identified in the Contract will delay the processing of the invoice. The roster/spreadsheet must include the following:
  - a. Youth name
  - b. Start Date & Exit Date
  - c. Days in Program
  - d. Status of youth i.e. Home visit, Detention, Runaway
  - e. Total of days for all youth

**EXHIBIT B  
INSURANCE**

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

**1. Required by County of Contractor with one or more workers, as defined by ORS 656.027.**

**Contractor, its subcontractors, if any, and all employers providing work, labor, or materials under this Contract are subject employers under the Oregon Workers' Compensation Law, and shall either comply with ORS 656.017, which requires said employers to provide workers' compensation coverage that satisfies Oregon law for all their subject workers, or shall comply with the exemption set out in ORS 656.126.**

**2.  Required by County  Not required by County**

**Professional Liability** insurance with a combined single limit, or the equivalent, of not less than \$1,000,000 for each claim, incident, or occurrence, with an annual aggregate limit of \$2,000,000. This is to cover damages caused by error, omission or negligent acts related to the professional services to be provided under this Contract. The policy must provide extending reporting period coverage for claims made within two years after the contract is completed.

**3.  Required by County  Not required by County**

**General Liability** insurance with a combined single limit, or the equivalent, of not less than \$1,000,000 for each claim, incident, or occurrence, with an annual aggregate limit of \$2,000,000 for Bodily Injury and Property Damage. It shall include contractual liability coverage for the indemnity provided under this Contract.

**4.  Required by County  Not required by County**

**Automobile Liability** insurance with a combined single limit, or the equivalent, of not less than \$1,000,000 for each accident for Bodily Injury and Property Damage, including coverage for owned, hired, or non-owned vehicles, as applicable.

**5. Physical Abuse and Molestation Liability.  Required by County  Not required by County**

Physical Abuse and Molestation Liability insurance with a combined single limit of not less than \$1,000,000 each claim, incident, or occurrence, with an annual aggregate limit of \$2,000,000. Coverage shall be provided through either general liability or professional liability coverage. Proof of Sex Abuse/Molestation insurance coverage must be provided.

**6. Certificates of Insurance.** Contractor shall furnish evidence of the insurance required in this Contract. The insurance for general liability and automobile liability must include an endorsement naming the County, its officers, elected officials, agents, and employees as additional insureds with respect to the Work under this Contract. Insuring companies or entities are subject to County acceptance. If requested, complete copies of insurance policies, trust agreements, etc. shall be provided to the County. The Contractor shall be financially responsible for all pertinent deductibles, self-insured retentions and/or self-insurance.

**7. Notice of cancellation or change.** There shall be no cancellation, material change, reduction of limits or intent not to renew the insurance coverage(s) without thirty (30) days written notice from the Contractor or its insurer(s) to the County at the following address: Clackamas County Procurement Division, 2051 Kaen Road, Oregon City, OR 97045 or [procurement@clackamas.us](mailto:procurement@clackamas.us).



**EXHIBIT C**  
**CERTIFICATION STATEMENT FOR INDEPENDENT CONTRACTOR**

(Contractor completes if Contractor is not a corporation or is a Professional Corporation)

Contractor certifies he/she is independent as defined in Oregon Revised Statutes 670.600 and meets the following standards that the Contractor is:

1. Free from direction and control, beyond the right of the County to specify the desired result; **AND**
2. Are licensed if licensure is required for the services; **AND**
3. Are responsible for other licenses or certificates necessary to provide the services **AND**
4. Are customarily engaged in an “independently established business.”

To qualify under the law, an “independently established business” must meet three (3) out of the following five (5) criteria. **Check as applicable:**

- \_\_\_\_\_ A. Maintains a business location that is: (a) Separate from the business or work of the County; or (b) that is in a portion of their own residence that is used primarily for business.
- \_\_\_\_\_ B. Bears the risk of loss, shown by factors such as: (a) Entering into fixed price contracts; (b) Being required to correct defective work; (c) Warranting the services provided; or (d) Negotiating indemnification agreements or purchasing liability insurance, performance bonds, or errors and omissions insurance.
- \_\_\_\_\_ C. Provides contracted services for two or more different persons within a 12-month period, or routinely engages in business advertising, solicitation or other marketing efforts reasonably calculated to obtain new contracts to provide similar services.
- \_\_\_\_\_ D. Makes significant investment in the business through means such as: (a) Purchasing tools or equipment necessary to provide the services; (b) Paying for the premises or facilities where the services are provided; or (c) Paying for licenses, certificates or specialized training required to provide the services.
- \_\_\_\_\_ E. Has the authority to hire and fire other persons to provide assistance in performing the services.

Additional provisions:

1. A person who files tax returns with a Schedule F and also performs agricultural services reportable on a Schedule C is not required to meet the independently established business requirements.
2. Establishing a business entity such as a corporation or limited liability company, does not, by itself, establish that the individual providing services will be considered an independent contractor.

Contractor Signature \_\_\_\_\_ Date \_\_\_\_\_

**EXHIBIT D**  
**CONTRACTOR'S PROPOSAL**

**Email:** Attn George Marlton, [procurement@clackamas.us](mailto:procurement@clackamas.us)

**5.1.1** Request for Proposals #2019-22 for Juvenile Department Short Term Residential Placement.

**5.2.1 Service Delivery (0-35 Points):**

Describe how you will deliver STRP services, supply specific details on the following:

- a) **How you will meet the overall program goal: "To determine the needs of and stabilize the behaviors of severely acting out youth by providing STRP, case management and assessment in a 60 to 90 day out of home placement. These services to the youth and families will be voluntary and in the least restrictive level to youth referred by the Clackamas County Juvenile Department."**

The case manager is responsible managing the client's case to include assessment, service planning, meeting facilitation, care coordination, evaluation and advocacy for options, and services to meet client and family needs. This is done through communication and available resources to promote client safety, wellness and permanency.

**Assessment & Service Planning:** Clients and families have the right to be informed and involved in the planning of care. Every effort is made to include family members in service planning with the consent of youth 14 years and older, when appropriate to the client's circumstances. In cases where family contact or involvement is appropriate, parents are to retain as much parental responsibility as possible and are informed of the child or youth's on-going progress or any change in services. Clients have the right to refuse to participate in services and treatment at any point during service delivery and are not coerced into participation. Service Plans are developed by the case manager with input from the client, families and case workers.

To determine the needs of youth we administer assessments at various stages in placement.

- **MAYSI:** A screening used upon admissions for imminent mental health needs that may require immediate intervention such as a safety plan.
- **Initial Service Plans (ISP):** ISP's are developed within two business days of the client's admission into the program and identify services to occur within the first 45 days in care. ISP's are individualized, developmentally appropriate and based on a thorough assessment of the client's referral. ISP's include a plan to address specific behaviors identified in the referral. It will also outline a plan for behavioral management needs greater than normal and a plan to address any specific non-behavioral needs identified in the referral.
- **Permanency Assessment:** The Permanency Assessment assesses strength of relationships and readiness for permanency.
- **Casey Life Skills** This tool assesses the life skills needed for their well-being, confidence and safety as they navigate high school, postsecondary education, employment and other life milestones.

- **CANS - Trauma Assessment:** This is an open domain tool used for evaluation, case planning and services delivery. It is completed 45 days post placement and informs the CNA.
- **Comprehensive Needs Assessment (CNA):** CNA's are completed 45 days post placement by the case manager and informed by the referral, observations from the first 45 days in care, assessments, individual sessions with the client and information obtained from the family and case worker. Assessments completed by the program to inform the CNA include Permanency Assessment, Child and Adolescents Needs and Strengths (CANS) and the Ansell-Casey Life Skills. The CNA is a thorough assessment that includes historical information, current functioning (debilitating behavior) from the first 45 days in care and the youth's needs to reach desired functioning. The client's case manager will assess the clients current functioning against the desired functioning to find the need. The CNA informs the development of the Master Service Plan goals which are developed at the 45-day mark.
- **Master Service Plan Reviews:** MSP reviews are completed every 90 days post MSP implementation. Case Managers summarize progress on each service plan domain and assess progress, regression and completion of objectives. Case managers also assess any new information since MSP implementation or the last review to inform any new services or service plan goals that should be added. MSP reviews also include progress on the behavioral management system, updates to the supervision plan, progress on any individualized plans, revisions to the visitation plan, and a summary of IR's since admission. Case Managers schedule MSP review meetings with the client's treatment team at a time and location that works for all parties in order to review the client's progress and any new services or goals.

The foundation of all our work with youth is our Core Service Principles (CSP). Our CSP's are the foundation of the change process and the responsibility of all caretakers. Through our CSP's we can build healthy connections and stabilize behaviors. Our CSP's focus on building healthy connections by creating a safe and secure environment. At the root this looks like a physically and emotionally safe space to build the foundation of healthy connection. We do this by having predictability, consistency, calmness, kindness along with established boundaries and clear limit setting.

Once we have established safety and security we can begin to attune with youth. Attunement is based on focused attention and empathy; it is our ability to be fully present here and now with them. Once a youth can attune to us, we can calm them down and co-regulate. Co-regulation is an emotional state in which our youth can learn from adults and peers. Once they have built this skill, we can provide them advice and strategies to calm themselves down. It is only at co-regulation that people can start to experience reciprocity and healthy intimacy. However, co-regulation is not a steady state. Our youth will need to frequently come back to our foundation of safety and security as they encounter new experiences or re-experience some aspect of a previous traumatic experience. At any moment of dysregulation, as caregivers, we return to the foundation of safety and security.

Through co-regulation, youth can learn how to self-regulate, so they can build skills to help them be successful. For positive and permanent change to occur, the youth in our care must first learn how to regulate through trusting others and building healthy connections. To do this work all caregivers are responsible for implementing our CSP's:

### **Basic Needs Are Met**

- Be dependable
- Meet basic & cultural needs
- Be warm and kind
- Encourage me
- Listen
- Believe in me

### **Presence & Awareness Matter**

- Be approachable, accessible & accountable
- Hold me accountable
- Expect my best
- Challenge me to grow
- Reflect on my mistakes and help me learn

### **Relationships Impact & Change Behavior**

- Promote and model health relationships
- Support evolving relationships
- Identify and foster lifelong connections
- Set Boundaries, put in place limits that keep me on track
- Empower and build my confidence
- Advocate and defend me when I need it

### **Share Power & Choice**

- Respect me, take me seriously and treat me fairly
- Effectively communicate and define expectations
- Involve me in decisions that affect me
- Work with me to solve problems and reach goals
- Create opportunities for me to take action and lead

### **Decisions & Actions Influence Growth**

- Create safe spaces for reflection and feedback
- Inspire me to see possibilities for my future
- Expose me to new ideas, experiences and places
- Cultivate healthy connections to help me develop and thrive

Once youth are regulated, they can hear and process adult feedback. Youth must be able to regulate before they can do the “Cognitive Work”, which requires higher level

thinking. Once we have established a safe relationship with youth, we can begin the cognitive work to develop lagging skills. The goal of this work is to create a collaborative partnership and engage youth in solving problems that affect their lives. Most often youth with trauma are motivated and know what is expected of them but lack the skills due to deficits. Chronic and severe behavior is the product of lagging cognitive skills that interfere with a youth's ability to comply with adult expectations.

In order to meet adult expectations, a youth must have an adequately developed set of cognitive skills. These allow them to accurately comprehend and interpret the expectations, flexibly respond to different expectations in different situations, consider a range of responses, predict consequences of each of those responses, express their needs or difficulties in meeting expectations, and tolerate frustration in the face of unexpected results. Youth who are not successful in complying with expectations have one or more skill deficits in the following areas: flexibility, social perception, executive functioning, language processing, or emotion regulation. Thus, our caregiver intervention at this stage focuses on improving these skills, rather than on increasing the motivation to comply. Youth need to be in relationship, feel safe and be in a calm state in order to develop these skill deficits. These skills are developed through a collaborative problem-solving process in natural settings. They are also developed through individual skill building sessions, group skill building and individual assignments. When skills improve, behaviors decrease, and youth can access complex thoughts to solve problems.

**b) How you will meet the requirements for each of the service components**

Program services vary based on individual client needs. Some services are only available when deemed necessary based on a Comprehensive Needs Assessment and Individual Service Plans. All services are provided in a reliable and understandable manner that meets the needs of youth and families. Program services include:

- Structured Programming
- Behavioral Management
- Educational Services & Academic Assistance
- Medical, Dental and Optical Care Coordination
- Vocational Support & Independent Living Skills Training
- Enrichment, Recreational & Cultural Activities
- Religious & Spiritual Practices
- Case Management
- Assessment & Service Planning
- Behavioral Rehabilitation Service Interventions
- Intensive Permanency Services
- Culturally Specific Services
- Referral to Individual & Family Therapy, Psychiatric Consultation
- Substance Abuse Treatment
- Referral to Psychological Services
- Family Engagement, Coaching & Visits
- Transportation

- 24/7 Support
- Relief Care

**Structured Programming:** The program offers structured programming in which everyday events and interactions are therapeutically designed for the purpose of enhancing social skills and building confidence. Academics are woven into the daily routine using an integrative and interactive approach that incorporates learning styles and areas of interest. The milieu, programming or "life space," provides a safe environment that is rich with social opportunities and immediate feedback from caring staff. The milieu is not static but flexible and features normalizing and developmental perspectives that use common structures familiar to youth such as daily routines, consistent rules and planned activities. The milieu is planned in such a way that it is constantly supporting, guiding and reinforcing the youth's ability to learn life tools, such as problem solving and coping skills, while at the same time offering a safe place for these skills to be practiced and integrated into the client's repertoire of strategies. It takes into consideration the perspective of the youth as well as the perspective of others in the community. One of our primary goals is to teach youth how to function adaptively both socially and emotionally in their world without changing "who" they are. They learn new skills that help them to better understand themselves and their relationships.

**Behavioral Management:** Over the last few years, Boys & Girls Aid has been implementing the Collaborative Problem Solving Model for behavior management across all programs. The model supports the view that clients "do well if they can." If they can't, we, as caregivers, need to understand what is getting in their way so that we can help. The model effectively identifies what thinking skills a client is lacking and teaches these thinking skills through a collaborative process. This collaborative process helps adult caregivers pursue expectations, reduce challenging behavior, teach thinking skills and gather information with an empathetic rather than punitive stance. The model seeks to enhancing skills in areas such as Language & Communication, Attention & Working Memory, Emotion & Self-Regulation, Cognitive Flexibility and Social Thinking. There are three ways we intervene using the CPS model when managing behaviors:

- Plan A: Plan A is used when adults pursue an expectation by imposing their will. The adult has decided that this is a nonnegotiable situation and that this instruction must be followed.
- Plan B: Plan B is used when the adult attempts to solve the problem collaboratively with the client. Implementation of Plan B consists of three components: 1. Information Gathering 2. Concerns 3. Brainstorm Solutions
- Plan C: Plan C is used when the adult chooses to withdraw the expectation, at least for a short time, in order to decrease externalizing behavior. This approach can be useful in stabilizing the situation while prioritizing other problems.

We believe Plan B is the most effective way to solve problems and teach skills. When managing a behavior, always intervene in the least intrusive manner. Staff and Foster Parents may also use the following when intervening:

- **Reminders:** Reminders of expectations can be helpful. Gentle reminders may stop the behavior temporarily until a Collaborative Problem Solving conversation can happen.
- **Setting Limits:** We can set limits using Plan A or Plan B. The best way to set limits is to work collaboratively with clients to ensure that adult concerns, where limits need to be set, and client concerns, that explain why they are having trouble meeting adult expectations - are both satisfactorily addressed. At times, we need to impose adult will to maintain the safety of clients. When clients exhibit unsafe behaviors towards themselves or others it's important for them to know that the adults in their life care enough to keep them safe. We do this by increasing supervision and restricting unsupervised time in the community as an added safety measure. These added measures should only be put in place until a Collaborative Problem Solving Conversation can be had with the client's treatment team in order to assess the client and make a plan to increase safety and unsupervised time again.
- **Consequences:** Natural consequences allow client to face the natural consequence of their decision without applying one to teach a lesson. Formal Consequences are only used if they are effective in teaching a client a basic lesson about right from wrong and for incentive to behave adaptively thus they are only used when they will be effective. Most clients we work with are already familiar with the basic lessons of right from wrong as well as motivated to behave adaptively, they just lack the skills necessary to do so.

**Educational Services & Academic Assistance:** Clients have a right to participate in their educational planning and have access to free an appropriate education. All clients will attend a DART School, alternative school or their home school if deemed appropriate. Some youth will attend a GED program in the event of severe credit deficiency and deemed appropriate. All youth will receive academic assistance as needed. All transportation is provided by program staff or the school district.

**Vocational Support & Independent Living Skills Training:** All youth 13 years or older complete the Ansell-Casey Life Skills Assessment as part of the development of the Comprehensive Needs Assessment (CNA) to determine vocational and independent living interest and functioning. For younger youth assessing prevocational skills may be relevant. For example; time concepts and the understanding of being on time, following simple spoken and or written directions, problem solving, reasoning, task completion, safety etc. A summary of the results of the Ansel Casey Life Skills Assessment is outlined in the CNA which will inform the development of the Master Service Plan (MSP) goals. Counselors will work with youth through individual and group skills training sessions to teach skills related to vocation and independent living.

**Extracurricular, Recreational, & Cultural Activities:** The program also regularly schedules Extracurricular, Recreational, & Cultural Activities. Participation in recreational and cultural activities is an important piece of the service process. Not only do recreational activities and outings provide physical exercise and entertainment they are integral in allowing clients to make connections in the community. Clients



also need exposure to cultural activities both to celebrate and explore their own cultures and to be exposed to other cultures. Clients will be given the opportunity to engage in activities that are consistent with their ethnic and cultural heritage. Clients will participate in recreation daily. On a weekly basis recreation and cultural activities will be community based. These recreational and cultural activities can include: accessing the public library, hiking, working out, swimming, bowling, basketball, golfing, film festivals, theaters, attending cultural events, yoga, disk golf, cooking, performing arts, visiting landmarks or historic sites, visual art gallery, festivals, volunteering, art projects, etc. In order to promote normalcy and improve wellbeing for children and youth in care the agency uses the Reasonable Parent Prudent Standard when making decisions around participation in extracurricular, recreational and cultural activities. This standard helps us make sensible parenting decisions that maintain the health, safety and best interest of the child or youth. Application of this standard considers age, maturity, developmental level, inherent risk of harm and best interest of child or youth when making decisions on participation in extracurricular, recreational, and cultural activities. The program may limit access to such activities due to safety reason, however, every effort will be made to reinstate access as soon as safely possible.

**Religious & Spiritual Practices:** Boys & Girls Aid believes in recognizing, encouraging and supporting clients' religious or spiritual beliefs. Clients are asked at intake about religious preference and desire to attend religious/spiritual services. When a client chooses to participate in religious/spiritual activities, every effort will be made to allow them to do so. Foster parents and staff may transport the client if the family is unable to or attempt to arrange transportation through agency resources. Clients will not be required to participate in religious/spiritual activities and program staff are prohibited from proselytizing to clients.

**Case Management:** The case manager is responsible for managing the client's case to include assessment, service planning, meeting facilitation, care coordination, evaluation and advocacy for options and services to meet client and family needs through communication and available resources to promote client safety, wellness and permanency.

**Assessment & Service Planning:** Clients and families have the right to be informed and involved in the planning of care. Every effort is made to include family members in service planning with the consent of youth 14 years and older, when appropriate to the client's circumstances. In cases where family contact or involvement is appropriate, parents are to retain as much parental responsibility as possible and are informed of the youth's on-going progress or any change in services. Clients have the right to refuse to participate in services and treatment at any point during service delivery and should not be coerced into participation. Service Plans are developed by the case manager with input from the client, families and juvenile court counselors.

- Initial Service Plans (ISP): ISP's are developed within two business days of the client's admission into the program and identify services to occur within the first 45 days in care. ISP's are individualized, developmentally appropriate and based on a thorough assessment of the client's referral. ISP's includes a plan to

addressed specific behaviors identified in the referral to include the intervention that will be used. It will also outline a plan for behavioral management needs greater than normal and a plan to address any specific non-behavioral needs identified in the referral.

- Comprehensive Needs Assessment (CNA): CNA's are completed 45 days post placement by the youth's case manager and informed by the referral, observations, assessments and interviews. Assessments completed by the program to inform the CNA include the Child and Adolescents Needs and Strengths (CANS) and the Ansell-Casey Life Skills. The CNA is a thorough assessment that includes historical information, current functioning (debilitating behavior) from the first 45 days in care and the youth's needs to reach desired functioning. The client's case manager will assess the clients current functioning against the desired functioning to find the need. The CNA should inform the development of the master service plan goals.
- Master Service Plan (MSP): MSP's are developed 45 days post placement. MSP's are individualized, developmentally appropriate and based on the needs identified in the CNA. MSP domains are addressed when a need is indicated on the CNA expect for the Permanency & Transition domain which is always addressed. Needs that do not fall under a service domain will still be addressed in the MSP. Goals will not be developed for needs being addressed by outside providers, however, they will be included in the MSP under service coordination. MSP's contain the following domains: Family/Culture, Identity/Religion, Legal/Behavioral, Mental Health/Substance Use, Physical/Medical Health, Social/Life Skills, Education/Vocation and Permanency/Transition. Goals should identify behavioral criteria for evaluating the achievement of goals, be measurable and attainable within a specified time frame, include the person responsible for implementing the service, identify the intervention that will be used to include the behavioral management system employed by the program, show how progress will be tracked, and clearly stated completion criteria. Completion criteria is defined by the progress in acquiring pro-social behaviors, attitudes, and beliefs while in the program, and not engaging in behavior that seriously jeopardizes the safety of staff and other program participants. Additionally, the MSP should clearly outline any behavioral management needs that are greater than normal for the program such as an individualized safety plan, supervision plans, and visitation plans.
- Master Service Plan Reviews: MSP reviews are completed every 90 days post MSP implementation. Case Managers summarize progress on each service plan domain and assess progress, regression and completion of objective. Case managers also assess any new information since MSP implementation or the last review to inform any new services or service plan goals that should be added. MSP reviews also include progress on the behavioral management system, updates to the supervision plan, progress on any individualized plans, revisions to the visitation plan, and a summary of IR's since admission. Case Managers schedule MSP review meetings with the client's treatment team at a time and location that works for all parties in order to review the client's progress and any new services or goals. ISP goals are reviewed at this time.

- Aftercare & Transition Plan (ATP): ATP's are developed by the case manager 10-30 days prior to the planned transition. The treatment team including the client, family, and juvenile court counselor are invited to participate in the development of the ATP and the transition plan meeting. The ATP outlines how the client will successfully transition out of the program, specifically addressing the 90 days post discharge in the following domains: Summary of Services, Individual Needs & Unmet Goals, Aftercare Services & Supports, Next School/Vocation Placement, Crisis Response Plan, Medications, Appointments, Rules of the Home.
- Discharge Instructions: The Discharge Instructions are completed by the client's case manager and should be sent with the client upon exit as well as submitted to the client's juvenile court counselor. The Discharge Instructions should include a summary in the following domains: Current Needs, Current Medications, Instructions, & Prescriber, Current Service Providers & Contact Info, School, Medical, Dental, Vision, Mental Health Services, Drug and Alcohol, Outstanding Appointments and Other Follow-up Info.
- Discharge Summary: The Discharge Summary is completed and submitted to the client's juvenile court counselor 15 days post planned or actual discharge by the case manager. The discharge summary must include a summary in the following domains: Summary of Placement & Response to Services, Results of Assessments & Recommendations, Aftercare Plan, Condition & Prognosis.

**Behavioral Rehabilitation Service (BRS) Interventions:** BRS Interventions are Medicaid approved, funded and designed for children & youth with debilitating psychosocial, emotional and behavioral disorders. They are determined to be medically appropriate for each child or youth and assist in restoring or developing appropriate functioning at a developmentally appropriate level. They remediate a child or youth's specific dysfunctions in accordance with the service plan. Specifically, BRS interventions are skill building services and include the following types:

- Crisis Counseling: Crisis Counseling is provided on a 24-hour basis in order to stabilize the client's behavior until the problem can be resolved or assessed and treated by a qualified mental health professional or licensed medical practitioner.
- Individual & Group Counseling: Individual & Group Counseling sessions are planned or unplanned. They are designed to remediate problem behaviors identified in the client's service plan and are not curriculum based.
- Parent Training: Case Managers provide planned activities or interventions to the client's family or identified aftercare resource family. Parent training is designed to assist the family in identifying the specific needs of the client, to support the client's efforts to change, and to improve and strengthen parenting knowledge or skills indicated in the service plan as being necessary for to return home or to another community living resource.
- Individual & Group Skills Training: Individual & Group Skills Training provides the client with planned, curriculum-based individual or group sessions designed to improve specific areas of functioning in the client's daily living as

identified in the service plan. Skills Training may be designed to develop appropriate social and emotional behaviors, improve peer and family relationships, improve self-care, encourage conflict resolution, reduce aggression, improve anger control, and reduce or eliminate impulse and conduct disorders.

The following is a list of group skill building curriculums integrated in the program based on need.

- **Power Source:** This is a group that teaches the power of positive thinking and how to take charge of your life by making healthy choices to remain clean/sober and live a crime free lifestyle. We discuss various "life topics" such as emotional skill building, social skill, or managing finances.
- **BAM:** Youth learn about the research that underlines the BAM's approach, practice the adventure-based activities and strategic storytelling methods used in BAM groups. Groups are focused on practice examples and activities to help youth deal with the difficulties that arise from limited relational abilities in an increasingly relational world.
- **CORE:** This group follows a progression in analyzing important life skills for youth becoming adults. Topics include emotional intelligence, leading to general hygiene and overall health, as well as financial planning, career searching, and collegiate research.
- **Seeking Safety:** Seeking Safety is a curriculum-based group facilitated for youth with co-occurring disorders and a history of trauma. Youth will learn to decrease self-harming behaviors and increase positive coping skills.
- **Sensory:** Sensory Connection Curriculum for Self-Regulation teaches self-regulation skills through the use of sensory strategies and social engagement. The ten-session skill building program, based on evolving neurological research, uses the mnemonic "Pause-Connect-Engage" as a way to short circuit. Impeding crisis situations and to facilitate the use of our higher-level stress response system. Group members "tune into" physical and emotional responses and learn to make adjustments for comfort and function. They explore sensory preferences, identify helpful strategies for times of emotional upset, and they learn to weave this information into plans for stress management and healthy living.
- **The Council:** The Council for boys and young men promotes a healthy passage through pre-teen and adolescent years. It's a strengths-based group approach that promotes boys' and young men's safe and healthy passage through pre-teen and adolescent years. In this structured environment, boys and young men gain the vital opportunity to address masculine definitions and behaviors and build their capacities to find their innate value and create good lives - individually and collectively!
- **Academic Study:** This is a time we set aside for individual quiet study. Use this to time to advance in treatment work or homework. Other uses would be to read, write, or draw. Staff will offer individual assistance during this time.
- **Pathways:** This is a substance abuse group based on the Pathways to Self-Discovery and Change Curriculum. The CBT based group works to targets the addiction cycle, criminal conduct, and relapse prevention.

- **S.E.L.F.:** This curriculum addresses the fundamental problems surrounding exposure to violence without needing to focus on specific individual events within a group setting. Trauma recovery begins with psychoeducation. Educating people about the impact of overwhelming life experience helps to get everyone “on the same page” with a shared and coherent organizing framework that does not stigmatize the injured person but instead allows a much closer and empathic understanding between client and caregiver.
- **A.R.T.:** Program techniques are designed to teach youths how to control their angry impulses and take perspectives other than their own. The main goal is to reduce aggression and violence among youths by providing them with opportunities to learn pro-social skills in place of aggressive behavior.
- **Mood Management:** Teaches youth how to deal with their emotions by understanding what triggers their thoughts, behaviors, feelings, and physical responses that create conflict. Through a comprehensive seven-step program, this process demonstrates how to resolve self-conflict and create and maintain behavior change.
- **Girls Circle:** Girls Circle integrates relational theory, resiliency practices, and skills training in a specific format designed to increase positive connection, personal and collective strengths, and competence in girls. It aims to counteract social and interpersonal forces that impede girls’ growth and development by promoting an emotionally safe setting and structure within which girls can develop caring relationships and use authentic voices. The girls express themselves further through creative or focused activities such as role playing, journaling, poetry, drama, dance, drawing, collage, clay, and so on. Gender specific themes and topics are introduced which relate to the girls’ lives, such as being a girl, trusting ourselves, friendships, body image, goals, sexuality, drugs, alcohol, tobacco, competition, and decision-making.
- **Girls in Real Life Situations:** This unique group counseling curriculum provides over 90 activities divided into twelve session themes: Who Am I? Body Image, Choices, Communication, Emotions, Friendships, Relationships, Self-Esteem, Stress, Reaching Out, Tough Times, and Who I Am! During group lessons, girls are encouraged to share feelings and struggles as they openly discuss important issues in a safe and supportive environment. They are given the opportunity to feel empowered, gain self-awareness, develop coping strategies, improve problem-solving skills, understand that they are not alone, and learn to make healthy decisions.
- **Race & Racism:** A multicultural society, the United States is rich with the stories of the diverse groups that make up this country. As a deeply racialized society, stained by structural racism, not all stories however are equally acknowledged, affirmed or valued. Many stories survive through tenacious resistance in the face of a status quo that marginalizes, and often silences, their telling thus diminishing their truths. This curriculum asks youth to consider what we lose when stories of and by diverse groups are concealed or lost, and what we gain as a society when we listen to and learn from the multitude of stories available for our consideration. The curriculum also invites youth to tell their own stories and through telling identify the challenges they face in a racialized society and articulate their visions for a future that offers inclusion, equity and justice to all of the diverse people who make up our society. The curriculum examines four story types about race and racism in the United

States. These are: stock stories, concealed stories, resistance stories, and counter stories.

- **Healthy Choices, Healthy Relationships:** Healthy Choices introduces youth to the foundations of forming strong, satisfying relationships. In 11 lessons, they examine how peers, family, and media influence expectations about love and life. They discuss appropriate friendship and dating behaviors, identify and prepare for potential problems, explore the nature of mature interpersonal behavior, practice decision-making and problem solving, and learn other life skills necessary for overall wellness. A recurring theme is the importance to teens of making informed choices about their relationships, their goals, and the way they live their lives. A variety of lively activities challenge them to consider, evaluate and personalize messages from the lessons.
- **Overcoming Adversity & Building Resilience:** Research has shown that when young people learn to overcome the effects of trauma and toxic stress, they can actually heal their brains. The Mind Matters curriculum increases teen and young adults' ability to self-regulate, self-soothe, and more fully participate in other skill-building. In 12 one-hour lessons that can be delivered in shorter blocks, the course help youth cultivate simple practices that can heal their brains, their health, and their lives.

**Intensive Permanency Services:** While in the program all youth work on permanency readiness curriculum with their case manager. This curriculum includes two components: 1) The completion of three tasks, Clarifying Life Events, Integrating Family Memberships, and Actualizing Belonging into a Permanent Family. 2) Answering five conceptual questions: Who am I? What happened to me? Where am I going? How will I get there? and When will I know I belong? To do this work youth will complete Clarification, Integration and Actualization activities with their Case Manager. Some of these activities will become part of their Life Story Project. Their Life Story is where they will capture activities as well as tell their story. The Life Story Project is a way for them to recount, understand and integrate memories, reconcile losses, celebrate strengths and successes as well as explore a path forward. On a very basic level it's a way to integrate past into the present in order to move into the future.

**Culturally Specific Services:** Culturally specific services uplift the voices and experiences of those who, because of oppression, have been unheard or overlooked for far too long. We know many communities are unserved, underserved, and inadequately served. Because of the pervasive nature of racism, colonialism, white supremacy and xenophobia in the United States, as well as barriers that result from global cultural contexts, culturally specific services have historically been grounded in and grown from communities marginalized along racial, ethnic, immigrant, refugee or linguistic lines. Although an individual's definition of who they are culturally is complex, multi-layered and cannot be assumed by others, for the purposes of defining culturally specific services we define a cultural community as a group of people united by shared experience of oppression and cultural resilience, on the basis of such identities as race, ethnicity, language, immigration or refugee status, gender identity/expression, sexual orientation, ability, blindness, deaf/hard of hearing, religion, tribal sovereignty, or other marginalized identity. The programs strive to

design interventions that are culturally grounded with ongoing guidance from clients and families in that community. The cultural community's lived experiences, core cultural constructs, and needs, as defined by people from that community, help inform service planning, service coordination, enrichment, recreational and cultural experiences, as well as decision-making. Services and materials should also be provided in an accessible format in the primary language of the client and the clients family.

**Referrals:** The case manager is responsible for ensuring all client needs are addressed including identified needs not addressed by the program whereby referrals to outside providers are necessary. The case manager will make referrals for the following services: Individual & Family Therapy, Psychiatric Consultation, Substance Abuse Treatment and Psychological Services. The case manager is also responsible for maintaining on-going communication with referring community agencies and tracking progress on identified needs.

**Family Engagement, Coaching & Visits:** The program encourages maintaining ties with family members and the involvement of families in the client's treatment. Family members are a central resource in the treatment planning process and should be an integral part of the treatment team. Research overwhelmingly shows that when families take an active part in treatment decisions, client outcomes are better. Families bring a knowledge of and relationship with the client that is unique and can bring significant help in determining the best course of action. Families are invited to attend the screening, intake meeting, and all service planning and review meetings. If the parents/guardians are unable to attend the intake meeting, the client's case manager will contact the parents by phone within the first 48 hours of placement to provide them with the Client & Family Handbook, seek input on the clients Initial Service Plan (ISP) and answer any questions. Families are encouraged to provide input in the development of the Master Service Plan (MSP) goals, developed 45 days post placement. Upon development of the MSP case managers will reach out to families to seek their input. Families will also be invited to each service plan review meeting which will be scheduled at a time and location that meets the family's needs.

Visits with families may occur at the program or in the family home if approved by the juvenile court counselor. Prior to the first visit families should meet with the case manager to review service plan goals for visits and visit expectations. Case managers will maintain frequent contact with families to provide updates on progress, seek historical knowledge and input into service plan goals, gather feedback from visits and provide encouragement through parent coaching to meet service plan goals. The frequency of overnight visits in the family home is based on the individual needs of the client and family but generally occur on the weekends and do not exceed 8 nights per month. Individual service plans will outline the visitation plan with input from the juvenile court counselor, family, and client. Visits will not be withheld as a form of punishment but can be limited due to safety concerns. Any deviation from the approved visitation plan documented in the service plan requires prior written approval from the juvenile court counselor. When a scheduled home visit may not be appropriate based on the client's behavior (i.e. suicidal ideation, aggression, threats), it

will be discussed with the parent/guardian and the juvenile court counselor. Visits are typically based on building the relationship between the client and their parent/guardian and practicing skills in preparation for transition. When a client has a family friend or other care taker involved in their life and this person serves as a positive role model and support to the client's treatment, they too can be approved for visits with the juvenile court counselor approval. The visitation plan must be approved by the client's juvenile court counselor and outlined in the service plan prior to implementation.

**Transportation:** The program is responsible for transporting clients to school, to the extent not provided by the school district; medical, dental, and therapeutic appointments, to the extent not provided through the Oregon Health Plan; recreational and community activities; places of employment; court hearings and shopping for incidental items. The program will share the cost of transportation for client visits equally with the client's parent/guardian. All staff and foster parents are responsible for operating vehicles in a safe, courteous, and considerate manner; reporting accidents or incidents immediately as per the Agency's Safe Driving Policy. Clients are typically transported in agency vehicles, employee's personal vehicle or the foster parent's personal vehicle.

**24/7 Support:** Boys & Girls Aid provides support for foster parents and for youth in care 24/7. If families or foster parents have questions, or want additional support, they can either reach the youth's case manager during regular business hours or access our Night/Weekend support services after hours, on weekends and on holidays. Night/Weekend staff are trained to handle crisis situations during the non-business hours. Parents, juvenile court counselors, detention, program staff and foster families have ongoing access to this built-in support system. Having this afterhours line not only allows us to place youth at all hours of the night, but it also is an internal system designed to maintain youth who are demonstrating challenging behaviors and may be at risk of ending up back in detention. At all hours of the day and night, there is a skilled counselor and a supervisor on call who are prepared to support those working directly with the youth. At times this may mean a counselor provides on-site support. Additionally, may need moved from the foster home in order to prevent any conflict from escalating until the case manager can address it with the youth and their treatment team. Youth's parents can also call the afterhours support line in order to reach their youth if there is something that needs to be communicated to them. Additionally, if youth are on a visit with their families and it is not going well or may potentially become unsafe, our foster homes are ready and willing to be a backup resource if a visit needs to end early. Our skilled counselor may also offer assistance to the family. If home is the aftercare plan for a youth, it is important for them to have overnight visits prior to that transition, but it is also important to provide a back-up plan in case something does not go well. Our afterhours support hotline accomplishes this goal.

**Respite:** Respite care is provided for Boys & Girls Aid foster homes so that foster parents can have a break. It is an important factor in preventing burnout and is essential for retention. Since most of our programs require 24-hour supervision,



respite care provides crucial time away for foster parents to rest and rejuvenate. Respite care is provided only by Boys & Girls Aid certified foster care providers, who maintain the same required training and certification standards of those providing fulltime caregiving. Each family may accrue 1 day of respite for every 15 days of care provided during the billing period with a maximum accrual of 2 days per billing period.

**1. How will you will assess youth needs for supervision, structure and treatment services?**

All potential clients will be screened prior to placement by the Placement Director or Coordinator. The screener will explain the program structure and basic expectations. During the screening all participating parties are given an opportunity to ask any questions they may have about the program. The screening will capture historical information, family dynamics, client protective factors, presenting issues and goals for treatment. Clients who are actively aggressive, violent, suicidal, homicidal, psychotic, or who are chemically dependent and in detox or in withdraw are not appropriate for placement. The screener will also assess goodness of fit in available foster homes. Once the screener has staffed the case, the client meets acceptance criteria and matches the client with an available foster home, the screener will contact the foster family to share information about the client. Upon acceptance by the foster family the screener will inform the case worker in writing of the client's acceptance in the program and schedule a date for intake. During the intake process, additional information is gathered from the juvenile court counselor, family and treatment team members to include information in the following domains: Strengths/Goals, Family/Culture, Identity/Religion, Mental Health/Substance Abuse, Legal/Behavioral, Physical/Medical Health, Education/Vocation, and Target Permanency Plan. Additionally, at intake a Mental Health Risk Assessment (MAYSI) is completed. The client is assessed in the following domains:

- Alcohol/Drug Use
- Angry-Irritable
- Depress-Anxious
- Somatic Complains
- Suicide Ideation
- Thought Disturbance (Boys)
- Traumatic Experiences

If a client scores in the warning range in any of the domains a safety plan may need to be put in place immediately. The staff completing the intake will inform program staff and foster parents of the risk and any safety plans that were put in place. Additionally, if the youth enters care with a safety plan already in place this safety plan is shared with the foster parents and staff upon intake. Lastly, any presenting issues in the referral or learned through the intake/screening process that require increased supervision outside of our normal supervision standards will require the development of an individualized safety plan.

Standard supervision requirements in the program requires 24/7 sight and sound supervision. This means that staff and foster parents will be able to see and/or hear where clients are at all times. Exceptions to this are based on individual needs as assessed by the client's treatment team and outlined in service plans. Exceptions of sight and sound supervision may include when youth are on overnight visits with approved visiting resources, pursuing educational goals or having unsupervised time in the community as approved by the referring juvenile court counselor.

Within two business days, the Case Manager will develop an Initial Service Plan (ISP) with information obtained from the screening, intake, referral and initial conversations with the client's family and juvenile court counselor. Service plans are individualized and developmentally appropriate. They include specifically stated and prioritized service goals for the client that include the caseworker's recommendations and goals that the client wants to achieve. The ISP addresses behaviors that were identified in the referral and initial screening, MAYSI assessment and intake process. Once service plans are created it is the responsibility of our caregivers to implement them.

The program uses a collaborative problem-solving process for behavior management to support clients in solving problems and enhancing skills in areas such as Language & Communication, Attention & Working Memory, Emotion & Self-Regulation, Cognitive Flexibility or Social Thinking. There are three ways we intervene when managing behaviors: They are:

1. Set Limits or Expectations
2. Solve Problems Collaboratively
3. Withdraw Expectation

We believe Option 2 is the most effective way to solve problems and teach skills. When managing a behavior, we always intervene in the least intrusive manner.

Staff and Foster Parents also use the following when intervening:

- **Reminders:** Reminders of expectations can be helpful. We give reminders of expectations to help clients get back on track until we can have a collaborative problem-solving conversation to get underneath the problem.
- **Setting Limits:** We can set limits using Option 1 or Option 2 described above. The best way to set limits is to work collaboratively with clients to ensure that adult concerns, where limits need to be set, and client concerns, that explain why they are having trouble meeting adult expectations - are both satisfactorily addressed. At times, we need to imposing adult will to maintain the safety of clients. When clients exhibit unsafe behaviors towards themselves or others it's important for them to know that the adults in their life care enough to keep them safe. We do this by increasing supervision and restricting unsupervised time an added safety measure. These added measures are only put in place until a collaborative problem-solving conversation can happen with the client's treatment team in order to assess the client and make a plan to increase safety and unsupervised time again.

- **Consequences:** Natural consequences allow clients to face the natural consequence of their decision without applying one to teach a lesson. Formal Consequences are only effective in teaching a client a basic lesson about right from wrong and giving a client the incentive to behave adaptively thus only used when they will be effective. Most clients we work with are already familiar with the basic lessons of right from wrong as well as motivated to behave adaptively they just lack the skills necessary to do so. We teach skills collaboratively with clients.

Based on completion of treatment goals, youth *may* have increased independence. The frequency and duration of this will be decided by the treatment team and clearly documented in service plans. If a youth has unsupervised time but is exhibiting unsafe behavior it is our responsibility to keep youth safe by removing any unsupervised time until a treatment team meeting can occur, and the behavior can be discussed.

When clients exhibit unsafe behaviors towards themselves or others it's important for them to know that the adults in their life care enough to keep them safe. We do this by increasing supervision and/or developing an individualized safety plan. This can occur when a client exhibits run risk behaviors, threat to harm themselves or others or any unsafe behaviors. The following may also be put in place as an added safety measure:

- Completion of a Risk Assessment and development of an individualized plan.
- Withdraw of unsupervised time to include appointments and school.
- Withdraw of privileges including community time
- Line of sight supervision or arm's length supervision
- Increased overnight supervision
- Room search and removal of potential harmful items such as belts, shoe laces, pencils, sharps etc.

## **2. How you will accomplish stabilization of youth's behavior?**

As mentioned above, we stabilize youth behaviors through the implementation of our CPS's. Caregivers establish "trust of care" by being committed, accepting, meeting basic needs and providing consistency. Once this is established, youth can begin to feel physically safe. Regardless of a youth's behaviors, we will provide basic needs and provide unconditional care for the youth to help establish a "trust of care" and build connection. Through "trust of care" we can develop "trust of control" which essentially labels a youth's ability to feel safe emotionally. As they begin to trust, they gain a sense of understanding and control and are able to recognize the events and losses of their lives. We help create this sense of security through predictability, consistency, kindness, calmness, healthy boundaries and clear limit setting on our part. Both "trust of care" and "trust of control" are necessary for youth to stabilize and do the cognitive work necessary to developed skills and solve problems.

**3. How will you implement individualized supervision plans? Describe your agency's strategies to provide skill building and emotional/behavioral interventions.**

**Supervision Plans**

As mentioned above at intake a Mental Health Risk Assessment (MAYSI) is completed. The client is assessed in the following domains:

- Alcohol/Drug Use
- Angry-Irritable
- Depress-Anxious
- Somatic Complains
- Suicide Ideation
- Thought Disturbance (Boys)
- Traumatic Experiences

If a client scores in the warning range in any of the domains a safety plan may need to be put in place immediately. The staff completing the intake will inform program staff and foster parents of the risk and any safety plans that were put in place. Additionally, if the youth enters care with a safety plan already in place this safety plan is shared with the foster parents and staff upon intake. Lastly, any presenting issues in the referral or learned through the intake/screening process that require increased supervision outside of our normal supervision standards will require the development of an individualized safety plan.

Additionally, caregivers create a Safety Plan/Contract with clients if they are exhibiting the following behaviors: self-harm, suicide ideation, serious threat of harm to others, sexualized behaviors, substance use, run risk, substantial unaccounted for time or any other incident where the youth's safety or the safety of others is of concern.

When there are changes to a youth's supervision requirements, the case manager will update the youth's service plan. The case manager will indicate any changes that increased or decreased the supervision level and indicate the date(s) the change was in place. For example, the following behaviors may require increased supervision and/or an individualized safety plan: sexualized behaviors, cutting, suicidal/homicidal ideation, purging, medication cheating, drug/alcohol usage, etc. Additionally, a youth on an independent living track may be transporting themselves to school. If there are any individualized safety/supervision plans in place that are outside of normal program supervision already in place at intake, the service plan will be updated at the time of the change.

Written communication between staff regarding changes or implementation of safety/supervision will occur through daily shift pass on emails. Communication will also occur during daily pass-on meeting, weekly staff meetings and weekly individual supervision sessions. Meetings will also be used to identify and track behavioral patterns.

## **Skill Building & Emotional/Behavioral Interventions**

In order to assess a youth's specific cognitive-skills deficits, we identify the demands or expectations that trigger their externalizing behaviors. Because the challenging behavior could be caused by a wide range of lagging skills, the specific type of challenging behavior is of little importance. The focus is on identifying the demands that trigger the behavior. Once a list of triggers is identified our caregivers can use this to hypothesize about lagging skills. For example, a youth who frequently flips over a table (the challenging behavior) in response to the end of free time and the start of group (the trigger) may have difficulty with transitions/set-shifting (executive functioning) or with tolerating frustration (emotion regulation). Assessing the specific cognitive-skill deficits is done through observations within the first 45 days in care, then integrated into the youth's service plan.

All our interventions are implemented through the following service components:

- Individual Counseling (IC): Individual processing or counseling sessions designed to remediate problem behaviors identified in the client's treatment plan. Examples: Clarification, Integration & Actualization Activities, Processing Past Trauma, Processing Acting Out Behavior or Crisis Incidents, Collaborative Problem-Solving Sessions, Responding to Problem Behaviors
- Individual Skills Training (IST): Individual curriculum-based skill building sessions designed to improve specific areas of functioning as identified in the client's treatment plan. Examples: Individual Skill Building Packet Work & Activities Including: Permanency interventions and Skill Development in Language & Communication, Attention & Working Memory, Emotions & Self-Regulation, Cognitive Flexibility and Social Thinking.
- Group Counseling (GC): Group processing or counseling sessions designed to remediate problem behaviors identified in the client's treatment plan. Examples: Group Processing Sessions to Include: Group Huddles, Community Meetings, House Meetings, Mediations, Group Collaborative Problem-Solving Sessions
- Group Skills Training (GST): Curriculum-based group sessions designed to improve specific areas of functioning as identified in the client's treatment plan. Examples: Curriculum Based Groups to Include: Pathways, A.R.T, Girls Circle, Boys Council, BAM, Power Source, Choices, Sensory, Seeking Safety, Leadership, S.E.L.F, Mood Management, CORE, Identity, Diversity, Culture & Racism and Healthy Relationships.
- Parent Training (PT): Interventions with the family or aftercare resource, to assist in behavioral change and to improve parenting knowledge or skills for the client to return home or other community resource. Examples: Parent Strategies, Skill Development/Practice

#### **4. How you will prepare youth for the transition into their next living environment?**

The CNA is a Comprehensive "Needs" Assessment completed at the 45-day mark. The CNA has a section dedicated to assessing the needs to transition to an aftercare placement. The case manager will outline the recommended aftercare and needs in

order to transition. The needs developed in this section are incorporated into the MSP where a goal is developed. The “Permanency/Transition” domain is always addressed in the ISP and MSP.

Permanency/Transition Plan goals are always individualized to each client. The program also encourages maintaining ties with family members and the involvement of families in the client’s treatment planning. Family members are a central resource in the treatment planning process and should be an integral part of the treatment team. Research overwhelmingly shows that when families take an active part in treatment decisions, client outcomes are better. Families bring a knowledge of and relationship with the client that is unique and can bring significant help in determining the best course of action. Therefore, their input into goal development is encouraged.

Case managers will review treatment plan goals with families, so they can work on them during visits. Additionally, the case manager may provide parent training. Parent training is planned activities or interventions for the client’s family or identified aftercare resource family. Parent training is designed to assist the family in identifying the specific needs of the client, to support the client’s efforts to change, and to improve and strengthen parenting knowledge or skills indicated in the service plan as being necessary for them to return home or to another community living resource. The Case manager may also provide coaching prior to and/or after overnight visits. Depending on circumstances, the case manager may also provide mediation services. The case manager will maintain frequent contact with families to provide updates on progress, seek historical knowledge, update service plan goals and gather feedback from visits.

The treatment team, including the client, family, and case worker, are invited to participate in the development of a transition plan through an in-person transition plan meeting. The transition plan outlines how the client will successfully transition out of the program, specifically addressing items in the following domains: Summary of Services, Needs & Unmet Goals, Needed Services, Next School Placement, Crisis Plan, Mediations, Coordination of Services, Rules & Expectations of Home. The transition plan will be developed during this meeting with everyone's input and a plan will be put in place to address needs to prepare the client for transition. This meeting occurs before the youth leaves the program to facilitate a smooth transition.

Lastly, the program offers Intensive Permanency Services. While in the program youth work on permanency readiness curriculum with their case manager. This curriculum includes two components: 1) The completion of three tasks, Clarifying Life Events, Integrating Family Memberships, and Actualizing Belonging into a Permanent Family. 2) Answering five conceptual questions: Who am I? What happened to me? Where am I going? How will I get there? and When will I know I belong? To do this work youth will complete Clarification, Integration and Actualization activities with their Case Manager. Some of these activities will become part of their Life Story Project. Their Life Story Project is a way for them to recount, understand and integrate memories, reconcile losses, celebrate strengths and successes as well as explore a path forward. On a very basic level the project focuses on a way for them to integrate past into the present in order to move into the future.

**5. How will you address the needs of STRP for youth with targeted youth populations?**

Staff and Foster Parent trainings are a key priority for the agency. In addition to providing extensive training upon hire/certification we provide on-going and annual trainings. Trainings are facilitated and coordinated by our in-house Training Director. Trainings are provided using various platforms to meet the individual needs of the trainee. Those platforms include webinars, podcasts, in-person group trainings and in-person one-on-one trainings. Trainings are provided monthly for foster parents with additional optional trainings throughout the month. For staff, several trainings are offered each month which are on-site and program specific to meet current team training needs. Over the last couple years, our staff and foster parents have participated in internal trainings on best practices when working with LGBTQ youth, sexually offending youth, youth with suicidal ideations, developmentally delayed youth and commercially sexually exploited youth.

Our agency's investment in a Training Director has strengthened the trainings we are able to offer as well as allowed us to offer more targeted population trainings to specific teams. Recently we facilitated trainings as a direct result of identified needs to including eating disorders, adolescent development, boundaries, attachment and transracial placements.

**6. How will you determine if the youth has achieved "enhanced competencies?"**

An Initial Service Plan (ISP) is developed by the Case Manager within two business days of placement. The Master Service Plan (MSP) is developed 45 days post placement. Service Plans contain goals that address behaviors and increase skills. The program works with youth to help them meet individual goals. Staff and foster parents monitor, and document youth progress related to service plan goals. The ISP is reviewed 45 days post placement and the MSP is reviewed 90 days post implementation. Individual client reports are pulled from our client database to track service plan goal progress and completion to assess enhanced competencies and skills acquisition.

**a) Describe your data collection & youth service tracking strategy to capture and report on all youth interventions.**

At weekly team meetings, Program Directors facilitate staff meetings with the following agenda items: program practices reminders/updates, client case updates/intervention support, weekly service hour review, and action items from the Foster Care & Leadership Meetings. Program Directors meet weekly with Program Coordinators and Case Managers for individual supervision and task management. Program Directors ensure the Program Coordinators implement programming in line with BRS requirements and Case Managers meet paperwork timelines in line with BRS requirements. BRS services hours are tracked in the Efforts to Outcome database in each client's electronic record. Each case note includes individualized service plan

goals, the time spent, case notes, and a designation of whether the client has progressed in meeting the service plan goal. All notes are compiled into a report that is reviewed weekly at program team meetings to ensure hourly requirements are met. Case Managers review and sign off on case note content to review progress, ensure interventions are in line with service plans and case notes are documented in alignment with contractual requirements.

In addition, the Director of Quality and Evaluation is responsible for reviewing and analyzing data related to critical incidents, program practice models, core service principles, consumer survey's and permanency outcomes. This data is reviewed on an ongoing basis by the Data-Informed Practice Team and the Senior Administration Team. Data is compiled into a report and reviewed on an annual basis to identify strategies for improvement.

All of our programs, including the STEP Program, have Program Practice Models. Program Practice Models work to achieve permanency through services outlined in the individualized program practice models. Program Practice Models have four distinct components:

1. Building Healthy Connections & Increasing Wellbeing
2. Permanency Oriented Grief, Loss and Trauma Activities & Interventions
3. Training, Coaching & Knowledge Building
4. Communication & Advocacy

**Building Healthy Connections & Increasing Wellbeing:** The Core Service Principles are the foundation of our all of our work. They help us create physical and emotional safety as well as build healthy connections to support deeper work. A core service principle survey is given to youth as well as staff to track our success with implementation as well as to inform practice.

#### **Permanency Oriented Grief, Loss and Trauma Activities & Interventions**

- Individual clarification, integration and actualization activities
- Individual case management and counseling processing sessions
- Group clarification, integration and actualization activities and processing sessions
- Therapeutic Interventions that focus on skill development in language and communication, attention and working memory, self-regulation, cognitive flexibility and social thinking through collaborative problem solving and crisis de-escalation

Individual client reports are pulled in our client database to track service plan goal progress and completion to assess enhanced competencies and skills acquisition.



## **Training, Coaching & Knowledge Building**

- Provide family, guardian and/or permanency resource mediations to help resolve conflicts
- Provide family, guardian and/or permanency resource coaching to provide parenting strategies that build connection and support behavior change
- Encourage, educate and advocate for family contact to include on-site, community and overnight visits
- Foster parent training and ongoing support related to trauma-informed care, attachment, permanency

The Foster Parent Knowledge and Attitudes Survey is administered 2x/year and assesses alignment with trauma-informed care and agency permanency practice strategies.

## **Communication & Advocacy**

- With Department of Human Services & Juvenile Court Counselors
- With community partners such as schools, vocational, social and recreational connections.
- With family, guardian and permanency resource members.
- With mental health and drug and alcohol service providers.

### **7. Describe how you will provide trauma informed services.**

Over the years working with this population, we have shifted the lens with which we view the challenging behaviors our youth exhibit. While all youth may come into our program with varying experiences and circumstances, they all share the experience of being removed from their home environments, which adds to the list of disruptions or losses they have likely already experienced. As an agency, we have undergone extensive training and continue to do so to assist our staff in understanding the behaviors a youth presents is a symptom of the losses they have experienced. We have learned that the best way to work with youth experiencing feelings of grief and loss is to allow them the safety and space to process their experiences and ask clarifying questions regarding what has happened to them. We have recognized that this is not just hard work, but heart work and have taken on the challenge as an agency to expect our staff to do both the hard work and the heart work needed to assist youth in their grieving process and progression towards a more positive future.

Additionally, part of our trauma-informed approach is supporting and encouraging staff and foster parents to engage in self-care around vicarious trauma. We offer supervision to process this heart work and encourage self-exploration of signs and symptoms of emotional and physical responses. Recently we implemented monthly art processing groups for staff facilitated by an Art Therapist to support staff who may face challenges common in direct services such as vicarious trauma, rational detachment, and struggles in overall wellness. This ongoing group provides staff an opportunity to explore these topics on a personal level and in ways that trainings don't fully allow. These groups offer take aways for self-care and opportunities to connect

with coworkers who may have shared experiences. These groups are optional but are highly encouraged. No supervisors attend and they are paid for their time.

**8. Describe how you apply family engagement principles and the developmental approach into your program.**

Boys and Girls Aid believes that family members and caregivers are a central resource in the treatment planning process and are an integral part of the treatment team. Research overwhelmingly shows that when families take an active part in treatment decisions, client outcomes improve. Families bring a knowledge of and relationship with the client that is unique and can be significantly helpful in determining the best course of action.

We engage families using principles that establish the value of families being an equal partner with the program to aid youth development. We build treatment around families' experiences and value back and forth communication regarding skill development. Case managers coach families in strategies and skills to implement in different environments and center family voice during the discussion. Boys and Girls Aid encourages families to utilize their natural supports and community partners to build a supportive network. Above all, families are the expert of their children and provide valuable insight into their current developmental level and measure of progress.

**a) Describe your view of what the key issues are, how they are part of the service plan.**

As described above, we believe key issues stem from disruptions or losses a youth has already experienced. We provide services that identify and develop the strengths each youth presents. Respectful empowerment of youth allows them to develop healthy relationships, gain competence in problem solving and learn effective communication skills. It is our belief that this respect and empowerment assists youth in stabilization and enables them to move forward with an improved ability to handle life's challenges. We achieve this by providing an approach that focuses on strengths and solutions as well as building skills. We believe that all youth are unique, and no single approach works for every youth we serve; therefore, we provide services that are individualized and focused on identifying steps and goals for improvement in each youth's areas of need.

**b) What is the family role and how will you involve them in problem-solving issues with their child and developing services for the youth?**

We believe the youth's support system is essential to the service planning process, as well as providing frequent and consistent communication regarding updates around progress. We encourage as much involvement as possible for anyone in the youth's life to have the greatest impact for the youth.

Family members are a central resource in the treatment planning process and should be an integral part of the treatment team. Research overwhelmingly shows that when families take an active part in treatment decisions, client outcomes are better.

Families bring a knowledge of and relationship with the client that is unique and can bring significant help in determining the best course of action.

Families are invited to attend the screening, intake meeting, and all service planning and review meetings. If the parents/guardians are unable to attend the intake meeting, the client's case manager will contact the parents by phone within the first 48 hours of placement to provide them with the Client & Family Handbook, seek input on the clients Initial Service Plan (ISP) and answer any questions. Families are encouraged to provide input in the development of the Master Service Plan (MSP) goals, developed 45 days post placement. Upon development of the MSP case managers will reach out to families to seek their input. Families will also be invited to each service plan review meeting every 90 days post MSP which will be scheduled at a time and location that meets the family's needs.

The program also encourages family visits. Visits with families may occur at the program or in the family home if approved by the juvenile court counselor. Prior to the first visit families will meet with the case manager to review service plan goals for visits and visit expectations. Case managers will maintain frequent contact with families to provide updates on progress, seek historical knowledge and input into service plan goals, problem solve any issues, gather feedback from visits and provide encouragement through parent coaching. We believe in connecting, partnering and engaging parents to provide the best possible care for their youth. This includes when challenges arise.

We believe the most effective way to address issues is through services that engage, involve, strengthen, and support families. One way in which we do this is by involving parents when challenges surface. These challenges provide us an opportunity to teach and share knowledge. They give us the ability to model for the youth and family a durable way to solve problems when youth are not meeting expectations. We dig deep into what's under the surface of behaviors to get at the root of why they are not able to meet an expectation then work collaboratively with the youth to resolve issues while at the same time meeting expectations. Parents can be very helpful in this process.

**c) What services/strategies do you utilize to engage and involve families?**

As BRS providers we are experienced in working with families, case workers and other providers to ensure that services are interconnected. One of our key goals is validating the love between parents and their children, while also respectfully coaching parents in how they can best work with their youth and ensure that they will not continue to be involved in the juvenile justice system. From the moment a youth is referred to our program, the parents are a key factor in planning. The theme of collaboration and respect runs throughout the youth's stay in the STEP program to improve outcomes.

**9. Coordination: describe how you will coordinate various services - what will you be responsible for and what will the CCJD Juvenile Counselor be required to coordinate?**

The services clients can receive while in the program include:

- Structured Programming
- Behavioral Management
- Educational Services & Academic Assistance

- Medical, Dental & Optical Care Coordination
- Vocational Support & Independent Living Skills Training
- Enrichment, Recreational & Cultural Activities
- Religious & Spiritual Practices
- Case Management
- Assessment & Service Planning
- Behavioral Rehabilitation Service Interventions
- Intensive Permanency Services
- Culturally Specific Services
- Referral to Individual & Family Therapy, Psychiatric Consultation
- Referral to Drug & Alcohol Treatment
- Medication Management
- Family Engagement, Coaching & Visits
- Transportation

The program provides coordination of care for the following services; educational services, medical, dental and optical visits, mental health services, and drug and alcohol services. The program also provides transportation to and from all services including court hearings and screenings. We also work with the family to share the cost of transportation to and from home visits. CCJD Juvenile Counselors are needed to refer youth for higher-level behavior assessments and psychological assessments.

### **Educational/Vocational Services**

Boys & Girls Aid ensures that every youth placed in our care will have educational support and coordination. At intake, school information, including any IEP's or educational accommodations needing to be made are collected and shared with the team of staff working with the youth. Clients will attend Clinton DART School, if youth do not already have their diploma or GED. Some youth may attend a GED program through a community college. The DART school will assess if a client is not able to obtain a Diploma because of credit deficiency and must attend a GED Program. If the client already has their GED or Diploma, they may attend a Job Readiness Program and/or Higher Education. Staff, and/or Foster Parents will provide Academic Assistance as needed. The case manager maintains regular phone and in-person contact with the school for problem solving, IEP meetings, progress and transition planning. When school is not in session, youth continue to engage in educational opportunities such as trips to museums, tours of local colleges, and trips to the library. Staff also facilitate groups centered on planning for the future, which could involve discussions about careers, college, and budgeting.

### **Individual & Family Therapy, Psychiatric Consultation**

Boys & Girls Aid recognizes the importance of connecting youth with mental health services. For youth who come into care with existing services, our agency makes arrangements for these services to continue without interruption. The case manager is skilled at identifying various insurance carriers in order to determine covered providers and refer youth for services who come in without already established

services. Based on the family and JCC's preferences youth may be referred for family counseling or just individual sessions. Our program ensures that youth attend all scheduled appointments. We make this a priority upon a youth's entry into our care as insurance information is gathered from parents at intake in order to ensure that a youth is able to get the services they need as soon as possible. If a psychiatric assessment or psychotropic medication management is needed, the Mental Health Therapist will refer the case to the Psychiatrist and will order necessary lab or toxicology screening if they determine they are needed.

### **Drug & Alcohol Treatment**

If a client is determined to be in need of medical detoxification for substance abuse at screening or intake, we require this to occur prior to admission. All clients will be assessed for a history of substance use and referred for outpatient Drug and Alcohol Treatment if needed. If the client is in need of inpatient substance abuse treatment while in care, the client will be referred to such treatment and discharged from the program. In some cases, clients may be accepted back into the program following successful completion of inpatient substance abuse treatment. If a client has a chemical dependency diagnosis, they will be required to have individual treatment.

When a youth comes into care with services already in place, we maintain these services without any interruption. If a client was previously in services and the youth and family want to reestablish services with the same provider, we will do so as long as they accept the current insurance. Historically, we have worked with Cascadia, LifeWorks Northwest, Clackamas County Behavioral Health and Morrison. Ideally, services will be established at a location nearest the youth's aftercare placement in order to make it easier for services to continue once the youth leaves our care. All transportation to and from appointments will be arranged and provided by the program.

### **Medication Management**

We are accustomed to serving youth with daily medications that promote physical, behavioral and emotional stability. Our agency has decades of experience monitoring and dispensing medications and has internal systems designed to ensure accuracy and oversight. We have an excellent record of dispensing medications as directed and keeping track of side effects and behavior changes that could result in new medications. We count all medications daily to ensure that youth do not run out and when they are in need of refills we coordinate that process with the prescribing pharmacy. Our foster parents also receive extensive training on medication administration as medications are often dispensed in the foster home. Medications are kept double locked, whether they are at the STEP program during the day or in the foster home at night to ensure that youth do not have direct access to medications.

### **Transportation**

Transportation is built into the program design and staffing structure. Boys & Girls Aid takes full responsibility of transporting youth to appointments, court hearings, screenings, school, and recreational/cultural activities. We also work with families to

share the cost of any transportation needs for home visits. All transport staff are required to have an acceptable driving record, per licensing and BRS guidelines and receive specific training on driving a 12-passenger van.

Based on the youth's progress and the JCC's recommendation, youth may be allowed to self-transport by way of public transportation. When this is the plan, our agency provides support in planning out the trip and bus passes. The program is located near several bus lines for easy access and direct transportation to most destinations.

#### **10. Please address your services that might be accessible to youth older than 17 years of age.**

We can serve youth up to 19 years of age. We help youth gain independent living skill though individual and group skills training on-site. Additionally, we connect youth community resources who we work closely with to provide GED prep, college readiness, occupational skills training and work experience. We work closely with the following agencies sand programs:

- **Portland YouthBuilders:** At PYB, young people ages 17-24 can finish high school, learn a trade, and plan for the future. All students receive long-term support with issues such as finding a job, enrolling in college or apprenticeships, or reaching personal goals.
- **Bridge House:** One of the original seven federal Transitional Living Programs established in 1986 and the only one still in operation, Bridge House provides a safe, supportive, supervised home environment for seven youth ages 16 to 20 that meet homeless criteria. Bridge House also serves pregnant or parenting youth with children under the age of two. Incorporating resident participation in all program decision making, Bridge House empowers youth to support themselves and work toward fulfilling their educational or employment needs.
- **SE Works:** The Dahl Family Youth Education and Career Development Center provides academic and career development services for youth aged 18 – 21. Students can study to take the GED, recover credit, earn original credit and prepare for transition to post-secondary education, receive career training and gain work experience.

#### **New Avenues for Youth**

- **PAVE:** Promoting Avenues to Employment (PAVE) offers job training, occupational skills training, internships, and other employment and education-related opportunities.
- **New Avenues Alternative School:** The alternative school provides education opportunities for foster, at-risk, and homeless youth. Open five days per week year-round, the school is fully accredited, specifically designed for students who have experienced barriers to education and is co-located with other New Avenues programming to provide access for youth to additional support and resources.

## Portland Community College

- **PDX Bridge:** PDX Bridge connects students in foster care, housing instability and the juvenile justice system with the wraparound support needed to lead a successful life. This collaborative effort provides students the highest quality support during either a College or Apprenticeship Pathway. Bridge Youth receive personalized support from coaches, their secondary counselors, teachers, and case managers. This same network of caring adults stays with students throughout their progress in PDX Bridge, helping them overcome challenges inside and outside the classroom.
- **Gateway to College:** Gateway to College is a unique program that lets youth get their high school diploma while earning college credit. Gateway to College contracts with the youth's school district to offer scholarships to the program. The scholarship covers the cost of tuition and books. The program also pairs youth with a College Success Coach dedicated to their success. Their College Success Coach is there to teach them about college, organization and time management; and connect them with community, career, and college resources.

Additionally, depending on need, the program offers one on one curriculum based independent living skills training as well as facilitates Youth Skills for LIFE which is an independent living skills curriculum compiled by Project LIFE for young people who are in need of learning, enhancing, or supporting life skills to effectively transition into adulthood. The curriculum focuses on six of the National Youth in Transition Database (NYTD) categories, providing two to four workshops for each topic.

### 5.2.2 Qualifications (0-25 Points)

- a. **Summary: Provider shall describe their ability and experience in providing STRP for youth living in a community setting. The Provider should also address their ability to outreach, engage and create an emergency case plan for the family and youth in their identified situation.**

Boys & Girls Aid has successfully met all requirements for STRP services for the past 20 years serving youth referred by Clackamas County Juvenile Department. We have built and nurtured relationships with the Juvenile Department staff and have demonstrated an ability to modify our services as needs for youth in our community evolve.

Boys & Girls Aid welcomes feedback from the agencies with whom we contract and are always interested in improving our practices in order to be most successful in the work we do. Like many non-profit organizations, we experience challenges with recruiting and retaining our program staff. At times, this has resulted in communication break downs that we find unacceptable. If our contract agencies, such as Clackamas County, experiences these challenges, we welcome the immediate feedback so we can address and resolve the issues.

Over the years working with this population, we have shifted the lens with which we view the challenging behaviors our youth exhibit. While all youth may come into our program with varying experiences and circumstances, they all share the experience of

being removed from their home environments, which adds to the list of disruptions or losses they have likely already experienced. We know that youth in the juvenile justice system often have been exposed not only to multiple types of interpersonal victimization but also to other childhood adversities.

As an agency, we have undergone extensive training to assist our staff in understanding the behaviors a youth presents as a symptom of the losses they have experienced as well as the relationship between trauma and behavioral problems, including delinquency. We have learned that the best way to work with youth experiencing feelings of grief and loss is to allow them the safety and space to process their experiences and ask clarifying questions regarding what has happened to them. We have recognized that this is not just hard work, but heart work and have taken on the challenge as an agency to expect our staff to do both the hard work and the heart work needed to assist youth in their grieving process and progression towards a more positive future.

### **Foster Parent Training**

Boys & Girls Aid has been preparing adults to strengthen and enhance their role and impact on the well-being of children through our long history. We utilize one trainer who has developed and implemented a training curriculum that provides consistent messages across our foster care and adoption services. We have developed an extraordinarily rich educational experience for our prospective foster families that equips them with the skills needed to support the youth in their care.

New foster parents to the agency follow the regular training plan. Our pre-service training is done in two stages. First, prospective foster parents attend 18 hours of training designed to be relational and strength-based. The pre-service training includes a comprehensive 32 hours of training that covers the following topic areas: Introduction to foster care and the agency; Cultural Considerations and Natural Family Values; Child Development and Attachment; Impact of Child Abuse on Development; Atypical Development; Recognizing and Reporting Abuse; Grief and Loss; Parenting the BGAID way (Collaborative Problem Solving, Love and Logic, Trauma Informed Care); Visitation, Reunification and Home Safety; Individual Program Information and Guide to Certification; Foster Parent Panel (Q & A with experienced foster parents); CPR/First Aid Certification; Non-violent crisis intervention (CPI).

Once certified, foster parents are required to maintain current CPR/First Aid, annual non-violent crisis intervention training, and receive annual training in the following areas: Mandatory Reporting, Confidentiality, Blood Borne Pathogens, Fire and Home Safety, and Medication Management. We offer opportunities through formal group training and one to one training on topics such as fetal alcohol syndrome and its effect on children's development, childhood bipolar illness, and addressing the educational needs of youth in foster care.

There is a strong link between our foster parent training staff and the program staff. We are able to focus our ongoing training topics so they relate to the needs of the youth we are serving at that time. We provide foster families individualized training



depending on the youth placed in each home. For example, if a home has a youth with fetal alcohol syndrome, then we will provide resources (videos, books, articles) and training on the diagnosis as part of our monthly in-home visits.

All foster families are required to receive an additional 24 hours of training annually that relates to building their capacity as a foster family. We offer monthly evening foster parent meetings at which we provide ongoing training on relevant topics as well as provide relevant program information. This also provides an opportunity for the foster parents to network and support each other.

### **Foster Parent Certification**

Boys & Girls Aid has many years of experience conducting home studies on families for both foster care and adoption that meet all the requirements of relevant Oregon Administrative Rules. Each home is certified and re-certified annually. We employ a skilled clinician with a background in children's mental health, knowledge of family dynamics, understanding of child development principles, experience with family assessment, and has good communication/interview skills.

The certification process includes a comprehensive background check including DMV, criminal history, and Child Protective Service check, and requires four references for each applicant. We conduct a comprehensive home study that assesses each individual or couple's capacity to foster parent youth. For example, we assess each applicant's parenting experience and parenting style, family history, and we require medical evaluation from the applicant's physician. Applicants who are coupled are assessed for the strength of their relationship and ability to work together with challenging youth. The certifier also works with each home to develop household rules that are appropriate for the youth with whom they are planning to work and to address any safety concerns of the individual home.

### **Foster Family Retention & Support**

Boys & Girls Aid retention philosophy is essentially to respect and support our foster families. We acknowledge their work on a regular basis through face-to-face contact, emails or cards in the mail when they've gone above and beyond or just when we know they've made an extra effort. We also acknowledge the struggles and challenges as an opportunity to learn and grow, and we call when we hear a foster home has had a tough weekend to see how they are doing and to give them a chance to process. We plan trainings based on the stated interests and needs of foster parents and presenting issues with youth. We work to make sure that they hear more positives than negatives from us, and we work to be non-judgmental and to have others do the same. We honor events in their lives like births, deaths, weddings, and birthdays with cards or gifts as appropriate. We ask for their input and then incorporate it into our work by involving them in agency work groups. We have dinners twice a year that celebrate them and their work. We engage foster parents as presenters in our pre-service training, which both honors their work and sends a message to incoming foster parents about how we treat and work with our parents. The best retention tool is to build and maintain good relationships with foster parents and our foster care team is exceptional at this.

## **24/7 Crisis Support**

Our 24/7 afterhours support hotline is another important element our program has implemented and allows for fluid communication between all parties involved in a youth's placement with us. Parents, juvenile court counselors, detention and program staff and foster families have ongoing access to this built-in support system. Having this afterhours line not only allows us to place youth at all hours of the night, but it also is an internal system designed to maintain youth who are demonstrating challenging behaviors and may be at risk of ending up back in detention. At all hours of the day and night, there is a skilled counselor and a supervisor on call who are prepared to support those working directly with the youth. At times this may mean a counselor goes to the foster home in order to provide additional support, and even may temporarily move the youth to another foster home in order to prevent any conflict from escalating until the case manager can address it with the youth and foster parents.

Youth's parents can also call the afterhours support line in order to reach their youth if there is something that needs to be communicated to them. Additionally, if youth are on a visit with their families and it is not going well or may potentially become unsafe, our foster homes are ready and willing to be a backup resource if a visit needs to end early. Our skilled counselor may also offer assistance to the family. If home is the aftercare plan for a youth, it is important for them to have overnight visits prior to that transition, but it is also important to provide a back-up plan in case something does not go well. Our afterhours support hotline accomplishes this goal.

### **1. Provide copies of state licenses and the two (2) most recent BRS program reviews**

Boys & Girls Aid is licensed by the Department of Human Services (DHS) to provide foster care, shelter, residential and adoption services, per OAR 418.205 to OR 418.327. Our license authorizes us to recruit, train and certify foster homes to provide care to youth and to provide shelter & residential services to youth in foster homes and our residential locations, Safe Place for Youth in Hillsboro, the Nest and Seneca House. In February of 2018 we received a full two -year renewal. The current license expires February 2020. A copy of our licenses issued by DHS is included in our application package. A copy of our two most recent BRS reviews are also included.

### **2. Indicate if you are currently under a provisional license, restricted license or corrective action - provide explanation.**

Boys & Girls Aid is not under a provisional license.

### **b. Resources: Provider shall identify any available resources that will support the services being offered especially those that link with existing community-based individual/family services.**

Boys & Girls Aid establishes collaborative relationships with partner providers to create a comprehensive network of support for youth and families while youth are in

our care and through their transition to the next placement, which is often home. Below is a list of resources with whom we make connections to serve the needs of specific youth and their families:

- **Cleveland High School Medical Clinic:** This is an excellent community resource which allows easy access to medical services for youth, whether they are insured or not.
  - **Multnomah County Parks & Recreation-** A resource for low cost recreational, sporting and enrichment opportunities.
  - **Oregon Food Bank-** Youth volunteer at the Oregon Food Bank if they are not enrolled in school and during the summer months when school is not in session.
  - **Portland Public Schools, DART (Day and Residential Treatment) Program-** is aligned with state and district standards and is designed to engage high risk students in an academically challenging, differentiated curriculum that is founded on current best practices in instruction. DART- Clinton School is a great option for youth who have been suspended or expelled from their schools. All youth in our programs are eligible to attend Clinton School while they are in care in our program if their needs would be best suited there.
  - **Lifeworks Northwest-** A community mental health service which provides individual and family counseling, as well as drug and alcohol treatment services.
  - **Portland Community College-** A resource for youth who are pursuing their GED or higher education while in care in our program.
  - **NAYA** (Native American Youth Association): The NARA Youth Program is prevention oriented and family focused. Through group activities, events, and staff support, this culturally specific agency, strives to strengthen the resiliency of our youth. This program empowers youth to have a positive identity by teaching Native American/Alaska Native culture and values.
  - **TransActive:** Provides the necessary support to improve the quality of life of transgender and gender nonconforming youth and their families through education, services, advocacy and research
  - **Cascadia Behavioral Health:** We provide mental health services, addiction recovery support, primary care, wellness programs, permanent housing solutions, and an urgent walk in clinic for behavioral health crisis.
  - **Project Respond:** Project Respond is the mobile mental health crisis response team for Multnomah County. They provide crisis assessment to individuals and families within the county experiencing a mental health emergency.
- c. **Names and Resumes: Providers shall provide names and resumes of key personnel that will be involved with this program.**

**Michelle Ottaviano**, Program Services Administrator, has been with Boys & Girls Aid for thirteen years and has been working with youth and families involved in the juvenile justice system for the last decade. Ms. Ottaviano attended Portland State University for her bachelor's degree in Administration of Justice, with a Minor in Sociology. Her experience at Boys & Girls Aid includes direct service, program coordination, and program management. Ms. Ottaviano is currently a member of the senior leadership team and has oversight of the agencies shelter, residential and therapeutic foster care services. She also oversees placements, afterhours support, foster parent certification and training services.

**Karlee Brandini**, Placement Director, has been with Boys & Girls Aid for fourteen years and has extensive experience in the field of social work. As the Placement Director, she manages a high volume of referrals and makes sound decisions regarding placement. She also oversees the Intake Coordinator and the 24/7 intake and crisis team. This includes selecting, training, and retaining a high-quality team of staff. Ms. Brandini has a bachelor's degree in psychology from Concordia University in St. Paul, Minnesota and well over a decade of experience working with youth and families in Oregon and Washington State.

**Margaret Baumgardner, Interim Crisis Support & Placement Coordinator.** Mrs. Baumgardner has more than a decade of experience in the social work field. She previously held positions as a Foster Care Social Worker and a Clinical Case Manager in Denver and Los Angeles, California. Mrs. Baumgardner received her Bachelor's of Social Work from Florida State University and her Master's of Social Work from the University of Denver.

**Jonathan Umana, STEP Program Coordinator.** Mr. Umana has over 6 years of experience working with youth in the juvenile justice system. Mr. Umana previously held the title of Restorative Community Service Program Leader working with the Yakima County Juvenile Court and worked for the Wenatchee School District as the Program Director in the Expanded Learning Program. Mr. Umana went through extensive training to become a CASA (Court, Appointed, Special, Advocates) and has presented on several key initiative in the juvenile just system including Restorative Justice, Diversion Programs and Gang Court. Mr. Umana has his B.A. in Law and Justice and Political Science with a minor in Psychology. He received both degrees from Central Washington University. Mr. Umana will be joining the STEP program in May of this year.

**Traci Bennett, Case Manager.** Ms. Bennett provides case management and coordination of care for youth in the STEP program. Ms. Bennett has been with Boys & Girls Aid since January of 2018 and has prior experience as a CASA and Permanency Worker with the DHS. Ms. Bennett has her Bachelor's in Social Work, with a minor in Child and Family Studies.

**Sarah Nance, Training Director.** Sarah oversees the agency's staff and foster parent trainings. She directly provides foster parent pre-service training and facilitates the monthly foster parent trainings. Her prior experience includes 6 years of mentoring, youth development, and education-related training facilitation and coaching for youth

programs across the country. Additionally, she's worked in direct-service with youth programs in a variety of roles, programs like Big Brothers Big Sisters, Girls Inc, Camp Fire, and Police Activities League. She has a M.Ed. from Lewis & Clark College in Portland, Oregon.

**Stephanie Gonias**, Lead Foster Parent Clinician. Ms. Gonias has extensive experience working with foster and adoptive families, the foster care system, and providing case management and support to families. She also has experiences working with diverse and marginalized families during times of distress. Ms. Gonias received her MSW from Portland State University and completed the Adoptive and Foster Family Therapy Certification Program post-graduation.

**Sarah Sonnenfeld, Foster Parent Clinician.** Prior to joining the certification team Ms. Sonnenfeld worked as a Permanency Specialists delivering permanency preparation services to youth and families in foster care system. Ms. Sonnenfeld has a B.A. in sociology and is in the process of completing the Adoptive & Foster Family Therapy Certificate Program at Portland State University.

**On-Call Supervisors Include:**

- Diane Brandsma, Seneca Program Director.
- Nicole Laliberte, Neighborhood Program Director.
- Drew Williamson, Safe Place Program Director
- Elise Ruiz-Hom, Safe Place Program Coordinator.

**Our Director Care Staff includes:**

- Mitch Dault, Youth Care Counselor.
- Allen Yourn, Youth Care Counselor
- Alex Freedman, Youth Care Counselor
- Robert Martinez, Youth Care Counselor
- Kyra Terbovich, Youth Care Counselor
- Megan Sherwood, Crisis Support & Intake Specialist.
- Carlyn Mitchell, Crisis Support & Intake Specialist.
- Taylor Hansen, Crisis Support & Intake Specialist.
- Kelerie Heiser, Crisis Support & Intake Specialist.
- Christina Flynn, Program Administration Specialist.
- Evan Bailey, Program Administration Specialist & CPI Instructor.

**1. Provide documentation that all staff meet the requirements outlined in the current BRS Oregon Administrative Rules Guide.**

A copy of the Staff Verification Form used in our recent BRS audit to meet staff qualifications has been included in the application. This form includes all staff over the past review period of two years. Additionally, a copy of our 2019 BRS Review Report has been included in this application which reflects the program is in full compliance with BRS rules including meeting all the staff requirements outlined in the rules.

## **2. Specify name of the program director and fully explain role.**

**Mary-Jackelyn Downing**, Director of Juvenile Services, will be joining Boys & Girls Aid on May 1, 2019. Ms. Downing began her career in Mental Health with children in Roslindale, MA while still an undergraduate. Throughout her career she has grown to work within and supervise school-based programming and otherwise, working with children, adolescents, young adults and their families, throughout the city of New York, in conjunction with the Dept of Ed. and a variety of mental health funders and in a variety of capacities. Beyond this, she has cultivated extensive experience in a supervisory capacity and within performance-based contracts. She has also developed data tracking systems to ensure deliverables while at the same time providing effective services to clients. Ms. Downing received her B.S. in Psychology from Suffolk University and her Masters in Mental Health Counseling for New York University.

Ms. Downing will have full oversight of the STEP program as the STEP Program Director. The Program Director provides operational oversight of therapeutic care programs for youth in care in coordination with the Program Services Administrator. This position requires a dedicated and skillful leader who is an excellent communicator with internal and external customers while providing direction to staff for the care of youth in accordance to federal and state contracts and Agency policies and procedures. The Program Director is also responsible for the following:

- Provides leadership and oversees all aspects of program operation, including program development and implementation; goal achievement; contract compliance; quality assurance; utilization; and, program evaluation
- Performs full range of personnel responsibilities including hiring, support, coaching, supervision, discipline, and professional development; directly supervises the Case Manager and the Program Coordinator positions
- Oversees and ensures clinical decisions are sound and grounded in an understanding of diverse social economic, racial, ethnic, and other cultural backgrounds
- Offers leadership to program team and ensures positive and collaborative interactions with internal departments and external providers through weekly team meetings, individual monthly meetings, and annual evaluations
- Assesses need for and conducts program improvement processes
- Directs foster parent retention efforts appropriate for program staff
- Collaborates with the Placement & Certification department to ensure: assessment, certification, and training of foster parents to adequately meet needs of the youth; communicated concerns in a timely and satisfactory manner; implemented retention practices; ongoing training support and coaching is provided; youth are properly screened and matched for placement; and, utilization goals are met
- Shares on-call responsibility weekends and evenings and for providing supervisory coverage for programs in department
- Develops and manages program budgets
- Develops and maintains positive relationships important to program maintenance, improvement, and growth, including funders, service partners,

donors, and board members; may include facilitating discussions or presentations on services

### **5.2.3 Cultural & Gender Responsivity (0-20 Points)**

- a) Describe how you will deliver services in a culturally responsive way to youth and families of color, youth and families with varying gender identities, and LGBTQI youth and families.**

Culturally specific services uplift the voices and experiences of those who, because of oppression, have been unheard or overlooked for far too long. We know many communities are unserved, underserved, and inadequately served. Because of the pervasive nature of racism, colonialism, white supremacy and xenophobia in the United States, as well as barriers that result from global cultural contexts, culturally specific services have historically been grounded in and grown from communities marginalized along racial, ethnic, immigrant, refugee or linguistic lines. Although an individual's definition of who they are culturally is complex, multi-layered and cannot be assumed by others, for the purposes of defining culturally specific services we define a cultural community as a group of people united by shared experience of oppression and cultural resilience, on the basis of such identities as race, ethnicity, language, immigration or refugee status, gender identity/expression, sexual orientation, ability, blindness, deaf/hard of hearing, religion, tribal sovereignty, or other marginalized identity. The programs strive to design interventions that are culturally grounded with ongoing guidance from clients and families in that community. The cultural community's lived experiences, core cultural constructs, and needs, as defined by people from that community, help inform service planning, service coordination, enrichment, recreational and cultural experiences, as well as decision-making. Services and materials should also be provided in an accessible format in the primary language of the client and the clients family.

Specific examples of how we meet the cultural needs of youth include intake forms with questions that seek to describe the youth's different identities related to race, age, gender, sexual orientation, nationality (culture of origin), religion, ability/disability status, socioeconomic status, structure of family, power in family etc. Additionally, we seek to understand the client identity, beliefs/belief systems and the social values that they hold. This is then shared with the youth's team including the foster parents in order for us to better serve the youth.

Additionally, we assist youth in increasing awareness, acceptance and appreciating others as well as their own culture/heritage, gender, and/or sexual orientation. We facilitate a group on race and racism that uses storytelling to increase awareness. The United States is rich with stories from diverse groups that make up this country. As a deeply racialized society, stained by structural racism, not all stories however are equally acknowledged, affirmed or valued. Many stories survive through tenacious resistance in the face of a status quo that marginalizes, and often silences, their telling thus diminishing their truths. This curriculum asks youth to consider what we lose when stories of and by diverse groups are concealed or lost, and what we gain as a society when we listen to and learn from the multitude of stories available for our consideration. The curriculum also invites youth to tell their own stories and through

telling identify the challenges they face in a racialized society and articulate their visions for a future that offers inclusion, equity and justice to all of the diverse people who make up our society. The curriculum examines four story types about race and racism in the United States. These are: stock stories, concealed stories, resistance stories, and counter stories.

The program also regularly schedules Extracurricular, Recreational, & Cultural Activities. Participation in recreational and cultural activities is an important piece of the service process. Not only do recreational activities and outings provide physical exercise and entertainment they are integral in allowing clients to make connections in the community. Clients also need exposure to cultural activities both to celebrate and explore their own cultures and to be exposed to other cultures. Clients will be given the opportunity to engage in activities that are consistent with their ethnic and cultural heritage. Clients will participate in recreation daily. On a weekly basis recreation and cultural activities will be community based. These recreational and cultural activities can include: accessing the public library, hiking, working out, swimming, bowling, basketball, golfing, film festivals, theaters, attending cultural events, yoga, disk golf, cooking, performing arts, visiting landmarks or historic sites, visual art gallery, festivals, volunteering, art projects, etc. In order to promote normalcy and improve wellbeing for children and youth in care the agency uses the Reasonable Parent Prudent Standard when making decisions around participation in extracurricular, recreational and cultural activities. This standard helps us make sensible parenting decisions that maintain the health, safety and best interest of the child or youth. Application of this standard considers age, maturity, developmental level, inherent risk of harm and best interest of child or youth when making decisions on participation in extracurricular, recreational, and cultural activities.

The Sexual & Gender Minority Youth Resource Center (SMYRC) has been a partner agency of Boys & Girls Aid for the last several years. We work closely with a consultant and trainer at SMYRC who keeps us informed of best practices when working with LGBTQ youth. We have demonstrated an ability to modify our program in order to make LGBTQ youth feel most comfortable in our program. An example of this is changing our program bathrooms from gender specific to gender neutral. We have learned that youth with gender identity issues face deep internal conflict when it comes to having to use a restroom designed for a specific gender. It was advised by SMYRC that youth programs transition to gender neutral bathrooms in order to prevent that internal turmoil and also to prevent the possibility of bullying or shaming by other youth in the program. Over the last several years, we have been very successful serving youth with varied sexual orientation, in addition to transgendered youth in the process of transitioning to the gender with which they identify.

Boys & Girls Aid partnered with Next Door to facilitate a Diversity, Equity and Inclusion training. Next Door facilitated an agency wide training and has provided on-going consultation to leadership on how to implement new concepts through their learned knowledge and experience. Next Door shared their experience assessing their agency and implementing a Diversity, Equity and Inclusion Committee of which Boys & Girls Aid has now done. Boys & Girls Aid recognizes that trainings are only one



piece of the puzzle. First, our conversations about diversity have evolved beyond a focus on whether different individuals are *present* in our organization, to focus on inclusion: How are different individuals' perspectives included in important decisions? How often are peoples' voices silenced? Is this an environment where people feel like they can "show up" authentically? Are differences valued, rather than merely tolerated? Second, conversation evolved from equity rather than equality. Equity recognizes that not all individuals start from the same place. Equity aims to provide opportunities for historically underrepresented populations of employees to have equal access to growth opportunities and networks that will help close the gap, from leadership levels to all aspects of institutional functioning. We not only recognize that building our capacity here is necessary for our line of work, but that it will be a continuous process. One training won't do it, nor will reading one article. It's an ongoing conversation and process for the entire organization.

Lifeworks Northwest, one of our partner agencies that provides mental health and drug and alcohol counseling, have bilingual and bicultural services available to youth with essential support in understanding and maintaining their cultural identities.

Additionally, we employ a diverse group of staff and foster parents who attend ongoing trainings as well as participate in our DEI committee. We understand the importance of a diverse workforce that also reflects the diversity of the clients we serve. Moreover, we are committed to diversity and inclusion throughout the agency to ensure a wide range of experiences, perspectives, and skills to provide better solutions, drive innovation and creativity, and enhance decision making. Lastly whenever possible, we recruit and hire a diverse workforce to include Spanish speaking staff as that tends to be the most common language our youth and families speak, aside from English. When we do not have a staff person available to facilitate conversations with youth and their families in their own language, we use Certified Languages International, a language line that allows us to immediately access a translator. Additionally, we contract with Linguava who provides on-site and telephonic interpretation, document translation and video relay interpretation. We utilize Linguava for in-person trainings and document translation.

- b) Describe the initial training and ongoing training staff receive related to cultural and gender responsiveness and delivering services in a cultural and gender responsive manner. Please describe the delivery mode of the training, the content of the training, and how many hours of training each staff receives annually.**

Boys & Girls Aid promotes practices that recognize and respect each individual's cultural, spiritual and personal background. Boys & Girls Aid is committed to encouraging awareness and sensitivity to diversity, equity and inclusion on the part of all its staff, foster parents and volunteers. Required trainings address all aspects of diversity, equity and inclusion including delivering services in a gender responsive manner.

The following is a list of initial trainings employees receive through our online training system within the first 30 days of hire of hire:

- **A Culture-Centered Approach to Recovery -1 Hour:** In this course, staff learn about the values, beliefs, and principles that are the foundation of psychosocial rehabilitation and recovery-oriented practice. This training describes the many ways in which culture is central, not peripheral, to recovery. In addition, it includes a review of the many dimensions of culture, the impact of worldview on psychosocial rehabilitation (PSR) practice, as well as the steps to becoming a culturally competent provider. Staff complete exercises that help them to explore their own culture and worldview, as well as identify biases that could impact their relationships with others.
- **Sarah Jayne Blakemore Ted Talk -15 Minutes:** Why do teenagers seem so much more impulsive, so much less self-aware than grown-ups? Cognitive neuroscientist Sarah-Jayne Blakemore compares the prefrontal cortex in adolescents to that of adults, to show us how typically “teenage” behavior is caused by the growing and developing brain. TEDTalks is a daily video podcast of the best talks and performances from the TED Conference, where the world's leading thinkers and doers give the talk of their lives in 18 minutes (or less). Look for talks on Technology, Entertainment and Design -- plus science, business, global issues, the arts and much more.
- **The Male Box - 1 Hour:** A video journey into the lives and minds of boys and men. It describes the history, the principles, and theoretical and practical research concerning societal views of how boys and men are treated. It discusses the major problems of communication between men and women. It also discusses what causes anxiety in men and why men often end up in treatment programs, and that by understanding the male brain during early childhood we can save many boys from becoming victims in treatment programs as they mature. Relating to men of all ages and on all levels is vital programs encompass what they need emotionally, biologically, and psychologically. It teaches how to truly respond in positive ways to men, so that they in turn may rise to the challenge of being male and being cared for and loved by women and society as a whole.
- **Strength Based Programming for Girls -1 Hour:** A Boys & Girls Aid designed training based on the research from the Coalition of Advocates for the Equal Access for Girls. The Coalition has developed two Handbooks giving programs guidance on implementing gender-responsive and trauma-informed approaches for working with girls.
- **Best Practices for Working with LGBTQ Children and Youth - 1.25 Hours:** LGBTQ+ children and youth are like other children and youth, but they face unique challenges and discrimination. Families, caregivers, providers, and educators can all play a role in fostering positive development, healthy coping skills, resilience, and thriving in LGBTQ+ children and youth. Culture, historical traditions, and belief systems can be assets in resilience building. This course provides an overview of basic information on gender and sexual identities in LGBTQ+ children and youth. This course also provides a discussion of institutional, cultural, and social discrimination, intersectional identities and complex trauma, assessment practices, and methods for building resilience in LGBTQ+ children, youth, and their families.

- Behavioral Health Services and the LGBTQ+ Community - 1 Hour:** More than 11 million adults in the United States identify as lesbian, gay, bisexual, or transgender. Moreover, the number of adults identifying as lesbian, gay, bisexual, or transgender has increased in recent years, reaching an all-time high of 4.5% in 2017 (Newport, 2018). When these increasing numbers are considered in light of the health disparities found among this population (e.g., increased rates of mental health problems, suicidality, and substance use disorders), the critical need for trained professionals who can deliver competent, culturally relevant, affirming care becomes apparent. This course will help staff to improve their ability to understand the unique needs of the LGBTQ+ population and provide affirming care that addresses those needs. The course will review some foundational terms and issues pertaining to inclusive language, discuss the barriers that individuals frequently encounter when attempting to access healthcare, and strategies staff can implement to help individuals overcome such barriers.

The following is a list of on-going trainings employees receive in-person:

**Sonya Littledeer-Evans Consulting - 4 Hours:** Mrs. Littledeer-Evans was certified as a Cultural Competency Trainer and serves on the cadre of Cultural Competency Trainers in Oregon. Since going through this process, Mrs. Littledeer-Evans became a highly requested trainer to serve on boards, planning committees, coalitions and to develop training for specific needs in the areas of Juvenile Justice, Health Equity, Disproportionate Minority Contact, Equity in Schools, Child Welfare and Diversity and Cultural Competency Training for government organizations, private agencies and non-profit agencies. Mrs. Littledeer-Evans has delivered trainings across Oregon to juvenile justice professionals. Topics covered include Cross Cultural Communication and Awareness, Understanding Privilege, and Cross-Cultural Conflict as related to the Juvenile Justice System. Mrs. Littledeer-Evans also trains in the Juvenile Justice field on Disproportionate Minority Contact, Gender Responsive services and working with high risk youth. Mrs. Littledeer-Evans has worked in the juvenile justice field in Oregon for over 19 years and is recognized as a leader in this capacity. In 2012 Littledeer-Evans Consulting was placed on the Oregon Health Authority, Office of Equity and Inclusion's qualified trainer registry for Equity, Inclusion and Diversity trainers. Mrs. Littledeer-Evans has facilitated simulation and interactive trainings on diversity, equity and inclusion practices for Boys & Girls Aid staff and volunteers.

**The Next Door, Diversity, Equity and Inclusion Workshop - 3.5 Hours:**

Participants gain a deeper understanding of the importance of creating programs through the lens of diversity, equity and inclusion. They will also appreciate how implicit bias and cultural barriers can impact the ability for all community members to wholly participate in programs. Diversity, Equity and Inclusion is a complicated subject. To support the Boys & Girls Aid staff in getting the most out of our trainings, we ask that folks complete a couple of tasks prior to their training. These 2 tasks will assist everyone with starting on common ground, give everyone shared terminology and hopefully prepare everyone for deeper conversations during the training. The first task is to watch a TED talk titled Color Blind or Color Brave by Mellody Hobson and the second task is to complete an online survey on Implicit Bias.

**The Sexual & Gender Minority Youth Resource Center (SMYRC) - 2.5 Hours:** has been a partner agency of Boys & Girls Aid for the last several years. They provide a level one and level two training for us. While level one introduced staff to basic concepts, level two trainings focus on implementation of best practices for individuals through daily interactions with youth as well as providing tools to foster on-going discussions. Additionally, level two included a climate assessment which assesses safety and environment in the program with recommendation for changes.

We work closely with a consultant and trainer at SMYRC who keeps us informed of best practices when working with LGBTQ youth. We have demonstrated an ability to modify our program in order to make LGBTQ youth feel most comfortable in our program. An example of this is changing our program bathrooms from gender specific to gender neutral. We have learned that youth with gender identity issues face deep internal conflict when it comes to having to use a restroom designed for a specific gender. It was advised by SMYRC that youth programs transition to gender neutral bathrooms in order to prevent that internal turmoil and also to prevent the possibility of bullying or shaming by other youth in the program. Over the last several years, we have been very successful serving youth with varied sexual orientation, in addition to transgendered youth in the process of transitioning to the gender with which they identify.

**c) Describe how you promote equity, diversity, and inclusion in your programming and staffing.**

The agency maintains a Diversity, Equity and Inclusion (DEI) Committee, which guides staff in ensuring that all clients are treated in accordance with the standards of nondiscrimination and respect for diversity.

The DEI Committee was formed to provide an ongoing assessment of diversity, equity, and inclusion within the organization regarding its ability to serve its employees, clients, and foster families in a manner that reflects their demographic composition and needs. The Committee is in the process of identifying areas of strength and areas of improvement across the organization and develop strategic goals to accomplish in the next 6-18 months. The Committee is led by the President/CEO for executive-level support and commitment, with a subcommittee of four co-chairs who have a passion and experience in leading and participating in similar committees in their professional and personal lives, and 5-7 other employees who represent program and administrative staff from across the organization.

Boys & Girls Aid recognizes that adolescence is a developmental stage when youth begin exploring their cultural identities. We encourage this process in a safe, supportive atmosphere where youth are assisted in participating in the cultural and religious activities they choose. STEP provides for the cultural needs of youth through individualized service planning, recognizing that each youth's needs are different, as well as in daily living supplies such as foods and hygiene items that are culture specific or neutral. Our staff are experienced in working with families of a variety of cultural and socioeconomic backgrounds. Staff support youth's exploration of their own culture and honor differences that may exist, for example, the different dynamics

that exist within families of other cultures. We also encourage youth to be connected to an active community that reflects their culture. For example, when youth have a Native American Heritage, we actively seek supportive services for them through the Native American Youth Association and look for culturally sensitive mental health providers.

**d) Describe your ability to provide linguistically appropriate services to monolingual (Spanish) youth and/or parents and guardians.**

Whenever possible, we recruit and hire a diverse workforce to include Spanish speaking staff as that tends to be the most common language our youth and families speak, aside from English. When we do not have a staff person available to facilitate conversations with youth and their families in their own language, we use Certified Languages International, a language line that allows us to immediately access a translator. Additionally, we contract with Linguava who provides on-site and telephonic interpretation, document translation and video relay interpretation. We utilize Linguava for in-person trainings and document translation.

**5.2.4 Preferences (0-15 Points)**

**a) Five (5) preference points shall be awarded to a provider's proposal evaluation score for being a provider in the Portland, Oregon Metropolitan area who offers foster homes in the Portland, Oregon Metropolitan area. Please describe how your agency currently meets this preference point criteria.**

The STEP Program currently has several homes in Multnomah county that can meet the specialized needs of vulnerable populations in the foster care and juvenile justice system. There are two fulltime LGBTQ identified providers (including a transgender provider), and another LGBTQ provider projected to be available in June 2019. There are two relief foster care homes that identify as LGBTQ. One is a biracial, African American and Latino home. There is one fulltime African American home, as well as a fulltime home and relief home that are Spanish-speaking. There is a Latino, Spanish-speaking fulltime home projected to be available late Summer 2019. There is one Asian American relief home. There are several homes who can provide services to women-identified youth. Lastly, there are two homes that specialize in providing for youth sex offenders.

- **Viviane and Ed Bos**  
Two-parent home in Multnomah County has two beds available for youth, located in NE Portland.
- **Kelsey Brance and Ryely Waite-Jones**  
Two-parent LGBTQ home in Multnomah County has one bed available for youth, located in North Portland.
- **Amy Davidson**  
Single-parent LGBTQ home in Multnomah County has one bed available for youth, located in SE Portland.

- **Mustafah Finney**  
Single-parent African American home in Multnomah County has two beds available for youth, located in SE Portland.
  - **Mel Lindsay**  
Single-parent, Spanish speaking home in Multnomah County has two beds available for youth, located in Rockwood/Gresham.
  - **Jeff and Darci Richards**  
Two-parent home in Multnomah County has two beds available for youth, located in SW Portland. This home specializes in serving youth sex offenders.
  - **Mary and Paul Senatori**  
Two-parent home in Multnomah County has one bed available for youth, located in NE Portland. This home will be available in May 2019.
  - **Jeff Dickey**  
Single-parent LGBTQ home in Multnomah County has one bed available for youth, located in SW Portland. This home will be available in May 2019.
  - **Kathy and Bill White**  
Two-parent home in Multnomah County has two beds available for youth, located in NE Portland. This home will be available June 2019.
  - **Cliff Chestnut & Luis Moyano Molina**  
Two-parent LGBTQ home of color has one bed available for respite in Multnomah County, located in NE Portland.
  - **Laura & Michael Hinds**  
Two-parent home has one bed available for respite in Multnomah County, located in SW Portland.
  - **Gesher Kitzler & Rebecca Lester**  
Two-parent home has one bed available for respite in Multnomah County, located in NE Portland.
  - **David & Tita Rannabargar**  
Two-parent home has one bed available for respite in Multnomah County, located in East Portland.
  - **Heather Cermak & Scott Jasinski**  
Two-parent home has one bed available for respite in Multnomah County, located in NE Portland. This home will be available in May 2019.
  - **Diana Nicholas & Ash Patterson**  
Two-parent home has one bed available for respite in Multnomah County, located in SE Portland. This home will be available in May 2019.
- b) **Ten (10) additional preference points shall be awarded to a provider's proposal evaluation score for being a provider who offers foster beds in Clackamas County. Please describe how your agency currently meets this preference point criteria. NOTE: For purposes of this section, "foster homes" are defined as placements that provide a family-like setting in a residential dwelling that is not congregate care.**

- **Susan Midland**

One-parent home with a supportive caregiver in Clackamas County has three beds available for youth, located in Damascus.

- **Sharon Johnson**

One parent home has one bed currently located in Washington Co but will be relocating to Milwaukie mid-May 2019.

### **5.2.5 References (0-5 Points)**

a) Provide names and contact information for at least two other agencies for which you are currently providing or have previously provided STRP services. NOTE: The requirements of 5.2.3. do not replace or nullify the provisions relating to references in Section 2.9 of this RFP.

- **Candace Johnson**, Multnomah County Juvenile Department, 1401 NE 68th Ave Portland, OR, 503.988.8960, [candace.d.johnson@multco.us](mailto:candace.d.johnson@multco.us)
- **Sara Fox**, Department of Human Services, 500 Summer St. Salem, OR 97301, 503.602.1087, [SARA.B.FOX@dhsola.state.or.us](mailto:SARA.B.FOX@dhsola.state.or.us)

### **5.3 Capacity & Fees**

Fees should be on a fixed fee basis based on the current BRS rates established by the State of Oregon, regardless of youth eligibility for BRS Funding. Please provide the following:

- a) **A statement acknowledging your willingness to abide by this fee arrangement should you be awarded a Contract under this RFP.**

We understand this contract will be on a fixed fee basis based on the BRS rates established by the State of Oregon. Boys & Girls Aid agrees to abide by this fee arrangement if awarded a contract under this RFP.

Vera Stoulil, Chief Operating Officer  
4-14-19

- b) **The maximum number of placements your organization can provide under this RFP.**

Boys & Girls Aid can provide a max of 5 placements under this RFP.

- c) **The average number of placements that your organization can support on any given day.**

Boys & Girls Aid can support a max of 6 placements on any given day under this RFP.

### **5.4 Completed Proposal Certification**







# Oregon

Kate Brown, Governor

Oregon Youth Authority  
Community Resources Unit  
530 Center St. NE Suite 200  
Salem, OR 97301  
Voice: 503.373.7595  
Fax: 1.866.603.7174  
[www.oregon.gov/OYA](http://www.oregon.gov/OYA)



January 14, 2019

Michelle Ottaviano  
Boys and Girls Aid, Step Program  
9320 SW Barbur Blvd #200,  
Portland, OR 97219

RE: BRS Compliance Review

Dear Michelle,

Thank you for your cooperation with the Behavioral Rehabilitation Services and contractual requirements review conducted on August 8, 2018. The review is a comprehensive process which includes: An assessment of staff qualifications, training, staff to youth ratios, BRS authorizations, BRS service documentation, and a thorough policy review, followed by an initial report.

BGAID submitted corrective actions for items that were found out of compliance. These corrective actions have been implemented. Attached you will find your final report which indicates that BGAID Shelter is in 100% compliance with all Behavioral Rehabilitation Services and contractual requirements at this time.

I appreciate your responsiveness and dedication to providing the best care for OYA youth. We look forward to continuing to work with you on continual quality assurance through the remainder of the biennium.

Sincerely,

Khris Ward, MA

*Khris Ward*

Community Resources Unit

# BRS Provider Review

Name of Program: BGAID Shelter  
 Date: April 13<sup>th</sup> and 14<sup>th</sup>, 2016  
 Reviewer(s): Khris Ward & Monica Moran

The Department of Human Services and Oregon Youth Authority monitor, review, and evaluate Behavior Rehabilitation Services being offered by BRS Contractors for compliance with Oregon Administrative Rule and individual Agency contracts.

Compliance in each area is determined by means of a thorough review of files, including personnel, open and closed client case files, and agency policies and procedures. For each sub- item that is specifically documented in the Oregon Medicaid State Plan there is an expectation for 100% compliance. For all other sub-items a pattern of compliance is determined by demonstration of a minimum of 90% compliance. The overall domain is determined to be in compliance when every sub-item shows a pattern of compliance.

Noted below are all areas reviewed with the corresponding compliance level. As follow-up to the review, BGAID shall submit a Corrective Action Plan which details the BRS contractor’s plans to achieve compliance in all areas. Where relevant, describe a system solution to remain in compliance. This plan must be written as part of this document in the areas provided. The Corrective Action Plan should be completed and submitted to Khris Ward, no later than May 12<sup>th</sup>, 2016.

<b>1. PERSONNEL/PROGRAM REQUIREMENT-OAR 410-170-0030</b>	<b>Action Completed</b>
<b>Standard: Program staff members meet BRS position requirements for education and experience.</b>	
<b>Standard: Position Descriptions describe the duties and qualifications for each BRS position.</b>	
1.1 Program Coordinator credentials	<b>In Compliance</b>
1.2 Program Coordinator position	<b>In Compliance</b>
1.3 Social Service Staff credentials	<b>In Compliance</b>
1.4 Social Service position	<b>In Compliance</b>
1.5 Direct Care Staff credentials	<b>In Compliance</b>
1.6 Direct Care Staff position	<b>In Compliance</b>
1.7 Criminal History Checks	<b>Pattern of Compliance</b>
1.8 All staff who work directly with BRS clients training – 28 hours within 30 days including:	<b>Action Completed</b>
BRS Service Documentation	<b>Action Completed</b>
Mandatory Reporting of Child Abuse	<b>Pattern of Compliance</b>
Program Policies and Expectations	<b>Pattern of Compliance</b>
Gender- and cultural-specific services	<b>Pattern of Compliance</b>
Behavior and crisis management	<b>Pattern of Compliance</b>
Medication administration	<b>Pattern of Compliance</b>
Discipline and restraint policies	<b>Pattern of Compliance</b>
Suicide prevention	<b>Action Completed</b>
1.9 Receive 16 hours of training annually which must include:	<b>Action Completed</b>
Skills-training curriculum supporting evidence-based or promising practices	<b>Action Completed</b>
Other relevant subjects related to the delivery of BRS services	<b>Action Completed</b>
1.10 Comply with the provider enrollment requirement in OAR 410-120-1260	<b>Action Completed</b>

1.11 Maintains a system for immediate and on-going communication amongst program staff regarding the whereabouts, status and condition of the youth	<b>Pattern of Compliance</b>	
1.12 Direct Care Staff, Social Service Staff and Program Coordinator have and/or maintain a First Aid certification	<b>Pattern of Compliance</b>	
1.13 Direct Care Staff, Social Service Staff and Program Coordinator have and/or maintain a CPR certification	<b>Pattern of Compliance</b>	
1.14 BRS Contractor's Supervision of the Approved Provider Parent must include:		
Visits to the Provider Parent home a minimum of one time each month	<b>Pattern of Compliance</b>	
Provides 24 hour back up services I.E. on call services, consultation and direct crisis counseling	<b>Pattern of Compliance</b>	
Provides an opportunity for 48 hours of respite care per month	<b>Pattern of Compliance</b>	
<b>Review Notes:</b>		
1.10: Agency is working on obtaining an NPI #. Their previous NPI # expired. Program Coordinator and Social Service Staff all have NPI #'s. A process will need to be developed where program is checking newly hired staff against the Medicaid exclusionary list.		
1.8: Suicide Prevention and BRS Documentation trainings were not found in initial training checklist.		
1.9: Proctor Parents: unable to determine the content of monthly trainings.		
1.9: Program staff appear to be getting 16 hours of ongoing training related to BRS service delivery.		
<b>Corrective Action Plan</b>	<b>Person Responsible</b>	<b>Due Date</b>
<p><b>1.8:</b> Suicide Prevention Training occurs within the first 30 days of hire through our Online Training System (Relias). Although it is entered in Relias and staff are alerted to take the training we discovered it was not listed on our training checklist. BRS Documentation Training occurs within the first two weeks of hire as part of the "Program Orientation" in-person with the hiring supervisor. The agency will be developing a more clear and detailed process for tracking in person and online trainings in Relias.</p> <ul style="list-style-type: none"> <li>We will reconfigure our training system (Relias) for tracking training to ensure that all trainings are delivered on time and tracked accurately with appropriate detail.</li> <li>Reports will be generated by supervisors on a regular basis reflecting new hire trainings completed. All of the trainings listed above will be included in this report.</li> <li>We will review within Relias how to improve the supervisor notification system so that supervisors consistently receive alerts for upcoming staff training due dates.</li> <li>Shadow shifts will also be added to Relias so that training content will be reflected in Relias.</li> </ul>	Andrea Logan-Sanders, Michelle Ottaviano	8.1.16
<p><b>1.9:</b> The Foster Care Certifier and Trainer will ensure that training titles and content are clear and descriptive. In addition, a template will be created to document training date, title, topic, and learning objectives for each training. These forms will be available for future audits.</p>	Jessica Wilson, Stacy Darden	6.1.16
<p><b>1.10:</b> Per instruction from Leah Forsman (State of Oregon), BGA Human Resources will work with Provider Enrollment at DHS to review paperwork process, as well as requirements for checking newly hired staff against the Medicaid exclusionary list. A process will then be developed and implemented by HR.</p>	Sue Tinsman	5.10.16
<b>Follow up notes: 7/14/16 kw</b>		

- 1.10: When an NPI# enrollment/application with the State is sent to OHA (Rudy Trevino), he compares the application to the Medicaid exclusionary list.
- 1.8: BRS Service Documentation and Suicide Prevention is included in new employee orientation. This was verified through training records.
- 1.9: Training records showed that staff are getting 16 hours of on-going training.

<b>2. MINIMUM DIRECT CARE STAFFING LEVELS (0030)</b>		<b>N/A</b>	
Standard: Program provides supervision consistent with the OAR 410-170-0030 for their specific level of care. (0030-b = TFC), (0030-c = Residential),			
N/A			
<b>Review Notes:</b>			
<b>Corrective Action Plan</b>		<b>Person Responsible</b>	<b>Due date</b>
<b>Action plan:</b>			
<b>Follow up notes</b>			

<b>3. INTAKE PROCEDURES (0040-0050)</b>		<b>In Compliance</b>	
3.1 Admissions: Prior Authorization (0040-2)		<b>In Compliance</b>	
3.2 Admission decision is made within 5 days of receiving the referral packet. (0050-7)		<b>Pattern of Compliance</b>	
3.3 On the day that the BRS Client is physically admitted to the program, the provider will provide to the client and applicable parent, guardian or legal custodian copies of the following and maintain signed documentation that they have done so in each client's file. If the parent or guardian cannot be present provider may show documentation of forward of the policy by facsimile or mail within 48 hours. (0050-8-a)		<b>Clients Pattern of Compliance</b>	
		<b>Adults Pattern of Compliance</b>	
Behavior management system policy		<b>Pattern of Compliance</b>	
Grievance Policy		<b>Pattern of Compliance</b>	
Client and family rights		<b>Pattern of Compliance</b>	
Discharge policies		<b>Pattern of Compliance</b>	
Seclusion policy		<b>Pattern of Compliance</b>	
Suicide prevention policy and procedures		<b>Pattern of Compliance</b>	
Medication management policy		<b>Pattern of Compliance</b>	
<b>Review Notes:</b>			
<b>Corrective Action Plan</b>		<b>Person Responsible</b>	<b>Due date</b>
<b>Action plan:</b>			
<b>Follow up notes</b>			

<b>4. INITIAL SERVICE PLANNING (0070-1)</b>		<b>Action Completed</b>	
4.1 ISP Completed by Social Service staff within 2 business days		<b>Action Completed</b>	
4.2 Maintain the signatures of all participants or documentation that the client, family, caseworker, social service staff and other significant persons participated in or were invited to participate in the development of the ISP		<b>Pattern of Compliance</b>	
4.3 Written approval of the ISP prior to implementation from the Caseworker and Client and as applicable the parent, guardian, or legal custodian		<b>Pattern of Compliance</b>	
4.4 ISP is individualized and developmentally appropriate		<b>Pattern of Compliance</b>	
4.5 ISP is based on a thorough assessment of the client's referral information		<b>Pattern of Compliance</b>	
4.6 ISP specifies services for first 45 days		<b>Pattern of Compliance</b>	

4.7 Plan to address specific behaviors including intervention to be used	<b>Pattern of Compliance</b>	
4.8 Plan for any overnight visits	<b>Pattern of Compliance</b>	
4.9 Anticipated discharge date	<b>Pattern of Compliance</b>	
4.10 Anticipated type of discharge placement	<b>Pattern of Compliance</b>	
4.11 A plan to address any needs identified in the referral information.	<b>Pattern of Compliance</b>	
4.12 Existing orders medications/treatments	<b>Pattern of Compliance</b>	
4.13 Any type of behavior management system that will be used as an intervention	<b>Pattern of Compliance</b>	
4.14 Specific behavior management needs	<b>Pattern of Compliance</b>	
<b>Review Notes:</b>		
<ul style="list-style-type: none"> <li>Several of the ISP's were not completed within 2 business days.</li> <li>Excellent goals and behavioral objectives.</li> <li>Individualized plans</li> </ul>		
<b>Corrective Action Plan</b>	<b>Person Responsible</b>	<b>Due Date</b>
<b>4.1:</b> Program Director will work with the Intake Coordinator to streamline Intake Process by eliminating data entry prior to transitioning referral documents over to Case Managers thus allowing for Case Managers to receive referral documents earlier for timely completion of ISP's.	Michelle Ottaviano, Karlee Brandini	6.1.16
<b>Follow up notes: 7/14/16 kw</b>		
<ul style="list-style-type: none"> <li><b>Reviewed two files that showed recent ISP's completed and sent to case worker within the required time frame</b></li> </ul>		

<b>5. ASSESSMENT AND EVALUATION REPORT AER (0070-2)</b>	<b>Action Completed</b>
5.1 Submit the complete written Assessment to the Caseworker within <b>30</b> days	<b>Action Completed</b>
5.2 Ensure that a Social Service Staff Member conducts a comprehensive assessment of the BRS Client and completes a written AER	<b>Pattern of Compliance</b>
5.3 The AER must include information with regard to the following domains:	
Legal custody and basis for custody/Offense specific	<b>Pattern of Compliance</b>
Medical (including medications & dosages)	<b>Pattern of Compliance</b>
Family including specific cultural factors	<b>Pattern of Compliance</b>
Mental Health	<b>Pattern of Compliance</b>
Alcohol and Drug	<b>Pattern of Compliance</b>
Education	<b>Pattern of Compliance</b>
Vocational (if age appropriate)	<b>Pattern of Compliance</b>
Social Living Skills	<b>Pattern of Compliance</b>
Placement planning including home visits, anticipated discharge, and placement resources.	<b>Pattern of Compliance</b>
<b>Also includes:</b>	
5.4 Reason for referral/placement (including identified problems and historical information)	<b>Pattern of Compliance</b>
5.5 Behaviors/response to current services, strengths and assets	<b>Pattern of Compliance</b>
5.6 Significant incidents and/or interventions since admission	<b>Pattern of Compliance</b>
5.7 Behavior management level needed, specifically any behavior management needs greater than usual for the program.	<b>Pattern of Compliance</b>
5.8 Identification of any service goals	<b>Pattern of Compliance</b>
5.9 Identified needs by assessment and history	<b>Pattern of Compliance</b>
<b>Review Notes:</b>	
5.1 Timeliness is the only issue.	

<b>Corrective Action Plan</b>	<b>Person Responsible</b>	<b>Due Date</b>
<b>5.1:</b> In weekly supervision Program Directors will review upcoming Assessment due dates with Case Managers to ensure that Assessments are submitted on time.	Jaycanna McVey, Michelle Ottaviano	6.1.16
<b>Follow up notes: 7/14/16 kw</b>		
<ul style="list-style-type: none"> <li>Reviewed two files that showed recent AER's completed and sent to case worker within the required time frame.</li> </ul>		

<b>6. Master Service Plan (0070-3)</b>	<b>Action Completed</b>	
6.1 Master Service Plan completed by Social Service staff within 45 days	<b>Action Completed</b>	
6.2 MSP is individualized and developmentally appropriate	<b>Pattern of Compliance</b>	
6.3 Maintain the signatures of all participants or documentation that the client, family, caseworker, social service staff and other significant persons participated in or were invited to participate in the development of the MSP	<b>Pattern of Compliance</b>	
6.4 Written approval or the updated MSP prior to implementation from the Caseworker, client and as applicable the parent, guardian, or legal custodian	<b>Pattern of Compliance</b>	
6.5 Domains with indicated need are addressed. (Refer to 5.3)	<b>Pattern of Compliance</b>	
6.6 Placement plans including home visits, anticipated discharge date and placement resources.	<b>Pattern of Compliance</b>	
6.7 Other needs identified in the AER that do not fall in one of the identified domains.	<b>Pattern of Compliance</b>	
6.8 Completion criteria individualized for each client.	<b>Pattern of Compliance</b>	
6.9 Specifically stated and prioritized service goal(s). (Describe youth's desired accomplishment in the domain upon completion of program.)	<b>Pattern of Compliance</b>	
6.10 Interventions and services program will provide to address each goal, including the use of a behavior management system specific group, counseling and skill-building curriculums.	<b>Pattern of Compliance</b>	
6.11 Staff responsible for providing the identified services	<b>Pattern of Compliance</b>	
6.12 Specifically stated behavioral criteria for evaluating the achievement of goals.	<b>Pattern of Compliance</b>	
6.13 A time frame for completion of goals	<b>Pattern of Compliance</b>	
6.14 The method used to monitor progress towards completing goals and the person responsible for monitoring progress.	<b>Pattern of Compliance</b>	
6.15 Aftercare/transition goals and planning	<b>Pattern of Compliance</b>	
6.16 Description of services by other providers including needs to be addressed	<b>Pattern of Compliance</b>	
Also includes, where applicable:	<b>Pattern of Compliance</b>	
6.17 Behavior management level needed, specifically any behavior management needs greater than usual for the program.	<b>Pattern of Compliance</b>	
6.18 Planning for when overnight visits are to occur, identifying frequency, and describing how the visits relate to the BRS goals identified in the MSP. The program must make every attempt to schedule visits so that they do not conflict with services.	<b>Pattern of Compliance</b>	
<b>Review Notes:</b>		
<ul style="list-style-type: none"> <li>Some of the MSP's were not completed within 45 days</li> <li>Recommend that a space be added in the header of the report to indicate the date that the report was written.</li> </ul>		
<b>Corrective Action Plan</b>	<b>Person Responsible</b>	<b>Due Date</b>
<b>6.1:</b> In weekly supervision Program Directors will review upcoming MSP due dates to ensure timely submission. ISP & MSP Templates will be updated to include the date the report was written.	Jaycanna McVey, Michelle Ottaviano	6.1.16
<b>Follow up notes: 7/14/16 kw</b>		
<ul style="list-style-type: none"> <li>Reviewed two files that showed recent MSP's completed and sent to case worker within the required time frame.</li> </ul>		

<b>7. Master Service Plan Update/Review (0070-4)</b>		<b>N/A</b>	
7.1 Formal service plan review meetings occur at least every 90 days			
7.2 Maintain the signatures of all participants or documentation that the client, family, caseworker, social service staff and other significant persons participated in or were invited to participate in the development of the MSP update			
7.3 Written approval or the updated MSP prior to implementation from the Caseworker, client and as applicable the parent, guardian, or legal custodian			
7.4 Review documents include:			
Progress toward achievement of service goals			
Performance on the behavior management system			
Performance on any individualized plans developed to address specific behavior			
Modifications to services based on new behaviors or identified needs			
Changes in recommendations, discharge date, or transition/discharge plan			
A summary of incidents involving the Client that occurred over the last 90 days			
<b>Review Notes:</b>			
N/A: Youth are not in the shelter program long enough to require a MSP update.			
<b>Corrective Action Plan</b>		Person Responsible	Due Date
<b>Action plan:</b>			
<b>Follow up notes</b>			

<b>8. SERVICE DOCUMENTATION (0090)</b>		<b>Action Completed</b>	
8.1 Provide a combination of services necessary to comply with the clients ISP or MSP.		<b>Pattern of Compliance</b>	
8.2 Documentation included		<b>Pattern of Compliance</b>	
Name of Client		<b>Pattern of Compliance</b>	
Date of service		<b>Pattern of Compliance</b>	
Name and position of the staff member providing the service		<b>Pattern of Compliance</b>	
Length of time staff spent providing the service to the client		<b>Pattern of Compliance</b>	
Description of the service being provided		<b>Pattern of Compliance</b>	
Description of the clients participation in the service		<b>Pattern of Compliance</b>	
8.3 Written weekly record in each client's file with a total number of service hours provided each day to the client and a breakdown of the number of hours spent providing each particular type of service (i.e., Crisis counseling, individual and group counseling, parent training, skills training)		<b>Pattern of Compliance</b>	
8.4 Social service staff review the documentation each week for quality, content and appropriateness with the client's ISP or MSP.		<b>Pattern of Compliance</b>	
8.5 <b>Shelter Care - 6</b> hours of services are available to each client each week. To include: Crisis Counseling, Individual Counseling, Group Counseling, Milieu Therapy, Parent Training, Skills Training		<b>Action Completed</b>	
8.6 1 hour individual counseling/skill training per week provided by Social Service staff.		<b>Action Completed</b>	
8.7 <b>Shleter Care - 5</b> hours of any combination of individual or group counseling, crisis counseling, skills training or parent training.		<b>Pattern of Compliance</b>	
<b>Review Notes:</b>			
<ul style="list-style-type: none"> <li>Type of intervention is not always being filled in by foster parents.</li> <li>Some progress notes do not specify the goal associated with the intervention.</li> <li>There appears to be two different Foster Parent BRS Tracking Logs. The one with the 9 objectives from the service plan better meets rule requirements.</li> <li>Foster parent notes: The duration of the interventions appear to be appropriate.</li> </ul>			

<ul style="list-style-type: none"> <li>An hour of Individual counseling/skills training is not always being documented by the social service staff each week.</li> </ul>		
<b>Corrective Action Plan</b>	<b>Person Responsible</b>	<b>Due Date</b>
<p><b>8.5:</b></p> <ul style="list-style-type: none"> <li>The program will begin utilizing a new PDF form to document Foster Parent BRS notes that will require the type of intervention utilized be documented.</li> <li>Program Directors will facilitate a training with staff to ensure a Treatment Goal is selected when documenting BRS as well as ensure added content around Goal Selection is covered during BRS training for new hires. Additionally, social service staff will ensure a goal has been selected when reviewing notes in order to provide on-going feedback to staff.</li> <li>Our current form utilized to document Foster Parent BRS Notes is the one described above that includes Treatment Plan Objectives. This is the form that will be revised to include intervention types.</li> <li>The new Foster Parent BRS Form will also be revised to include a drop down menu of time intervals that include 15, 30, 45, and 60 minutes that will be required upon submission.</li> <li>Program Director will facilitate a training to roll out the revised document and process that will also include a review and clarification on BRS Documentation as well as ensure new Foster Parents are orientated to our new form and process.</li> <li>Program Director will meet with Case Managers to clarify that agency employed Mental Health Therapists cannot meet with youth in place of the required 1 hour per week of individual counseling with the social service staff.</li> </ul>	Michelle Ottaviano	6.1.16
<b>Follow up notes</b>		

<b>9. INCIDENT REPORTS (0030-11-B)</b> Maintain a record of all incidents and crisis interventions including but not limited to communication outages, use of seclusion and physical restraint, a risk to the status or custody of the client or other incidents likely to cause complaints, generate safety, programmatic or other serious concerns, or come to the attention of the media, or law enforcement. All reports will contain the following	<b>In Compliance</b>
9.1 Name of the client	<b>Pattern of Compliance</b>
9.2 The date, location and type of incident or crisis intervention.	<b>Pattern of Compliance</b>
9.3 The duration of any seclusions or physical restraints employed in the context of the incident.	<b>Pattern of Compliance</b>
9.4 Name of staff involved in the incident or crisis intervention, including the names of any witnesses.	<b>Pattern of Compliance</b>
9.5 Description of the incident or crisis intervention, including precipitating factors, preventative efforts employed, and description of circumstances during the incident.	<b>Pattern of Compliance</b>
9.6 Physical injuries to the client or others resulting from the incident or crisis intervention, including information regarding any follow-up medical care or treatment.	<b>Pattern of Compliance</b>



9.7 Documentation showing that any necessary reports were made to the appropriate agency, any other entity required by law to be notified, and as applicable the clients parent guardian or legal custodian.	<b>Pattern of Compliance</b>	
9.8 Documentation indication the date that a copy of the incident report was sent to the caseworker.	<b>Pattern of Compliance</b>	
9.9 Actions or interventions taken by program staff.	<b>Pattern of Compliance</b>	
9.10 Any follow-up recommendations for the client or the staff.	<b>Pattern of Compliance</b>	
9.11 Any follow-up or investigation conducted by the provider supervisory staff, DHS, OYA or other entities.	<b>Pattern of Compliance</b>	
9.12 The providers review of the incident or crisis intervention.	<b>Pattern of Compliance</b>	
<b>Review Notes:</b>		
<b>Corrective Action Plan</b>	Person Responsible	Due Date
<b>Action plan:</b>		
<b>Follow up notes</b>		

<b>10 HOME VISITS (0100-4)</b>	<b>In Compliance</b>	
<b>In order to qualify as an authorized home visit the provider must:</b>		
10.1 Ensure that the home visit is tied to the clients ISP or MSP	<b>Pattern of Compliance</b>	
10.2 Work with the family on goals for the visit and receive regular reports from the family on the client's progress while on the home visit.	<b>Pattern of Compliance</b>	
10.3. Have staff available to answer calls from the client or the client's family and to provide services to the client during the time planned for the home visit if the need arises	<b>Pattern of Compliance</b>	
10.4 Document communication with the client's family.	<b>Pattern of Compliance</b>	
10.5 Document client's progress on goals set for the home visit.	<b>Pattern of Compliance</b>	
<b>Review Notes:</b>		
<b>Corrective Action Plan</b>	Person Responsible	Due Date
<b>Action plan:</b>		
<b>Follow up notes</b>		

<b>11 POLICIES (0030-10)</b>	<b>Action Completed</b>	
11.1 Admission criteria and standards to accept a BRS client into the program.	<b>Pattern of Compliance</b>	
11.2 Staff training, including child abuse reporting.	<b>Pattern of Compliance</b>	
11.3 Reviewing referrals to the program and notification of admission decisions.	<b>Pattern of Compliance</b>	
11.4 Behavior management system policy designed to consistently encourage and positively reinforce appropriate behaviors exhibited by the clients in a non-punitive manner.	<b>Pattern of Compliance</b>	
11.5 A behavioral rehabilitation program model that uses evidence-based or promising practices whenever possible and the curriculum, policies, and procedures which implements that model.	<b>Pattern of Compliance</b>	
11.6 Client and family rights, including but not limited to the search and seizure of the clients person, property and mail; visitation and communication; and <b>discharges initiated by the client.</b>	<b>Action Completed</b>	
11.7 Grievance policy describing the process through which the client and if applicable the parent, guardian or legal custodian may present grievances to the provider about its operation and resolve issues.	<b>Pattern of Compliance</b>	
11.8 Voluntary nature of BRS with a process that allows the client to leave the program with no more than 3 business days advance notice. (0060-1-a)	<b>Pattern of Compliance</b>	
11.9 Suicide prevention policy and procedure that includes how the provider will respond in the event a youth exhibits self-injurious/self-harm or suicidal behavior. This policy must include warning signs of suicide, emergency protocol and contacts,	<b>Action Completed</b>	

and training requirements for staff, including suicide prevention training and suicide risk assessment tool training; procedures for determining implementation of additional supervision precautions and for determining removal of additional supervision precautions; suicide risk assessment procedures on the day of intake; documentation requirements for suicide ideation, self-harm, and special observation precautions to ensure immediate communication to all staff; a process for tracking suicide behavioral patterns; and a "post-intervention" plan with identified resources.	
11.10 Seclusion and Physical restraint policy that describes when such interventions may be used in compliance with applicable federal and state laws and regulations. It must be clear in the policy that if the restraint or seclusion are to be used as a intervention of last resort, it must describe how and by whom staff are trained and monitored in approved techniques.	<b>Pattern of Compliance</b>
11.11 Medication management policy that describes how and where medications are stored, how a client will be notified of their right to refuse medication, and that the provider will notify the JPPO/ Caseworker if the client refuses prescribed medications for more than 7 days or refuses a medication that has been identified by any LPHA as requiring an immediate report for health care reasons.	<b>Pattern of Compliance</b>
11.12 Quality Improvement policy and procedures that monitor the operation of the program to ensure compliance with all applicable laws and regulations, including but not limited to tracking of service hours, monitoring the timeliness or reporting requirements, and monitoring the quality of service delivery.	<b>Pattern of Compliance</b>
<b>Review Notes:</b> <ul style="list-style-type: none"> <li>11.6: There is currently a discharge procedure However, please add language about client's right to voluntarily discharge from the program in the client and family rights policy.</li> <li>11.9: Add a post-intervention plan with identified resources to your suicide prevention policy.</li> </ul>	
<b>Corrective Action Plan</b>	<b>Person Responsible</b> <b>Due Date</b>
<b>11.6:</b> Program Director will update our policy with language to include the client's right to voluntary discharge from the program. The policy will also be revised to include content on our Discharge Form filled out by youth that includes the procedure.	Michelle Ottaviano, Jaycanna McVey  7.1.16
<b>11.9:</b> Quality Director will update our Suicide Prevention Policy to include a Post Intervention Plan with identified resources and then Program Directors will communicate changes in policy to program staff.	Karen Pomerantz, Michelle Ottaviano, Jaycanna McVey  8.1.16
<b>Follow up notes: 7/14/16 kw</b> <ul style="list-style-type: none"> <li><b>11.6: Client and family rights policy now includes the right to voluntarily discharge from the program.</b></li> <li><b>11.9: Suicide prevention policy now includes a post intervention plan.</b></li> </ul>	

<b>12. PHYSICAL FACILITY (0030-9)</b>	<b>In Compliance</b>
12.1 The environment is suitable for treatment of BRS clients	<b>Pattern of Compliance</b>
12.2 Meets all applicable safety, health, and general environmental standards required for a community residential or home setting.	<b>Pattern of Compliance</b>
12.3 Provide separate bedrooms for clients 18 and older from those 18 and younger unless there is written approval from Licensing and Agency.	<b>Pattern of Compliance</b>
12.4 Provide separate bedrooms for BRS clients who have inappropriate sexual behaviors identified in their service plan from those who do not.	<b>Pattern of Compliance</b>
12.5 Provide that BRS clients who have inappropriate sexual behaviors identified in their service plan occupy a bedroom either individually or in a group of 3.	<b>Pattern of Compliance</b>
12.6 Provide separate bedrooms for clients and other members of the household.	<b>Pattern of Compliance</b>
12.7 Provide separate bedrooms for male and female clients	<b>Pattern of Compliance</b>

12.8 Provide physical separation of clients served in BRS program from person housed in detention facility or youth correction facility.	<b>Not Applicable</b>	
<b>Review Notes:</b>		
<b>Corrective Action Plan</b>	Person Responsible	Due Date
<b>Action plan:</b>		
<b>Follow up notes</b>		

<b>13. PLACEMENT RELATED ACTIVITIES 0100</b>	<b>In Compliance</b>	
13.1 Transportation: A system in place for the following Placement Related Activities i.e. attend school, medical, dental and therapeutic appointments, recreational and community activities, places of employment and shopping for incidental items	<b>Pattern of Compliance</b>	
13.2 Educational and vocational activities: Provider must have a system in place to meet the educational and vocational needs of the BRS client.	<b>Pattern of Compliance</b>	
13.3 Recreational, Social and Cultural activities: Provider must have a system in place to provide recreation time on a daily basis to include community opportunities at least 1 time per week.		
13.4 Documentation included:		
Type of activity	<b>Pattern of Compliance</b>	
Date activity occurred	<b>Pattern of Compliance</b>	
At least 1 activity per week in the community	<b>Pattern of Compliance</b>	
13.5 Academic Assistance	<b>Pattern of Compliance</b>	
13.6 Documentation of physical exam completed within 30 days of placement, if applicable.	<b>Pattern of Compliance</b>	
<b>Review Notes:</b>		
<b>Corrective Action Plan</b>	Person Responsible	Due Date
<b>Action plan:</b>		
<b>Follow up notes</b>		

**Summary:** The STEP program is in compliance in 5 out of the 11 areas reviewed. Most of the areas require only minimal changes to forms or process to achieve compliance. Other areas, we understand will take some time for corrective action plans to be implemented and take effect. Your Compliance Specialist will be following up on each item in its respective timeline. It is expected that you complete the corrective action portion of this report and return it to Khris Ward by May 12<sup>th</sup>. Again thank you for your cooperation during the review process and your swift response in coming into full compliance.

Client's Initials	Social Service Staff	Open / Closed
EC	LM	<b>Closed</b>
JH	LM	<b>Open</b>
BS	LM	<b>Open</b>
CC	CF	<b>Open</b>
AW	AK	<b>Closed</b>
JM	LM	<b>Closed</b>
ER	LM	<b>Closed</b>
OL	CF	<b>Closed</b>
DH	LM	<b>Closed</b>

**BRS REVIEW CHECKLIST (actual dates are required)**

**Date of preparation material sent: KW**

**Date of review: 4/14/2016, KW**

**Date of report: 4/28/2016, KW**

**Date Corrective action plan received: 5/12/2016, KW**

**First Follow-up: 6/1/2016, KW**

**Second Follow-up: 7/14/2016, KW**

**Report Finalized: 7/29/2016, KW**

# BRS Provider Review

Name of Program: *BGAID Shelter*

Date: 08/08/2018

Reviewer(s): Khris Ward, Monica Moran, Eric Barrera

**Introduction:**

The Department of Human Services and Oregon Youth Authority monitor, review, and evaluate Behavior Rehabilitation Services being offered by BRS Contractors for compliance with Oregon Administrative Rule and individual Agency contracts.

Compliance in each area is determined by means of a thorough review of files, including personnel, open and closed client case files, and agency policies and procedures. For each sub- item that is specifically documented in the Oregon Medicaid State Plan there is an expectation for 100% compliance. For all other sub-items a pattern of compliance is determined by demonstration of a minimum of 90% compliance. The overall domain is determined to be in compliance when every sub-item shows a pattern of compliance.

Noted below are all areas reviewed with the corresponding compliance level. As follow-up to the review, BGAID shall submit a Corrective Action Plan which details the BRS contractors plans to achieve compliance in all areas. Where relevant, describe a system solution to remain in compliance. This plan must be written as part of this document in the areas provided. The Corrective Action Plan should be completed and submitted to Khris Ward, no later than 8/23/18.

<b>1. PERSONNEL/PROGRAM REQUIREMENT-OAR 410-170-0030</b>	<b>Action Completed</b>
<b>Standard: Program staff members meet BRS position requirements for education and experience.</b>	
<b>Standard: Position Descriptions describe the duties and qualifications for each BRS position.</b>	
1.1 Program Coordinator credentials	In Compliance
1.2 Program Coordinator position	In Compliance
1.3 Social Service Staff credentials	In Compliance
1.4 Social Service position	In Compliance
1.5 Direct Care Staff credentials	In Compliance
1.6 Direct Care Staff position	In Compliance
1.7 Criminal History Checks	Pattern of Compliance
1.8 All staff who work directly with BRS clients training – 28 hours within 30 days including:	<b>Action Completed</b>
BRS Service Documentation	Pattern of Compliance
Mandatory Reporting of Child Abuse	Pattern of Compliance
Program Policies and Expectations	Pattern of Compliance
Gender- and cultural-specific services	Pattern of Compliance
Behavior and crisis management	Pattern of Compliance
Medication administration	Pattern of Compliance
Discipline and restraint policies	Pattern of Compliance
Suicide prevention	Pattern of Compliance
1.9 Receive 16 hours of training annually which must include:	<b>Action Completed</b>
Skills-training curriculum supporting evidence-based or promising practices	Pattern of Compliance
Other relevant subjects related to the delivery of BRS services	Pattern of Compliance
1.10 Comply with the provider enrollment requirement in OAR 410-120-1260	In Compliance

1.11 Maintains a system for immediate and on-going communication amongst program staff regarding the whereabouts, status and condition of the youth	<b>Pattern of Compliance</b>	
1.12 Direct Care Staff, Social Service Staff and Program Coordinator have and/or maintain a First Aid certification	<b>Pattern of Compliance</b>	
1.13 Direct Care Staff, Social Service Staff and Program Coordinator have and/or maintain a CPR certification	<b>Pattern of Compliance</b>	
1.14 BRS Contractor's Supervision of the Approved Provider Parent must include:		
Visits to the Provider Parent home a minimum of one time each month	<b>Pattern of Compliance</b>	
Provides 24 hour back up services I.E. on call services, consultation and direct crisis counseling	<b>Pattern of Compliance</b>	
Provides an opportunity for 48 hours of respite care per month	<b>Pattern of Compliance</b>	
<b>Review Notes:</b>		
<ul style="list-style-type: none"> <li>one staff that we reviewed had all the initial training requirements, and some of the trainings were beyond the first 30-days.</li> <li>two out of the seven staff reviewed met the ongoing annual training requirements.</li> </ul>		
<b>Corrective Action Plan:</b>		
1.8 : Program Director's will ensure all new hires complete the required trainings within 30 days. A training report will be pulled prior to the staff picking up shifts to ensure training completion. This will be added to the program orientation checklist.	Person Responsible Sam Wise, Nicole Laliberte, Karlee Brandini, Michelle Ottaviano	Due date 10/1/18
1.9 : The leadership team will review the process for documenting individual program trainings as well as outside trainings at the next Director/Coordinator meeting on 9/13/18 to ensure they are captured in our Relias Training system. Additionally, beginning next fiscal year (October 1, 2018) the agency will be adding a Training Specialist that will oversee the agency's trainings for staff and foster parents.		
<b>Action plan:</b>		
<b>Follow up notes</b> (if needed): Reviewed updated training logs. kw		


<b>2. MINIMUM DIRECT CARE STAFFING LEVELS (0030)</b>	<b>In Compliance</b>	
<b>Standard: Program provides supervision consistent with the OAR 410-170-0030 for their specific level of care.</b> (0030-b = TFC), (0030-c = Residential),		
N/A Proctor Program		
<b>Review Notes:</b>		
<b>Corrective Action Plan</b> ( <i>To be completed by Program</i> )		
	Person Responsible	Due date
<b>Action plan:</b>		
<b>Follow up notes</b> (if needed):		

<b>3. INTAKE PROCEDURES (0040-0050)</b>	<b>In Compliance</b>	
3.1 Admissions: Prior Authorization (0040-2)	<b>In Compliance</b>	
3.2 Admission decision is made within 5 days of receiving the referral packet. (0050-7)	<b>Pattern of Compliance</b>	
3.3 On the day that the BRS Client is physically admitted to the program, the provider will provide to the client and applicable parent, guardian or legal custodian copies of the following and maintain signed documentation that they have done so in each client's file. If the parent or guardian cannot be present provider may show documentation of forward of the policy by facsimile or mail within 48 hours. (0050-8-a)	<b>Clients Pattern of Compliance</b>	
	<b>Adults Pattern of Compliance</b>	
Behavior management system policy	<b>Pattern of Compliance</b>	
Grievance Policy	<b>Pattern of Compliance</b>	
Client and family rights	<b>Pattern of Compliance</b>	
Discharge policies	<b>Pattern of Compliance</b>	

Seclusion policy	<b>Pattern of Compliance</b>	
Suicide prevention policy and procedures	<b>Pattern of Compliance</b>	
Medication management policy	<b>Pattern of Compliance</b>	
<b>Review Notes:</b>		
<b>Corrective Action Plan (To be completed by Program)</b>	Person Responsible	Due date
<b>Action plan:</b>		
<b>Follow up notes (if needed):</b>		


<b>4. INITIAL SERVICE PLANNING (0070-1)</b>	<b>In Compliance</b>	
4.1 ISP Completed by Social Service staff within 2 business days	<b>Pattern of Compliance</b>	
4.2 Maintain the signatures of all participants or documentation that the client, family, caseworker, social service staff and other significant persons participated in or were invited to participate in the development of the ISP	<b>Pattern of Compliance</b>	
4.3 Written approval of the ISP prior to implementation from the Caseworker and Client and as applicable the parent, guardian, or legal custodian	<b>Pattern of Compliance</b>	
4.4 ISP is individualized and developmentally appropriate	<b>Pattern of Compliance</b>	
4.5 ISP is based on a thorough assessment of the client's referral information	<b>Pattern of Compliance</b>	
4.6 ISP specifies services for first 45 days	<b>Pattern of Compliance</b>	
4.7 Plan to address specific behaviors including intervention to be used	<b>Pattern of Compliance</b>	
4.8 Plan for any overnight visits	<b>Pattern of Compliance</b>	
4.9 Anticipated discharge date	<b>Pattern of Compliance</b>	
4.10 Anticipated type of discharge placement	<b>Pattern of Compliance</b>	
4.11 A plan to address any needs identified in the referral information.	<b>Pattern of Compliance</b>	
4.12 Existing orders medications/treatments	<b>Pattern of Compliance</b>	
4.13 Any type of behavior management system that will be used as an intervention	<b>Pattern of Compliance</b>	
4.14 Specific behavior management needs	<b>Pattern of Compliance</b>	
<b>Review Notes:</b>		
<ul style="list-style-type: none"> <li>Quality of ISP goals are good for Annex but Seneca's goals were generic and not very detailed.</li> </ul>		
<b>Corrective Action Plan (To be completed by Program)</b>	Person Responsible	Due Date
<b>Action plan:</b>		
<b>Follow up notes (if needed):</b>		

<b>5. ASSESSMENT AND EVALUATION REPORT AER (0070-2)</b>	<b>In Compliance</b>	
5.1 Submit the complete written Assessment to the Caseworker within <b>30</b> days	<b>Pattern of Compliance</b>	
5.2 Ensure that a Social Service Staff Member conducts a comprehensive assessment of the BRS Client and completes a written AER	<b>Pattern of Compliance</b>	
5.3 The AER must include information with regard to the following domains:		
Legal custody and basis for custody/Offense specific	<b>Pattern of Compliance</b>	
Medical (including medications & dosages)	<b>Pattern of Compliance</b>	
Family including specific cultural factors	<b>Pattern of Compliance</b>	
Mental Health	<b>Pattern of Compliance</b>	
Alcohol and Drug	<b>Pattern of Compliance</b>	
Education	<b>Pattern of Compliance</b>	
Vocational (if age appropriate)	<b>Pattern of Compliance</b>	


Social Living Skills	<b>Pattern of Compliance</b>	
Placement planning including home visits, anticipated discharge, and placement resources.	<b>Pattern of Compliance</b>	
<b>Also includes:</b>		
5.4 Reason for referral/placement (including identified problems and historical information)	<b>Pattern of Compliance</b>	
5.5 Behaviors/response to current services, strengths and assets	<b>Pattern of Compliance</b>	
5.6 Significant incidents and/or interventions since admission	<b>Observation</b>	
5.7 Behavior management level needed, specifically any behavior management needs greater than usual for the program.	<b>Pattern of Compliance</b>	
5.8 Identification of any service goals	<b>Pattern of Compliance</b>	
5.9 Identified needs by assessment and history	<b>Pattern of Compliance</b>	
<b>Review Notes:</b>		
<ul style="list-style-type: none"> <li>Excellent and comprehensive assessments!</li> </ul>		
<b>Corrective Action Plan:</b>		Person Responsible
 CNA Training Template.docx  A prompt has been added to the CNA template and the Training Template has been updated.		Due Date
<b>Action plan:</b>		
<b>Follow up notes</b> (if needed):		

<b>6. Master Service Plan (0070-3)</b>	<b>Action Completed</b>
6.1 Master Service Plan completed by Social Service staff within 45 days	<b>Pattern of Compliance</b>
6.2 MSP is individualized and developmentally appropriate	<b>Pattern of Compliance</b>
6.3 Maintain the signatures of all participants or documentation that the client, family, caseworker, social service staff and other significant persons participated in or were invited to participate in the development of the MSP	<b>Pattern of Compliance</b>
6.4 Written approval or the updated MSP prior to implementation from the Caseworker, client and as applicable the parent, guardian, or legal custodian	<b>Pattern of Compliance</b>
6.5 Domains with indicated need are addressed. (Refer to 5.3)	<b>Pattern of Compliance</b>
6.6 Placement plans including home visits, anticipated discharge date and placement resources.	<b>Pattern of Compliance</b>
6.7 Other needs identified in the AER that do not fall in one of the identified domains.	<b>Pattern of Compliance</b>
6.8 Completion criteria individualized for each client.	<b>Pattern of Compliance</b>
6.9 Specifically stated and prioritized service goal(s). ( <i>Describe youth's desired accomplishment in the domain upon completion of program.</i> )	<b>Action Completed</b>
6.10 Interventions and services program will provide to address each goal, including the use of a behavior management system specific group, counseling and skill-building curriculums.	<b>Pattern of Compliance</b>
6.11 Staff responsible for providing the identified services	<b>Pattern of Compliance</b>
6.12 Specifically stated behavioral criteria for evaluating the achievement of goals.	<b>Pattern of Compliance</b>
6.13 A time frame for completion of goals	<b>Pattern of Compliance</b>
6.14 The method used to monitor progress towards completing goals and the person responsible for monitoring progress.	<b>Pattern of Compliance</b>




6.15 Aftercare/transition goals and planning	<b>Action Completed</b>	
6.16 Description of services by other providers including needs to be addressed	<b>Pattern of Compliance</b>	
Also includes, where applicable:		
6.17 Behavior management level needed, specifically any behavior management needs greater than usual for the program.	<b>Pattern of Compliance</b>	
6.18 Planning for when overnight visits are to occur, identifying frequency, and describing how the visits relate to the BRS goals identified in the MSP. The program must make every attempt to schedule visits so that they do not conflict with services.	<b>Pattern of Compliance</b>	
<b>Review Notes:</b>		
<ul style="list-style-type: none"> <li>The success of BRS compliance begins with clear, measurable goals. It appears that the Annex staff may have a better grasp on goal writing than Seneca staff.</li> <li>Transition/aftercare planning is brief and needs to be more detailed.</li> </ul>		
<b>Corrective Action Plan</b>		
 Service Plan Training Template.docx  6.9, 6.15: We will facilitate a training for all Case Managers and Program Director's on Service Plan Development/Review and Documentation on 9/6/18. A training on Service Plan Development & Review will be created and added to our Relias training system and assigned to new Case Managers and Program Directors. The training will be a two-part training that will occur online and in person with the supervisor. Program Director's will also begin requiring Case Managers to bring MSP's to weekly supervision meetings for review.	Person Responsible Sam Wise Nicole Laliberte Michelle Ottaviano	Due Date 10/1/18
<b>Action plan:</b>		
<b>Follow up notes</b> (if needed): 1/14/19 – reviewed Master Service Plan. Goals are excellent and transition/aftercare planning is detailed. kw		

<b>7. Master Service Plan Update/Review (0070-4)</b>		<b>In Compliance</b>
7.1 Formal service plan review meetings occur at least every 90 days	<b>Pattern of Compliance</b>	
7.2 Maintain the signatures of all participants or documentation that the client, family, caseworker, social service staff and other significant persons participated in or were invited to participate in the development of the MSP update	<b>Pattern of Compliance</b>	
7.3 Written approval or the updated MSP prior to implementation from the Caseworker, client and as applicable the parent, guardian, or legal custodian	<b>Pattern of Compliance</b>	
<b>7.4 Review documents include:</b>	<b>Action Completed</b>	
Progress toward achievement of service goals	<b>Pattern of Compliance</b>	
Performance on the behavior management system	<b>Action Completed</b>	
Performance on any individualized plans developed to address specific behavior	<b>Pattern of Compliance</b>	
Modifications to services based on new behaviors or identified needs	<b>Action Completed</b>	
Changes in recommendations, discharge date, or transition/discharge plan	<b>Pattern of Compliance</b>	
A summary of incidents involving the Client that occurred over the last 90 days	<b>ACTION REQUIRED</b>	
<b>Review Notes:</b>		
<ul style="list-style-type: none"> <li>We couldn't verify the youth's performance on the level system on the update/review documents.</li> <li>We weren't seeing modifications of the goals based on the youth's goal completion.</li> </ul>		
<b>Corrective Action Plan</b>		
	Person Responsible Sam Wise Nicole Laliberte	Due Date 10/1/18

 <p>MSP Template.docx</p> <p>7.4: Prompts have been added to the MSP template to prompt case managers to review performance on the behavioral management system and list out incidents that have happened since the previous review. The training template has been updated to ensure Case Managers are trained on modifications to services based on new behaviors or identified needs. We will be facilitating a training on Service Plan Development/Review &amp; Documentation on September 6th w/ Program Directors &amp; Case Managers. This training will then be added to our Relias Training system for new hires.</p>	Michelle Ottaviano	
<b>Action plan:</b>		
<b>Follow up notes</b> (if needed): 1/14/19 - Reviewed an MSP Update that met all requirements. kw.		

<b>8. SERVICE DOCUMENTATION (0090)</b>	<b>Action Completed</b>	
8.1 Provide a combination of services necessary to comply with the clients ISP or MSP.	<b>Pattern of Compliance</b>	
8.2 Documentation included		
Name of Client	<b>Pattern of Compliance</b>	
Date of service	<b>Pattern of Compliance</b>	
Name and position of the staff member providing the service	<b>Action Completed</b>	
Length of time staff spent providing the service to the client	<b>Pattern of Compliance</b>	
Description of the service being provided	<b>Pattern of Compliance</b>	
Description of the clients participation in the service	<b>Pattern of Compliance</b>	
8.3 Written weekly record in each client's file with a total number of service hours provided each day to the client and a breakdown of the number of hours spent providing each particular type of service (i.e., Crisis counseling, individual and group counseling, parent training, skills training)	<b>Pattern of Compliance</b>	
8.4 Social service staff review the documentation each week for quality, content and appropriateness with the client's ISP or MSP.	<b>Action Completed</b>	
8.5 <b>Shelter Care</b> - 6 hours of services are available to each client each week. To include: Crisis Counseling, Individual Counseling, Group Counseling, Milieu Therapy, Parent Training, Skills Training	<b>Action Completed</b>	
8.6 1 hour individual counseling/skill training per week provided by Social Service staff.	<b>Pattern of Compliance</b>	
8.7 <b>Shleter Care</b> - 5 hours of any combination of individual or group counseling, crisis counseling, skills training or parent training.	<b>Action Completed</b>	
<b>Review Notes:</b> <ul style="list-style-type: none"> <li>• We recommend making the staff's position a required field.</li> <li>• We found that 1 hour of individual counseling/skill training was consistently provided per week. We did not consistently see countable notes documenting a combination of ind/group notes. It should be noted that the quality of the goals are making it difficult for staff to provide and document services that meet BRS requirements.</li> <li>• Goal setting group is not consistently countable as documented right now. Trying to document these types of groups is a common pitfall. We recommend using evidence based/informed curriculum to guide group interventions.</li> <li>• Some notes read more like a behavior log than a BRS intervention, which may be an unintended result of the SIR format. It is easy for staff to focus their documentation on the situation/behavior and not adequately document the intervention that was provided.</li> </ul>		
<b>Corrective Action Plan</b>	Person Responsible  Karen Pomerantz, Nicole Laliberte, Sam Wise,	Due Date  10/17/18

 <p>Behavioral Rehabilitation Service</p> <p>8.2: We will modify our client database to make "Name" and "Position" required fields.</p> <p>8.4 : Program Director's will add a prompt to the weekly staff meeting agenda to ensure BRS notes are submitted to Case Manager's by Milieu Counselor's during staff meeting then reviewed promptly following staff meeting.</p> <p>8.5 : We will facilitate a BRS Documentation training on October 16th as part of our Monthly Foster Parent Trainings. We will also convert our Foster Parent BRS training into a two-part training that will occur both pre and post certification.</p> <p>8.7: A BRS Documentation Training will be facilitated by Program Directors for staff on September 12th during Team Meetings. We will convert our online BRS training into a two-part training for new hires, so they receive in-person training with the supervisor in addition to online training. Lastly, we will add instructions directly in the BRS case note within the client database to prompt staff to utilize language that aligns with BRS.</p>	<p>Karlee Brandini, Michelle Ottaviano</p>	
<p><b>Action plan:</b></p>		
<p><b>Follow up notes</b> (if needed):</p>		

<p><b>9. INCIDENT REPORTS (0030-11-B)</b> Maintain a record of all incidents and crisis interventions including but not limited to communication outages, use of seclusion and physical restraint, a risk to the status or custody of the client or other incidents likely to cause complaints, generate safety, programmatic or other serious concerns, or come to the attention of the media, or law enforcement. All reports will contain the following</p>	<p><b>In Compliance</b></p>	
<p>9.1 Name of the client</p>	<p><b>Pattern of Compliance</b></p>	
<p>9.2 The date, location and type of incident or crisis intervention.</p>	<p><b>Pattern of Compliance</b></p>	
<p>9.3 The duration of any seclusions or physical restraints employed in the context of the incident.</p>	<p><b>Pattern of Compliance</b></p>	
<p>9.4 Name of staff involved in the incident or crisis intervention, including the names of any witnesses.</p>	<p><b>Pattern of Compliance</b></p>	
<p>9.5 Description of the incident or crisis intervention, including precipitating factors, preventative efforts employed, and description of circumstances during the incident.</p>	<p><b>Pattern of Compliance</b></p>	
<p>9.6 Physical injuries to the client or others resulting from the incident or crisis intervention, including information regarding any follow-up medical care or treatment.</p>	<p><b>Pattern of Compliance</b></p>	
<p>9.7 Documentation showing that any necessary reports were made to the appropriate agency, any other entity required by law to be notified, and as applicable the clients parent guardian or legal custodian.</p>	<p><b>Pattern of Compliance</b></p>	
<p>9.8 Documentation indication the date that a copy of the incident report was sent to the caseworker.</p>	<p><b>Pattern of Compliance</b></p>	
<p>9.9 Actions or interventions taken by program staff.</p>	<p><b>Pattern of Compliance</b></p>	
<p>9.10 Any follow-up recommendations for the client or the staff.</p>	<p><b>Pattern of Compliance</b></p>	
<p>9.11 Any follow-up or investigation conducted by the provider supervisory staff, DHS, OYA or other entities.</p>	<p><b>Pattern of Compliance</b></p>	
<p>9.12 The providers review of the incident or crisis intervention.</p>	<p><b>Pattern of Compliance</b></p>	
<p><b>Review Notes:</b></p>		
<p><b>Corrective Action Plan</b> (To be completed by Program)</p>	<p>Person Responsible</p>	<p>Due Date</p>
<p><b>Action plan:</b></p>		
<p><b>Follow up notes</b> (if needed):</p>		

<b>10 HOME VISITS (0100-4)</b>	<b>In Compliance</b>	
<b>In order to qualify as an authorized home visit the provider must:</b>		
10.1 Ensure that the home visit is tied to the clients ISP or MSP	<b>Pattern of Compliance</b>	
10.2 Work with the family on goals for the visit and receive regular reports from the family on the client's progress while on the home visit.	<b>Pattern of Compliance</b>	
10.3. Have staff available to answer calls from the client or the client's family and to provide services to the client during the time planned for the home visit if the need arises	<b>Pattern of Compliance</b>	
10.4 Document communication with the client's family.	<b>Pattern of Compliance</b>	
10.5 Document client's progress on goals set for the home visit.	<b>Pattern of Compliance</b>	
<b>Review Notes:</b>		
<ul style="list-style-type: none"> <li>Home visit forms were consistently found in the files and included the required information.</li> </ul>		
<b>Corrective Action Plan (To be completed by Program)</b>	Person Responsible	Due Date
<b>Action plan:</b>		
<b>Follow up notes (if needed):</b>		

<b>11 POLICIES (0030-10)</b>	<b>In Compliance</b>	
11.1 Admission criteria and standards to accept a BRS client into the program.	<b>Pattern of Compliance</b>	
11.2 Staff training, including child abuse reporting.	<b>Pattern of Compliance</b>	
11.3 Reviewing referrals to the program and notification of admission decisions.	<b>Pattern of Compliance</b>	
11.4 Behavior management system policy designed to consistently encourage and positively reinforce appropriate behaviors exhibited by the clients in a non-punitive manner.	<b>Pattern of Compliance</b>	
11.5 A behavioral rehabilitation program model that uses evidence-based or promising practices whenever possible and the curriculum, policies, and procedures which implements that model.	<b>Pattern of Compliance</b>	
11.6 Client and family rights, including but not limited to the search and seizure of the clients person, property and mail; visitation and communication; and discharges initiated by the client.	<b>Pattern of Compliance</b>	
11.7 Grievance policy describing the process through which the client and if applicable the parent, guardian or legal custodian may present grievances to the provider about its operation and resolve issues.	<b>Pattern of Compliance</b>	
11.8 Voluntary nature of BRS with a process that allows the client to leave the program with no more than 3 business days advance notice. (0060-1-a)	<b>Pattern of Compliance</b>	
11.9 Suicide prevention policy and procedure that includes how the provider will respond in the event a youth exhibits self-injurious/self-harm or suicidal behavior. This policy must include warning signs of suicide, emergency protocol and contacts, and training requirements for staff, including suicide prevention training and suicide risk assessment tool training; procedures for determining implementation of additional supervision precautions and for determining removal of additional supervision precautions; suicide risk assessment procedures on the day of intake; documentation requirements for suicide ideation, self-harm, and special observation precautions to ensure immediate communication to all staff; a process for tracking suicide behavioral patterns; and a "post-intervention" plan with identified resources.	<b>Pattern of Compliance</b>	
11.10 Seclusion and Physical restraint policy that describes when such interventions may be used in compliance with applicable federal and state laws and regulations. It must be clear in the policy that if the restraint or seclusion are to be used as a intervention of last resort, it must describe how and by whom staff are trained and monitored in approved techniques.	<b>Pattern of Compliance</b>	
11.11 Medication management policy that describes how and where medications are stored, how a client will be notified of their right to refuse medication, and that the provider will notify the JPPO/ Caseworker if the client refuses prescribed medications for more than 7 days or refuses a medication that has been identified by any LPHA as requiring an immediate report for health care reasons.	<b>Pattern of Compliance</b>	

11.12 Quality Improvement policy and procedures that monitor the operation of the program to ensure compliance with all applicable laws and regulations, including but not limited to tracking of service hours, monitoring the timeliness or reporting requirements, and monitoring the quality of service delivery.	<b>Pattern of Compliance</b>	
<b>Review Notes:</b>		
<ul style="list-style-type: none"> <li>Policies were comprehensive and included the required information.</li> </ul>		
<b>Corrective Action Plan (To be completed by Program)</b>	Person Responsible	Due Date
<b>Action plan:</b>		
<b>Follow up notes (if needed):</b>		

<b>12. PHYSICAL FACILITY (0030-9)</b>	<b>In Compliance</b>	
12.1 The environment is suitable for treatment of BRS clients	<b>Pattern of Compliance</b>	
12.2 Meets all applicable safety, health, and general environmental standards required for a community residential or home setting.	<b>Pattern of Compliance</b>	
12.3 Provide separate bedrooms for clients 18 and older from those 18 and younger unless there is written approval from Licensing and Agency.	<b>Pattern of Compliance</b>	
12.4 Provide separate bedrooms for BRS clients who have inappropriate sexual behaviors identified in their service plan from those who do not.	<b>Pattern of Compliance</b>	
12.5 Provide that BRS clients who have inappropriate sexual behaviors identified in their service plan occupy a bedroom either individually or in a group of 3.	<b>Pattern of Compliance</b>	
12.6 Provide separate bedrooms for clients and other members of the household.	<b>Pattern of Compliance</b>	
12.7 Provide separate bedrooms for male and female clients	<b>Pattern of Compliance</b>	
12.8 Provide physical separation of clients served in BRS program from person housed in detention facility or youth correction facility.	<b>Not Applicable</b>	
<b>Review Notes:</b>		
<b>Corrective Action Plan (To be completed by Program)</b>	Person Responsible	Due Date
<b>Action plan:</b>		
<b>Follow up notes (if needed):</b>		

<b>13. PLACEMENT RELATED ACTIVITIES 0100</b>	<b>In Compliance</b>	
13.1 Transportation: A system in place for the following Placement Related Activities i.e. attend school, medical, dental and therapeutic appointments, recreational and community activities, places of employment and shopping for incidental items	<b>Pattern of Compliance</b>	
13.2 Educational and vocational activities: Provider must have a system in place to meet the educational and vocational needs of the BRS client.	<b>Pattern of Compliance</b>	
13.3 Recreational, Social and Cultural activities: Provider must have a system in place to provide recreation time on a daily basis to include community opportunities at least 1 time per week.	<b>Pattern of Compliance</b>	
13.4 Documentation included:		
Type of activity	<b>Pattern of Compliance</b>	
Date activity occurred	<b>Pattern of Compliance</b>	
At least 1 activity per week in the community	<b>Pattern of Compliance</b>	
13.5 Academic Assistance	<b>Pattern of Compliance</b>	
13.6 Documentation of physical exam completed within 30 days of placement, if applicable.	<b>Pattern of Compliance</b>	
<b>Review Notes:</b>		
<b>Corrective Action Plan (To be completed by Program)</b>	Person Responsible	Due Date
<b>Action plan:</b>		

**Follow up notes** (if needed):

**Summary:**

The BGAID program is now in compliance in 16 out of the 16 areas reviewed.

<b>FILES REVIEWED</b>		
Client's Initials	Social Service Staff	<b>Open / Closed</b>
A.H	KB	
AS	KB	
NM	TB	
BD	KM	
MC	TB	
PC	TB	
JH	KM	

**BRS REVIEW CHECKLIST (actual dates are required)**

**Date of review: 8/9/2018, KW**

**Date of report: 8/9/2018, KW**

**Date Corrective action plan received: 8/23/2018, KW**

**First Follow-up: 9/24/2018, KW**

**Second Follow-up: 12/9/2018, KW**

**Report Finalized: 1/14/2019, KW**

**DEPARTMENT OF HUMAN SERVICES**

**Children's Care Licensing Program**

**LICENSE #0044**

**CERTIFICATE OF APPROVAL TO OPERATE A CHILD CARING AGENCY**

**THIS IS TO CERTIFY THAT**

**BOYS AND GIRLS AID**

**LOCATED AT \_\_\_\_\_ 018 SW Boundary Court, Portland, Oregon 97239**

**IS AUTHORIZED UNDER PROVISIONS OF OREGON REVISED STATUTES 418.205 to 418.327 AND RELATED STATUTES TO PROVIDE THE FOLLOWING TYPES OF CHILD CARE:**

- Residential Care at 3810 SE 11th Ave, Portland, OR 97202; youth; ages 10- 20 years; capacity 10 (Seneca House)
- Homeless, Runaway, Transitional Living Shelter at 454 SE Washington Street; Hillsboro, OR 97123; youth ages 10-17 years; capacity 18. (Safe Place for Youth)
- Adoption Program at 9320 SW Barbur Boulevard, Suite 200; Portland, OR 97219
- Foster Care Program at 4434 SE 25th Avenue, Portland, OR 97202; youth ages 0-20 years
- Residential Care at 3028 SE 90th Place, Portland, OR 97266; youth ages 0-9; capacity 4 (The Nest)

**Issued: March 1, 2018**

**Revised: March 15, 2019**

**Expires: February 29, 2020**

\_\_\_\_\_  
Ma6aer, Children's Care Licensing Program  
Department of Human Services



## Verification of Staff Education and Experience

Instructions:

- 1) You must enable the macros for this form to function properly. If you do not wish to use the macro you may proceed to the "data page" tab at the bottom of the page and complete the spread sheet there.
- 2) Click the "**Enter Staff Record**" button
- 3) Enter all the pertinent staff information in the appropriate field. For the fields with drop downs you must choose from the list of options provided.

### **BRS classification -**

**Program Coordinator** = the person responsible for supervising staff, providing overall direction to the BRS provider, planning and coordinating program activities and delivery of Service and placement related activities.

**Social Service Staff** = the person responsible for case management and the development of the ISP or MSP for the client, and for providing individual, group and family counseling and skills-training; assisting the Direct Care Staff in providing appropriate services; coordinating with other agencies and documenting treatment progress.

**Direct Care Staff** = individuals responsible for assisting Social Service Staff in providing individual and group counseling, skills-training and therapeutic interventions, and monitoring and managing the client's behavior.

For education and field of study, if other than Social Work, Psychology or Sociology please note it in the field provided.

- 4) Click the "**submit**" button.

You can check your work on the data page tab below.

**Enter Staff Record**





Name	Original Hire Date	Hire Date Current Position	Program Position Title	BRS classification	Education Level	Major	Other	Ed-verified
Katelyn MacDonald	09/13/2016	09/13/2016	Case Manager, Seneca	Social Service	BA	Biblical Studies		Yes
Lindsey Matson	07/12/2011	10/26/2014	Case Manager, STEP	Social Service	BA	Social Work		Yes
Amy Gibson	08/16/2010	09/02/2016	Case Manager, STEP	Social Service	BS	Criminology & Criminal Justice		Yes
Lauren Waits	02/28/2017	02/28/2017	Case Manager, TFC, Seneca	Social Service	BS	Human Development		Yes
Justine Kovak	07/10/2018	07/10/2018	Case Manager, TFC, Seneca	Social Service	BA	Sociology		Yes
Traci Bennett	01/23/2018	01/23/2018	STEP Case Manager	Social Service	BA	Social Work		Yes
Jessica Cyr	09/18/2015	09/16/2016	TSY Case Manager, Seneca	Social Service	BA	Holistic Psychology		Yes
Seth Kufeldt	04/21/2015	08/01/2017	Case Manager, TFC, STEP	Social Service	BS	Psychology	Economics	Yes
Amy Knutson	07/09/2013	09/26/2016	Clinical Skills Trainer, Seneca	Social Service	BA	Psychology	Criminology &	Yes
Mari McGilton	09/18/2015	07/02/2016	Counselor,Intake,Youth Support, On Call	Direct Care	BA	Psychology		Yes
Jennifer Hoskins	06/07/2016	06/07/2016	Counselor,Intake,Youth Support, On Call	Direct Care	BA	Social Sciences		Yes
Dusti Huddleston	10/25/2016	10/25/2016	Counselor,Intake,Youth Support, On Call	Direct Care	BA	Social Work		Yes
Emilytyne Carter	04/11/2017	12/04/2017	Counselor,Intake,Youth Support, On Call	Direct Care	BA	Social Work		Yes
Kelsey Pressel	01/09/2018	01/09/2018	Counselor,Intake,Youth Support, On Call	Direct Care	BA	Psychology		Yes
Carlyn Mitchell	10/24/2017	12/04/2017	Counselor,Intake,Youth Support, On Call	Direct Care	BA	Education		Yes
Megan Sherwood	02/25/2014	12/04/2017	Counselor,Intake,Youth Support, On Call	Direct Care	BS	Human Development and Family Science	Communicati	Yes
Anthony Moxley	07/02/2013	01/10/2017	Counselor,Intake,Youth Support, On Call	Direct Care	BS	Criminology & Criminal Justice		Yes
Kelerie Heiser	04/10/2018	04/10/2018	Counselor,Intake,Youth Support, On Call	Direct Care	MSW	Social Work		Yes
Sarah Campsey	01/30/2018	01/30/2018	Counselor,Intake,Youth Support, On Call	Direct Care	MSW	Social Work		Yes
Monique Munro	08/01/2017	08/01/2017	Counselor,Intake,Youth Support, On Call	Direct Care	BS	Social Service		No
Stacey Castor	07/03/2018	07/03/2018	Counselor,Intake,Youth Support, On Call	Direct Care		Doctorate Program - In Process		No
Margaret Baumgardner	3/19/2019	3/19/2019	Counselor,Intake,Youth Support, On Call	Direct Care	MSW	Social Work		Yes
Taylor Hansen	05/31/2018	05/31/2018	Counselor,Intake,Youth Support, On Call	Direct Care	BA	MSW - In Process 2nd Year		Yes
Melissa Hartman	02/07/2017	09/15/2017	Counselor,Youth Care, Overnight, Seneca	Direct Care	ASSOC	Associate of Science		Yes
Katie Skuzeski	03/29/2016	03/29/2016	Counselor,Youth Care, Overnight, Seneca	Direct Care	BA	Criminology & Criminal Justice	Law & Legal S	Yes
JaNaela Page	05/31/2016	05/31/2016	Counselor,Youth Care, Overnight, Seneca	Direct Care	BA	Early Childhood & Elementary Education		No
Lisa Cordell	11/09/2010	05/15/2018	Counselor,Youth Care, Overnight, Seneca	Direct Care	BS	Human Development		No
Peter Tissell	06/13/2017	03/16/2018	Counselor,Youth Care, STEP	Direct Care	BA	Sociology	social justice	Yes
Amos Yi	02/13/2018	03/16/2018	Counselor,Youth Care, STEP	Direct Care	BA	Social Science		Yes
Spencer Christiansen	08/15/2017	03/16/2018	Counselor,Youth Care, STEP	Direct Care	BS	Political Science	Communicati	Yes
Octavia Chambers	05/16/2017	05/16/2017	Counselor,Youth Care, STEP	Direct Care	BS	Psychology, MA in-process (1 Semester Left)		No

Simone Stephens	11/22/2016	03/13/2017	Counselor, Youth Care, STEP	Direct Care	AS	Sociology - In Process		No
Allen Youn	9/11/2018	9/11/2018	Counselor, Youth Care, STEP	Direct Care	BS	Criminal Justice & Criminology		No
Mitchel Dault	04/03/2018	04/09/2018	Counselor, Youth Care, STEP	Direct Care	BS	Political Science-In-Process, Graduation Fall 2018		Yes
Christina Clark	02/23/2016	09/15/2017	Counselor, Youth Care, Seneca	Direct Care	ASSOC	Associate of Applied Science		Yes
Ann Surber	08/29/2017	09/15/2017	Counselor, Youth Care, Seneca	Direct Care	BA	Sociology		Yes
Tami Wallis	09/22/2015	03/21/2017	Counselor, Youth Care, Seneca	Direct Care	BS	Community Development		Yes
Hope Johnson	08/29/2017	09/15/2017	Counselor, Youth Care, Seneca	Direct Care	BS	Human Development and Family Science		Yes
Victoria Haberkorn	09/05/2017	09/15/2017	Counselor, Youth Care, Seneca	Direct Care		Liberal Studies - 2 Credits Short		No
Julia Macias	06/26/2012	09/15/2017	Counselor, Youth Care-Overnight	Direct Care		No Degree		No
Diane Brandsma	11/15/2018	2/20/2019	Director of Residential & Therapeutic Services	Program Coordinator	MA	Counseling		Yes
Samantha Wise	12/04/2008	11/16/2016	Director of Shelter & Therapeutic Foster Care	Program Coordinator	BA	Family and Human Services		Yes
Jaycanna McVey	09/20/2011	12/01/2015	Director of Shelter & Therapeutic Foster Care	Program Coordinator	BS	Psychology		Yes
Jenna Muller	09/05/2017	09/05/2017	Lead Youth Care Counselor, STEP	Direct Care	BA	Psychology	Spanish, Neu	Yes
Lawrence Kaiser	03/28/2017	06/01/2017	Lead Youth Care Counselor, STEP	Direct Care	BS	Secondary Education		Yes
Molly Regan	01/10/2012	03/16/2017	Lead, Daily Operations & Team	Direct Care	BS	Sociology		Yes
Katheryn Brooks	07/26/2016	08/01/2017	Mental Health Case Manager, STEP-Annex	Social Service	MA	Social Work		Yes
Evan Bailey	05/26/2015	1/2/2019	On Call Program Administration Specialist	Social Service	BS	Psychology		Yes
Christina Flynn	11/22/2011	09/16/2017	On Call Program Administration Specialist	Social Service	BA	Family and Human Services		Yes
Nicole Laliberte	02/21/2017	07/03/2017	Program Director, STEP	Program Coordinator	BA	Psychology		Yes
Heidi Gross	07/21/2010	02/21/2017	Program Director, STEP	Program Coordinator	MA	MSW		Yes
Karlee Brandini	07/05/2006	06/06/2018	Program Placement Director	Program Coordinator	BA	Psychology		Yes
Tara Rose	09/01/2015	10/24/2017	Program Placement Supervisor	Program Coordinator	MSW	Social Work		Yes
Alex Freedman	3/26/2019	3/26/2019	Relief Youth Care Counselor	Direct Care	BA	Neuroscience	MSW In-P	No
Kyra Terbovich	10/9/2018	1/7/2019	Relief Youth Care Counselor	Direct Care	MA	Human Service Counseling		Yes
Marianne Fry	04/11/2017	09/25/2017	Relief Overnight Youth Care Counselor	Direct Care	BA	Management & Organizational Leadership		No
Jennifer Miller	08/02/2016	03/13/2017	Relief Youth Care Counselor	Direct Care	ASSOC	Human Services Generalist		Yes
Rebecca Morss	12/17/2013	06/15/2015	Relief Youth Care Counselor	Direct Care	ASSOC	General Studies		Yes
Grace Bowman-Henning	06/03/2009	09/15/2017	Relief Youth Care Counselor	Direct Care	BA	Politics and Economic	Anthropology	Yes
Jessica Avila	05/23/2017	03/16/2018	Relief Youth Care Counselor	Direct Care	BA	Criminology & Criminal Justice	French & Psy	Yes
Ariel Haynes	05/09/2017	09/15/2017	Relief Youth Care Counselor	Direct Care	BA	Psychology	Philosophy	Yes
Maria Bone	08/23/2016	08/23/2016	Relief Youth Care Counselor	Direct Care	BA	Psychology	Spanish	Yes
Alana Anderson	08/01/2017	09/15/2017	Relief Youth Care Counselor	Direct Care	BA	Social Science	Spanish	Yes
Norman Chu	03/30/2009	09/15/2017	Relief Youth Care Counselor	Direct Care	BA	Psychology	Special Educa	Yes
Alison Dahl	03/01/2016	03/01/2016	Relief Youth Care Counselor	Direct Care	BA	Cultural Studies		Yes

Gina Cazden	08/23/2016	03/13/2017	Relief Youth Care Counselor	Direct Care	BA	Art Therapy Preperation		Yes
Erin Jensen	08/12/2014	05/02/2017	Relief Youth Care Counselor	Direct Care	BA	Intl Studies: Intl Development		Yes
Michelle Smith	05/31/2016	03/13/2017	Relief Youth Care Counselor	Direct Care	BA	Psychology		Yes
Nathaniel Soohoo-Hui	10/15/2013	03/13/2017	Relief Youth Care Counselor	Direct Care	BA	Youth Ministry		Yes
Kayla Banks	02/20/2018	04/06/2018	Relief Youth Care Counselor	Direct Care	BA	Performing Arts & Admin		Yes
Kathryn Keating	05/26/2015	05/26/2015	Relief Youth Care Counselor	Direct Care	BA	Social Work		Yes
Leah Koski	06/10/2014	05/01/2015	Relief Youth Care Counselor	Direct Care	BA	Sociology		Yes
Shayna Nerland	03/24/2015	06/01/2016	Relief Youth Care Counselor	Direct Care	BA	Psychology		Yes
Karena Bozicevich	10/21/2014	05/01/2015	Relief Youth Care Counselor	Direct Care	BA	English, Modern Studies		Yes
Kerstin Moyer	08/01/2017	09/15/2017	Relief Youth Care Counselor	Direct Care	BA	Psychology		Yes
Bridgette Henningsen	08/08/2017	09/15/2017	Relief Youth Care Counselor	Direct Care	BA	Psychology		Yes
Stacy Meads	06/02/2015	05/15/2018	Relief Youth Care Counselor	Direct Care	BA	Sociology		Yes
Monserat Sanchez	05/02/2017	09/15/2017	Relief Youth Care Counselor	Direct Care	BS	Criminal Justice	Homeland Se	Yes
Emma Freemire	10/27/2015	09/16/2017	Relief Youth Care Counselor	Direct Care	BS	Family and Human Services	Psychology`	Yes
Roberto Martinez	03/01/2016	03/16/2018	Relief Youth Care Counselor	Direct Care	BS	Biology		Yes
Rebecca Morss	12/17/2013	06/15/2015	Relief Youth Care Counselor	Direct Care	BS	Human Development		Yes
Madelyn Gaines	06/03/2014	05/01/2015	Relief Youth Care Counselor	Direct Care	BS	Family and Human Services		Yes
Kyndra Kappesser	08/29/2017	09/15/2017	Relief Youth Care Counselor	Direct Care	BS	Psychology		Yes
Grace Bowman-Henning	06/03/2009	09/15/2017	Relief Youth Care Counselor	Direct Care	MA	Gender and Development		Yes
Kristin Mathes	12/12/2017	12/12/2017	Relief Youth Care Counselor	Direct Care	MA	Arts		Yes
Kyndra Kappesser	08/29/2017	09/15/2017	Relief Youth Care Counselor	Direct Care	OTHER	Social Work		Yes
Charley Liljequist	05/08/2018	05/08/2018	Relief Youth Care Counselor	Direct Care	OTHER	Social work		Yes
Kelsi Mayer	11/29/2016	09/15/2017	Relief Youth Care Counselor	Direct Care		Sociology & Anthropology	Asian Studies	Yes
Christine Weer	05/08/2018	05/08/2018	Relief Youth Care Counselor	Direct Care	BA	Geology		No
Bella Castellino	02/02/2016	10/05/2017	Relief Youth Care Counselor	Direct Care	BS	Psycology - In-process		No
Audrey Love	05/08/2018	05/08/2018	Relief Youth Care Counselor	Direct Care	BS	Sociology/Anthropology		No
Amanda Mayernik	06/14/2016	06/12/2018	Relief Youth Care Counselor	Direct Care	BS	Child & Family Studies		No
Jared Best	07/03/2012	03/13/2017	Relief Youth Care Counselor, Safe Place	Direct Care	BS	Psychology		Yes
Carolyn Reed	04/03/2018	04/03/2018	Relief Youth Care Counselor, Safe Place	Direct Care	BS	Social Science		Yes
Sarah Atkinson	08/29/2017	10/01/2017	Seneca Program Coordinator	Program Coordinator	BA	Sociology		Yes
Renee Forte	07/03/2018	07/03/2018	Seneca Program Coordinator	Program Coordinator	BA	Psychology		Yes
Gwyneth Gilkeson	05/03/2011	04/16/2017	STEP Standby Placement Clinician	Social Service	MA	School Counseling		Yes

How Verified	Experience	Verified	How Verified	Background Check
Transcript	2 Years	Yes	Reference Check	DHS
Transcript	5 Years	Yes	Reference Check	DHS
Transcript	5 Years	Yes	Reference Check	DHS
Transcript	3 Years	Yes	Reference Check	DHS
Transcripts	3 Years	Yes	Reference Check	DHS
Transcript	2 Years	Yes	Reference Check	DHS
Transcript	4 Years	Yes	Reference Check	DHS
Transcript	4 Years	Yes	Reference Check	DHS
Transcript	2 Years	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS
Transcript	2 Year	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS
Transcript	5 Years	Yes	Reference Check	DHS
Transcript	3 Year	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS
Transcript	2 Years	Yes	Reference Check	DHS
Transcript	6 Years	Yes	Reference Check	DHS
Transcript	10 Years	Yes	Reference Check	DHS
Transcript	3 Years	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS
Transcript	4 Years	Yes	Reference Check	DHS
Transcript	10 Years	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS
Transcript	6 Months	Yes	Reference Check	DHS

Transcript	6 Years	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS
Transcript	2.5 Years	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS
Transcript	9 Years	Yes	Reference Check	DHS
Transcript	26 Years	Yes	Reference Check	DHS
Transcript	28 Years	Yes	Reference Check	DHS
Transcript	11 Years	Yes	Reference Check	DHS
Transcript	9 Years	Yes	Reference Check	DHS
Transcript	2 Year	Yes	Reference Check	DHS
Transcript	2 Year	Yes	Reference Check	DHS
Transcript	6 Years	Yes	Reference Check	DHS
Transcript	2 Years	Yes	Reference Check	DHS
Transcript	11 Years	Yes	Reference Check	DHS
Transcript	8 Years	Yes	Reference Check	DHS
Transcript	10 Years	Yes	Reference Check	DHS
Transcript	6 Years	Yes	Reference Check	DHS
Transcript	12 Year	Yes	Reference Check	DHS
Transcript	5 Years	Yes	Reference Check	DHS
Transcript	10 Years	Yes	Reference Check	DHS
Transcript	5 Years	Yes	Reference Check	DHS
Transcript	5 Years	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS
Transcript	5 Years	Yes	Reference Check	DHS
Transcript	5 Years	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS
Transcript	3 Years	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS

Transcript	2 Years	Yes	Reference Check	DHS
Transcript	3 Years	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS
Transcript	6 Years	Yes	Reference Check	DHS
Transcript	3 Years	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS
Transcript	2 Years	Yes	Reference Check	DHS
Transcript	2 Years	Yes	Reference Check	DHS
Transcript	1 Years	Yes	Reference Check	DHS
Transcript	3 Years	Yes	Reference Check	DHS
Transcript	6 Years	Yes	Reference Check	DHS
Transcript	6 Years	Yes	Reference Check	DHS
Transcript	2 Years	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS
Transcript	5 Years	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS
Transcript	5 Years	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS
Transcript	2 Years	Yes	Reference Check	DHS
Transcript	3 Years	Yes	Reference Check	DHS
Transcript	1 Year	Yes	Reference Check	DHS
Transcript	2 Years	Yes	Reference Check	DHS
Transcript	14 Years	Yes	Reference Check	DHS
Transcript	9 Years	Yes	Reference Check	DHS

## Alex R. Freedman

5310 N Williams Ave., Apt 32, Portland, OR, 97217  
(971) 237-3291 [Alex.R.Freedman@gmail.com](mailto:Alex.R.Freedman@gmail.com)

---

- 2018 - 2020**    **Portland State University**    **Portland, OR**  
▪ M.S.W., in progress
- 2006 - 2010**    **Pomona College**    **Claremont, CA**  
▪ B.A., Neuroscience, Pre-Med
- 

### EXPERIENCE

- 2016-2017**    **Department of Human Services / Snell Family**    **Canby, OR**  
*One-on-One In-Home Paid Support Worker* Contact: Jill Snell. [jillim1.snt:llc1Jgmail.co111](mailto:jillim1.snt:llc1Jgmail.co111)
- Provided one-on-one care to 9-yr-old girl with developmental delays and behavioral issues related to Fetal Alcohol Syndrome
  - Prepared and facilitated activities focused on neurological development, calming techniques, socio-emotional learning, and engaging with siblings and peers
  - Set weekly goals and kept careful track of progress for reporting to DHS

- 2017**    **Sparks of Hope**    **Canby, OR**  
*One-On-One Mentor*: Contact: Lee Ann Meade: [Leeann@sparksofhope.org](mailto:Leeann@sparksofhope.org); (503) 819-4048  
Website: [11-11-11-snurksotlzone.orr](http://11-11-11-snurksotlzone.orr)
- Organization providing camps, mentorship, and events for youth age 6 - 16 who are survivors of abuse
  - 8 hour training in mentorship, abuse survivor sensitivity, trauma support
  - Volunteer mentor for 5 day overnight summer camp, matched with one 13 year-old Indigenous American youth

- 2015 - 2016**    **Living Wisdom School**    **Beaverton, OR**  
*Preschool Teacher* Contact: Rose Neal: [Rose\(\(Liviny,11'isclomportlandorg](mailto:Rose((Liviny,11'isclomportlandorg); (503) 671-9112  
Website: [11-11-11-lil'im.:11-isd11m1wrtlund.org](http://11-11-11-lil'im.:11-isd11m1wrtlund.org)
- Teacher in preschool classroom and assistant teacher in 6 - 8 year old classroom
  - Provided individualized support to children with challenging behaviors and difficulty with self-regulation
  - 20+ hours of training in Education for Life holistic education model, including youth-oriented mindfulness, yoga, and meditation
  - Started and led participatory storytelling and music class

- 2012 - 2014**    **Yamhill Community Mediators JDC Program**    **McMinnville, OR**  
*Volunteer Workshop Leader* Contact: Ellie Gunn, [ellievwnicz'igmai/.com](mailto:ellievwnicz'igmai/.com) Website: [YCMediators.org](http://YCMediators.org)
- Volunteer in Juvenile Detention Center (JDC) program providing bimonthly mediation, conflict resolution, and communication skill workshops to incarcerated youth in the county detention facility in McMinnville
  - Co-designed curriculum and workshops, then facilitated and led activities

- 2011 - 2012**    **Railroad Street Youth Project**    **Great Barrington, MA**  
*Staff and Apprenticeship leader* Website: [RSYP.org](http://RSYP.org)



- Organization serving community homeless/at-risk youth with events, mentoring, apprenticeship programs, employment trainings, homelessness support, drop-in center
- Organized and led collaborative apprenticeships for clients in experiential agricultural education
- Youth Delegate to United Nations, leading monthly trips to UN to advocate for youth empowerment
- Workshop leader/staff support for Youth Conferences in Yoga, Meditation, and Communication

**2011-2012 Culture of Peace Initiative, Southern Berkshires Great Barrington, MA**  
***Co-founder and Youth Delegate***

- Co-founded advocacy program for integration of non-violent communication, mediation, conflict resolution, facilitation, and peacebuilding skills into local schools and organizations
- Collaboration with UN Culture of Peace Initiative and international NGO Pathways to Peace

**2011-2012 Community Cooperative Farms Education Sheffield, MA**

***Workshop Leader*** Contact: Jasper Kosokoff: [Akosokoffrcilf@mail.com](mailto:Akosokoffrcilf@mail.com): (971) 409-2864

- Co-founder, coordinator, facilitator for Summer Camp Agricultural Awareness Program - Summer camps (Ages 13 - 16) participate in workshops including farming, nutrition, food systems discussion groups, soil, ecological/environmental health
- Managed and coordinated interns and volunteers from local college & high school

**2012 Non-Violent Communication Training Lee, MA**

***Workshop Participant Led by Karen Fogliatti***

- Participant in 8 hour non-violent communication training

**2007-2011 KAPLAN SAT Preparation Boston, MA**

***Certified Teacher and Tutor***

- Taught high-school sophomores and juniors in classes and one-on-one tutoring settings

**2009 Pomona College Neuroscience Department Claremont, CA**

***Research Assistant; Lab of Pro/Nicole Weekes***

- Assistant in psychosocial stress experiment, testing effects of psychosocial stressors on cortisol response, cognitive functioning, and memory.

**2008 Landmark Medical Center Pomona, CA**

***Paid Intern***

- Intern and support staff for outpatient mental health residential facility serving long term clients with SPMI
- Participated in facilitated group therapy sessions, observed one-on-one patient counseling
- Organized and led dance and music therapy group

## **OTHER INTERESTS**

Creative Writing, Yoga, Meditation, Martial Arts, Soccer, Music, Gardening, Cooking, Nutrition, Activism, LGBTQ+ advocacy, Spirituality

# Allen Yourn

---

8445 SE 92<sup>nd</sup> Avenue Portland, OR 97266 | (503)919-0792 | Ayourn@gmail.com

## Objective

To obtain a **Law Enforcement Official or Juvenile Justice** position by utilizing over **4+ years of Criminal Justice** knowledge in order to uphold moral ethics and equal justice for society. Helping to solidify the importance in a stronger relationship and rapport with the public through community policing. Also working together with at-risk youths and adults in order to help in the growth and achievements of this community. Working together to mentor, counsel, and give guidance to those I'm working with by experience through work, schooling, and my personal life. With having the knowledge to relate and mentor the youth and adults, I want to help find greater opportunities to help guide their lives in the right direction.

## Education

**BACHELORS DEGREE | JUNE 2016 | PORTLAND STATE UNIVERSITY**

· Major: Criminal Justice & Criminology

**ASSOCIATES DEGREE | JUNE 2014 | PORTLAND COMMUNITY COLLEGE**

Major: Criminal Justice & Criminology

Helped develop a grant proposal for the Oregon Humane Society (OHS), Technical Writing 227, Spring 2013

Held key responsibility in this group project to research & write portions of the proposal

Collectively worked together with classmates to prepare a final report for the proposal

## Work Experience

**YOUTH CARE COUNSELOR | BOYS AND GIRLS AID SOCIETY (STEP PROGRAM) | SEPTEMBER 2018 - PRESENT**

Work in the care, treatment, and counseling of teenage boys who have been in the foster care system and juveniles who have been in detention centers.

Helping to support and build a rapport with the youth (teenage boys) in order to help acclimate them back into the community as productive and successful citizens of their respective community.

**CORRECTIONS OFFICER | MULTNOMAH COUNTY SHERIFFS OFFICE | FEBRUARY 2017 - FEBRUARY 2018**

Work in the custody, care, and humane treatment of adult male and female inmates in jail or other detention facilities.

Control, monitor, and supervise activities and movement of inmates.

DPSST Certified

**UNLOADER | UNITED PARCEL SERVICES | JUNE 2007 - FEBRUARY 2017**

Load/Unload packages onto commercial vehicles.

Successfully presented to

employees of the company (12+ times)

**SECURITY | G4S | AUGUST 2016 - CURRENT (ON-CALL)**

Private Security Certified

First Aid/CPR Certified

Position Duty: Ensuring the safety and protection of the employees and property assigned to

**ADOLESCENCE COUNSELOR | NORTHWEST BEHAVIORAL HEALTHCARE SERVICES | AUGUST 2016- DECEMBER 2016**

Position Duty Providing residential treatment services to adolescences and their families

Confidentially charted clients' behaviors as observed daily

**ASSEMBLY LINE | WESTERN GRAPHICS & DATA | APRIL 2010 - OCTOBER 2010**

- Worked with co-workers on an assembly line to create prepaid credit cards and gift cards

## Volunteer Experience

**MENTOR/INSTRUCTOR | BOYSTRENGTH PROGRAM | MARCH 2016 - JUNE 2016**

- Worked with Director, Monae Elliott in association with the **Portland Police Bureau**, mentoring young boys from ages 8-18 in a variety of subjects from gangs & guns, bullying, knowing your rights, gender stereotypes, etc. in order to help develop them into productive and successful members of society. Help breaking the norm of what society and the media portrays.

Obtained over 250+ hours of instructing and mentoring

**VOLUNTEER | MEYERS MEMORIAL BOYS & GIRLS CLUB | JANUARY 2016 - MARCH 2016**

Worked with volunteers and employees to create a positive atmosphere for children to engage and experience

**VOLUNTEER | OREGON FOOD BANK |**

- Packaged goods to supply the less fortunate with meals

**VOLUNTEER | OREGONS MISSION OF MERCY (ORM OMS) |**

Provided a comforting environment for patients prior to their treatment, and guided dental patients to their proper area

## Skills & Abilities

Knowledgeable in using Microsoft Programs (Word, Excel, Access, PowerPoint)

Keyboarding 40 wpm

Bilingual (English & Cambodian)

**Carlyn Mitchell**

[cmitchell2@worchester.edu](mailto:cmitchell2@worchester.edu)

Cell: 774-230-7390

15614 NE Milton Place

Portland, Oregon 97230

EDUCATION

---

Worcester State University, Worcester, MA August 2012- December 2016  
B.A Education  
Major: English  
GPA: 3.5

PROFESSIONAL EXPERIENCE

---

*Unit Director* March 2016-August 2017

Clara Barton Camp, North Oxford, MA

- Provide conflict resolution strategies
- Demonstrate positive behavioral management techniques
- Mediate camper/ counselor conflict
- Communicate with parents of campers who may be struggling in the camp setting
- Assess and create behavioral plans for campers
- Place campers in cabins with counselors who best fit their individual needs
- Facilitate small group discussions
- Maintain accurate program records including incident reports and daily attendance.
- Organize staff meetings
- Evaluate staff members and offer positive feedback for improvement

*Camp Counselor* June 2012-August 2015

Clara Barton Camp, North Oxford, MA

- Organize and lead a variety of small and large group activities each session. Including: diabetes management, crafts, nature, songs, games, opening and closing ceremonies, swimming, archery, canoeing, Identify and respond to camper behavior issues.

Provided strategies to de-escalate behavior when client was triggered by surroundings

Provided emotional support for my client and built a positive mentor relationship with him

*Babysitter/Nanny*

*January 2010-June 2017*

Provided care for children with behavioral, emotional, and physical challenges including: Type 1

Diabetes, Autism, ADHD, ADD, OCD, Mood instability

Assisted with getting children ready for school, after school activities, and other events.

*Assistant Teacher*

March 2009-June 2013

The Children of Tomorrow Early Learning Center, Charlton, MA

- Provide individual attention for children ages 2 months-13 years  
Plan age appropriate activities including projects, storytelling, and arts and crafts.
- Supervise and instruct individuals with social and developmental activities  
Evaluate children's social development and physical well being  
Provide a positive, nurturing environment for children to grow and develop both intellectually,  
and physically

#### CERTIFICATION

---

Massachusetts Department of Elementary & Secondary Education:

Initial Licensure (English 5-8; 8-12)

Sheltered English Immersion (SEI) Endorsement

CPR/AED and First Aid

#### COMPUTER SKILLS

---

Microsoft Office: Word, Excel, PowerPoint, Outlook

Google: Mail, Drive, Sites

# Christina M. Flynn

372 i : \T <.:ith .\vc l',111 lant.!. OR 97 21.1 ♦ (503 1 h2 1-SM,5 ♦ christ ina.lly11n8 5,iq;111ail.c11111

## 'IWFESSION' ,LSI iiU:1.-A RY

l'as.:111;111ager y ith .,., year 11fc.,p...riL-ncc in sclvkl' phm dn'l'np111...n1. coumclng. crisis i111e1Yrntion.adnlc.acy 011 bchalfol\n111h and fomilies. and \\orking with lhcju1-c111ik dqia1111c111 mid 51ale child wellhr, systr111s

## \VOi{! E\!':Ril:.'CI:-

C:isc i\lanagcl'. -Wh'l's/11 eek

Bt>ys and Girls .-\id.Safe Place- ft,r Youth l lill,;1>11111. OR & STEP l'n1gn1n l'onland. OR

-\ugust 2013 - l'n:sent

- l.lcl-dup and irmpknwnt sclYkc pl.ms for youth ,u111 fo111ilics h\_1 rnmprkng pl"t1gr.,s\$ !1!Jh>11s and lrcal1nc111 plans
- l'ml ide case mal1.igc111c111 e1Yi,es 111 nuth: t:\11nslcl11 .aisis i111c1, c111i1111. family mediation. service Ol\rdi11alinn

Lead/Youth Care Counselor. -lthrs/wl,

B11ys and Girls .-\id. S:1fc Place for \nuth l lillshoro. OR

\ovcmhcr 2011 .\ugust 2013

- Cn11rJil1alcd SL-n:icc:s li>rdicnls in the residencL' a11d supp,H1L'd the cas., 111a1rngcr [y .:trn1n1ul li,a1ng daily beha\ior;
- l'r,wic.Jcd dircl-t sl1pc:1Yisinn ,,'clients in the lhdli1 11i1h a liims 011111ai111aining a pn,ilil c. hcallhy c111 in,11111,-111

Famrily C1111sulh1111 .\_.:; :\a1111y. 38hrsll'k, 2(wl,s/\_ r (seasonal)

C.m\* Giwrs l'las:cment .-\gen<.) l'n111m1d. 01{

:\ovcmhcr .2008 - ,\ugus1 211 1.2

- Cared li>rd11drc11:111d,-nl!.1hnmtcd 11ith families 10 L'Slablish d1ild 11lan,lgc111c1111cd111iqucs in thL• h11m,.
- .-\ssessJ skills and c,Insul1cd directly with fomili, s to guide a11d aci:deralc dc1-dop111c111 ofdi1dren and y,ulh

Pro ra111 Sup'l'l'isori1kad ('01msl'lor. <JOhrs/wk, 1 llwks/yr (sc:1sn11:1 D)

\\clbpring Florida St. l'ctc'rsburg. FL & \klhoume. FL .lu1lc 200f . .\ugust .2tl 11

\\clbpring .\cw \,rk Paul Smiths. 7\Y .lunc 2tl11R -- .-\ugust .2008

- S11pc1YiSLU pmgra111 and c.,1111si:ling slaff"-ithi11 a residential thernpL-utic tn-n weigh1-l,1ss lir1>gram
- Pro\ided alH.l dircl:cd .:hild nmtwg,•111.:111 during limes ,,'crisis

l'ro ram l.,•111l'r & .-\ssisr,1111 to lhL" Sup,•n:isu1 . ll-lhrs/wl. 1/11'l,s/\_H (wasuual)

\ultn<'mah hlucalin11 ScrYi,c Disrrict. Clutdoor Schnol Pon land. OR

SeptclllhL'T 2007 ....hmlr .2011

- S11pen i,j:d high sd11HJI S111<kn1s in their role ;1s 111 11101\$. i11s1nc111HS and caregil'ers for 11iddle sd1<11,I,audc-111,
- l'nn-ided pnlgi.11111kn-lop111.:111. <1rg;111i,rnlional and mal1agc1nc111 syst-111, dc,clupmc111. ,111<llliL, suppon

## EDIIC.\TIOV' & li'iTEHNSIIIPS

B,\ in Fa mil) .,lml llul11an Services, Com-c111ratio11 i11 Spanish

t :n1rcsit\ of'Orcggn Cu.gene. OR Septemhcr 2003 - .lunc 21107

Cnsc -h11111gcr Intern, l'hrs/wl.

First Place Family C'c111cr Eugene. OR \hrd1 200/, - .lunc 21107

- i'n.l'idcd c,i,c m.m.igcmnt. int;1J:cs .ind rckrn1l, li)r li1111ilic, sc, k ing J1(111,i11g in lhc c111c1gncy night ,clter pmgn1111

(:roup Fadli1:1tor .-\ssisla11t ln1un. l'hrs/wl,

!3inh 10 Three Eugene. OR .Janum) .20011 -- \fard1 200(,

- :\ssistL-d in lhc l:1ciliatio11 nf:1 parclli11g dass and sl1pprn1 gmp f1>rteen parL'llls

F,1111ily Col1rdim11or Intern. •>hrs/nl,

Cn-np Family C, 111cr E11gc11L'. <1R Sep1c111hcr .2005 . . Dcn-1nber 200.'i

- Co,11dim11cd c11-n opponunilic, roralford:1blc childcare thr,lugh parent participatinn

## REFI.:RENC'ES

:hai lab le up11n r, quc t

***DIANE J. BRANDSMA***

---

***EDUCATION***

**Master of Arts in Counseling**  
Denver Seminary

**Bachelor of Science - Sociology**  
Grand Canyon College

***PROFESSIONAL EXPERIENCE***

**Executive Director**

**Salvation Army | White Shield Center, 11/09-11/18  
Portland, OR**

- Provided visionary leadership and strategic planning for residential treatment for adolescents and on-site day care
- Guided and supported the work of 65+ staff and volunteers. Directly supervised management staff.
- Provided financial management and oversight of \$2.4 million budget.
- Provided oversight of state contracts and grants to ensure compliance and safe, quality service delivery.
- Participated in membership activities - including advocacy, of Oregon Alliance of Children's Programs.
- Developed, supported and worked in cooperation with Advisory Council.
- In conjunction with The Salvation Army's development department, participated in fund-raising.
- Participated in community and public relations to advance the cause of the program.
- Provided oversight for the upkeep, security and general condition of the facility, including property and vehicles.

**Program Director/Senior Director**

**Catholic Community Services 8/04-present  
Salem, OR**

- Participated on the Administrative Leadership Team to assist the agency to achieve goals.
- Supervised, mentored and trained service staff, therapists, foster parents, volunteers and interns.
- Supported leadership/management of the Yamhill County site - Rainbow Family Services programs.
- Supported leadership/management for the Behavioral Health Services: mental health and addictions.
- Facilitated employee involvement in the development of the departments' annual operations plans and budgets.
- Monitored budgets throughout the fiscal year.
- Worked in cooperation with the Advisory Boards in strategic planning and oversight.
- Participated in development, implementation, and monitoring of policies and procedures.
- Implemented quality improvement initiatives and processes.
- Acted as a liaison with community partner programs and represents agency

**Adolescent/Family Therapist/Intake Coordinator**

**Rainbow Family Services, 11/00-8/04  
McMinnville, OR**

- Facilitated individual and family therapy with youth in treatment foster care program
- Developed comprehensive mental health assessments and service plans for clients
- Monitored and evaluated, in conjunction with the treatment team, client's progress
- Provided regular on-call coverage for caseload, including support for foster parents
- Maintained consistent communication with clinical and treatment teams
- Cooperated/coordinated with external agencies to implement effective treatment for clients
- Formulated post-placement plans to support clients through transition period
- Coordinated referral and intake process for youth entering the program
- Participated in planning and implementing recreational activities for clients
- Supervised graduate student intern.

**Case Manager/Family Support Consultant**

**Foothills Gateway, Inc., 6/99 - 8/99  
Fort Collins, CO**

- Managed a caseload of 35+ families - facilitated access to services from state and county programs
- Served as liaison between families and state/county departments - oriented families to these systems
- Advocated for families and children with disabilities
- Communicated monthly with clients - provided referrals, support and crisis intervention as needed
- Developed, with families and providers, individual plans reflecting strengths, needs and goals

**DIANE J. BRANDSMA**

- Established and maintained documentation and master records as mandated by regulations
- Coordinated resources for families and children with developmental and/or physical disabilities
- Maintained fiscal responsibility for programs that offered stipends for families' needs
- Participated on the Family Support and Services Program Council
- Planned/co-facilitated a support group for children/adolescents who have siblings with disabilities

**Treatment Coordinator**

**Excelsior Youth Center, 9/92 - 6/99  
Aurora, CO**

- Facilitated individual, group and family therapy for adolescents in residential treatment
- Developed and assessed individual treatment plans, educational goals and aftercare plans
- Attended case reviews, placement hearings and other judicial procedures
- Communicated with internal departments and outside agencies to address residents' needs
- Provided direct supervision, milieu management and crisis management for residents
- Produced and edited documents detailing treatment and progress for state and county agencies
- Trained and co-supervised a 13-member adolescent care team
- Supervised graduate student interns

***RELEVANT EXPERIENCE/COMMUNITY INVOLVEMENT***

- Board of Directors, Coalition of Advocates for Equal Access for Girls, 2010-present
- Chaired Juvenile Justice Affinity Group - Oregon Alliance of Children's Programs, 2014-2019.
- Active member of Portland Pearl Rotary Club, founding member of club Social Justice Committee
- Residential Treatment Counselor - Excelsior Youth Center, 9/88 - 9/92



**DIANE J. BRANDSMA**

---

**EDUCATION**

**Master of Arts in Counseling**  
Denver Seminary

**Bachelor of Science - Sociology**  
Grand Canyon College

**PROFESSIONAL EXPERIENCE**

**Executive Director**

**Salvation Army | White Shield Center, 11/09-11/18  
Portland, OR**

- Provided visionary leadership and strategic planning for residential treatment for adolescents and on-site day care
- Guided and supported the work of 65+ staff and volunteers. Directly supervised management staff.
- Provided financial management and oversight of \$2.4 million budget.
- Provided oversight of state contracts and grants to ensure compliance and safe, quality service delivery.
- Participated in membership activities - including advocacy, of Oregon Alliance of Children's Programs.
- Developed, supported and worked in cooperation with Advisory Council.
- In conjunction with The Salvation Army's development department, participated in fund-raising.
- Participated in community and public relations to advance the cause of the program.
- Provided oversight for the upkeep, security and general condition of the facility, including property and vehicles.

**Program Director/Senior Director**

**Catholic Community Services 8/04-present  
Salem, OR**

- Participated on the Administrative Leadership Team to assist the agency to achieve goals.
- Supervised, mentored and trained service staff, therapists, foster parents, volunteers and interns.
- Supported leadership/management of the Yamhill County site - Rainbow Family Services programs.
- Supported leadership/management for the Behavioral Health Services: mental health and addictions.
- Facilitated employee involvement in the development of the departments' annual operations plans and budgets.
- Monitored budgets throughout the fiscal year.
- Worked in cooperation with the Advisory Boards in strategic planning and oversight.
- Participated in development, implementation, and monitoring of policies and procedures.
- Implemented quality improvement initiatives and processes.
- Acted as a liaison with community partner programs and represents agency

**Adolescent/Family Therapist/Intake Coordinator**

**Rainbow Family Services, 11/00- 8/04  
McMinnville, OR**

- Facilitated individual and family therapy with youth in treatment foster care program
- Developed comprehensive mental health assessments and service plans for clients
- Monitored and evaluated, in conjunction with the treatment team, client's progress
- Provided regular on-call coverage for caseload, including support for foster parents
- Maintained consistent communication with clinical and treatment teams
- Cooperated/coordinated with external agencies to implement effective treatment for clients
- Formulated post-placement plans to support clients through transition period
- Coordinated referral and intake process for youth entering the program
- Participated in planning and implementing recreational activities for clients
- Supervised graduate student intern.

**Case Manager/Family Support Consultant**

**Foothills Gateway, Inc., 6/99 - 8/99  
Fort Collins, CO**

- Managed a caseload of 35+ families - facilitated access to services from state and county programs
- Served as liaison between families and state/county departments - oriented families to these systems
- Advocated for families and children with disabilities
- Communicated monthly with clients - provided referrals, support and crisis intervention as needed
- Developed, with families and providers, individual plans reflecting strengths, needs and goals

**DIANE J. BRANDSMA**

- Established and maintained documentation and master records as mandated by regulations
- Coordinated resources for families and children with developmental and/or physical disabilities
- Maintained fiscal responsibility for programs that offered stipends for families' needs
- Participated on the Family Support and Services Program Council
- Planned/co-facilitated a support group for children/adolescents who have siblings with disabilities

**Treatment Coordinator**

**Excelsior Youth Center, 9/92 - 6/99  
Aurora, CO**

- Facilitated individual, group and family therapy for adolescents in residential treatment
- Developed and assessed individual treatment plans, educational goals and aftercare plans
- Attended case reviews, placement hearings and other judicial procedures
- Communicated with internal departments and outside agencies to address residents' needs
- Provided direct supervision, milieu management and crisis management for residents
- Produced and edited documents detailing treatment and progress for state and county agencies
- Trained and co-supervised a 13-member adolescent care team
- Supervised graduate student interns

***RELEVANT EXPERIENCE/COMMUNITY INVOLVEMENT***

- Board of Directors, Coalition of Advocates for Equal Access for Girls, 2010-present
- Chaired Juvenile Justice Affinity Group - Oregon Alliance of Children's Programs, 2014-2019.
- Active member of Portland Pearl Rotary Club, founding member of club Social Justice Committee
- Residential Treatment Counselor - Excelsior Youth Center, 9/88 - 9/92

J 0535 SW 133<sup>111</sup> Place Beaverton, OR 97008 • (503) 401-9764 • evanbailey42@gmail.com

# Evan D. Bailey

## **Objective**

Position with an agency that fosters connections, upholds values, and provides guidance amongst children, where a strong background in effective communication, critical thinking, and innovative programs can be used to improve the lives of all participants.

## **Exp erience**

2007-2014

### **Lifeguard & Swim Instructor**

- Offer professional swimming lessons, and instructed aquatics activities to persons of all ages. Gained experience instructing multiple individuals with behavioral issues
- Elected Most Valuable Employee for Fall of 2014
- Demonstrated effective communication by greeting, educating, and working as a team to accomplish goals

2013

### **Language Coach**

- Taught English to native Gennan speaking pre-teens/teenagers, while being their guardian 24/7 for each session (2 week sessions)
- Planned activities, English lessons, and excursions for the campers, often executing activities while being unassisted
- Daily Manager- delegated responsibilities of activities to employees, ensuring they run smoothly

2011-2013

### **Lifeguard & Swim Instructor**

- Assisted in register and cashier work for entering customers
- Provided life-saving care in case of emergencies, as well as first aid to injured patrons

2008-2011

### **Counselor, and Aquatics Director (Camp Howard)**

- Counseled children, and supervised them throughout multiple organized activities
- Created and executed team building programs
- Worked as a part of a team, communicating ideas, strengths, and weaknesses

## **Education**

2009-2013

### **B.S. Psychology**

Member of Sigma Phi Epsilon

**Jonathan Ruben Umana**  
(509) 560-9762 jonathanumana54@yahoo.com

**EDUCATION**

---

<b>Bachelor of Arts: Law and Justice</b> <i>Central Washington University, Ellensburg, WA</i>	<i>June 2013</i>
<b>Bachelor of Arts: Political Science</b> <i>Central Washington University, Ellensburg, WA</i>	<i>June 2013</i>
<b>Minor: Psychology</b> <i>Central Washington University, Ellensburg, WA</i>	<i>June 2013</i>
<b>Associate: In Arts &amp; Science</b> <i>Big Bend Community College, Moses Lake, WA 98837 • 509-793-2222</i>	<i>June 2010</i>

**ACADEMIC AWARDS**

<i>ALPHA PHI SIGMA NATIONAL CRIMINAL JUSTICE HONOR SOCIETY</i>	<i>Spring 2013</i>
<i>Academically distinguish Individual Department of Political Science</i>	<i>Winter 2013</i>
<i>Academically distinguish Individual Department of Political Science</i>	<i>Fall2013</i>
<i>Quarterly Honor Roll</i>	<i>Winter 2012</i>
<i>Quarterly Honor Roll</i>	<i>Spring 2012</i>
<i>Dean 's List Certificate of honor Award</i>	<i>2009-2010</i>

**LEADERSHIP AND SERVICE AWARDS**

<b>Volunteer of the Year: Outstanding Nominee</b> <i>Organized community service events, recruitment of volunteers, created a liaison program between US Border Patrol and non-profit organizations</i>	<i>2007</i>
<b>U.S Border Patrol Explorer Program: Graduate</b> <i>Leadership position: PEIC, patrol explorer in charge</i>	<i>2004-2009</i>
<b>Excellence in Leadership Award</b> <i>3<sup>rd</sup> annual award reception e.m.p.i.r.e</i>	<i>2012-2013</i>
<b>Employee G.E.M Award</b> <i>Wenatchee School District 246: Employee going the extra mile</i>	<i>2016-2017</i>
<b>Employee G.E.M Award</b> <i>Wenatchee School District 246: Employee going the extra mile</i>	<i>2017-2018</i>
<b>Security Officer of the Quarter</b> <i>Confluence Health outstanding work</i>	<i>2017-2018</i>

---

LANGUAGE: English and Intermediate Spanish

**CONFERENCE**

---

<b>Center for Youth Program Quality</b> <i>Program Quality Assessment Basics</i>	October 2016
<b>Northwest Justice Forum</b> <i>Restorative Community Service program in a rural setting</i>	June 2014
<b>24th Annual Conference on Ending Homelessness</b>	May 2014
<b>Best Practices in Dependency: Reasonable Efforts Symposium</b> <i>Washington Courts: Administrative Office of Courts, Court Improvement program</i>	September 2013
<b>CASA 21<sup>st</sup> Annual Conference</b>	October 2013

**PRESENTATIONS AND MEDIA RELATIONS**

---

<b>Reducing Mass Incarceration Panel</b> <i>Central Washington University</i>	2016
<b>Yakima Valley Community College</b> <i>Youth development and the criminal justice system</i>	2016
<b>At-Risk Kids in Yakima Help Clean Up City</b> <i>NBC Right Now/ KNDO 23/ KNDU 25</i>	2015
<b>Importance of Community Mobilization</b> <i>Chamber of Commerce: Morning Coffee community networking event</i>	2015
<b>Community Gathers to Give Back Through Operation Harvest</b> <i>Public Relations on youth involvement</i>	2014
<b>Restorative Community Service Program</b> <i>Presentation for multiple Non-Profit organizations, University's, Junior colleges, Civic groups, Anti-gang Initiative Committee, Graffiti-Be Gone Committee, and the Chamber of Commerce about the importance of a Diversion program and detention alternatives for offenders in a Restorative Justice Model</i>	2014
<b>Diversion Program</b> <i>Presentation about the Diversion Program to the Non-Profit Safe Yakima Valley</i>	2014
<b>Gang Court</b> <i>Presentation about gang prevention and Crime Prevention to the gang Free Initiative Committee</i>	2013

## Work Ex.12.erienc

---

### **Wenatchee School District:** Title Program Director and Coordinator Expanded Learning Program

Full-Time: August 2016-Present

1. Develop, implement and coordinate the Expanded Learning Program; Work collaboratively with parents, school staff, students and community members in all program activities
2. Prepare, review, revise and disseminate marketing and informational materials related to extended day programs
3. Develop and implement program budget, including fee billing and collection
4. Train, supervise and coordinate Expanded Learning Program staff
5. Supervise and coordinate all Expanded Learning Program activities; supervise students
6. Prepare and present oral, written and statistical reports on program operation and effectiveness
7. Facilitation of community outreach and establishment of community partnership's

### **DSHS State of Washington:** Title Juvenile Rehabilitation Security Officer 1

On-Call: February 2017

1. Conduct routine and random security duties such as headcounts, room checks for cleanliness and contraband, pat and strip searches, building integrity checks, and collect urinalysis samples for testing.
2. Recognize and assess situations and intervene to de-escalate
3. Maintain a written account of activities during the work shift and clearly document breaches of security, behavioral incidents, and youth behavior in various logs and in youth files.
4. Escort/supervise the movement of residents within the facility and in the community.

### **Confluence Health Hospital:** Title Security Guard

On-Call: February 2017

1. Conducting active security and environmental safety patrols, responding to calls, monitoring CCTV systems.
2. Intervening and/or assisting staff with escalated, disruptive, mental health clients

### **Yakima County Juvenile Court:** Title Restorative Community Service Program Leader

Full-Time: AmeriCorps July 2013- July 2014, Extra Help: July 2014-December 2014, Full-Time:January 2014-August 2016

1. Supervision of community volunteers/Interns and extra-help employees
2. Management of community events for youth offenders and document all activity
3. Establish and maintain cooperative relationships for Superior Court
4. Assist probation officer's in making field visits on offenders on probation
5. Writing reports to inform Judges and administrators on offender's compliance and recommend sanctions
6. Testified in Gang-Court about offenders' behaviors and conditions of supervision
7. Program Duties for the CASA program (Court, Appointed, Special, Advocates)
8. Select and Conduct trainings for community members and Court Staff
9. Coordination of volunteers with the Restorative Community Service program.
10. Action reports and status updates on data to administration and the community
11. Handle community Inquiries about the Restorative Justice Model
12. Lead staff on new development and volunteers on policy and protocol
13. Forming coalitions and partnerships Between Community and Juvenile Court manage and resolve any conflicts

**Karlee M. L. Brandini**  
10202 SW 52nd Ave  
Portland, OR 97219  
503.475.0656  
karleeandkevin@hQtillilil.com

---

**Work  
Experience**

**Boys and Girls Aid, Portland, OR, Current Since July 2006**

Placement Director - coordinate and supervise the shelter services 24 hours referral line for 25 contract beds  
Complete client screening, contract placement, intake and placement coordination, communication with contractors around utilization, contract compliance and services provided  
Work with foster parents, Juvenile Department staff, DHS workers, county, state and mental health workers for crisis and planned placements  
Past BGAID experience; Annex & Intake Coordinator - Manage program guidelines, direct care staff, schedule, and daily operations of the Annex program; Program Coordinator for Safe Place for Youth - a coed IO bed 24 hour staffed shelter; Case Manager for Shelter Services youth ages 12-18

**Albertina Kerr Centers, Wynne Watts School, Portland, OR August 2003-June 2006**

Educational Support Specialist for self contained, special education, behavioral classrooms  
Worked as part of a multidisciplinary educational and treatment team  
Instructed students in small groups and one-on-one settings using teaching strategies necessary to achieve IEP goals and objectives  
Interpreted and implemented behavior management programs, trained and assisted students in positive behavior management  
Coordinated, organized and implemented extracurricular student activities and programs

**Compassionate Foster Care, Bremerton, WA August 2001-August 2003**

Case Manager and Coordinator of the Independent Living Skills Program  
Managed the ILS Program Contract  
Provided the centralized intake of skills proficiency for teenage youth into the ILS program  
Developed, implemented and managed individual behavior management plans, service plans, and individual safety and treatment plans for youth in foster care  
Facilitated Youth and Family Team Meetings, provider meetings, and the Advocates for Successful Independence meetings

**Holland America Westours, Seattle WA Summer Seasons: 1998-2001, & 2004**

Administrative Assistant, Escorted Tour Operations  
Prepared tour packets with documents and manifest for all tours and general office support tasks  
Tour Director in Alaska and the Yukon Territory  
Responsible for 20-50 traveler's arrangements, itineraries, and general public relations, customer service duties

**Education**

*Concordia University, St. Paul, MN BA Psychology May 2000*

**Volunteer**

**Village Preschool of Portland**

**Experience**

Fundraising Committee Member 2014/2015 School Year, Solicited donations, followed up with vendors, planned and executed the annual silent auction

Fundraising Co-Chair, Board Position 2015-2016 School Year, Co-leadership of the fundraising committee, participate on the board of directors, delegating tasks to team members, planning and executing the annual silent auction

Treasurer, Board Position, 2016/2017 school year, managed preschool budget and profit and loss tracking

Jr. Class Presentative, Board Position, 2017/2018 school year, represented the class at board meetings, communicated school requirements, events and school direction to school families, alongside lead teacher addressed any conflict or failure of family to meet co-op requirements.

---

## ABOUT ME

Self-directed, results-driven social worker with strong interpersonal and cross-cultural communication skills honed by interacting with a wide range of individuals in diverse settings. Able to use tact, listening proficiency, and rapport building to calm and prevent highly stressful interactions. Proficient in medication with extensive experience collaborating with and leading diverse, conflict-prone cross-functional teams. Focuses on excellent attention to detail and organizational skills. Adaptable to complex, fast-changing environments in international and domestic work settings.

## SKILLS INVENTORY

Management  
Conflict Resolution  
Individual & Family

Communication &  
Leadership

Client Service  
Project Management  
Skills  
Communication  
Collaboration  
Organizational Skills  
Process Improvement

## EDUCATION

Boston University  
Bachelor of Social Work  
2002

Minor in

1998

## EXPERIENCE

**CHILDREN IN NEED OF PLACEMENT CASE AIDE 07/17 - Present** Department of Human Services, State of Oregon @ Portland, OR

- Identify strengths and needs of children in care.
- Provide for the child's physical, emotional, mental, social, educational, and cultural needs.
- Recommend services needed to child's caseworker for case planning.
- Document services provided and progress of case plans based on personal observations and data collection.

**INDEPENDENT CONTRACTOR 03/16 - Present** Portland, OR

- Manage project work for Apt Marketing Solutions.
- Support operational work for clients providing subject matter expertise.
- Track project data to identify trends.
- Analyze issues to create recommendations.
- Identify project issues and risks and present solutions.

**CLIENT SERVICES COORDINATOR 12/12 - 07/15**

Portland, OR

- Assessed contracted medical partners needs and provided technical assistance and program specific training.
- Monitored program, billing, and operational data to assure programs are implemented with fidelity.
- Translated federal data collection requirements into design document used by our software vendor to update web application including user interfaces.
- Created data system to efficiently and accurately collect data.
- Achieved a data error rate of less than 1% upon submission to federal funders.

**BUSINESS ANALYST 08/12-12/12** Health Authority, State of

- Documented and optimized business flow diagrams.
- Performed impact analysis on proposed state-wide policies, program and system changes.
- Provided field-level subject matter expertise within the software development life cycle on the planning and implementation of a commercial off the shelf automated benefit eligibility application.
- Performed document analysis on vendor deliverables for management review and approval.
- Provided technical assistance to customers of current production applications to ensure usability.

**HUMAN SERVICES CASE MANAGER 10/09 - 08/11** Department

Portland, OR

- Coordinated and scheduled annual reviews of TANF recipient benefits and documented findings using case management technology.
- Interviewed clients to assess initial or continued program eligibility (for SNAP, TANF/JOB and Medicaid programs) and documented findings.
- Investigated applicant records and databases to validate information.
- Researched, interpreted and applied complex eligibility policies and clearly explained the decision to the applicant.



**INDEPENDENT CONTRACTOR 09/06 - 06/09**

- Coordinated project work for clients: Endai Worldwide, Watson Adventures, Running Paws, and Champion Learning Center
- .. Coordinated intern recruitment and established contacts at local universities.
- Collaborated with software developers to ensure consistency and usability in screen design.
- Uploaded media creatives onto system database for internal and remote users.
- Assisted in developing guidelines and protocol to enhance email deliverability.
- .. Planned and coordinated one-on-one in-home tutoring services to underserved students attending failing schools.

**SERVICE IMPROVEMENT OFFICER 08/05 - 03/06**

Council London, UK

- " Managed project work and administrative tasks for three scrutiny committees of locally elected officials.
- Collaborated with senior management and Council's partners to examine service performance of council departments and external agencies in order to improve organizational efficiency, engage residents in the decision-making process, and coordinate strategic management.
- " Prepared reports, summaries, and briefing notes for council leadership to share successes and best practices.

**CHILDREN'S CASE MANAGER 08/04 - 08/05**

- .. Developed individualized treatment plans according to assessed risk and connect families with resources to strengthen parenting capacities.
- " Facilitated monthly meetings with the family, education, and health professionals to coordinate supportive services and evaluate progress towards set goals.
- Monitored progress of child protection cases with bi-monthly home visits to ensure children are protected from abuse and/or neglect.
- .. Presented assessments of family's progress and recommendations to child protection committee.

## KYRA R. TERBOVICH

Portland, Oregon - (503) 481-5505 - [kyra.terbovich@gmail.com](mailto:kyra.terbovich@gmail.com)

### YOUTH SKILLS TRAINER

Dedicated - Proactive - Innovative

*"Leading with purpose"*

Driven and solution-focused **Advocate for Empowerment** with a versatile and valuable history of impacting positive change on both youth and adults from diverse community groups. Highly-trained and skilled at working with children from a wide-range of challenges and traumas. Seeking to evolve within *Boys and Girls Aid* to contribute value and positive influence to youth-in-need.

---

### SUMMARY OF QUALIFICATIONS

---

**Natural leader** who motivates, mentors, and guides others to reach their full potential. Strong commitment to impacting positive change on both individual and community levels, with a demonstrated history of facilitating a wide-range of events, groups, training, and workshops to provide support and life-skills to diverse groups of people.

**Develops flexible and innovative programming** based on individual and community needs, leveraging out-of-the-box thinking and intuitive listening to transform problems into opportunities. Practiced in revitalizing strategies to meet a wide variety of challenges and creating a positive and receptive learning environment conducive to growth and empowerment.

**Exceptional communication skills** with a natural talent for establishing rapport and connection with people of all walks of life and cultural/socio-economic backgrounds, ensuring collaborative problem solving and dynamic change.

**Adaptable, responsible, and self-motivated**, with a high capacity for making decisions under pressure while remaining present and centered with clients and peers. Organized and detailed with a strong ability to prioritize and manage multiple tasks and projects.

---

### NOTABLE ACHIEVEMENTS

---

**Empowered thousands through group leadership** and facilitation throughout Portland, Oregon, and recognized in the community as a dynamic speaker and presenter. **Notable events include:** *Portland Law of Attraction Facilitator* (2009 - Present); *Women's Group Facilitator*, Women's Holistic Healing Group (2011 - 2014); *Aspire Mentor, skills builder and training for teens*, Nela Center (2009 - 2010); *Byron Katie Facilitator and Coach* (2007 - 2010)

**Honored as Class Speaker** to over 100 students and families for Project Independence, PCC, Cascade Campus in Spring 2009, speaking on the future, getting around obstacles, self-belief, and expanding thinking.

**Successfully engaged and influenced the at-risk youth** of a lockdown facility as a speaker, involving the boys ages 12 - 17 in quality discussion, sincere dialogue, and a path toward healing. Empowered the youth on topics including addiction, choices, trusting intuition rather than peer pressure, and self-care.

---

### CAREER PATH

---

**ADMINISTRATIVE VOLUNTEER**, Boys and Girls Aid, Portland, Oregon 2017 - Present  
Serves the Boys and Girls Aid organization by working closely with administrative staff to sort and navigate highly confidential files. Packs, matches, and secures thousands of files of past adopted children, in addition to assisting with finance files dating back one hundred years. Maintains excellent representation and a welcoming demeanor as first point-of-contact both on phone and in-office. Assist with organizing paperwork for upcoming training sessions.

**PROFESSIONAL NANNY/CHILDCARE PROFESSIONAL**, Independent Contractor 2013 - Present  
Highly requested caregiver for young children infancy through early childhood age. Responsible for full spectrum of unsupervised care for up to 6 children at a time, from calming and soothing, to basic functions such as meal preparations, bathing, and dressing, to planning both indoor and outdoor activities, both educational and recreational. Exercises fast problem solving skills in varied circumstances, and seamlessly handles conflicting needs simultaneously, keeping kids engaged while enhancing language and speaking skills. Facilitates creativity and expression through singing and other artistic activities, cultivating a fun, safe, and positive environment. Utilizes exceptional organizational skills, maintaining a current daily log of child's progress, activities, and behaviors.

**GROUP LEAD FACILITATOR/COACH/SPEAKER**, Self Employed (Donation Based) 2007 - Present  
Conceptualizes and initiates a wide variety of groups focused on empowering diverse community groups based on their needs. Acts as coach, teacher, speaker, and facilitator, counseling others on topics including goal setting, advocacy, mindfulness and meditation,

stress reduction, and teen skill-building. Designs groups to help others move forward, become inspired from within, and have more clarity, focus, and self-awareness, transforming complex human issues unto accessible healing channels. Planned all lessons, location, setup, and activities, utilizing intuitive listening and effective communication skills to meet the needs of the community.

**PEER AND PRESENTER**, Volunteer, SE Works, Portland Oregon

2015 - 2016

Led and facilitated classes for ex-prisoners reentering society, engaging large groups on a wide variety of topics based on listening to the needs of the community. Inspired success and progress through coaching and presentations, with topics including stress-reduction and positive strength-based future focus, leveraging individual gifts and talents for optimal development.

**ASSISTANT SCHOOL COUNSELOR**, McCoy Academy, Grades 9-12, Portland, Oregon

2010 - 2011

Supervised large classrooms of troubled teens who had been expelled for extreme behavior, serving as a role model, group facilitator and activities builder, and teaching classes of at least twenty students. Utilized CBT and DBT dialectical behavioral therapy, leading exercises from both self-developed and from curriculum. Created trust, safety and positive change.

---

## EDUCATION AND PROFESSIONAL DEVELOPMENT

---

**M.A. Human Service Counseling, Life Coaching Cognate**, Liberty University (2018)

**B.A. Interdisciplinary Studies, focus on Behavioral Sciences and Fine Art**, Marylhurst University (2013)

**A.A. Human Social Sciences with studies on Addiction**, Portland Community College (2015)

**Self-Designed Degree:** "*Creating Inspired Communities*"

### **Training and Certification:**

Peer Recovery Mentor Training (*communication and motivational skills, group facilitation, crisis intervention, assertive outreach, culture, Trauma, and Ethics and Boundaries*); Motivational Interviewing Certification, ACCBO approved; Nia Dance Training and Certification, *Movement and Mindfulness instruction*; Byron Katie Facilitator Certification, *Releasing Stressful Stories*; Reiki Master, Ancient Wellsprings, Portland; Certified Feng Simi Consultant, *Sanctuary Healing*

### **Additional Community Involvement:**

*Gift for Families*, The Friendship House, Portland, Oregon (December 2014); *Books for Prisoners*, HandsOnPortland (Winter 2008); *Community Garden*, HandsOnPortland, (Spring 2007); *America Reads* - classroom management, reading skills for youths, Metropolitan Learning Center, (Fall, 2007); *Rape Crisis Hotline Volunteer*, Alice-Paul House, Indiana P.A. (1995)

---

## EXCEPTIONAL REFERENCES FURNISHED UPON REQUEST

---

**MARGARET BAUMGARDNER**  
margaretlbaumgardner@gmail.com  
8604 SE 11<sup>th</sup> Ave. • Portland, OR 97202 • Phone: (303) 895-9087

## EDUCATION

### **Bachelor's of Social Work**

Florida State University, Tallahassee, FL  
Graduated December 2003

### **Master's of Social Work**

University of Denver, Denver, CO  
Graduated May 2008  
Clinical Family Track  
Member of Phi Alpha, National Honor Society for Social Work

## EXPERIENCE

### **Foster Care Social Worker, Extraordinary Families (SCFFAA), Los Angeles, CA**

*April 2014-February 2016*

Provided comprehensive treatment services including case management, crisis intervention, assessment and referrals, development of treatment goals, oversight of health and mental health care, maintenance of clinical records, and coordination of service planning with the Department of Children and Families. SAFE home study certified.

### **Clinical Case Manager, Mental Health Center of Denver, Denver, CO**

*July 2008-March 2009*

*February 2005-March 2007*

Organized and provided strength based psychosocial services for a community-based, high intensity mental health team. Responsibilities included crisis intervention, linking clients with internal and external resources, providing advocacy, as well as facilitating group and individual treatment to an assigned caseload.

### **Social Work Intern, Presbyterian/Saint Luke's Medical Center, Denver, CO**

*Field Placement: September 2007-May 2008*

Provided medical case management and social services for patients and families in an inpatient hospital setting. Responsibilities included identifying and assessing high-risk patients, facilitating family meetings with interdisciplinary healthcare team, crisis intervention, coordinating discharge planning, linking patients and families to services through internal and external resources, and providing support as patients moved through the continuum of care.

**HIV/AIDS Case Management Intern, Big Bend Cares, Tallahassee, FL**

*Field Placement: August 2003-December 2003*

Provided comprehensive services to those living with and affected by HIV/AIDS in the eight-county Big Bend region of Florida. Provided sexual health education in schools, nursing homes, and assisted living communities.

**Child Bereavement Camp Counselor, Big Bend Hospice, Tallahassee, FL**

*Spring 2003 & Spring 2004*

Organized and conducted therapeutic activities during an annual day camp for children ages 5-12 who had suffered a loss in their life.

**Activities Assistant, TMH Adult Day Care Center, Tallahassee, FL**

*August 2000-April 2002*

Planned, organized and implemented activities that art and music therapy for elderly and disabled clients.

**OTHER ACTIVITIES**

**Clothing Center Chair, Duniway Elementary School Parent Teacher Association**

*August 2017-Present*

Volunteer chairperson for Clothing Center responsibilities of Duniway Elementary School in Portland, OR. Responsibilities include coordinating volunteers and facilitating Duniway Elementary's scheduled days to provide service for the Portland Public Schools Clothing Center. The Clothing Center's goal is to furnish age-appropriate clothing that fits children that come to the center needing those services.

**Board Member, Fourth and Gill Neighborhood Association**

*February 2011-August 2013*

Volunteer board member for the non-profit neighborhood association of Fourth and Gill, an urban and historic neighborhood in Knoxville, TN. Roles included Welcome Committee Chair and Communications Committee. Organized, implemented, and monitored the activities and functions of an urban neighborhood facing diverse challenges on a community level.

**Volunteer, Freedom Service Dogs, Denver, CO**

*December 2007-May 2008*

Service dog trainer and handler

**Volunteer Floor Manger, Homeless Connect, Denver, CO**

*December 2005 & June 2006*

Connected homeless individuals and families to the resources they need to get onto the pathway to self-sufficiency. Provided crisis management as needed.

**Volunteer, Big Bend Cares, Tallahassee, FL**

*September 2001-July 2004*

Supported the fiscal department and the front desk of the agency, linked clients to support groups, and coordinated major fundraising events including the "Artopia" and AIDS walks. Organized and conducted Holiday Angel Program for children living with individuals infected with HIV/AIDS.

**Volunteer, Big Bend Hospice, Tallahassee, FL**

*November 2002- July 2004*

Provided companionship and grief support for clients and their families, drove clients to medical appointments and other errands, assisted with fundraising, and participated as counselor in the annual day camp for children and teens.

**Volunteer, Tallahassee Coalition for the Homeless Point in Time Survey, Tallahassee, FL**

*March 2003*

Collected data through a survey for the assessment of local services by interviewing homeless individuals in shelters and in the surrounding neighborhoods.

**Volunteer, United Way Boys and Girls Club, Tallahassee, FL**

*January 2002-April 2002*

Supervised children, ages 5 through 16, in activities during the after-school program in an assisted living community of Tallahassee.

REFERENCES

**Leah Brookner, PhD, Assistant Professor of Practice CWEP Assistant Director**  
Portland State University School of Social Work  
(203)-216-1250

**Sarah Boone, MSW, Chief Executive Officer**  
Extraordinary Families (Formally SCFFAA)  
(213)-365-2900

**Robin Harrod, MSW, LCSW**  
Clinical Social Work/Therapist  
(213)-699-4550

**Kari Bilsborrow**  
Teacher  
(720)-253-4371

# Megan Sherwood

## Intake Specialist

### Megan Sherwood

14815 NE 83rd St  
Vancouver, WA 98682

503.501.1012  
mshenwood@gmail.com

---

### Skills

---

Experience supervising employees  
Skilled in conflict resolution  
Current CPR/First Aid Training  
Proficient with word, excel, powerpoint and gmail  
16+ years working with children and families  
2 years Head Start experience

---

### Experience

#### Boys and Girls Aid / Intake Specialist

2011 - Present / Orem, UT

As an Intake Specialist, my responsibilities include, but are not limited to, responding to referrals for placements from contractors and community partners, such as law enforcement agencies, juvenile departments, mental health departments, the child abuse hotline, Department of Human Services (DHS) and juvenile detention. I provide crisis response for youth and/or foster homes, which require additional support for behavioral and/or emotional issues, often involving in-home crisis de-escalation and support in our agency foster homes and shelters. Additionally, I provide appropriate program screening, intake and assessment, determine appropriate foster home placement, and transport youth to/from the foster home or shelter.

#### Tornadoes Swim Team/ Head Age Group Coach

2011 - Present / Vancouver, WA

I currently work with children ages 6-12 years old coaching competitive swimming in a team setting. I create practice plans working with the children's current abilities, challenging them to reach their full potential as swimmers. I coach Monday-Saturday coaching swim practices working with 301 swimmers in a group setting with our youngest athletes. I also work closely with my swimmers parents, as we are a family centered swim team. I am also in charge of scheduling my swimmers for their events when attending swim meets.

#### Amani Center/ Family Support Services Specialist, Child Forensic Interviewer, Administrative Assistant

March 2012 - April 2013 / Seattle, WA

As a Child Forensic Interviewer I provided children with a skilled child abuse forensic interview. The forensic interview was regularly paired with a medical assessment, which includes a complete physical examination, digitally recorded interview (using Oregon Interviewing Guidelines), a determination of abuse, identification of appropriate treatment, and referral for follow-up care. Based on the child's



examination, referrals were made to a therapist and/or specialist, as needed, as well as recommendations for developmental and/or mental health evaluations. I have also been used as an expert witness in Grand Jury, juvenile dependency, and criminal trials.

As the Family Support Services Specialist (FSSS) I provided intake, support, crisis counseling and follow-up services to child victims of abuse and their non-offending caregivers. Additional services included information/ education, referral, advocacy, and Crime Victims Compensation assistance. I provided support to the child and family during the assessment process.

As Administrative Assistant I wore many hats and assisted the Executive Director with many different tasks and projects. I was in charge of completing annual reports in preparation for grants and assisted in the grant writing process. I completed invoices for clients and entered all payments into our database. I also worked on several large fundraisers for the program.

### **Lincoln County Children's Advocacy Center/ Child Advocate, Forensic Interviewer**

October 2009 - March 2012, Newport, OR

As Forensic Interviewer I provided children with a skilled child abuse forensic interview. The forensic interview at the Lincoln County Children's Advocacy Center included a digitally recorded interview (using Oregon Interviewing Guidelines), identification of appropriate treatment, and referral for follow-up care. Based on the child's interview, referrals were made to an in-house therapist and/or specialist, as needed, as well as recommendations for developmental and/or mental health evaluations. I was also used as an expert witness in Grand Jury, juvenile dependency, and criminal trials.

As a Child Advocate I provided intake, support, crisis counseling and follow-up services to child victims of abuse and their non-offending caregivers. I was also in charge of record keeping of client files for grant reporting.

### **Educational Opportunities for Children and Families / Teacher/Family Advocate**

November 2007 - October 2009, Newport, OR

While working as a Teacher/Family Advocate I provided direct services to a caseload of nine families, offered support services to families, including but not limited to: providing crisis and/or emergency intervention; and making referrals to community agencies. I conducted conferences with parents on their child's progress both developmentally and educationally. I would conduct home visits as prescribed by the program's work plan. Additionally, I would assist parents to strengthen their knowledge of community resources and how to utilize them.

In this role I also supervised and trained staff on implementing principles of safe and healthy environments for young children. This included assigning, coordinating, supervising, monitoring, and evaluating the work of staff and volunteers, as well as, completing performance appraisals. I also lead several trainings for our center staff in various child development areas.

## Education

---

**Oregon State University/** Human Development and Family Sciences

2002-21J07. C'o11 all is. OI{

Speciality in Early Childhood Education.

**Oregon State University/** Speech Communication

21J)2-\_iJ07. I'mHII is. (II<.

# MICHELLE OTTAVIANO

18960 NW Nelscott St Portland, OR • 503.869.2052  
michelleottaviano@comcast.net

## Summa

My love for humanity and the joy I find in working with youth ignites the passion and dedication behind my career as a social worker. I am a strong leader with excellent interpersonal skills and I enjoy working collaboratively within a multidisciplinary team. I am committed to providing the highest quality of holistic care; while also remaining in the forefront of current social movements that support anti-oppressive frameworks and challenge social inequalities for communities at large.

## Education

**Bachelor of Science, Administration of Justice, Minor in Sociology**, Portland State University

---

## **Boys & Girls Aid**

**2007 to Present**

**Program Services Administrator, Boys & Girls Aid, Portland**

2016 to Present

- Contribute to the development and advancement of the strategic plan and the success of the agency including embodying the agency's core ideology as a senior leadership team member.
- Provide leadership and oversight of all Foster Care Services, Residential, Training, Certification and Placement services including design, implementation, management, development, evaluation, contract compliance, utilization, licensing, operations, quality assurance, supervision, budget and resource development.
- Provide supervision, support and leadership to Program Directors including full range of personnel responsibilities.
- Responsible for contract development, negotiations, implementations and oversight.
- Develops, coordinates, and oversees funding proposals and grants to maintain current services.
- Develop, implement and oversee agency training module.

## **Program Director,**

1 to -1

- Oversee all aspects of a Department of Human Services & Juvenile Justice contracts including program development, design, contract compliance, utilization, and evaluation.
- Oversee all aspects of youth treatment, behavioral management system, therapeutic groups, recreation, and gender-specific programming.

- Provide clinical supervision, support, and leadership to treatment team, program staff, and foster parents, including full range of personnel responsibility, budget, program operations, training, and professional development of staff.

**Program Coordinator,**

to 1-1

- Hire, train, and oversee all personnel responsibilities of direct care staff for four Oregon Youth Authority and Department of Human Services residential, shelter, and community-based programs.
- Provide on-site coordination and oversight of daily program operations.
- Oversee implementation of the agencies philosophy and the program's behavioral management system, daily structure, routines, and recreation.
- Conduct client screenings, assessments, and intakes.

**Residential Counselor,** Boys & Girls Aid, Portland

2007 to 2007

- Provide direct supervision of clients in residence and monitor the whereabouts of clients when away from the program.
- Demonstrate and provide role-modeling behavior, facilitate appropriate communications, model and develop suitable problem solving and conflict resolution skills for youth.
- Provide therapeutic interventions as necessitated by youth's behavior and as directed by **rnrnv1duai** service plan.

**Trainings & Qualification**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Collaborative Problem Solving</li> <li>• Trauma Informed Care</li> <li>• Wrap Around</li> <li>• Advanced Conflict Resolution</li> <li>• Supervisor &amp; Leadership Training</li> <li>• 3-5-7</li> <li>• Positive Youth Development</li> <li>• Attachment, Trauma &amp; the Brain</li> <li>• Strength's Based Approach</li> <li>• Juvenile Justice &amp; Sexual Offenses</li> <li>• Pathways</li> <li>• Healing with Relationships</li> <li>• <b>BRS RAC</b></li> </ul> | <ul style="list-style-type: none"> <li>• Restorative Justice</li> <li>• The Male Box</li> <li>• ASIST Suicide Prevention &amp; Intervention</li> <li>• Cognitive Behavioral Therapy</li> <li>• Eating Disorders</li> <li>• Gang Training</li> <li>• Effective Team Building</li> <li>• Motivational Interviewing</li> <li>• Non-Violent Crisis Prevention Intervention</li> <li>• CPR/FA</li> <li>• Girls Circle</li> <li>• Diversity, Equity &amp; Inclusion</li> </ul> |
|--|--|

## *Mitchel Dault*

### Objective

Be admitted to the Oregon State University's Clinical Mental Health Master's Program.

### Education

-HIGH SCHOOL DIPLOMA | JUNE 14, 2013 | WAHAKIYAKUM HIGH SCHOOL

-BACHELOR OF SCIENCE PSYCHOLOGY & BUSINESS ADMINISTRATION MINOR | DECEMBER 14, 2018 |  
PORTLAND STATE UNIVERSITY

### SKILLS & Abilities

#### **-COMPASSION**

- Volunteered over 200 hours as a Cispus Camp Counselor, educating kids on underage drug and alcohol risks. Assisted with the transition from middle to high school.
- Researched theories and classwork dedicated to Psychology and the study of mental health.

#### **-COMMUNICATION**

- Engaged in positive and strengthening conversation with youth using trauma informed care.
- Training employees on company protocol and appropriate communication with youth.

#### **-LEADERSHIP**

Served as a role model for youth.

Led Group Skills Training sessions with up to 12 youth clients.

#### **-SUPERVISION**

- Responsible for the well-being of up to 12 youth while at the agency and in the community.

### Experience

#### **YOUTH CARE COUNSELOR | BOYS & GIRLS AID | MARCH 2018-CURRENT EMPLOYER**

- **Reference-** Evan Bailey-STEP Program Coordinator - (503) 542-2365 -ebailey@boysandgirlsaid.org

#### **STUDENT BUILDING SUPERVISOR | PORTLAND STATE UNIVERSITY | MAY 2017-MARCH 2018**

- **Reference-** Tyler Baker- Facilities Coordinator - (360) 213-3003 - tylb@pdx.edu

#### **DECK-ENGINEER | BRUSCO TUG & BARGE | JUNE 2013-JUNE 2016**

- **Reference-** Joe Bromley- Port Captain - (360) 430-0138 - joe@bruscotug.com

# Mary-Jackelyn Downing, LMHC

978-996-1190 | maryjackelyn@gmail.com

## EXPERIENCE

---

### **Program Director- East Village Access PROS | Community Access | Manhattan, NY | Oct 2017- Nov 2018**

Oversaw clinical, financial and administrative operations of a 165 person psychiatric group program. Provided clinical and data driven administrative supervision of the Assistant Director, 5 recovery specialists, the psychiatrist, the nurse, and several peer interns and volunteers. Supervised and conducted intakes of new clients into the program. Maintained and built relationships with hospital social work staff to ensure a smooth referral process. Built and maintained community relationships. Conducted groups, crisis intervention and planning as necessary. Program auditing and oversight of compliance with OMH and Medicaid funding sources.

### **Program Director- Scatter Site Return | The Doe Fund | Manhattan, NY | August 2016-July 2017**

Oversaw clinical, financial and administrative operations of an 84 bed scattered site housing program for homeless individuals qualified for NYNY III population E housing. Managed a staff of 5 including 1 clinical coordinator, 3 clinical case managers and 1 senior clinical case manager. Oversaw program compliance with DOHMH funding source and assured audit readiness and best practices met throughout program operations.

### **Harlem United | Manhattan, NY | April 2014-July 2016**

#### **BHI Clinician-URAM**

Assisted primary care patients with connecting to behavioral health services. \vorked on-site at Healthcare Services, evaluation of and screening for mental health and substance use disorders. Implemented and monitored e-record systems to ensure patients ongoing engagement with mental health and/ or substance use care. Collaborated with the primary care, housing retention, and other necessary agency programming as needed to ensure continuity of care. Provision of brief counseling treatment.

#### **Clinical Director- HOPWA, NYNYIII, Housing Retention & Positive Housing for All**

Maintained clinical responsibility and oversight for 4 scattered site housing programs under 9 city and state contracts serving single men, women, and families experiencing HIV/AIDS diagnoses along with other serious medical illnesses, mental illnesses, chronic homelessness, and substance use difficulties. Individual and group clinical supervision of 14 case managers across programs ensuring continuity of care and best practices in client engagement and provision of services. Collaboration with administrative staff in conducting case conferences in accordance with HASA and HRA guidelines for housing programs, provided evaluation of, and response to, clinical crisis as they arose for each program, and clinical assessments of clients as needed.

#### **Senior Mental Health Specialist/ Program Coordinator Duties**

Provided administrative and Clinical Supervision of LMHC intern, regular administrative supervision and as needed clinical advisement for LMSW Mental Health Specialist, and administrative supervision to a peer worker/ Mental Health Advocate. Conducted data driven supervision and chart reviews, attended administrative, data, and service implementation meetings. Streamlined reporting tools, program paperwork and protocols, to maximize efficiency and contract compliance. Data collection and interpretation/implementation. Provided psychotherapy and care coordination for 14 clients within a Ryan \White Funded MSV Contract.

**Clinical Specialist | Vinfen Corporation | Cambridge & Somerville, MA | January 2012-December 2013**

Provided clinical assessment and advisement to two Community Based Flexible Support Teams and 8 adjoining group homes. Identified client risk & provided action steps for management risk and crisis. Developed and conducted trainings on clinical risk protocols as well as personal safety, risk management, effective communication, symptomology of disorders, and engagement for all levels of staff. Conducted clinical rounds with individual teams and houses to facilitate information sharing and to strategize management of issues as they arise. Supervision of 4 Mental Health Counseling interns towards licensure.

**Mental Health Therapist | Private Practice | Manhattan, NY | January 2011-November 2012**

Provided mental health therapy in a private practice setting to between 4-6 individuals: adults, children, couples & families. Sliding scale fees as well as insurance utilized.

**Mental Health Therapist | Park Slope Ctr. For Mental Health | Brooklyn, NY | June 2011-November 2012**

Provided fee for service individual therapy to a caseload of 28 adults and children experiencing a variety of life stressors and emotional difficulties. Created and implemented quarterly treatment plans for the therapeutic process. Connected with outside services and insurance companies to assure continuity of care. Conducted intakes and screenings for services.

**Community Counseling and Mediation | Brooklyn, NY | May 2006-May 2011**

**Program Director & Clinical Coordinator**

Oversaw the operations of a Mental Health School-Based Initiative program for 25+ SED-diagnosed or SED-qualifying students ages 14--21. Supervised 5 staff in their creation and implementation of therapy groups, creative arts groups, suspension room interventions, and case planning. Conducted individual therapy and mental health assessments for students and provide referrals for further psychiatric services as needed. Maintained programming and services in accordance with DHMI-I standards for in-school programs. Collaborated with school administrators, adjoined clinics, PTA, and parents to improve and increase therapeutic service access. Conducted crisis interventions and mediation sessions as needed.

**Mental Health Therapist**

Maintained a caseload of 5-7 individual clients of varying ages and circumstances seen for fee-for-service psychotherapy in an article 31 clinic. Created and implemented quarterly treatment plans for the therapeutic process. Collaborated with foster care agencies in treatment planning, behavior plans, and assessments of adolescent clients as needed.

**Case Manager**

Created and implemented treatment plans for 25 SED-diagnosed or qualifying students ages 14--18. Provided outside program referrals; conducted individual therapy sessions; created and implemented group therapy sessions; co-led creative arts therapy sessions; provided therapeutic intervention in the high school's suspension room; and acted as a liaison between school officials, teachers, parents, students, and the program director.

**Clinical Intern | HELP USA, Help Haven | New York, NY | September 2005-April 2006**

Provided weekly counseling and implemented services plans for a caseload of 8-10 onsite survivors of domestic abuse. Maintained data and process notes on each client. Co-facilitated weekly parenting support groups. Completed hotline intakes and assessments for possible clients.

**Student Practitioner | The Creative Arts Counseling Project | New York, NY | May 2005-May 2006**

Collaborated with a dorm advisors, faculty and graduate students from the Art Therapy, Drama Therapy, Music Therapy, and Counseling Divisions to plan and implement therapeutic arts-related programming in undergraduate dormitories.

## **Vinfen Corporation | Quincy, MA | June 2003-July 2004**

### **Site Manager**

Managed a staff of 7 and oversaw the daily operations of a homeless shelter for 8 dually-diagnosed homeless men with forensic involvement. Worked with case managers on treatment plans, goals, and housing for clients; oversaw the implementation of treatment plans and groups; and advocated for clients with doctors, psychiatrists, and case workers.

### **Direct Care Staff**

Provided advocacy, information and resources to 6 individuals in a 25-bed short-term shelter for dually-diagnosed homeless men. Ran groups, implemented treatment plans, and assisted clients with their goals. Worked with case managers, clinicians, psychiatrists, doctors, and therapists. Administered medication.

## **Direct Care Staff | May Behavioral Health | West Roxbury, MA | January 2001-August 2002**

Staffed a therapeutic after-school program for 10 children ages 6-12 with MH diagnoses. Implemented behavior plans, ran anger management and relaxation groups, ran field trips, tutored, and provided advocacy as needed.

## **EDUCATION**

---

### **Masters in Mental Health Counseling | New York University | New York, NY | September 2004-May 2006**

Counseling in Colleges and Community Agencies, Specialization in Trauma and Brief Treatment

### **B.S. in Psychology | Suffolk University | Boston, MA | September 1999-May 2003**

Specialization in Developmental Psychology

## **PROFESSIONAL QUALIFICATIONS**

---

### **Licensed Mental Health Counselor | New York State | March 5, 2010**

### **Intercultural Studies for the Future | Boston, MA | May 2002-2017**

Board Member | May 2002-2017

Executive committee Member | 2012-2017

Co-Chair of Intercultural Skills Conference | January 2014-2017

Co-Chair of the Environmental Impact Committee | Dec 2009-2017

Co-Chair of the Conference Preparatory and Evaluative Meetings | 2008 & 2009

### **Training**

NYS child abuse and neglect mandated reporter protocol, trauma-focused Cognitive Behavioral Therapy Interventions.

### **International Research and Poster Presentations**

#### **Dakar, Senegal ;Amsterdam, Netherlands; Boston, MA 2002**

"The Effectiveness of Treatment Options available to the Homeless and Mentally Ill populations of Dakar, Amsterdam, and Boston". Independent research conducted on location in three countries utilizing observational and case study methodologies, paper completed and presentation conducted, Suffolk University- 2003.

#### **Harlem, NY**

"Strategies Employed by Building Bridges to Improve Care Coordination with PCPs"; Strauss, D., MPH; Downing, M.J., LMHC; D'Amore, M., LMSW, 2015

## **PROFESSIONAL MEMBERSHIPS**

---

New York Mental Health Counselors Association, American Counseling Association, Association for Multi-Cultural Counseling and Development

## **REFERENCES**

---

Available upon request



Nicole Laliberte

11045 SE Mount Scott Blvd. Portland, Oregon 97266

(802) 578-7160 nikki.laliberte@gmail.com

**Education:**

Bachelor of Science in Psychology-May 2012 - Johnson State College

Associate of Science in Human Services - May 2008 - Community College of Vermont

**Summary of skills:**

- Strong leadership and supervisory skills and ability to prioritize and manage multiple tasks and staff including crisis intervention
- Working knowledge of human development theory and of the cultural, economic, social and psychological factors that influence behavior
- Arrange interviews, consultations of case plans and Individual Plan of Care
- Provide social services and assistance to all populations, including at risk populations
- Able to execute assessments, goal planning and plans for permanency
- Provide individual counseling and monitor program activities

**Qualifications:**

- Familiarity with the Four Key Practices of the Agency of Human Services
- Knowledge of principles, methods, diagnosis, and procedures of physical and mental dysfunction
- Expert with Microsoft Office suites and data entry systems
- Understanding of human behavior and performance
- Strong verbal and written skills and active listening skills

**Professional experience:**

Boys and Girls Aid - Portland, OR

Program Coordinator/STEP/Feb. 21st, 2017 to present

- Provide supervision and oversight of program operations.
- Manage existing systems that support effective and efficient operations of the program
- Support foster parents around policies, rules, training, placements, draws, and help resolve Foster Parent related issues
- Oversee implementation of the program's daily structure, routines and recreation scheduling and planning in compliance with Boys & Girls Aid policies
- Assist in decisions related to programming and client well-being including impromptu groups, home visit changes, program crisis resolutions, and client conflict resolution

- Decision making, problem solving, and/or recommendations within the scope of position responsibilities with a wide range of day-to-day onsite operational decisions with limited supervision for regular work

UVM Extension - Child Welfare Training Partnership/Newport, VT

Facilitator/Foundation of Foster Care and Adoption Training /2013 to present

- Plan, coordinate, deliver, and evaluate training and educational materials and activities
- Provide support and resources for foster parents
- Weekly home visits and crisis management for foster children and foster parents
- Manage state and federal licensing regulations

Northeast Kingdom Human Services/Derby, VT

Therapeutic Case Manager/Intensive Family Based Services/2012 to present

- Design, administer, and monitor services for clients and their families' immediate and long term needs, including referrals for other specialized services
- Act as role model, work with other staff, Department for Children and Families, other community partners and services, as appropriate
- Provide therapeutic support to families in their homes, guide in understanding their own stressors and environmental factors that affect behavior and parenting capabilities
- Maintain appropriate documentation including case notes and data entry

Prevent Child Abuse Vermont/Nurturing Parents Programs/Statewide

Instructor/January 2012 to present

- Facilitate support groups for parents and playgroups for children at risk of child abuse
- Help parents and children learn the skills needed to strengthen themselves and their families
- Assist with evidence based curriculum groups

Community College of Vermont/Center for Online Learning - Newport, Vermont

Senior Administrative Assistant/Technical Support, 2005 to 2012

- Aid in supporting career and educational goals with all populations
- Responsible for supporting staff, students, and faculty with various needs
- Use of database systems including Excel and Access and proficient with Microsoft Professional software
- Provide technical support for all five Vermont State Colleges
- Serve as Recruitment Liaison for the college

Wendy's International- Pacific Northwest Region- Portland, Oregon

Assistant Manager 1995 to 2000

- Successfully managed 24 employees in a fast paced environment
- Balanced and recorded daily bank deposits and inventory sheets

- Analyzed operational problems, such as theft, food cost, and established procedures to alleviate such issues
- Developed goals, budgets, policies, procedures, and strategies for increased performance
- Assessed staffing needs such as interviewing, hiring and terminating employment
- Trained employees to enhance customer service in order to increase sales

# ROBERTO E. MARTINEZ

4420 SE Francis St. Portland, Oregon 97206  
Phone Number: 210.663.4488 E-mail: rbtmartinez@yahoo.com

## OBJECTIVE

---

To become a trusted leader in a profession that heightens the unlimited accomplishments of my studies.

## EDUCATION

---

### **University of the Incarnate Word**

**San Antonio, TX**

Bachelor of Science

Major: Biology

Graduation Date: December 2005

### **John Cabot University, Rome, Italy**

Study Abroad: Summer 2004

## WORK AND RELATED EXPERIENCE

---

### **Boys & Girls Aid Society of Oregon**

**Portland, OR**

Position: Youth Care Counselor, Relief

February 2016- Present

- Provide role-modeling behavior, facilitate appropriate communications, model and develop suitable problem solving and conflict resolution skills for youth ages (10-18), supervise and monitor the whereabouts of youth.
- Document incidents, run reports, and other emergency situations, and immediately notify the STEP Program Coordinator, Case Manager's and/or Director.
- Implement behavior management systems (point sheets and level system). Maintain consistency with Program/Agency Rules, Routines, and Policies.

### **Bethesda Lutheran Communities**

**Portland, OR**

Position: Direct Support Professional

November 2013 - Present

- Report and document routine events including completing daily logs, accident reports, outcome data sheets for each client.
- Interact and assist clients (18 years old to 60 years old) on outings, cooking, completing hygiene task, creating activities, and administering medication on a daily basis.
- Ensure that clients exercise their rights and clients are treated with dignity and respect.

**Washington State School for the Blind****Vancouver, WA**

Position: Residential Life Counselor

October 2014 - May 2017

- Provide safety, guidance, supervision to students that attend The Washington State School for the Blind. Document and maintain student and staff reports, records, and communications within the four residential cottages.
- Interact and assist students (10 years old to 21 years old) with their daily schedule and routine duties in effort to facilitate student self-sufficiency.
- Provide assistance with transportation, supervision, interaction with students during off-campus, recreational activities along with long distance bus travels throughout the state of Washington.

Position: Substitute Teacher

February 2015 - May 2017

- Report to the school office to receive the schedule for the day, the teacher's lesson plans and other special instructions. Never leave students in a classroom unsupervised.
- Independently perform duties with frequent interruptions. Communicate clearly and concisely, both orally and in writing.
- Teach lesson plan and daily life skills to blind/visually impaired students with the assistance from other Teacher Assistants.

**Clarity Child Guidance Center****San Antonio, TX**

Position: Mental Health Counselor II

October 2011 - April 2013

- Appropriately support and implement Center's Treatment Philosophy of Respect, Dignity, and Understanding when caring for the patient.
- Interact, guide, supervise, and provide daily care to patients from ages three to seventeen.
- Assisting patients with activities of daily living along with the use of Collaborative Problem Solving.

**The Children's Shelter****San Antonio, TX**

Position: Residential Counselor

April 2010 - November 2011

- Provide daily care, guidance, supervision, and therapeutic intervention to residents residing in KCI Resident Treatment Center of The Children's Shelter.
- Develop positive, supportive relationships with residents and assists them, as a teacher/mentor, in meeting their treatment goals.
- Maintain and safeguard the confidentiality of residents information at all times.

**RELATED SKILLS**

---

- Highly motivated, self-starter with a positive attitude.
- Ability to multitask in a fast paced environment.
- Strong organizational.
- Strong leadership qualities.
- Strong oral communication.
- Able to work as a team member, as well as independently without supervision.
- Microsoft Office, File Maker, and Camera skills.

**Sarah Nance**

9831 SE Stanley Ave.

Milwaukie, OR 97222

(503) 679-0951

thecoolestsarah@hotmail.com

**EDUCATION**

M.Ed. in School Counseling, Lewis & Clark College

B.A. in Theatre Arts, Central Washington University

Oregon Registry Step 11 & Master Trainer, OCCD, Portland State University

Certified in SAFE, MENTOR: The National Mentoring Partnership

Certified in The Essentials: Mentoring Young Black Boys, MENTOR: The National Mentoring Partnership

Certified in Youth Work Methods, Youth Work Management, and Certified External Assessor, David P. Weikart Center for Youth Program Quality

Certified trainer of Trauma Informed Practice, Multnomah County Defending Childhood Initiative

Certified trainer of Youth Mental Health First Aid

Certified trainer of Nonviolent Crisis Intervention, Crisis Prevention Institute

**PROFESSIONAL EXPERIENCE**

**Boys & Girls Aid**  
**current**

**12/19 -**

*Training Director*

Instructional design and facilitation of research-based, best practice professional development trainings and webinars for staff, foster parents, and the community. Coordination of outside presenters for this audience. Keeping current on training needs and certification standards for employees and therapeutic foster parents. Content areas include behavioral health, child welfare system, adoption, trauma, attachment, brain science, behavior, and other related topics.

**Institute for Youth Success at Education Northwest**

**12/12 - 11/18**

***Advisor - Youth Programs***

Instructional design and facilitation of research-based, best practice professional development trainings and webinars throughout Oregon and nationally. Coordinate quality-improvement process for mentoring and youth programs, based on best practice research and evaluation methods. Leader in agency equity and diversity initiatives. Key content areas include Youth Development, Mentoring, Developmental Relationships, Supportive Communication, Social-Emotional Learning, Growth Mindset, Trauma-Informed Practice, Equity and Cultural Responsiveness, Continuous Improvement, Adult Learning & Group Facilitation.

**Metropolitan Family Services**

**7/12 -12/12**

***Activity Leader***

Instructional design and programming for students at Lewelling Elementary CAFE Program (Title I) in North Clackamas School District. Communication with school staff, coordination of learning support for students, working with community volunteers, and working with a small team of dedicated youth workers. Daily facilitation of programming for students in grades 3-6.

**Girls, Inc of Northwest Oregon**

**10/10-6/12**

***Girls Group Facilitator***

Facilitated multiple groups of 10 - 35 youth using curricula focused on reducing violence among girls, communication skills, building self-esteem, and STEM.

**Big Brothers Big Sisters Columbia Northwest**

***Clackamas County Director***

**6/07 - 3/09**

***Partnership Development Coordinator***

**8/05-6/07**

Program planning and oversight for region, fundraising, office management and staff supervision, risk management, volunteer screening, recruitment, matching, match support and closure in accordance with best practices in youth mentoring, develop corporate partnerships, coordinate media, create innovative and mutually beneficial partnerships with community including schools, government, faith community, small business, and corporations.

**Camp Fire USA - Portland, OR**

***Development Coordinator***

**6/03- 8/05**

***Youth Advocate***

**9/02- 6/03**

Instructional design and daily programming for 30 students in a school-based setting. Content focus on youth voice and leadership, cooperative learning, project-based learning, and volunteerism.

**COMMUNITY ENGAGEMENT:**

Family of Friends Mentoring Program (<https://family-of-friends.org>) - Board President

The Living Room (<http://www.thelivingroomyouth.org>) - Board Member

Sunshine Division (<http://www.sunshinedivision.org>) - volunteer

One Tail at a Time - Portland (<http://www.otatpdx.org>) - volunteer



# Sarah Sonnenfeld

sarah.graham.sonnenfeld@gmail.com

503.327.4474

## EDUCATION

Adoptive & Foster Family Therapy Certificate Program, February 2019-Completion in June 2019

Portland State University • Salem, OR

*Course Work included building resiliency and stability for adoptive, foster, and kinship families, impacts of complex trauma and healing strategies, FASO, and treating the continuum of attachment difficulties*

B.A. Sociology, June 2015

University of Oregon • Eugene, OR

*Course Work included Women's and Gender Studies, Feminist Perspectives, International Studies, Social and Political Philosophy*

Semester Abroad, June-September 2013

University of Salento • Lecce, Italy

*Summer Italian Language Intensive*

## SKILLS & ABILITIES

- Committed to creating an inclusive, comfortable, respectful environment for all
- Speaking and facilitating in large group settings, adapting verbal communication style to meet needs of individuals and deliver a positive, valuable experience
- Excellent verbal communication, active listening, and customer service skills
- Expertise in written communication, preparing and editing new content
- Efficient Scheduling

## EXPERIENCE & ACCOMPLISHMENTS

Foster Care Certification Clinician and Trainer, October 2018-Present

Boys & Girls Aid

- Prepare and train prospective parents to utilize a trauma-informed approach and attachment model when caring for youth in therapeutic foster care, ensuring each foster home is prepared to operate in a compliant manner with industry best practice
- Coordinate intake appointments, interviews, and home visits of prospective foster parent applicants and outline the certification process for care providers

- Assessment of each prospective family throughout the certification process through initial intake, questionnaires, interviews, and continued observation
- Safety Plan with families as behaviors and special circumstances arise in placements
- Utilize agency staff expertise across departments to best meet the needs of youth in care
- Collaborate with community partners to advance training objectives and connect foster parents with resources to best serve youth in therapeutic foster care

### **Permanency Specialist (Interim), August 2018-October 2018**

Boys & Girls Aid

- Schedule and deliver permanency preparation services to referred youth in foster care and with foster families to assist kids in metabolizing loss and grief from being removed from birth parents, and subsequent losses
- Listening, creating safety, and developing trust and positive relationships to support clients doing the work of grieving loss in youth permanency preparation counseling
- Plan, prepare, and implement 3-5-7 Model activities for individual kids, individual family members, and group mentoring for foster family as a whole, utilizing trauma-informed care and attachment theory to address the 7 skills of permanency
- Intake and assess clients in ETO, document interventions and outcomes in Touchpoints
- Create Service Proposals, Initial Service Plans, and document units of assessment, individual and family mentoring, and report writing for each client
- Schedule and conduct file mines with caseworkers to establish goals for each client and assemble client Boys & Girls Aid Permanency Preparation files with clinical assessments, CASA reports, education records, placement history, and other case documents
- Coordinate across multiple stakeholders such as foster parents, siblings, caseworkers, and therapists to ensure best possible delivery of permanency preparation services

### **Assistant Director of Admissions, October 2015-July 2018**

The Art Institute of Portland

- Scheduled and conducted personal advising appointments with students to ensure academic program match and collaborated to create a plan for each student's success
- Organized dynamic and engaging campus visits for students and families, customized each group's experience to their unique needs, goals, and motivations
- Planned and produced engagement events such as Open Houses, receptions, and Portfolio Shows in conjunction with academic faculty
- Exhibited at college fairs and community events, identified and connected with prospective students to schedule campus visits
- Developed communication strategies to maximize positive impact on enrollment goals

- Supported students with customized follow-up from visit, application, and matriculation
- Collaborated with disability and student services departments to ensure the highest level of service and support to prospective and continuing students from all walks of life
- Conducted upwards of 400 prospective student outreach attempts weekly, documenting all interactions in CRM software, closely tracking progress toward enrollment goals
- As College Bound Coordinator, recruit and track enrollment in college preparatory program, enrolled 66% of students in Spring term courses

## Development Intern, June-September 2015

InStove Institutional Stove Solutions

- Increased social media presence across platforms, garnered write up in 1859 magazine
- Presented information about InStove's services and allied technologies at public events to raise awareness and support of technology driven solutions to intersectional problems for women, such as poverty, health and safety and pollution in developing countries
- Waged most successful email newsletter signup campaign to date, over 90 signups in 12 hours resulting in increased brand awareness
- Researched, prepared, and published materials for Wikipedia page
- Identified potential grant maker foundations that aligned with InStove's mission, updated databases with new supporter and donor information

## **MEMBERSHIP & VOLUNTEER AFFILIATIONS**

Safe Choice Advocate & Volunteer, YWCA December 2017-November 2018

Board Member & Recruitment Chair, Vancouver Community Concert Band  
2015-Present

Gospel Choir Member, University of Oregon Gospel Choir & Singers Groups 2012-2015

Band Member, University of Oregon Marching Band 2011-2013

Sorority Member, Gamma Phi Beta Sorority Nu Chapter 2011-2015

## STEPHANIE GONIAS

16448 NE 8<sup>th</sup> Avenue, Unit A, Portland OR 97211 | stephaniegondas@gmail.com 1201.248.5294 |

### **SUMMARY OF QUALIFICATIONS**

- Experience with foster and adoptive families, the foster care system, and providing case management and support to families
- Knowledge of working with diverse and marginalized families during times of distress
- Commitment to continued learning in trauma-informed care and other therapeutic models for people who have experienced abuse, trauma and neglect

### **EDUCATION**

**University of Washington, Seattle WA** **June 2014**  
*Master of Social Work; Child Welfare Training and Advancement Program*

**Portland State University, Portland OR** **June 2018**  
*Adoptive and Foster Family Therapy Certificate Program*

**University of Maryland, College Park MD** **Dec 2009**  
*Bachelor of Arts in Government and Politics*

### **EXPERIENCE**

*Boys and Girls Aid, Portland OR* **Sept 2017 - Current**  
**Foster Certification Clinician**

- Plan and facilitate foster parent trainings on issues relevant to foster youth and their families; including attachment, trauma, drug effects, collaborative problem solving, etc.
- Manage and certify prospective foster parents, maintain relationship with foster families during placements; provide support, insight and trainings
- Write homestudy reports and use best judgment and engagement skills to determine strengths and recommendations for foster placements

*Parent Child Representation Program, St. Helens OR* **Oct 2016 - March 2017**  
**Legal Case Manager, 0.5 FTE**

- Provide case management to families and foster children in child welfare system, including engagement in case plan, coordination of services, court advocacy and supporting clients
- Support parents in reunification with children, including supervising visits and referrals to parenting coaching and classes
- Collaborate with attorneys to provide assessment of clients, write progress notes, and facilitate positive relationship between attorney and client, and foster parents and client
- Develop trusting relationships with community professionals, including foster parents, DHS workers, attorneys, judges, counselors, housing advocates, probation officers, etc.
- Utilize social work skills to maintain non-judgmental and supportive case work to clients, and familiarize myself with community services in Oregon

*Open Adoption and Family Services, Portland OR* **Jan 2016 - Aug 2016**  
**Temporary Counselor**

- Provided all options, strength-based counseling for women and couples facing unplanned pregnancies, assessing client needs and empowered them to make their own decision
- Facilitated adoption planning meetings and placements, supported building relationships between birth families and adoptive families through a family-centered approach
- Conducted home visits and wrote professional home study reports for adoption attorneys

- Developed curriculum and facilitated monthly adoptive family trainings and conducted adoption seminars for prospective adoptive parents

***Children's Administration; Children & Family Services, Vancouver WA* Jan 2014 - Dec 2015**  
**Intern (Jan 2014-June 2014) and Social Worker III**

- Managed a caseload of twenty-two foster youth and coordinated care with birth parents, caregivers, and community members to assess the health and safety of children
- Gained experience working with culturally diverse, vulnerable families in distressing situations; managed cases from dependency to permanency for foster youth
- Organized case files and wrote detailed and informative case notes, including legal reports and participated in regular court hearings to advocate for youth and families
- Familiarized myself with services and community nonprofits to become an effective resource for families
- Worked directly with foster parents and relative caregivers to provide support in nurturing foster children and increased my understanding of unique foster youth issues

***Echo Glen Children's Center, Snoqualmie WA* Jan 2013-Dec 2013**  
**Practicum Student**

- Supported 'Canine Connections' program which aims to rehabilitate youth offenders and teach them skills to better integrate into the community through dog therapy and training
- Met individually with juvenile offenders, including youth sex offenders and gang-affiliated youth to work on treatment plans
- Increased understanding of juvenile justice system and the needs of at-risk youth
- Observed Dialectical Behavioral Therapy (DBT) groups, learning various treatment models

***Habitat/or Humanity of East King County, Redmond WA* Sept 2010- Dec 2012**  
**AmeriCorps Family Services Support and Volunteer Coordinator**

- Organized and facilitated homeowner training classes to ensure successful homeownership, including Financial Literacy, Living with Diversity, Living Green, and Disaster Preparedness
  - Experienced working with low-income families, including immigrants and refugees
  - Oversaw an entire 'family selection' including outreach within the community, hosting informational meetings, organizing homeowner applications, and conducting home and financial interviews with applicants
- Coordinated 60+ sponsor, youth and team group visits to Habitat's construction sites, interacted with volunteers and sponsors as primary host and initial face of Habitat program  
 Created and directed a winter volunteer appreciation event, the Chilly Chili Challenge, assuming the lead role for development, recruitment, outreach and execution

***Nanny, Seattle WA* Sept 2012 - Sept 2014**

- Maintained safe and supportive environment for three young children (ages 6 months to 4 years)
- Regularly communicated with parents on needs of the children, provided feedback and collaborated on how best to support their family

**ADDITIONAL EXPERIENCE & ACTIVITIES**

*Showing Up For Racial Justice*, 2017 Cohort Member, Portland, OR (January 2017 - December 2018)

*Resource Generation*, Praxis Group Participant, Portland, OR (September 2016- March 2017)

*Orphanage Outreach*, Volunteer, Dominican Republic (January 2010)

*Center for American Progress*, Events Intern, Washington D.C. (Jan 2010-May 2010)

*Alliance for Retired Americans*, Intern, Washington D.C. (May 2009 -Dec 2009)

*MD Public Interest Research Group*, Homelessness Intern, College Park, MD (Aug 2007 - Dec 2008)

**TAYLOR G. HANSEN, MSW**  
**hansetay1913@gmail.com**

---

**503.729.8689 (cell)**

---

### **Education**

- George Fox University, Portland, Oregon (May 2019)  
Masters of Social Work
  - Oregon State University, Corvallis, Oregon (2014)  
Bachelor of Arts of Cultural Anthropology
  - John Cabot University, Rome, Italy (2011-2012)  
Year abroad to study the Italian language and Roman history/culture
  - Jesuit High School, Portland, Oregon (2009)
- 

### **Relevant Work Experience**

#### **Care Partners Hospice, Portland, Oregon**

##### **Medical Social Worker Intern**

*(August 2018-May 2019)*

- Completed assessments of patient and family psychological and social needs in order to estimate their capacity and potential to cope with the terminal illness and death
- Provided counseling, resources, and education to patients, families, and communities
- Successfully worked in an interdisciplinary team to provide the patient, families, and communities exceptional care

#### **Boys and Girls Aid, Portland, Oregon**

##### **Intake and Crisis Support Specialist**

*(May 2018-Present)*

- Responded to a broad range of crisis calls in appropriate evidence-based approach, and provided emotional and behavioral support when necessary
- Completed program screening, intake and assessment, determination of appropriate foster home placement and transportation of youth to the foster home

#### **George Fox University, Tigard, Oregon**

##### **Graduate Teacher's Assistant**

*(September 2017-May 2018)*

- Used detail orientated research skills to provide articles about the criminal justice system, human development, crisis intervention, and risk assessments to over fifty students
- Organized, researched, and utilized effective communication to create professional presentations for graduate social work students

#### **Lutheran Community Services, Portland, Oregon**

##### **Crime Victim Advocate Intern**

*(August 2017-May 2018)*

- Instituted successful multicultural community partnerships by building professional relationships
- Created a network of interpersonal and interorganizational development in an up and coming micro-macro non-profit

**TAYLOR G. HANSEN, MSW**  
**hansetayl913@gmail.com**

---

**503.729.8689 (cell)**

**Portland Public School, Holladay Center, Portland, Oregon**

**Para Intensive Skills** (October 2016-August 2017; December 2018-Present)

- Collected and reported relevant performance and behavioral data of individual learners that supported the planning process
- Implemented complex instructional strategies in the classroom, on-campus learning environments, homes, work sites, & other community-based settings
- Assisted with modification, development and/or preparation of learning strategies, materials & activities to accommodate different learning styles, ability levels, and other learning needs of students

**Department of Human Services, Midtown Branch, Portland, Oregon**

**Social Service Assistant** (June 2016-November 2016)

- Supported the caseworker by using motivational interviewing to assist in the engagement of clients within the child protective services and permanency unit
- Contributed to risk and safety assessments and child and family assessments by providing detailed documentation
- Supported the development of a case plan with the family
- Contributed to the review and evaluation of the client progress

**Youth Villages, Lake Oswego, Oregon**

**Teacher/Counselor** (November 2014-August 2015)

- Provided daily support for Native American youth ages 11-17 using culture and spiritual activities to help restore balance between mind and body
- Worked with youth challenged with: chronic post-traumatic stress disorder, anxiety, depression, trauma, history of suicidal threats/attempts, substance abuse, developmental disorders, aggressive and destructive behaviors, autism spectrum disorders
- Successfully used trauma-focused cognitive-behavioral therapy and collaborative problem solving to communicate and work with the youth

**Oregon State University Writing Center, Corvallis, Oregon**

**Assistant to the Director** (April 2014- July 2014)

- Managed appointments and staffing on Google Calendar across 19 Writing Center face-to-face and online locations
- Updated Drupal web form to maintain records and scheduling preferences of 54 student staff and faculty members
- Provided approachable leadership for student workers while also maintaining professional correspondence with staff and faculty across campus
- Assisted director in creating a \$270,000 budget forecast while simultaneously tracking quarterly budget usage and reporting frequent status updates to track progress
- Created and implemented training courses for ESL writing assistants

**TAYLOR G. HANSEN, MSW**  
**hansetayl913@gmail.com**

---

**503.729.8689 (cell)**

---

### **Skills and Certifications**

- Highly experienced with Italian
  - Ability to build strong relationships to provide therapeutic care
  - Strong interest in continuing professional development
  - Ability to provide specific care plans by tailoring to each client
  - Willingness to innovate and search out creative approaches for client care
- 

### **Community Involvement**

- Assisted in the creation of the Lutheran Community Services Restorative Dialogue program and trained to facilitate Restorative Dialogues
    - Co-created the Ethnic Studies Student Association at Oregon State University which emphasized in advocating at risk youth to explore higher education
    - Volunteered with Project Lemonade in Portland Oregon for over four years to provide back-to-school shopping experiences for foster youth that promoted personal dignity
- 

### **Licenses and Certifications**

- Trained in CPI, CPS, and TIER I
- Certified in First Aid CPR AED, Child CPR AED, and Infant CPR
- Food Handler Certified
- Certified to facilitate restorative dialogues
- Clinical Social Work Association license



Traci A. Bennett  
traciannebennett@gmail.com  
(503) 780-5855

---

## EDUCATION

### **Bachelor of Arts in Social Work, Minor in Child and Family Studies**

Portland State University, Portland, OR

Graduated June 2017

## EXPERIENCE

### **STEP Case Manager**, Boys & Girls Aid

Portland, OR (January 2018 to present)

- Develop and implement service plans for youth, complete client progress reports, and client related paperwork
- Provide case management services including counseling, crisis intervention, family mediation, service coordination, community referrals, and educational support
- Work collaboratively with families, treatment providers, school officials, Juvenile Court Counselors, attorneys, and DHS

### **Certification Case Aide**, Oregon Department of Human Services Child Welfare

Portland, OR (June 2017 to January 2018)

- Assist foster care certification workers in providing services to individuals and families applying to foster or adopt through the department
- Utilize the SAFE Home Study method to evaluate individuals and families applying to foster or adopt through the department

### **Permanency Intern**, Oregon Department of Human Services Child Welfare

Portland, OR (Sept. 2016 to June 2017)

- Assist permanency caseworker in providing preventative and restorative services to children and families involved with child welfare
- Work collaboratively with families, community partners, treatment providers, school officials, and the Juvenile Court
- Maintain client files, including documentation and progress notes

### **CASA Volunteer**, Court Appointed Special Advocates of Clackamas County

Oregon City, OR (June 2015 to June 2017)

- Regular contact with children, family, and service providers to determine present needs and strengths
- Prepare court reports and participate in court hearings providing testimony
- Familiarity with child development and complex family dynamics

### **Personal Support Worker**, Community Vision and Self Determination Resources Inc.

Portland, OR (May 2014 to June 2017)

- Assist with activities of daily living at home and in the community
- Follow behavior support plan and documentation using daily support record
- Maintain a positive relationship with client and encourage self-determination

**PROPOSAL CERTIFICATION**

**RFP #2019-22 Juvenile Department Short Term Residential Placements**

Submitted by: Boys + Girls Aid Society of Oregon, *r§Jr-&jo;7*  
(Must be entity's full legal name, and State of Formation)

The undersigned, through the formal submittal of this Proposal response, declares that he/she has examined all related documents and read the instruction and conditions, and hereby proposes to provide the services as specified in accordance with the RFP, for the price set forth in the Proposal documents.

Proposer, by signature below, hereby represents as follows:

- (a) That no County elected official, officer, agent or employee of the County is personally interested directly or indirectly in this contract or the compensation to be paid hereunder, and that no representation, statement or statements, oral or in writing, of the County, its elected officials, officers, agents, or employees had induced it to enter into this contract and the papers made a part hereof by its terms;
- (b) The Proposer, and each person signing on behalf of any Proposer certifies, in the case of a joint Proposal, each party thereto, certifies as to its own organization, under penalty of perjury, that to the best of their knowledge and belief:
  - 1. The prices in the Proposal have been arrived at independently, without collusion, consultation, communication, or agreement for the purpose of restraining competition as to any matter relating to such prices with any other Proposer or with any competitor;
  - 2. Unless otherwise required by law, the prices which have been quoted in the Proposal have not been knowingly disclosed by the Proposer prior to the Proposal deadline, either directly or indirectly, to any other Proposer or competitor;
  - 3. No attempt has been made nor will be made by the Proposer to induce any other person, partnership or corporation to submit or not to submit a Proposal for the purpose of restraining trade;
- (c) The Proposer fully understands and submits its Proposal with the specific knowledge that:
  - 1. The selected Proposal must be approved by the Board of Commissioners.
  - 2. This offer to provide services will remain in effect at the prices proposed for a period of not less than ninety (90) calendar days from the date that Proposals are due, and that this offer may not be withdrawn or modified during that time.
- (d) That this Proposal is made without connection with any person, firm or corporation making a bid for the same material, and is in all respects, fair and without collusion or fraud.
- (e) That the Proposer shall use recyclable products to the maximum extent economically feasible in the performance of the contract work set forth in this document.
- (f) That the Proposer accepts all terms and conditions contained in this RFP and that the RFP and the Proposal, and any modifications, will be made part of the contract documents. It is understood that all Proposals will become part of the public file on this matter. The County reserves the right to reject any or all Proposals.
- (g) That the Proposer holds current licenses that businesses or services professionals operating in this state must hold in order to undertake or perform the work specified in these contract documents.
- (h) That the Proposer is covered by liability insurance and other insurance in the amount(s) required by the solicitation and in addition that the Proposer qualifies as a carrier insured employer or a self-insured employer under ORS 656.407 or has elected coverage under ORS 656.128.
- (i) That the Proposer is legally qualified to contract with the County.
- (j) That the Proposer has not and will not discriminate in its employment practices with regard to race, creed, age, religious affiliation, sex, disability, sexual orientation, gender identity, national origin, or any other protected class. Nor has Proposer or will Proposer discriminate against a subcontractor in the awarding of a subcontract because the subcontractor is a disadvantaged business enterprise, a minority-owned business, a woman-owned business, a business that a service-disabled veteran owns or an emerging small business that is certified under ORS 200.055.

(k) The Proposer agrees to accept as full payment for the services specified herein, the amount as shown in the Proposal.

°ls6Resident Bidder, as defined in ORS 279A.120

0- Non-Resident Proposer, Resident State=-----  
Oregon Business Registry Number S 3 S i 2-----

Contractor's Authorized Representative:

Signature: \_\_\_\_\_ Date: L/- 17 - / 9  
Name: Ve V-0... S+au It' Title th,e{ ' /;)pe;v-o.h hjt>ffi«  
Firm: s. tG1cls fuel s, :ef:J t>f-(I),...  
Address: 03::)6 .suJ 6cw0ur Blvd. Su1k ;J(0I)  
City/State/Zip: Perv-Hatui] t) (C. G7:::i,9 Phone: <5D3)5 L/:::2 . ::l3()q  
e-mail: VS-ivufi f(2 h6740f1dqtds a,J, Fax: 5cJ 3j :::;l if - 5q l.f;2J  
ov.J

Contract Manager :

Name n1, chz((e -{Jlfo vtdhd) Title: Pru0va m ttdf\"|01<:>tro. :\_+or  
Phone number: (50'3;) Sl/:::J. - d 7 3 J .  
Email Address: motfa via-ho G ?jSC<.nd4"wk cud.oY!)