

AGENDA

Thursday, April 9, 2015 - 10:00 AM
BOARD OF COUNTY COMMISSIONERS

Beginning Board Order No. 2015-30

CALL TO ORDER

- Roll Call
- Pledge of Allegiance

I. CITIZEN COMMUNICATION *(The Chair of the Board will call for statements from citizens regarding issues relating to County government. It is the intention that this portion of the agenda shall be limited to items of County business which are properly the object of Board consideration and may not be of a personal nature. Persons wishing to speak shall be allowed to do so after registering on the blue card provided on the table outside of the hearing room prior to the beginning of the meeting. Testimony is limited to three (3) minutes. Comments shall be respectful and courteous to all.)*

II. PUBLIC HEARINGS *(The following items will be individually presented by County staff or other appropriate individuals. Persons appearing shall clearly identify themselves and the organization they represent. In addition, a synopsis of each item, together with a brief statement of the action being requested shall be made by those appearing on behalf of an agenda item.)*

1. Public Hearing for the Proposed Housing and Community Development 2015 Action Plan (Chuck Robbins, Housing & Community Affairs)
2. Resolution No. _____ Approval of a Clackamas County Development Agency Supplemental Budget (Greater than 10% and Budget Reductions) for Fiscal Year 2014-2015 (Dan Johnson, Development Agency)

III. CONSENT AGENDA *(The following Items are considered to be routine, and therefore will not be allotted individual discussion time on the agenda. Many of these items have been discussed by the Board in Study Session. The items on the Consent Agenda will be approved in one motion unless a Board member requests, before the vote on the motion, to have an item considered at its regular place on the agenda.)*

A. Health, Housing & Human Services

1. Approval of a Revenue Provider Agreement with Providence Health Plan to Provide Immunization Services to Assigned Members of the Clackamas County Health Centers

B. Department of Transportation & Development

1. Approval for a Change of Control of the Wichita Sanitary Service Franchise to Waste Management of Oregon, Inc.

C. Finance Department

1. Resolution No. _____ Approving the Submission of Fiscal Year 2015-2016 County Assessment Function Funding Assistance (CAFFA) Grant Application for the County Assessor's Office
2. Resolution No. _____ for a Clackamas County Transfer of Appropriations for Fiscal Year 2014-2015
3. Resolution No. _____ for Clackamas County Budgeting of New Specific Purpose Revenue for Fiscal Year 2014-2015

D. Elected Officials

1. Approval of Previous Business Meeting Minutes – BCC

E. Technology Services

1. Approval of an Intergovernmental Agreement between Clackamas County Broadband Express and Clackamas County Service District No. 1 and Tri-City Service District for Fiber Connections

F. Juvenile Department

1. Approval to Submit a Grant Application for the Justice and Mental Health Collaboration Program Grant through the US Department of Justice

IV. COUNTY ADMINISTRATOR UPDATE

V. COMMISSIONERS COMMUNICATION

NOTE: Regularly scheduled Business Meetings are televised and broadcast on the Clackamas County Government Channel. These programs are also accessible through the County's Internet site. DVD copies of regularly scheduled BCC Thursday Business Meetings are available for checkout at the Clackamas County Library in Oak Grove by the following Saturday. You may also order copies from any library in Clackamas County or the Clackamas County Government Channel.

www.clackamas.us/bcc/business.html

April 9, 2015

Board of County Commissioners
Clackamas County

Members of the Board:

Public Hearing on the Proposed Housing and Community Development 2015 Action Plan

Purpose/Outcomes	A Public Hearing before the Board of County Commissioners to review the past performance of the County's Housing and Community Development programs, and to review the Proposed 2015 Housing and Community Development Action Plan.
Dollar Amount and Fiscal Impact	Application for \$1,999,077 in Community Development Block Grant (CDBG) funds, \$706,726 in HOME funds, and \$181,290 in Emergency Solutions Grant (ESG) funds during the 2015 program year.
Funding Source	U.S. Department of Housing and Urban Development - no County General Funds are involved.
Safety Impact	N/A
Duration	Effective July 1, 2015 and terminates on June 30, 2016
Previous Board Action	2012-2016 Consolidated Plan and the 3-Year Funding Recommendations were approved by the BCC on May 3, 2012 - agenda item 050312-A1
Contact Person	Chuck Robbins, Community Development Director - (503) 655-8591
Contract No.	N/A

BACKGROUND:

The Housing and Community Development Division of the Health, Housing and Human Services Department request the approval of the Proposed Housing and Community Development 2015 Action Plan. This hearing will satisfy a U.S. Department of Housing and Urban Development (HUD) requirement that the public annually be given an opportunity to review the performance of the County's Housing and Community Development programs.

The Action Plan implements the goals and objectives of the 2012-2016 Consolidated Plan and serves as the application for HUD funding. The Plan also includes a list of the projects selected for funding in the third year of the 2012-2015 funding cycle. The Action Plan is currently out for public comment until Monday April 21.

The hearing will consist of three parts:

- 1) A review of the past performance of the County's Housing and Community Development programs;

Healthy Families. Strong Communities.

- 2) A review of the Proposed 2015 Housing and Community Development Action Plan; and
- 3) An open discussion period during which citizens may testify on the plan or the County's housing and community development needs.

RECOMMENDATION:

Staff recommends that the Board of County Commissioners take the following actions:

- 1) Hold a Public Hearing to review past performance of the County's Housing and Community Development program and to review the Proposed 2015 Action Plan;
- 2) Direct the Community Development Division staff to make any changes necessary as a result of the Board's consideration of testimony to the Proposed Plan, and prepare for Board approval of the Final 2015 Action Plan and other materials necessary for applying for FY 2015 CDBG, HOME, and ESG funds; and
- 3) Place approval of the 2015 Action Plan on the Board of County Commissioners' consent agenda for adoption at the April 30, 2015 meeting.

Respectfully submitted,

A handwritten signature in cursive script that reads "R. Swift".

Richard Swift, Interim Director

Attachments:

- Proposed 2015 Housing and Community Development Action Plan
- Public Notice of the Public Hearing
- Two-Year Funding Recommendations

PUBLIC HEARING

The Clackamas County Board of County Commissioners will hold a

PUBLIC HEARING

At the Public Services Building

Hearings Room - 4th Floor, Room 409

2051 Kaen Road, Oregon City, Oregon

Thursday, April 9, 2015 at 10:00 A.M.

This hearing will satisfy a U.S. Department of Housing and Urban Development requirement that the public annually be given an opportunity to review the past performance of the County's Housing and Community Development programs. The hearing is also to review the Proposed 2015 Housing and Community Development Action Plan.

The Proposed 2015 Action Plan will become the basis for the County's annual applications under the three grant programs. The Proposed Action Plan consists of projects selected for funding in 2015.

Submission of grant application materials will enable the County to receive an estimated \$2,000,000 in Community Development Block Grant (CDBG) funds, an estimate \$700,000 in Home Investment Partnership (HOME) funds, and an estimated \$180,000 in Emergency Solutions Grant (ESG) funds during the 2015 fiscal year.

The hearing will consist of three parts:

- 1) A review by the Community Development Director, Chuck Robbins, of the past performance of the County's Housing and Community Development programs;
- 2) A review of the Proposed 2015 Housing and Community Development Action Plan; and
- 3) An open discussion period during which citizens may testify on the plan or the County's housing and community development needs.

Copies of the draft 2015 Action Plan have been placed in your local library for review and on the following webpage: <http://www.clackamas.us/communitydevelopment/maps.html>. For additional information, or to submit comments, contact Kevin Ko or Mark Sirois at the Clackamas County Community Development Division, (503) 655-5891, Public Services Building – Suite 245, 2051 Kaen Road, Oregon City, Oregon 97045. Comments will be accepted until 5:00 p.m., Monday, April 20, 2015.

Reasonable accommodation will be provided for any individual with a disability

Pursuant to the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, any individual with a disability who requires reasonable accommodation to attend or participate in

this meeting may request assistance by contacting the Section 504 Coordinator. Determinations on requests for reasonable accommodation will be made on a case-by-case basis. All requests must be made at least 5 days before the meeting date.

Contact: Chuck Robbins, Clackamas County Community Development, 2051 Kaen Road, Suite 245, Oregon City, Oregon 97045. Telephone: (503) 655-8591. E-Mail: chuck@co.clackams.or.us.

CLACKAMAS COUNTY

HOUSING AND COMMUNITY DEVELOPMENT

2015 ACTION PLAN

DRAFT - MARCH 30, 2015 - DRAFT



Clackamas County
Housing and Community Development Division
Public Services Building
2051 Kaen Road – Suite 245
Oregon City, Oregon
(503) 655-8591
www.clackamas.us/communitydevelopment/

DRAFT – MARCH 30, 2015 - DRAFT

CLACKAMAS COUNTY BOARD OF COMMISSIONERS

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Commissioner: Martha Schrader

Commissioner: Paul Savas
Commissioner: Tootie Smith

County Administrator
Don Krupp

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Sherilyn Lombos, City of Tualatin

DEPARTMENT OF HEALTH, HOUSING AND HUMAN SERVICES

Interim Director of Health, Housing and Human Services
Rich Swift

Housing and Community Development
Chuck Robbins, Director

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Executive Summary

AP-05 Executive Summary - 24 CFR 91.200(c), 91.220(b)

1. Introduction

Each year Clackamas County submits an Action Plan explaining how the U.S. Department of Housing and Urban Development (HUD) resources will be used to improve communities throughout the County. This is the annual implementation plan of the 5-Year Consolidated Plan addressing the Housing and Community Development needs in Clackamas County. The needs, goals and objectives were identified through collaboration with participating cities, County agencies and other public and private project sponsors. The goals of the Consolidated Plan are primarily targeted to low- and moderate-income residents of Clackamas County and were developed to:

1. Provide decent housing;
2. Establish and maintain a suitable living environment; and
3. Expand economic opportunities.

In implementing these goals the County has engaged the following long-term housing and community development objectives:

- (1) Revitalization of distressed neighborhoods;
- (2) Expansion and improvement of community services and facilities;
- (3) Expansion and conservation of the housing stock;
- (4) Expansion of employment opportunities for low and moderate income persons; and
- (5) Elimination of conditions detrimental to the community's health and welfare.

The current Consolidated Plan covers the 5-year period beginning July 1, 2012 and ending June 30, 2017. This is the fourth (4th) of five annual action plans for this period and covers the 12-month period beginning July 1, 2015. The action plan, developed with the input of citizens and community groups, serves four major functions:

- (1) It is the County's application for funds available through the three HUD formula grant programs: the Community Development Block Grant (CDBG), the HOME Investment Partnerships Program (HOME), and the Emergency Solutions Grant (ESG) programs;
- (2) It is the annual planning document, built through public input and participation, for CDBG, HOME, ESG, and other related programs;
- (3) It lays out expected annual funding resources, the method of fund distribution, and the actions the County will follow in administering HUD programs; and
- (4) It provides accountability to citizens for the use of the funds and allows HUD to measure program performance.

2. Summarize the objectives and outcomes identified in the Plan

This could be a restatement of items or a table listed elsewhere in the plan or a reference to another location. It may also contain any essential items from the housing and homeless needs assessment, the housing market analysis or the strategic plan.

The 5-year goals described briefly here are listed in detail in AP 20 Annual Goals and Objectives on page 30 of this Action Plan.

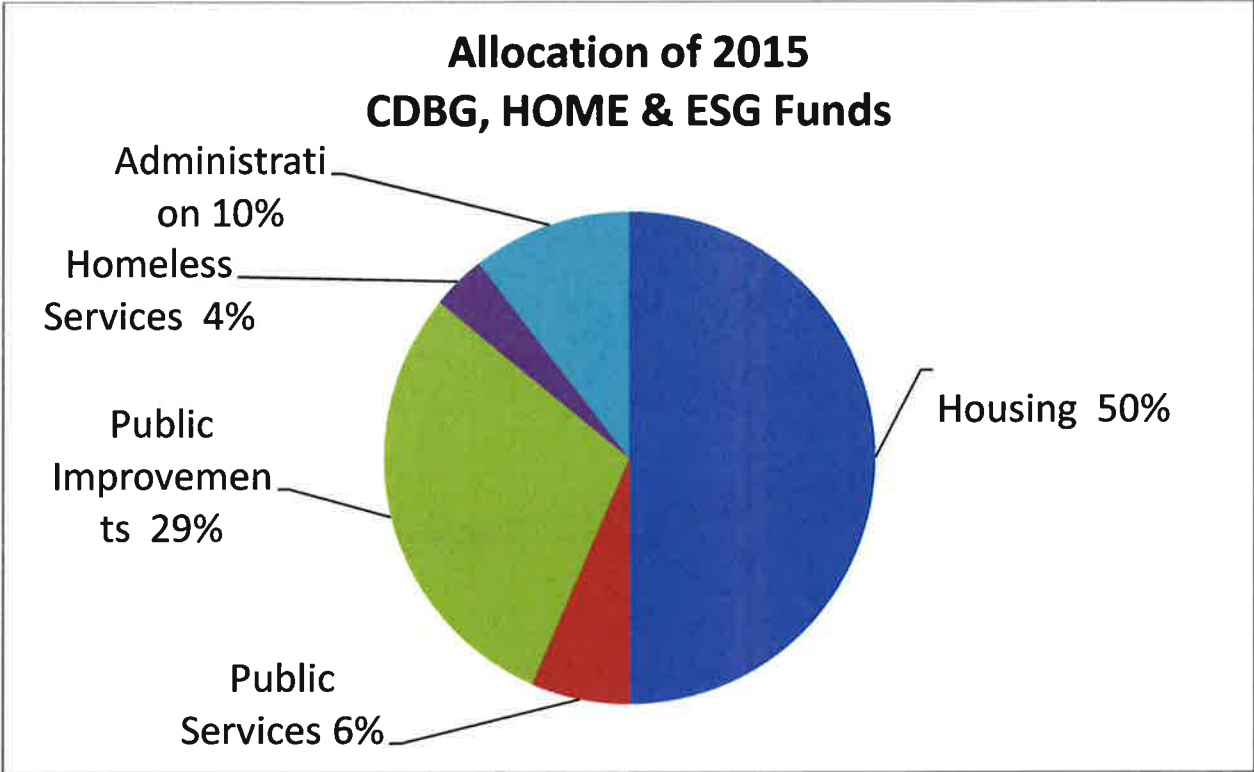
Clackamas County HCD has four (4) housing related goals to assist a total of 10,820 households over 5 years with housing units and information. On these 4 goals HCD has assisted a total of 4,645 households to date and plans to assist 5,308 in program year 2015.

HCD has two (2) human services related goals to assist 750 households over 5 years with services. For the human services goal area HCD has assisted 1,349 persons in approximately 300 households and plans to assist 1,200 people in 490 households in program year 2015. Lastly HCD has two (2) community development related goals to improve neighborhoods and facilities that have resulted in improved access to facilities for 3,215 households in the last 3 years. In the 2015 program year HCD plans to complete projects and neighborhood facilities to benefit over 10,000 people in over 400 households.

Specific projects for program year 2015 are listed in the 2015 Objectives and Outcomes chart.

	Project	Objective	Outcome
2015/0008	2016-2017 Homeless Count	Decent Housing	Availability/Accessibility
2015/0023	A Safe Place- Child Care Remodel	Suitable Living Environment	Availability/Accessibility
2015/0021	Addie Street Improvements	Suitable Living Environment	Availability/Accessibility
2015/0024	Annie Ross House Family Shelter	Suitable Living Environment	Availability/Accessibility
2015/0002	CDBG Administration	N/A	N/A
2015/0032	Centerstone Expansion	Suitable Living Environment	Availability/Accessibility
2015/0001	Clackamas County Housing Rehabilitation Programs	Decent Housing	Affordability
2015/0025	Colton Food Bank Acquisition and Rehab	Suitable Living Environment	Availability/Accessibility
2015/0050	Coordinated Housing Access	Suitable Living Environment	Availability/Accessibility
2015/0026	Employment Connection	Creating Economic Opportunities	Availability/Accessibility
2015/0005	Housing Rights & Resources	Suitable Living Environment	Availability/Accessibility
2015/0027	Installation Subsidy for Fiber Optic Service	Suitable Living Environment	Availability/Accessibility
2015/0030	Lola Street Improvement - Phase 2	Suitable Living Environment	Availability/Accessibility
2015/0028	Mentor Athletics	Suitable Living Environment	Availability/Accessibility
2015/0012	Milwaukie High School Crosswalk	Suitable Living Environment	Availability/Accessibility
2015/0029	Mobile/Manufactured Home Roof Project	Suitable Living Environment	Availability/Accessibility
2015/0009	NCRA Sewer Hook-Up Grant Program	Suitable Living Environment	Availability/Accessibility
2015/0020	NE 10th Avenue Street Improvements	Suitable Living Environment	Availability/Accessibility
2015/0004	Rent Well	Suitable Living Environment	Availability/Accessibility
2015/0033	River Road Head Start Overflow Project	Suitable Living Environment	Availability/Accessibility
2015/0034	Tiny Houses Community	Decent Housing	Availability/Accessibility
2015/0019	Well House Rehabilitation	Suitable Living Environment	Availability/Accessibility
2015/0031	Wichita Center Improvements	Suitable Living Environment	Availability/Accessibility
2015/0045	CHAP Homebuyer Assistance Program	Decent Housing	Availability/Accessibility
2015/0046	CHDO Operating Support Grant	Decent Housing	Availability/Accessibility
2015/0003	HOME Administration	Suitable Living Environment	Availability/Accessibility
2015/0035	Multifamily Housing Project	Decent Housing	Affordability
2015/0035	TBRA HOME	Decent Housing	Affordability
2015/0044	CWS Shelter Operation & Programs	Suitable Living Environment	Availability/Accessibility
2015/0040	ESG Administration	N/A	N/A
2015/0041	ESG HMIS	N/A	N/A
2015/0056	Los Ninos Cuentan/Casa Hogar	Decent Housing	Availability/Accessibility
2015/0045	NHA - HomeBase	Decent Housing	Availability/Accessibility
2015/0042	NHA Shelter Operation & Programs	Suitable Living Environment	Availability/Accessibility
2015/0043	Springwater Shelter Operation & Programs	Suitable Living Environment	Availability/Accessibility

Objectives and Outcomes 2015



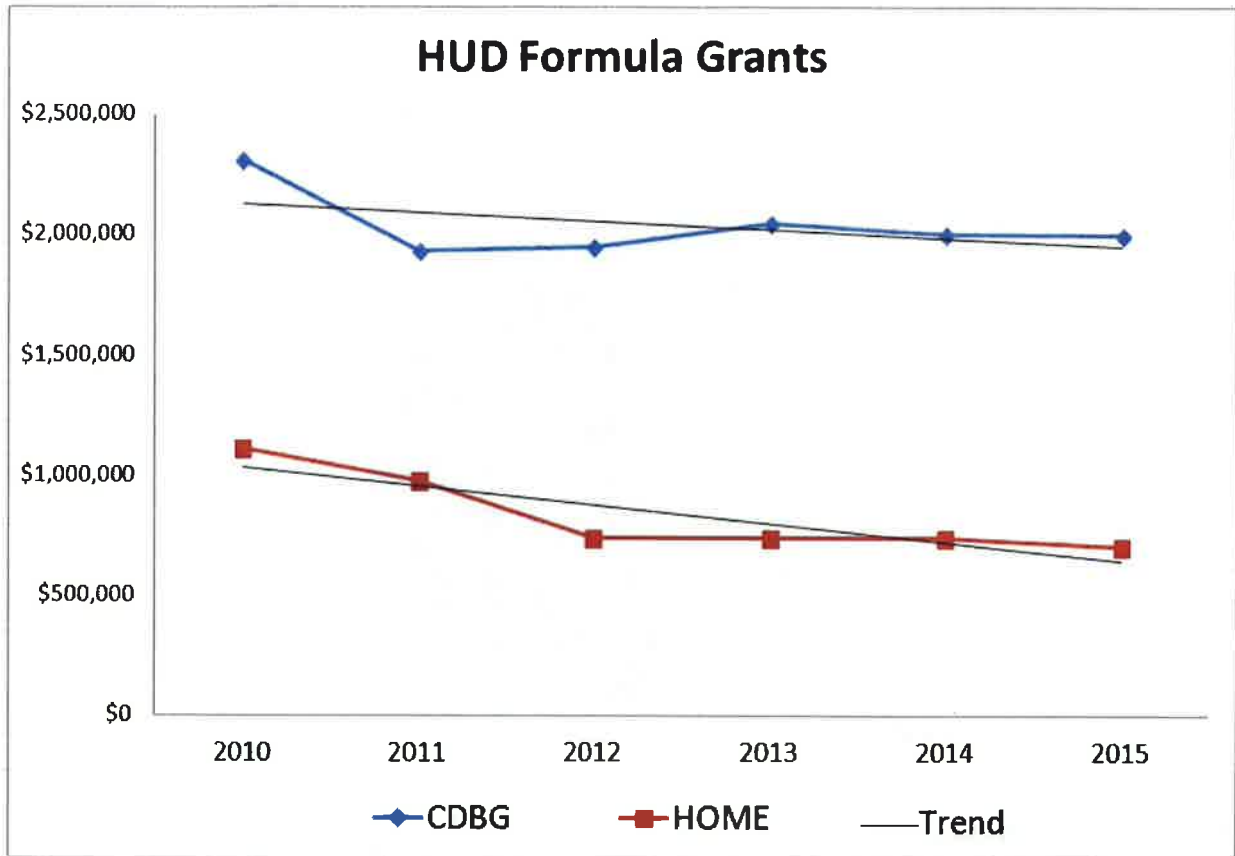
Allocations of Funds 2015

3. Evaluation of past performance

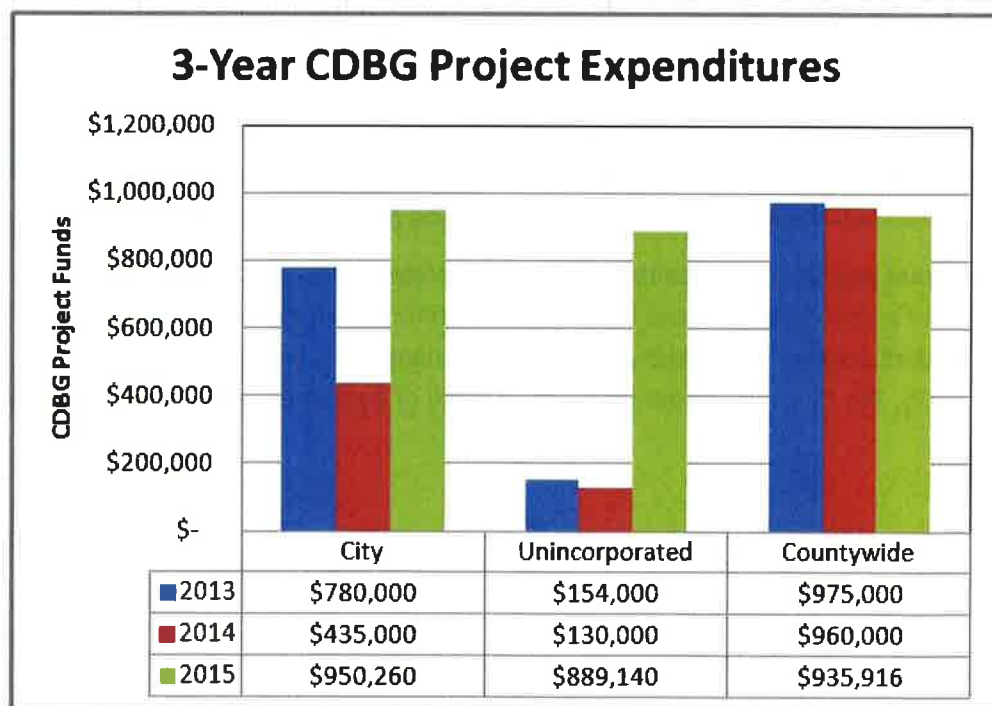
This is an evaluation of past performance that helped lead the grantee to choose its goals or projects.

Clackamas County's Housing and Community Development Division has met each of the annual goals established during the 2012-2016 Consolidated Plan development process. Two slow moving projects from program year 2012 that required additional community planning have been cancelled.

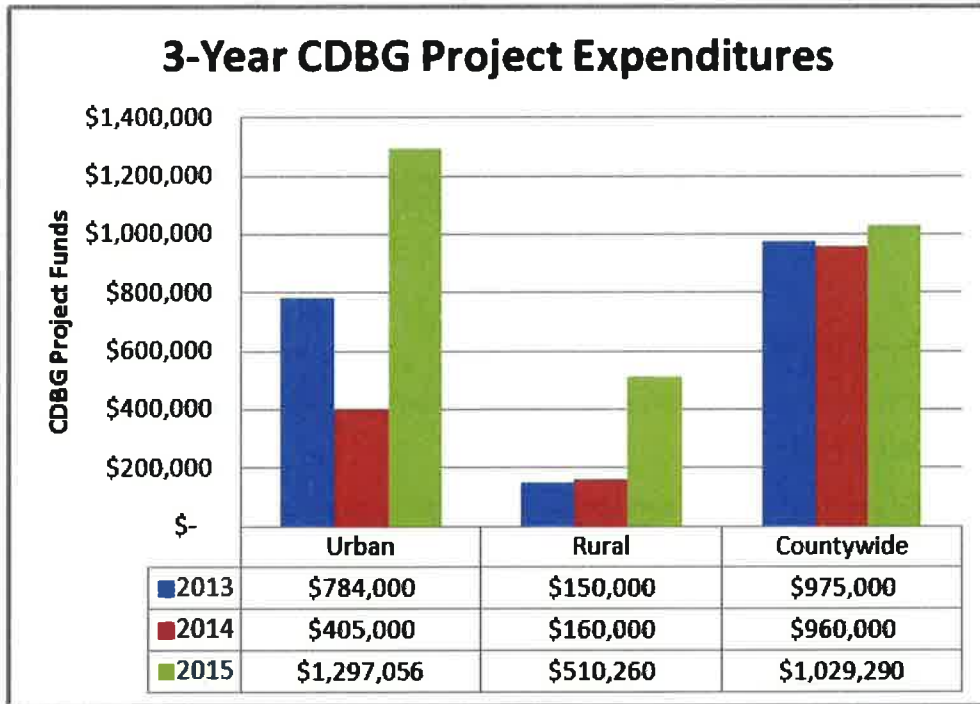
The last project from program year 2012 is a health clinic remodel project. The health clinic project originally for construction of a new clinic has since been revised to remodel an existing primary care clinic to provide more efficient services to the many low-income patients. This project should begin construction by April 1, 2015. The Chart below demonstrates a trend of declining CDBG and HOME funds for Clackamas County:



HUD Formula Grant Trends



City and Unincorporated Areas Projects



Rural and Urban Projects

4. Summary of Citizen Participation Process and consultation process

Summary from citizen participation section of plan.

Citizens, community members and agencies participate through community meetings and inclusion on the Citizen Participation list; an email distribution list. Meeting notices, application information and project information is distributed using this list and public notices in the newspapers of record. Public meetings to discuss community needs were held on October 29 and November 13, 2014 before the CDBG project applications were released. HCD staff provided technical assistance to community members while the project applications were available beginning on November 5, 2014. Completed project applications were due by December 18, 2014. HCD staff reviewed each project application and considered the applicants' ability to complete each project. HCD staff met with the CDBG policy Advisory Board to review funding recommendations on March 11, 2015. A public meeting notice was published in the newspapers of record, Oregon City/Clackamas Review on February 5, 2014 and in the Lake Oswego Review on February 6, 2014. A meeting notice, a schedule of dates for the Action Planning process and a list of Community Development projects were distributed to persons on the Citizen Participation list. Clackamas County now allocates CDBG funds for first 3 years of a 5-Year Consolidated Plan and a second allocation for 2 years of funding.

In reviewing the proposals the County used a selection process that emphasizes communication, compromise, and consensus. Working closely with all of the project sponsors Community Development

program staff helped to prioritize each project and evaluate actual project costs. With a commitment to local match participation the County ensures a high degree of leveraging and maximizes the impact CDBG funds have on local communities throughout the County. 2015 is the beginning of the 4th year of our 5-year Consolidated Plan. As projects get cancelled the funds allocated for those projects are carried forward for the following year to support new projects that will be selected as part of the 2015 and 2016 program year CDBG application funding cycle.

5. Summary of public comments

This could be a brief narrative summary or reference an attached document from the Citizen Participation section of the Con Plan.

Clackamas County uses public meetings, emails and surveys to interact with stakeholders. HCD maintains a list of interested persons: the Citizen Participation list to communicate via email with stakeholders about meetings, dates, applications and recommendations for funding. Public comments were mostly directed toward housing needs for special needs populations such as disabled adults, parenting teens and affordable housing in general. Some comments were related to the need for museum and park improvements.

6. Summary of comments or views not accepted and the reasons for not accepting them

All public comments were accepted during the October 29 and November 13th Public meetings and the April 9, 2015 Public Hearing. Comments were accepted verbally, by email and in written letters.

A summary of comments is included in Appendix D of this plan.

7. Summary

The Housing and Community Development Division is identifying appropriate projects and completing those projects in a timely manner. Community Development staff working with 16 cities and towns, community partners and non-profit agencies are identifying projects and completing those projects within project budgets. Projects that do not make progress due to various factors are cancelled and the funds re-allocated based on Priority Needs areas and according to Funding Policies. Only 1 project has been identified as a slow moving project from 2012.

PR-05 Lead & Responsible Agencies – 91.200(b)

1. Agency/entity responsible for preparing/administering the Consolidated Plan

Describe the agency/entity responsible for preparing the Consolidated Plan and those responsible for administration of each grant program and funding source.

Agency Role	Name	Department/Agency
Lead Agency	CLACKAMAS COUNTY	
CDBG Administrator	CLACKAMAS COUNTY	Housing and Community Development Division
HOPWA Administrator	CITY OF PORTLAND	CITY OF PORTLAND
HOME Administrator	CLACKAMAS COUNTY	Housing and Community Development Division
ESG Administrator	CLACKAMAS COUNTY	Housing and Community Development Division
HOPWA-C Administrator	CLACKAMAS COUNTY	Community Development Division

Table 1 – Responsible Agencies

Narrative (optional)

HOPWA funds are granted to nearby City of Portland for distribution through a six-county area that includes Clackamas County.

The Clackamas County Community Development Divisions works with 16 incorporated cities and towns and unincorporated rural areas to represent 386,000 citizens over 1800 square miles. Clackamas County is considered an urban county since most of the population lives in urban incorporated and unincorporated areas east of the Willamette river and just south of the City of Portland, Oregon.

Consolidated Plan Public Contact Information

Kevin Ko, CD Manager and Mark Sirois, Project Coordinator
 Clackamas County Health, Housing and Human Services Department
 Community Development Division 2051 Kaen Road #245
 Oregon City, Oregon 97045 phone: 503.650.8591 email: marksir@co.clackamas.or.us
 The Consolidated Plan is also posted at <http://www.clackamas.us/communitydevelopment/maps.html>

AP-10 Consultation – 91.100, 91.200(b), 91.215(l)

1. Introduction

The Clackamas County Community Development consultation process is an ongoing discussion with members of the community through our Citizen Participation List. When a person or agency has a project idea or program in need of funding, that person or organization generally contacts the Community Development Division to discuss how to apply for CDBG funding and whether or not their project would be eligible for CDBG or other types of funding. Community members are invited to join the Citizen Participation List and to attend annual public meetings to discuss needs in their community. Housing and Community Development staff sometimes attend community meetings or nonprofit board meetings to discuss eligible and ineligible project ideas, the project application process and the schedule of proposals and awards.

Annual Public hearings also provide an opportunity for citizens, advocates and organizations to discuss community needs with the elected Board of County Commissioners. The 2012-2016 Consolidated Planning process also included an online community survey which was open to all county residents. This past community needs survey was advertised in the Citizen News, a county-wide publication sent to all county residents on a quarterly basis. The individual members of the homeless Continuum of Care also participated in consultation and in the online community needs survey to establish our Priority Needs.

Provide a concise summary of the jurisdiction's activities to enhance coordination between public and assisted housing providers and private and governmental health, mental health and service agencies (91.215(l))

Clackamas County Housing and Community Development Division (HCD) coordinates activities between public housing and assisted housing agencies through funding and reporting outcomes to state and federal agencies. The local public housing authority: Housing Authority of Clackamas County (HACC) is a part of Clackamas County's Health, Housing and Human Services Department. Nonprofit and for profit housing developers and housing providers are in regular contact with HCD staff about project ideas and potential state and federal grants that could be combined with CDBG and HOME funds for a successful housing project proposal. The HOME program provides vital funding to affordable housing providers that also apply for state tax credit funding as one of few sources of funds available to develop affordable housing units in the rural parts of Clackamas County.

The Clackamas County Health, Housing and Human Services (H3S) Department includes; a public housing authority, a community development division, a public health division, a social services division, an office of children and families, a behavioral health division and a primary care division. H3S is often a convener of agencies to apply for funding, build facilities and provide services to vulnerable populations. In some cases the county provides the services, and in other cases non-profit agencies provide the housing or services. CDBG funds also provide support for the Housing Rights and Resources program, an H3S program in the Social Services Division. This program provides housing referral and information on

all available housing services and resources to residents in need of affordable housing and related services.

HCD consults directly with the county primary care health facilities and health services to coordinate services and projects.

HCD consults directly with local governments (16 cities and towns in Clackamas County) regarding public facilities and infrastructure projects. Adjacent governments including City of Portland, Multnomah County and Washington County are contacted regularly regarding public meetings however due to scheduling conflicts staff from these governments rarely attend our public meetings.

Currently HCD has no business and civic leaders engaged in the community and housing development needs assessment. Although some non-profit agencies are considered civic organizations.

Describe coordination with the Continuum of Care and efforts to address the needs of homeless persons (particularly chronically homeless individuals and families, families with children, veterans, and unaccompanied youth) and persons at risk of homelessness.

H3S Housing and Community Development Division (HCD) personnel administer the Continuum of Care (CoC) annual renewal application process and the Homeless Management Information System (HMIS). The same HCD office uses CDBG funds for the Homeless Point in Time (PIT) count of homeless persons. The PIT is conducted with over 150 volunteers coordinated by the Social Services Division. The CoC policies and ESG program policies were developed with both CoC and ESG homeless services providers. The CoC reviewed and adopted the CoC and ESG policies. The April 2015 ESG and CoC policies are included in Appendix B of this Action Plan. HCD personnel also provide the HMIS training and support for CoC and ESG providers. The monthly CoC activities and quarterly performance reports are coordinated by the same Community Development Division staff that coordinates the ESG funding applications and awards process. The ESG fund allocations were presented to the Homeless Council (CoC) for discussion and review. CoC providers, the local public housing agency and all the agencies in the Continuum of Care are engaged in addressing the needs of homeless persons.

The CoC consults with Community Solutions to conduct employment related training for homeless persons.

Describe consultation with the Continuum(s) of Care that serves the jurisdiction's area in determining how to allocate ESG funds, develop performance standards for and evaluate outcomes of projects and activities assisted by ESG funds, and develop funding, policies and procedures for the operation and administration of HMIS

The CoC in Clackamas County meets monthly and is coordinated by the Housing and Community Development Division (HCD) personnel that also coordinate the ESG funding applications and awards. The ESG fund allocations are presented annually to members of the CoC for discussion and review. The

CoC group has also designated Clackamas County HCD as the CoC HMIS administrator. HCD staff also provide the HMIS training and support for ESG providers. ESG providers are active in developing ESG and CoC performance measures as well as evaluating outcomes of CoC and ESG programs.

The CoC Steering Committee functions as the CoC governing board and provides ongoing guidance to the process of evaluating ESG outcomes and activities. The CoC Steering Committee was consulted on March 19, 2015 regarding the recommended FY 2015 and FY2016 ESG funding levels and activities. The CoC Steering Committee also oversees the policies of the HMIS system and data quality standards as part of the CoC activities. HCD staff also presented and discussed recommended funding for CDBG and ESG projects with CoC members on March 25, 2015. A list of local agencies that are actively involved in the ongoing process of setting priorities, establishing policies and evaluating outcomes is detailed in following the chart.

2. Describe Agencies, groups, organizations and others who participated in the process and describe the jurisdiction's consultations with housing, social service agencies and other entities:

(See Table 2 on next page)

Table 2 – Agencies, groups, organizations who participated

1	Agency/Group/Organization	CASCADIA BEHAVIORAL HEATHCARE, INC.
	Agency/Group/Organization Type	Services-Persons with HIV/AIDS
	What section of the Plan was addressed by Consultation?	Homelessness Strategy HOPWA Strategy
	Briefly describe how the Agency/Group/Organization was consulted. What are the anticipated outcomes of the consultation or areas for improved coordination?	The agency is part of the Continuum of Care
2	Agency/Group/Organization	Housing Authority of Clackamas County
	Agency/Group/Organization Type	PHA Grantee Department
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Public Housing Needs Homeless Needs - Chronically homeless Homeless Needs - Families with children Homelessness Strategy Anti-poverty Strategy
	Briefly describe how the Agency/Group/Organization was consulted. What are the anticipated outcomes of the consultation or areas for improved coordination?	The Public Housing Authority is an activite participant in Community Needs Assessments, Continuum of Care, public meetings and homeless strategy planning.
3	Agency/Group/Organization	CLACKAMAS WOMEN'S SERVICES
	Agency/Group/Organization Type	Services-Victims of Domestic Violence Services-homeless
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homeless Needs - Families with children Homelessness Strategy

	Briefly describe how the Agency/Group/Organization was consulted. What are the anticipated outcomes of the consultation or areas for improved coordination?	This agency is one of very few providers of services for survivors of domestic violence in this urban and rural county. This agency is active in the Continuum of Care planning and the ESG funding and policy discussions.
4	Agency/Group/Organization	NORTHWEST HOUSING ALTERNATIVES
	Agency/Group/Organization Type	Housing Services-homeless
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Public Housing Needs Homeless Needs - Families with children Homelessness Strategy
	Briefly describe how the Agency/Group/Organization was consulted. What are the anticipated outcomes of the consultation or areas for improved coordination?	This agency is a provider of affordable housing units, homeless services and housing development. This agency often participates in housing and homeless needs strategic planning efforts.
5	Agency/Group/Organization	CENTRAL CITY CONCERN
	Agency/Group/Organization Type	Housing Services-homeless
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homeless Needs - Chronically homeless Homeless Needs - Families with children Homelessness Strategy
	Briefly describe how the Agency/Group/Organization was consulted. What are the anticipated outcomes of the consultation or areas for improved coordination?	This agency provides services and housing through the homeless Continuum of Care.

6	Agency/Group/Organization	IMPACT NW
	Agency/Group/Organization Type	Services-homeless
	What section of the Plan was addressed by Consultation?	Homeless Needs - Chronically homeless Homeless Needs - Families with children
	Briefly describe how the Agency/Group/Organization was consulted. What are the anticipated outcomes of the consultation or areas for improved coordination?	This Agency is part of our Continuum of Care.
7	Agency/Group/Organization	INN HOME
	Agency/Group/Organization Type	Housing Services-Children Services-homeless Services-Education Child Welfare Agency
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homeless Needs - Families with children Homelessness Needs - Unaccompanied youth Homelessness Strategy
	Briefly describe how the Agency/Group/Organization was consulted. What are the anticipated outcomes of the consultation or areas for improved coordination?	This agency is part of the homeless Continuum of Care that serves homeless youth.
8	Agency/Group/Organization	LEGAL AID SERVICES OF OREGON
	Agency/Group/Organization Type	Service-Fair Housing

	What section of the Plan was addressed by Consultation?	Housing Need Assessment Public Housing Needs Non-Homeless Special Needs Market Analysis Anti-poverty Strategy
	Briefly describe how the Agency/Group/Organization was consulted. What are the anticipated outcomes of the consultation or areas for improved coordination?	Part of our Housing Rights and Resources and included in all planning efforts
9	Agency/Group/Organization	LIFEWORKS NORTHWEST
	Agency/Group/Organization Type	Services-homeless Services-Employment
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homeless Needs - Chronically homeless Homelessness Strategy
	Briefly describe how the Agency/Group/Organization was consulted. What are the anticipated outcomes of the consultation or areas for improved coordination?	This agency provides outreach and health services to homeless adults. This agency is part of the Continuum of Care.
10	Agency/Group/Organization	OUTSIDE IN
	Agency/Group/Organization Type	Services-Children Services-homeless Services-Health
	What section of the Plan was addressed by Consultation?	Homeless Needs - Chronically homeless Homeless Needs - Families with children Homelessness Needs - Veterans Homelessness Needs - Unaccompanied youth Homelessness Strategy

	Briefly describe how the Agency/Group/Organization was consulted. What are the anticipated outcomes of the consultation or areas for improved coordination?	This agency provides outreach and health services to homeless youth. This agency is part of the Continuum of Care.
11	Agency/Group/Organization	Proud Ground
	Agency/Group/Organization Type	Housing
	What section of the Plan was addressed by Consultation?	Housing Need Assessment
	Briefly describe how the Agency/Group/Organization was consulted. What are the anticipated outcomes of the consultation or areas for improved coordination?	This agency is the regional community land trust non-profit housing developer and also part of the Continuum of Care network in the region.
12	Agency/Group/Organization	UNITED WAY OF AMERICA
	Agency/Group/Organization Type	Services-Children Services-Victims of Domestic Violence Services-homeless Foundation
	What section of the Plan was addressed by Consultation?	Homeless Needs - Families with children
	Briefly describe how the Agency/Group/Organization was consulted. What are the anticipated outcomes of the consultation or areas for improved coordination?	This foundation provides funding to non-profit homeless services providers in our County.
13	Agency/Group/Organization	STATE OF OREGON DEPARTMENT OF HUMAN SERVICES
	Agency/Group/Organization Type	Other government - State

What section of the Plan was addressed by Consultation?	Homeless Needs - Chronically homeless Homeless Needs - Families with children Homelessness Needs - Veterans Homelessness Needs - Unaccompanied youth Homelessness Strategy Non-Homeless Special Needs Anti-poverty Strategy
Briefly describe how the Agency/Group/Organization was consulted. What are the anticipated outcomes of the consultation or areas for improved coordination?	This State of Oregon TANF agency has a local office in our county. A representative from this office participates in our Continuum of Care activities and planning.

Identify any Agency Types not consulted and provide rationale for not consulting

All agencies that expressed interest in participating were consulted. No agencies were excluded.

Other local/regional/state/federal planning efforts considered when preparing the Plan

Name of Plan	Lead Organization	How do the goals of your Strategic Plan overlap with the goals of each plan?
Continuum of Care	H3S Community Development Division	The goals of the Continuum of Care are included as part of the Homeless Prevention Goals in the Action Plan
10 year Plan to Address Homelessness	H3S Social Services Division	The Goals of the 10 year Plan to Address Homelessness are included in both the Action Plan and the Continuum of Care annual goals and objectives.
Public Housing Annual Plan	Housing Authority of Clackamas County	The PHA improvements are included in the annual Action Plan

Table 3 – Other local / regional / federal planning efforts

Narrative (optional)

The Continuum of Care (CoC) Goals are incorporated into the Action Plan. Action Plan staff meet with the Continuum of Care members to discuss housing and community development needs and resources. CoC members are invited to attend public meetings and public hearings to provide testimony on homeless and homeless housing needs in Clackamas County.

AP-12 Participation – 91.105, 91.200(c)

1. Summary of citizen participation process/Efforts made to broaden citizen participation Summarize citizen participation process and how it impacted goal-setting

The Citizen Participation process for this Action plan began in 2011 with a community needs assessment, small group meetings with stakeholders, an online survey, public meetings and public hearings. The result of the community needs assessment was the development of our CDBG & HOME Funding Priority Needs Chart that is part of the Consolidated Plan (Consolidated Plan Appendix 8).

This Notice was posted to our website in 2011/2012:

What does your Community Need?

Clackamas County Community Development Division is preparing a Consolidated Plan to prioritize spending from several federal grants (CDBG, ESG and HOME) over the next 5-years (2012-2016). Citizen input will help in our county-wide needs assessment and will help us set priorities for selecting project activities. As part of that assessment, we would like to hear from you on what you see as the major needs in your community.

Important Dates:

- | | |
|------------------|---|
| October 18, 2011 | Public Hearing to receive public testimony on community needs throughout Clackamas County |
| November 2, 2011 | Applications for funding available/distributed |
| December 8, 2011 | Last day to submit applications for funding for next three years of projects. |

The 2015 Action Plan included public meetings on October 29 and November 13, 2014 and a public hearing with the Board of County Commissioners on April 9, 2015. An advertisement about the April 9th public meeting was posted in the 2 county newspapers of record: The Lake Oswego Review and the Clackamas/Oregon City review. The same notice was distributed to the members on the Citizen Participation list. Also included with the email to members of the Citizen Participation list was a list of projects recommended for funding.

Citizen Participation Outreach

Sort Order	Mode of Outreach	Target of Outreach	Summary of response/attendance	Summary of comments received	Summary of comments not accepted and reasons	URL (if applicable)
1	Public Meeting	<p>Non-targeted/broad community</p> <p>Residents of Public and Assisted Housing</p> <p>Citizen Participation List</p>	<p>A total 15 persons attended both public meetings to voice their support of particular projects.</p>	<p>Persons spoke in support of eviction prevention services, elderly and disabled housing, a range of housing options for persons with mental illness, a rural food bank project, an accessibility project at a low-income community and family services center, a job training program for persons in public housing, domestic violence services and housing supports for unaccompanied teenage parents.</p>	<p>All comments were accepted.</p>	

Sort Order	Mode of Outreach	Target of Outreach	Summary of response/attendance	Summary of comments received	Summary of comments not accepted and reasons	URL (If applicable)
2	Newspaper Ad	Non-targeted/broad community	The public hearing before the Board of County Commissioners was held on April 9, 2015	ADD TESTIMONY SUMMARY HERE.....	All Comments were accepted	
3	Internet Outreach	Non-targeted/broad community	A survey was distributed online to any county residents who wanted to participate in the housing and community development needs survey. 492 people responded.	Overall support of affordable housing. Weatherization support by more than half of respondents. Private development of apartments was supported by less than half of respondents. Ranking projects: 1. Maintain existing affordable housing. 2 Services for low-income persons. 3. New affordable housing. 4. Street and sidewalk improvements. 5. New and existing public facilities.	All comments were accepted.	

Sort Order	Mode of Outreach	Target of Outreach	Summary of response/attendance	Summary of comments received	Summary of comments not accepted and reasons	URL (If applicable)
4	Public Meeting	Residents of Public and Assisted Housing	Met with HACC resident group	Residents expressed the need for more affordable housing options.	All comments were accepted	
5	Public Meeting	Homeless Advocates CoC	Met with the Homeless Council (Continuum of Care) advocates at their monthly meeting on March 25, 2015 to present the project and public services funding recommendations and invite members to attend the Board of County Commissioners meeting on April 9th.	CoC Members expressed the need for more funding for affordable housing and homeless services. Members also expressed support for a community court that is helping many homeless persons with legal issues.	All comments were accepted.	

Table 4 – Citizen Participation Outreach

Expected Resources

AP-15 Expected Resources – 91.220(c) (1, 2)

Introduction

Clackamas County Housing and Community Development Division works closely with the public housing authority, the County Behavioral Health Program, the Continuum of Care, non-profit agencies and the local County Social Service agencies to secure and administer many sources of funding for services, programs and rent assistance to benefit low-income residents of Clackamas County.

These expected resources are estimates based on historical funding trends, amounts to be matched and leveraged.

Priority Table

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Reminder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
CDBG	public - federal	Acquisition Admin and Planning Economic Development Housing Public Improvements Public Services	1,999,077	0	540,000	2,539,077	2,000,000	The Expected amount is based on estimated funding for the 2016 program year. \$1,010,829 of local funds will match the 2015 project funds.

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Reminder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
HOME	public - federal	Acquisition Homebuyer assistance Homeowner rehab Multifamily rental new construction Multifamily rental rehab New construction for ownership TBRA	706,726	625,000	676,726	2,008,452	700,000	\$676, 726 of HOME funds will be carried forward from prior years. \$625,000 of program income will be used to fund multi-family housing projects. The Expected remainder amount is based on estimated funding for program year 2016.

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Reminder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
ESG	public - federal	Conversion and rehab for transitional housing Financial Assistance Overnight shelter Rapid re-housing (rental assistance) Rental Assistance Services Transitional housing	181,290	0	0	181,290	180,000	The Expected remainder amount is based on estimated funding for the 2016 program year. Matching funds of \$1,420,000 will also provide housing and supports for homeless persons.

Table 5 - Expected Resources – Priority Table

Explain how federal funds will leverage those additional resources (private, state and local funds), including a description of how matching requirements will be satisfied

Resources reasonably expected to be made available to supplement CDBG funds include local matching to be contributed by project sponsors. Matching contributions (cash or in-kind) equivalent in value to a minimum of 20% of the project cost are required by County policies. It is anticipated that funding available to finance community development activities from local matching sources and will total approximately \$1,010,829.

The Continuum of Care application process will renew \$1,692,208 of funding for homeless services, programs and rent assistance for homeless individuals and families.

The HOME funded Multifamily project will secure and additional Low Income Housing Tax Credits LIHTC. HOME funds will be matched using cash from non-federal sources such as the state Housing Development Grant and other housing state funds, forbearance of property taxes, project grants, local fees and charges. ESG funds will be matched using private donations, local and state homeless prevention funds.

If appropriate, describe publically owned land or property located within the jurisdiction that may be used to address the needs identified in the plan

No publically owned land is available for this purpose.

Discussion

The Housing and Community Development Division will continue to partner with the public housing authority, the County Behavioral Health Program, the Continuum of Care, non-profit agencies, for profit housing developers and the local County Social Service agencies to explore new programs, services and financial resources for programs and services that benefit our low-income and special needs residents.

Anticipated Resources amounts are based on anticipated funding levels, anticipated program income, prior year funds carried forward and expected matching funds on individual community projects.

Annual Goals and Objectives

AP-20 Annual Goals and Objectives - 91.420, 91.220(c)(3)&(e)

Goals Summary Information

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
1	HOUSING GOAL I	2012	2016	Affordable Housing	Countywide	Affordable Housing	HOME: \$1,611,780	Rental units constructed: 45 Household Housing Unit
2	HOUSING GOAL II	2012	2016	Affordable Housing	Countywide	Affordable Housing	CDBG: \$375,000	Public service activities other than Low/Moderate Income Housing Benefit: 200 Persons Assisted Rental units rehabilitated: 10 Household Housing Unit Homeowner Housing Rehabilitated: 40 Household Housing Unit
3	HOUSING GOAL III	2012	2016	Homeless	Countywide	Public Services Needs (People)	CDBG: \$300,000 ESG: \$181,290	Public Facility or Infrastructure Activities for Low/Moderate Income Housing Benefit: 500 Households Assisted
4	HOUSING GOAL IV	2012	2016	Affordable Housing	Countywide	Public Services Needs (People)	CDBG: \$271,862	Public service activities other than Low/Moderate Income Housing Benefit: 2500 Persons Assisted

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
5	HUMAN SERVICES GOAL I	2012	2016	Homeless	Countywide	Public Services Needs (People)	CDBG: \$48,000	Public service activities other than Low/Moderate Income Housing Benefit: 30 Persons Assisted Public service activities for Low/Moderate Income Housing Benefit: 60 Households Assisted
6	HUMAN SERVICES GOAL II	2012	2016	Non-Homeless Special Needs	Countywide	Public Services Needs (People)	CDBG: \$319,362	Public Facility or Infrastructure Activities for Low/Moderate Income Housing Benefit: 500 persons in 300 Households Assisted
7	COMMUNITY DEVELOPMENT GOAL I	2012	2016	Non-Housing Community Development	Countywide	Infrastructure Projects Public Facilities	CDBG: \$694,400	Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit: 25,000 Persons Assisted
8	COMMUNITY DEVELOPMENT GOAL II	2012	2016	Non-Housing Community Development	Countywide	Infrastructure Projects	CDBG: \$710,000	Public Facility or Infrastructure Activities for Low/Moderate Income Housing Benefit: 370 Households Assisted

Table 6 – Goals Summary

Goal Descriptions

1	Goal Name	HOUSING GOAL I
	Goal Description	<p>Create new affordable housing for rent-burdened residents. Preserve and improve the quality of the affordable rental housing stock available to low-income families. Focus efforts to meet the housing needs of households with incomes below 50% of the area median. Support the development of housing for special needs populations and families with children while planning to meet the housing needs of a rapidly-growing senior population. Maintain strong partnerships between the County and private/public developers in the development and preservation of affordable rental housing. Assure that new affordable housing has accessibility to services and ease of access to public transit for travel to employment centers and other centers of opportunity. Support the County Department of Health, Housing and Humans Services Housing Initiatives strategies. Support the redevelopment of public housing units to improve the quality of housing. Develop a tenant-based rental assistance program.</p> <p>Housing Goal I Five-Year Performance Measurement: 307 households will have new or improved rental housing.</p>
2	Goal Name	HOUSING GOAL II
	Goal Description	<p>Stabilize existing homeownership and provide opportunities for new homeowners. Stabilize homeownership through housing repair, energy efficiency improvements, rehabilitation and assistance with sewer connections. Support the expansion of opportunities for low- and moderate-income households to become new homeowners, especially first-time homeowners. Support the use of manufactured homes and mobile home parks or subdivisions as a reasonable method of obtaining affordable housing, especially in rural areas. Between 2012 and 2016, 270 households will be assisted to maintain their housing or to become (or remain) homeowners.</p> <p>The 5 year goals is to assist 270 households with CHAP and Housing Rehab services</p>

3	Goal Name	HOUSING GOAL III
	Goal Description	Reduce homelessness and meet the housing needs of special needs populations. Support the goals of the Clackamas County Ten-Year Plan and Policies to Address Homelessness and the efforts of the Homeless Council to reduce homelessness in the County. Provide affordable housing and stabilizing services to persons who are at risk of homelessness. Support efforts to develop a flexible funding source to provide appropriate services and rental assistance to persons who are homeless or at risk of homelessness. Focus resources on the more vulnerable populations, including people with mental health problems, veterans, people with disabilities, people coming from institutions, people with addictions and victims of domestic violence. In partnership with private and public housing entities, develop a range of housing choices for vulnerable populations (including persons at risk of homeless, homeless persons and other special needs populations), including a focus on meeting the need of chronic homeless persons for permanent supportive housing. Develop a set of program policies to create a 15% set-aside in all new affordable housing developments specifically to assist the target populations. From 2012 to 2016, 250 homeless or at-risk households receive affordable housing. HomeBase, Homeless Count, ESG program
4	Goal Name	HOUSING GOAL IV
	Goal Description	Promote community awareness of the affordable housing needs of low-and moderate-income households, the needs of homeless persons and the ongoing need to ensure equal access of all households to housing resources. Support projects and programs, such as the Housing Rights and Resources Program, that affirmatively address and promote fair housing rights and further housing opportunities for all County residents in accordance with the Fair Housing Act. Promote public awareness of the issue of fair housing and support the education of tenants, prospective homeowners, landlords, developers, property managers and housing staff on the Fair Housing Act and the Americans with Disabilities Act. Update and support the recommendations in the Analysis of Impediments to Fair Housing. Promote Transit Oriented Development (TOD). Expand Project-based Rental Assistance programs (PBRA). Explore special voucher rent rates for high-rent areas (HACC). From 2012 to 2016, 10,000 households will receive assistance in understanding their rights.
5	Goal Name	HUMAN SERVICES GOAL I
	Goal Description	Stabilize the lives of families and individuals who are in crisis. Focus on the prevention of homelessness and other personal crises through intervention services tied to rental assistance. Rent-Well tenant training and supports for homeless families and families in crisis to repair negative credit and rental records.

6	Goal Name	HUMAN SERVICES GOAL II
	Goal Description	HomeBase and Rental Well programs to increase the self-sufficiency of residents, particularly low-and moderate-income families and individuals as well as other special needs populations who are in need of a range of community supports and services. From 2012 to 2016, 750 persons will receive self-sufficiency services. Support the preservation of basic community services and seek their expansion. Assure that special needs populations, people with mental illness, people with disabilities and the elderly have access to essential services so they can reach their potential for independence. Expand opportunities for employment at living wages for the unemployed and underemployed through vocational and job training, work skills development, counseling, continuing education and literacy, and job placement. Assure that youth are provided the services and support systems they need to mature into employment and community life.
7	Goal Name	COMMUNITY DEVELOPMENT GOAL I
	Goal Description	Revitalize low- and moderate-income neighborhoods. Provide safe and accessible neighborhood streets and walkways/bikeways, especially near schools. Support the revitalization of distressed neighborhoods through infrastructure and facilities improvements. Five-Year Performance Measurement: 690 households will benefit from community improvements.
8	Goal Name	COMMUNITY DEVELOPMENT GOAL II
	Goal Description	Improve community infrastructure and facilities by: Create or improve community facilities that deliver crisis/safety net or self-sufficiency services. Construct public improvements to support the development of affordable housing and/or support business development or retention. Support the removal of barriers to accessibility by persons with disabilities and senior population. Five-Year Performance Measurement: 300 households will benefit from neighborhood improvements.

Table 7 – Goal Descriptions

Estimate the number of extremely low-income, low-income, and moderate-income families to whom the jurisdiction will provide affordable housing as defined by HOME 91.215(b):

During the 2015 program year HOME funds will be used to assist approximately 150 low-income persons in at least 45 Households.

AP-35 Projects – 91.220(d)

Introduction

The projects for program years 2015 and 2016 were all selected through a Request for Proposals process conducted in November, December of 2014 and January and February of 2015.

#	Project Name
1	2015 Housing Rehab Program
2	2015 CDBG Administration
4	2015 RentWell
5	2015 Housing Rights and Resources
8	2015 Homeless Count
9	2015 NCRA Sewer Hookup Program
19	Well House Rehabilitation
20	NE 10th Avenue Street Improvements
21	Addie Street Improvements
22	Milwaukie High School Crosswalk
23	A Safe Place Childcare Remodel
24	Annie Ross Family Shelter
25	Colton Food Bank Aquisition and Rehabilitation
26	Employment Connection
27	Installation Subsidy for Fiber Optic Service
28	Mentor Athletics 2015
29	Mobile/Manufactured Home Roof Project
30	Lola Street Improvement Phase 2
31	Wichita Center Improvements
32	Centerstone Expansion
33	River Road Head Start Overflow Project
34	Tiny House Community Project
35	TBRA HOME 2015
36	Multifamily Housing Project
37	HOME Administration 2015
38	HESG Program 2015
39	CHAP Homebuyer Assistance program
40	CHDO Operating Support Grant

Table 8 – Project Information

Describe the reasons for allocation priorities and any obstacles to addressing underserved needs

Allocation Priorities are based on a Priority List developed through a community needs assessment process completed in 2012 as part of the consolidated planning process.

Projects

AP-38 Projects Summary

Project Summary Information

Table 9 – Project Summary

1	Project Name	2015 Housing Rehab Program
	Target Area	Countywide
	Goals Supported	HOUSING GOAL II
	Needs Addressed	Affordable Housing
	Funding	CDBG: \$300,000
	Description	Provide financial assistance to low- and moderate-income persons for home repairs and handicap accessibility. Types of assistance include: Deferred Payment Loans, Home Access Grants for handicap accessibility, grants for lead hazard reduction, and small grants for low-income elderly/disabled owners of manufactured homes in parks. In addition to current grant funds this project also budgets unexpended rehabilitation funds carried over from the previous fiscal year as well as program income generated from repayment of housing rehabilitation loans.
	Target Date	9/30/2016
	Estimate the number and type of families that will benefit from the proposed activities	40 Low income Households will benefit from home improvements, grants and loans.
	Location Description	Countywide

	Planned Activities	Loans and grants for low-income homeowner home improvements. The 2015 rehab program will include <i>The Critical Home Repair Program – CHRP grants are available to owners of manufactured homes in parks within Clackamas County. The CHRP grant provides funds to cover the cost of critical repairs to low-income owner-occupied households. The cost of repair cannot exceed \$2,000. The typical repair is expected to be between \$500-\$750. The goal of the CHRP is to meet the immediate health and safety needs of very-low income households. The CHRP will be undertaken as part of the County’s Housing Rehabilitation Program. No additional funding is requested.</i>
2	Project Name	2015 CDBG Administration
	Target Area	Countywide
	Goals Supported	HOUSING GOAL I HOUSING GOAL II HOUSING GOAL III HOUSING GOAL IV HUMAN SERVICES GOAL I HUMAN SERVICES GOAL II COMMUNITY DEVELOPMENT GOAL I COMMUNITY DEVELOPMENT GOAL II
	Needs Addressed	Public Facilities Infrastructure Projects Public Services Needs (People) Affordable Housing
	Funding	CDBG: \$394,815
	Description	Funds for overall program administration, including program development, management and coordination, personnel, accounting, and grant compliance expenses.
	Target Date	9/30/2016

	Estimate the number and type of families that will benefit from the proposed activities	
	Location Description	
	Planned Activities	County-wide Grant Administration
3	Project Name	2015 RentWell
	Target Area	Countywide
	Goals Supported	HOUSING GOAL IV
	Needs Addressed	Public Services Needs (People)
	Funding	CDBG: \$48,000
	Description	Rent Well is 15-hour tenant education program designed to help people overcome barriers to rental housing. Barriers may include poor or no credit history, poor or no rental history, past evictions, criminal history, and low income. The Rent Well classes focus on rental information including fair housing law, self-advocacy skills, communication with landlords and neighbors, and attaining and maintaining rental housing.
	Target Date	6/30/2016
	Estimate the number and type of families that will benefit from the proposed activities	80 low-income people will be assisted.
	Location Description	Countywide
	Planned Activities	Landlord relations and training for renters.
4	Project Name	2015 Housing Rights and Resources
	Target Area	Countywide

	Goals Supported	HOUSING GOAL I HOUSING GOAL IV
	Needs Addressed	Public Services Needs (People)
	Funding	CDBG: \$135,000
	Description	This is an ongoing public service that provides housing information, legal aid, housing rights education, landlord training and housing referral services to all residents of Clackamas County. The Housing Rights and Resources Program involves three agencies including: Clackamas County Social Services Division, The Fair Housing Council and, Legal Aid Services working together to provide services to low and moderate income tenants and home owners in Clackamas County.
	Target Date	6/30/2016
	Estimate the number and type of families that will benefit from the proposed activities	2,500 persons in low income households will receive information on housing.
	Location Description	
	Planned Activities	County-wide Housing rights training, housing referral and information.
5	Project Name	2015 Homeless Count
	Target Area	Countywide
	Goals Supported	HOUSING GOAL III
	Needs Addressed	Public Services Needs (People) Affordable Housing
	Funding	CDBG: \$5,000

	Description	The Homeless Count is an annual comprehensive survey of homeless persons in Clackamas County. The Homeless Count is a requirement of state and federal homeless services funding. The Count is conducted by over 100 volunteers who are trained and coordinated by Clackamas County Social Services staff to collect survey information that is compiled into an annual Homeless Count Report.
	Target Date	6/30/2016
	Estimate the number and type of families that will benefit from the proposed activities	NA
	Location Description	NA
	Planned Activities	The Homeless Count produces information to be included in annual CoC reports and annual CoC homeless funding applications.
6	Project Name	2015 NCRA Sewer Hookup Program
	Target Area	Countywide
	Goals Supported	COMMUNITY DEVELOPMENT GOAL I
	Needs Addressed	Infrastructure Projects Affordable Housing
	Funding	CDBG: \$25,000
	Description	This project would continue a residential sanitary sewer improvement program in the North Clackamas Revitaization Area (NCRA). This is the 3rd and final phase of this project that provides grants to low and moderate income residents to pay part of the construction costs to decommission their old cesspool sewers to hook up to the new Service District #1 sanitary sewer system. These improvements greatly improve the ground water and property values within this low-income neighborhood.
	Target Date	6/30/2016

	Estimate the number and type of families that will benefit from the proposed activities	5 to 10 low-income households
	Location Description	NCRA
	Planned Activities	Sewer connection grants and loans to low income households.
7	Project Name	Well House Rehabilitation
	Target Area	Countywide
	Goals Supported	COMMUNITY DEVELOPMENT GOAL I
	Needs Addressed	Infrastructure Projects
	Funding	CDBG: \$35,000
	Description	Reconstruction of an existing rural water distribution system well house in Boring, Oregon.
	Target Date	6/30/2016
	Estimate the number and type of families that will benefit from the proposed activities	400 low income households will benefit.
	Location Description	Communitywide in Boring, Oregon
	Planned Activities	Reconstruction of an existing water well house in Boring, Oregon. The new well house will have a poured cement slab, cement block walls with a steel door and metal roof. This project will be approximately 128 square feet. We will have to move the electrical components into the new well house. This project will affect all of our service connections and will target a population of 714 households. The property is owned by the district. There is a huge safety issue regarding the electrical components being to close together, this doesn't meet electrical code. The building is wood construction and in dire need to be replaced. This building is also not safe sanitary wise and allows for vermin to get inside.
8	Project Name	NE 10th Avenue Street Improvements

	Target Area	Countywide
	Goals Supported	COMMUNITY DEVELOPMENT GOAL II
	Needs Addressed	Infrastructure Projects
	Funding	CDBG: \$200,000
	Description	Construction of street, pedestrian and drainage improvements along NE 10th Ave in Canby, Oregon.
	Target Date	9/30/2016
	Estimate the number and type of families that will benefit from the proposed activities	30 low income households will benefit
	Location Description	NE 10th Ave in Canby, Oregon
	Planned Activities	<p>There are currently no sidewalks on this section of NE 10th Avenue. The City of Canby's Transportation System Plan designates NE 10th as a Neighborhood Route.</p> <p>The poor condition of NE 10th creates hazardous conditions for bicyclists sharing the roadway with vehicles. The rough road presents challenges to our emergency responders as well, by delaying response times. NE 10th is identified as a safe route to school for children attending Knight Elementary and Eccles Elementary. The lack of curbs and sidewalks coupled with poor road conditions and flooding creates unsafe conditions for pedestrians, bicyclists and motorists.</p>
9	Project Name	Addie Street Improvements
	Target Area	Countywide
	Goals Supported	COMMUNITY DEVELOPMENT GOAL II
	Needs Addressed	Infrastructure Projects
	Funding	CDBG: \$200,000
	Description	Street, sidewalk and storm drainage improvements along 1,025 linear feet of Addie Street in Gladstone, Oregon.

	Target Date	9/30/2016
	Estimate the number and type of families that will benefit from the proposed activities	20 Households
	Location Description	Addie Street in Gladstone, Oregon
	Planned Activities	<p>Improve vehicular and pedestrian safety by providing wider streets. In many areas, parallel parking within the street right-of-way further narrows the available travelled way. Widening the pavement surface would provide for wider travel lanes that would better accommodate two-way traffic and would provide additional pedestrian refuge space in this neighborhood that is lacking sidewalks.</p> <p>Improve vehicular safety through the installation of curbs. The streets throughout this neighborhood are narrow and there is no definition between the edge of the public way and private property.</p> <p>Curbing the streets to control street runoff along with new drainage improvements to collect the water and to convey it to a storm drain main line will eliminate the standing water and flooding problems that deteriorate the transportation infrastructure over time.</p>
10	Project Name	Milwaukie High School Crosswalk
	Target Area	Countywide
	Goals Supported	COMMUNITY DEVELOPMENT GOAL II
	Needs Addressed	Public Facilities
	Funding	CDBG: \$65,000
	Description	Construction of a street crossing to improve student and pedestrian safety in the area of the Milwaukie High School on Washington Street in Milwaukie, Oregon.
	Target Date	9/30/2016

	Estimate the number and type of families that will benefit from the proposed activities	300 Low income students attending Milwaukie High School
	Location Description	Milwaukie, Oregon
	Planned Activities	The goal of this project is to relocate the Washington Street crosswalk from 25th Avenue to a mid-block crossing near the High School's driveway. Improvements would include bulb-out extensions to calm traffic and signage, with lighting, to raise awareness of pedestrians.
11	Project Name	A Safe Place Childcare Remodel
	Target Area	Countywide
	Goals Supported	COMMUNITY DEVELOPMENT GOAL I
	Needs Addressed	Public Facilities
	Funding	CDBG: \$45,260
	Description	This project will remodel 624 square feet at an Oregon City domestic violence full services center to provide quality drop-in child care with caregivers/parents on the premises to children aged 6 months to 12 years accompanying survivors to services.
	Target Date	9/30/2016
	Estimate the number and type of families that will benefit from the proposed activities	One public facility serving over 50 families per year.
	Location Description	Oregon City, Oregon

	Planned Activities	Design and construct the childcare room in a service center. This project will remodel a 624 square foot area at an Oregon City domestic violence full services center to provide quality drop-in child care with caregivers/parents on the premises to children aged 6 months to 12 years accompanying survivors to services. The Oregon Child Care Division requires that there be a minimum of 35 square feet of indoor activity area per child which equates to a little under enough space for 18 children at any given time. In addition, "Toilet rooms shall have at least one flush toilet for each 15 children in the center 36 months old or older and at least one hand washing sink with mixing faucets for every two toilets.
12	Project Name	Annie Ross Family Shelter
	Target Area	Countywide
	Goals Supported	COMMUNITY DEVELOPMENT GOAL I
	Needs Addressed	Public Facilities
	Funding	CDBG: \$100,000
	Description	Funding to support the replacement and expansion of the Annie Ross House to 6 studio apartments for use as a homeless shelter in Milwaukie
	Target Date	9/30/2016
	Estimate the number and type of families that will benefit from the proposed activities	This shelter serves 35 to 50 families per year.
	Location Description	

	Planned Activities	<p>Funding to support the replacement and expansion of the Annie Ross House homeless shelter in Milwaukee. The NHA campus now consists of two offices buildings, the Annie Ross House shelter for families and nine rental units: five transitional housing apartments, one staff apartment, two units of Bridges to Housing, and one market-rate rental. NHA now has 34 staff working on the Milwaukee campus with an annual budget of almost \$5 million.</p> <ol style="list-style-type: none"> 1. A brand new building for the Annie Ross House that expands its capacity and provides families with individual apartment units. The new shelter will consist of six separate studio apartments in a single building. 2. Two, three, and four-bedroom affordable rental housing options for families. <p>The land beneath the NHA campus could accommodate significantly more housing than it currently does. The intention is to use our campus redevelopment to build as much affordable housing as the site can reasonably accommodate. Early site planning indicates that our campus could hold as many as 38 units of affordable rental housing on the site in addition to the shelter. The location near the new MAX station will ensure that residents with low-incomes will have easy transit access to the employment and educational opportunities throughout the Metro region.</p> <ol style="list-style-type: none"> 3. An office building that meets NHA's staff needs and serves as a community asset. The conceptual plan for office space accommodates the growing staff, includes a community room for campus residents and a classroom for community use. <p>The CDBG funds requested through this application will fund only the development of new Annie Ross House. For the reasons described above, the new Annie Ross House (the Project) will enable NHA to serve more clients each year while containing staff costs.</p>
13	Project Name	Colton Food Bank Acquisition and Rehabilitation
	Target Area	Countywide
	Goals Supported	COMMUNITY DEVELOPMENT GOAL I
	Needs Addressed	Public Facilities

	Funding	CDBG: \$200,000
	Description	Acquisition and Rehabilitation of the food bank and community center building on 1 acre of land in Colton, Oregon. Rehabilitation will include ADA accessible entry and restrooms.
	Target Date	9/30/2016
	Estimate the number and type of families that will benefit from the proposed activities	The Food Bank assists over 20,000 low income people per year
	Location Description	
	Planned Activities	<p>Acquisition and Rehabilitation of the food bank and community center building on 1 acre of land in Colton, Oregon. Rehabilitation will include ADA accessible entry and restrooms.</p> <p>Funds will be used for the acquisition of real property by purchase, 1 acre of land with a 3,574 SF building including a 1,935 SF unfinished basement. At this time the main floor is being used for our existing food bank serving 24,179 low in-come people through out the area, CPO office, Boy Scouts, Girl Scouts, Colton Youth sports, Colton football, community meetings and community health exercise classes.</p> <p>Rehabilitate the outside of the building with a new roof, windows and paint. The inside of the building by moving some walls, new flooring, paint an a new heating system.This will accommodate an office for the CPO (Clackamas County Citizens Planning Organization). A Separate space for the community center. Also a small kitchen and a large room for our food bank, which serves Colton and adjacent rural Clackamas County communities. We will also need to repair all sidewalks and ramps to address the safety needs of our clients.</p>
14	Project Name	Employment Connection
	Target Area	Countywide
	Goals Supported	HUMAN SERVICES GOAL II
	Needs Addressed	Public Services Needs (People)
	Funding	CDBG: \$85,000

	Description	Public services funding to support a job training program for low-income public housing residents in Clackamas County.
	Target Date	9/30/2016
	Estimate the number and type of families that will benefit from the proposed activities	50 low income persons will get employment training
	Location Description	
	Planned Activities	<p>The Employment Connection project will pilot new services that annually assist at least 50 low income Clackamas County residents to gain the life and work skills necessary to attain employment and increase the opportunity for both improved health and long-term economic self-sufficiency.</p> <p>The project will focus on residents of two public housing sites, Clackamas Heights and Oregon City View Manor, but may also serve residents of other Clackamas County public housing sites and Section 8 residents. All individuals served will be low income: to qualify for public housing, the household income must not exceed HUD set standards, which is 80% of the area median income, based on the specified number of family members. In addition, the project will seek to target individuals with additional barriers to employment, such as having a criminal background, behavioral health needs, or living with mental illness.</p> <p>Services will begin onsite at two Clackamas County public housing locations and then transition to services being offered at the WorkSource Clackamas Annex (Annex) location.</p>
15	Project Name	Installation Subsidy for Fiber Optic Service
	Target Area	Countywide
	Goals Supported	HUMAN SERVICES GOAL II
	Needs Addressed	Infrastructure Projects
	Funding	CDBG: \$25,000

	Description	Funding to assist low income households to access high-speed internet services through the City of Sandy network in Sandy, Oregon.
	Target Date	9/30/2016
	Estimate the number and type of families that will benefit from the proposed activities	400 households will benefit from this services.
	Location Description	Sandy, Oregon
	Planned Activities	The proposed project would subsidize Fiber-to-the-Home (FTTH) installation costs for low-moderate income areas of Sandy. The City is currently finishing construction of a FTTH network to serve every residence in Sandy. However the individual service connections for each residence are only being installed for current customers (approximately 1400) and those who have signed up for service since the project commenced (approximately 400).
16	Project Name	Mentor Athletics 2015
	Target Area	Countywide
	Goals Supported	HUMAN SERVICES GOAL II
	Needs Addressed	Public Services Needs (People)
	Funding	CDBG: \$31,862
	Description	Funding for a public services youth mentoring program assisting low income children in Milwaukie and Oregon City with educational and extracurricular activities.
	Target Date	9/30/2016
	Estimate the number and type of families that will benefit from the proposed activities	20 youth will benefit from this service.
	Location Description	

	Planned Activities	<p>Children living in Clackamas County Public Housing are often isolated and lack the resources to participate in extracurricular activities, resulting in poor academic, physical, and emotional development.</p> <p>Needs were determined and quantified by Housing Authority service coordination case notes, property management reports, and statistical data base; school reports; and mentoring self efficacy questionnaire.</p> <p>While the needs for the public housing communities have not changed over the past five years, youth participating in Mentor Athletics have experienced positive changes in their lives over the past five years.</p> <p>Most mentoring programs either focus specifically on mentoring or sports and recreation. Mentor Athletics multi-faceted approach of using individual and group mentoring in addition to sports and recreation helps develop the emotional and physical needs of the whole child.</p>
17	Project Name	Mobile/Manufactured Home Roof Project
	Target Area	Countywide
	Goals Supported	HOUSING GOAL II
	Needs Addressed	Affordable Housing
	Funding	CDBG: \$75,000
	Description	Funding for low income residents to repair or replace leaking or damaged mobile/manufactured roofs located in Clackamas County mobile home parks.
	Target Date	9/30/2016
	Estimate the number and type of families that will benefit from the proposed activities	20 Households will benefit from this project.
	Location Description	

	Planned Activities	<p>Repair or replace mobile/manufactured roofs located in Clackamas County parks, serving residents up to 200% of the federal poverty level.</p> <p>This need has quadrupled in the last 3 years resulting in walkaways in the current weatherization program. These residents typically are not able to obtain a loan to pay for this type of work to be done. If roofing is addressed energy conservation measures can be installed, some health and safety issues can be addressed and hopefully this low-income housing stock can be preserved and continue to be functional for the residents of Clackamas County.</p>
18	Project Name	Lola Street Improvement Phase 2
	Target Area	Countywide
	Goals Supported	COMMUNITY DEVELOPMENT GOAL II
	Needs Addressed	Infrastructure Projects
	Funding	CDBG: \$180,000
	Description	Construction of street, storm drainage, ADA ramps and pedestrian improvements along 700 linear feet of Lola Street between 3rd and 5th Street in Molalla.
	Target Date	9/30/2016
	Estimate the number and type of families that will benefit from the proposed activities	20 low income Households
	Location Description	Molalla, Oregon

	Planned Activities	<p>Grant funds would be used to pave/rehabilitate streets and construct sidewalks, including several ADA standard ramps on Phase 2 is between 3rd and 5th streets reconstruct pavement, construct new sidewalks and ADA ramps. Add storm drainage system.</p> <p>Upon completion of Phase 2 of Lola St. improvements, pedestrian connectivity will be complete from 5th to Main St. will be complete. Currently, 5th St. has sidewalks on both sides of the street connecting neighborhoods east of Lola to Fox Park west of Lola. With added sidewalks and ADA Ramps on Lola St. this also will provide a direct pedestrian connection between Main St. and 5th St. for residents to Fox Park.</p>
19	Project Name	Wichita Center Improvements
	Target Area	Countywide
	Goals Supported	COMMUNITY DEVELOPMENT GOAL I
	Needs Addressed	Public Facilities
	Funding	CDBG: \$120,000
	Description	Construction of an ADA accessible ramp to the main entrance of the building and installation of a marked crosswalk on King Road in front of the Wichita Center.
	Target Date	9/30/2016
	Estimate the number and type of families that will benefit from the proposed activities	Up to 5,000 low-income person access this center every year.
	Location Description	
Planned Activities	Construction of an ADA accessible ramp to the main entrance of the building and installation of a marked crosswalk on King Road in front of the Wichita Center.	
20	Project Name	Centerstone Expansion
	Target Area	Countywide

	Goals Supported	COMMUNITY DEVELOPMENT GOAL I
	Needs Addressed	Public Facilities
	Funding	CDBG: \$144,140
	Description	Construction of tenant improvements to expand services at the County's mental health crisis walk-in center located in Happy Valley, Oregon.
	Target Date	9/30/2016
	Estimate the number and type of families that will benefit from the proposed activities	Up to 50 low income individuals per year will access this service center.
	Location Description	
	Planned Activities	<p>The primary purpose of the project is to provide an alternative to emergency department care for individuals who are seeking relief for their mental health crisis. Intentionally low-barrier, the service will seek to divert acute care hospital admissions by providing a welcoming and voluntary, non-medical alternative. The program will create a home-like environment where guests can relax away from the stressors of their normal lives, and can access treatment and/or peer support according to their individual needs. We expect that individuals will self-refer, and will also be referred by EMS and local Law Enforcement agencies as well as emergency department and acute care staff.</p> <p>The expanded service will accommodate up to 8 individuals at any given time.</p> <p>The new space will easily utilize the existing shower and laundry facilities currently offered through Centerstone. Centerstone's waiting room and training area will also be expanded.</p>
21	Project Name	River Road Head Start Overflow Project
	Target Area	Countywide
	Goals Supported	COMMUNITY DEVELOPMENT GOAL I
	Needs Addressed	Public Facilities

	Funding	CDBG: \$25,000
	Description	Construction of an emergency storm system overflow to prevent flooding in the basement floor of the River Road Head Start childcare facility in Oak Grove, Oregon.
	Target Date	9/30/2016
	Estimate the number and type of families that will benefit from the proposed activities	Over 120 low income persons per year.
	Location Description	Oak Grove, Oregon
	Planned Activities	The River Road Center campus currently provides educational experiences for 120 pre-school children four days per week. The agency is requesting grant money to construct an emergency storm system overflow to prevent flooding in the basement floor of the facility. The proposed overflow system would have a redundant catch basin to guard against leaves plugging the system on a windy stormy day, construction of a trench drain overflow, and the connection of this system to a downstream storm outfall.
22	Project Name	Tiny House Community Project
	Target Area	Countywide
	Goals Supported	HOUSING GOAL III
	Needs Addressed	Affordable Housing
	Funding	CDBG: \$100,000
	Description	Funding to aquire land for a homeless services self-governing community of 10 tiny houses and one community building.
	Target Date	9/30/2016

	Estimate the number and type of families that will benefit from the proposed activities	10 homeless persons, possibly households of 2 persons.
	Location Description	To be determined
	Planned Activities	<p>Clackamas County Health, Housing and Human Services is seeking suitable land for siting a self-governing community of 10 tiny houses and one community building. Due to zoning codes, the tiny houses may have to be connected.</p> <p>The tiny home community would end homelessness for at least ten adults. Each tiny house would be about 144 square feet and the community building would be about 1,600 square feet. It is estimated that one acre or a little less would be sufficient. Each home would include sleeping, living and some minimal storage areas as well as a toilet and small kitchenette. The community building would house showers, a full kitchen, laundry and community meeting space, along with some additional storage space. The site would include a large community garden and small personal planting areas adjacent to each home. Proximity to public transportation will be a major factor in siting.</p> <p>Several local partners have expressed an interest in using the project as a learning opportunity for students in architecture, construction, project management and land use planning.</p>
23	Project Name	TBRA HOME 2015
	Target Area	Countywide
	Goals Supported	HOUSING GOAL IV HUMAN SERVICES GOAL II
	Needs Addressed	Affordable Housing
	Funding	HOME: \$200,000

	Description	The Tenant Based Rental Assistance Program (TBRA) is currently being operated by Northwest Housing Alternatives as a HOME subrecipient through their HomeBase Program. Other subrecipients may be considered. The funds will be used to assist individual households who are homeless or at risk of becoming homeless. The assistance may be used for rent, utility costs, security deposits, and/or utility deposits. The maximum assistance is 24 months.
	Target Date	9/30/2016
	Estimate the number and type of families that will benefit from the proposed activities	50 low income households
	Location Description	
	Planned Activities	The Tenant Based Rental Assistance Program (TBRA) is currently being operated by Northwest Housing Alternatives as a HOME subrecipient through their HomeBase Program. Other subrecipients may be considered. The funds will be used to assist individual households who are homeless or at risk of becoming homeless. The assistance may be used for rent, utility costs, security deposits, and/or utility deposits. The maximum assistance is 24 months.
24	Project Name	Multifamily Housing Project
	Target Area	Countywide
	Goals Supported	HOUSING GOAL I
	Needs Addressed	Affordable Housing
	Funding	HOME: \$1,611,780
	Description	Multi-Family Housing projects: The 2 affordable housing projects that will be funded in this activity are Rondel Court Apartments in Molalla, Oregon and Cascade Meadows apartments.
	Target Date	9/29/2017

	Estimate the number and type of families that will benefit from the proposed activities	108 housing units. Multi-Family Housing project: 2 projects: one new build in Molalla and one senior housing preservation project in Milwaukie.
	Location Description	Molalla and Milwaukie
	Planned Activities	Rebuild and expand and existing affordable housing project. Preserve and existing project through acquisition and rehabilitation of senior housing units.
25	Project Name	HOME Administration 2015
	Target Area	Countywide
	Goals Supported	HOUSING GOAL I
	Needs Addressed	Affordable Housing
	Funding	HOME: \$70,672
	Description	Grant administration, reporting, contract monitoring and management of the HOME program.
	Target Date	
	Estimate the number and type of families that will benefit from the proposed activities	NA
	Location Description	
	Planned Activities	Grant administration, reporting, contract monitoring and management of the HOME program.
26	Project Name	HESG Program 2015
	Target Area	Countywide
	Goals Supported	HUMAN SERVICES GOAL I
	Needs Addressed	Public Services Needs (People)
	Funding	ESG: \$181,290

	Description	HESG program to fund 4 eligible activities: Administration, HMIS, Shelter Services and Homeless Prevention Rapid Re-housing.
	Target Date	9/30/2016
	Estimate the number and type of families that will benefit from the proposed activities	500 homeless families will benefit from HESG program services
	Location Description	County-wide
	Planned Activities	HESG program to fund 4 eligible activities: Administration, HMIS, Shelter Services and Homeless Prevention Rapid Re-housing. Four shelters will be funded. One program will provide homeless prevention rapid re-housing services.
27	Project Name	CHAP Homebuyer Assistance program
	Target Area	Countywide
	Goals Supported	HOUSING GOAL I
	Needs Addressed	Affordable Housing
	Funding	HOME: \$100,000
	Description	This project will assist low-income first-time homebuyers in purchasing single-family homes by providing funds for down payment and closing costs.
	Target Date	9/29/2017
	Estimate the number and type of families that will benefit from the proposed activities	This project will assist 10 low-income households with homebuyer assistance.
	Location Description	TBD
Planned Activities	This project will assist low-income first-time homebuyers in purchasing single-family homes by providing funds for down payment and closing costs.	

28	Project Name	CHDO Operating Support Grant
	Target Area	Countywide
	Goals Supported	HOUSING GOAL II
	Needs Addressed	Affordable Housing
	Funding	HOME: \$26,000
	Description	Funds will be used to support CHDO staff work on the development of low-income housing and to support operating expenses.
	Target Date	9/29/2017
	Estimate the number and type of families that will benefit from the proposed activities	N/A. 2-3 organizations will be supported with operational funding to develop affordable housing. An estimated 200 households will benefit from CHDO activity in Clackamas County.
	Location Description	
Planned Activities	Funds will be used to support Community Housing Development Organizations (CHDO) staff work on the development of low-income housing and to support operating expenses and capacity building. Funds will be provided to two non-profit housing development organizations: Northwest Housing Alternatives, Inc. and Caritas.	

AP-50 Geographic Distribution – 91.220(f)

Description of the geographic areas of the entitlement (including areas of low-income and minority concentration) where assistance will be directed

Assistance is directed throughout the county. No geographic areas in Clackamas County were targeted.

The 2015 median annual income for the Portland-Metro MSA, which includes Clackamas County, is \$73,900 for a household of 4 people. Low income (50% of AMI) persons and households have an income of less than \$36,750 per year or \$3,062 per month for a family of 4. For a single person the median income per year is \$51,730. A low income adult person would have an income of less than \$25,750 per year or less than \$2,146 per month.

Nine and a half percent (9.5%) of Clackamas County residents are living below the official poverty level in Clackamas County based on the 2005-2009 American Community Survey results. Female householders with children had the highest rates of poverty, and nearly half of female householders with children under the age of five were found to be living below poverty.

Clackamas County has 218 Census Tract Block Groups. Of those 218 block groups, ten percent (10%) have a population that is more than 56% low and moderate income. The 22 block groups (representing the 10% of all block groups in the county) with a population that is more than 56% low and moderate income households according to the Census Bureau.

The United States Department of Housing and Urban Development (HUD) has generated a series of standards that can be used to determine if a Census Tract Block Group has a minority concentration or a concentration of low-income households. To determine if a low-income concentration exists, the Area Median Income (AMI) of a block group must be below 50% of the Area Median Income for the Metropolitan Statistical Area (MSA).

Geographic Distribution

Target Area	Percentage of Funds
Countywide	100

Table 10 - Geographic Distribution

Rationale for the priorities for allocating investments geographically

No geographic areas in Clackamas County were targeted except to the extent that projects serving an area must be located in a qualified census tract or area with at least 46% low- and moderate-income residents. Clackamas County has a 46% low-and moderate income exception.

Clackamas County Definition of a high-concentration of low income people

HUD's definition of low to moderate income household (LMI) is a household that has either an income that is less than 50% (low) or less than 80% (moderate) of Area Median Income (AMI).

Low and moderate income households are those whose gross annual income does not exceed 80 percent of the Area Median Income (AMI) for the Portland metropolitan area, with adjustments for family size. The income limits change annually; approved projects will be expected to comply with the limits that exist at the time of any contract or agreement.

Clackamas County has 218 Census Tract Block Groups. Of those 218 block groups, ten percent (10%) have a population that is more than 56% low and moderate income. The 22 block groups (representing the 10% of all block groups in the county) with a population that is more than 56% low and moderate income households according to the Census Bureau.

Eight percent (7.7%) of Clackamas County residents identified their ethnicity (considered separate from race) as Hispanic or Latino in the 2010 census.

2010 Census data on ethnicity of County residents indicates that of the more populated cities, Canby and Molalla had the highest percentages of Hispanic/Latino residents (21% and 14% respectively). Among the cities with populations above 10,000 people, Canby, Happy Valley and Wilsonville had greater than 20% minority populations.

Clackamas County Minority Concentration Definition:

Clackamas County Housing and Community Development Division reviewed both race and ethnic information from the 2010 Census Bureau to determine minority ranking. The 22 block groups with the highest minority ranking represent 10 percent of all the block groups in Clackamas County.

A total of 37,379 persons were living in these high concentrations of minority areas.

Concentrations of Both high Low to Moderate Income and high Minority

The Minority and Low/Mod map attached shows the areas of both minority populations and LMI household concentrations. Maps are in Attachment F of this Action plan. Annually, Clackamas County Housing and Community Development Division expends approximately 12.5% (\$250,000) of CDBG funds per year on projects in these high concentration areas.

22 block groups are approximately 10% of the total number of block groups in Clackamas County. These nine (9) block groups rank in the top 22 for both minority and LMI, and represent the block groups with

the highest concentrations of poverty and minorities.

Five (5) of the high concentration (HC) block groups are located in the North Clackamas Area. One (1) of the HC block groups is in Milwaukie and two (2) of the HC block groups is in Canby. A total of 13, 855 people live in these areas of concentrated minority and poverty.

Discussion

Recent and future Projects in High Concentration areas:

2012 SE Canby Sidewalks: A neighborhood improvement project adding sidewalks in a low/mod income residential area, Census Tract Block Group: 229.03-4 (32.4% low income). Anticipated benefit to 125 persons living in the project area.

2012, 2013, 2014 North Clackamas Renewal Area (NCRA) Sewer Hook Up Assistance Grant (SHUAG): Between July 1, 2011 to March 25, 2015, a total of 63 households were assisted residential sewer hookup grants. The NCRA project area includes Census Tract Block Groups: 216.01-1 (31% minority/39.1% low income), 216.01-2 (26% minority/25.4% low income), 216.01-3 (26% minority/30.4% low income) and, 216.01-4 (26% minority/27% low income).

2013 and 2014 Bell Road Ped/Bike Improvements: A neighborhood improvement project adding sidewalks, drainage improvements and bike paths in a low/mod income residential area, Census Tract Block Group: 216.01-3 (26% minority/30.4% low income). The anticipated benefit will be to the 500 persons living in the project area.

Homeless Housing Chez Ami and Janssen Apartments: Two existing permanent and transitional housing units for homeless and formerly homeless persons some with severe mental illness. A total of 64 beds in 48 housing units are supported through the annual Continuum of Care CoC renewal funding application process: Census Tract Block Group: 221.04-2 (38.7% low income).

2012 and 2013 Housing Rehab projects: Between July 1, 2011 to March 25, 2015-NCRA area, a total of 22 households were assisted with a housing rehabilitation loan or grant. The NCRA project area includes Census Tract Block Groups: 216.01-1 (31% minority/39.1% low income), 216.01-2 (26% minority/25.4% low income), 216.01-3 (26% minority/30.4% low income) and, 216.01-4 (26% minority/27% low income).

Affordable Housing

AP-55 Affordable Housing – 91.220(g)

Introduction

Below are the Community Development 2015 Affordable Housing goals for the Homeless, Non-homeless and Special Needs populations. Funding for these projects is made available through the CDBG, HOME, ESG and the Continuum of Care (CoC) grant programs.

One Year Goals for the Number of Households to be Supported	
Homeless	410
Non-Homeless	90
Special-Needs	0
Total	500

Table 11 - One Year Goals for Affordable Housing by Support Requirement

One Year Goals for the Number of Households Supported Through	
Rental Assistance	0
The Production of New Units	45
Rehab of Existing Units	30
Acquisition of Existing Units	61
Total	136

Table 12 - One Year Goals for Affordable Housing by Support Type

Discussion

500 households will receive HESG program services.

30 low income households will receive funds and assistance to complete owner housing rehabilitation projects.

45 low income households will get access to new affordable housing units.

AP-60 Public Housing – 91.220(h)

Introduction

The Housing Authority of Clackamas County (HACC) is a part of the Health, Housing and Human Services (H3S) Department.

Actions planned during the next year to address the needs to public housing

Resident Services that address the needs in public housing are: service coordination, community gardens, community food bank, resident participation activities, community computers, employment and training assistance, after school programs, mentoring, life skills education, youth sports and recreation, support groups, health and wellness classes, and informal education.

Actions to encourage public housing residents to become more involved in management and participate in homeownership

Public Housing residents are engaged in the management through a Resident Advisory Board (RAB). RAB membership is comprised of public housing and Section 8 Housing Choice Voucher (HCV) leaders that represent residents served by HACC. The RAB convenes not fewer than two times per year to develop, approve, review and evaluate HACC's Annual Plan. The RAB is also consulted for input and approval of any significant amendment or modification to the Annual Plan.

Additionally, the Housing Authority Board of Commissioners includes one public housing resident.

HACC offers a wide range of programs to assist public housing residents become economically self-sufficient and purchase a home. HACC partners with Social Services of Clackamas County and C-TEC to implement the following:

- a) Provide HACC residents with the opportunity to save for post-secondary education and homeownership using an IDA matched savings account. Clackamas County Social Services Division and HACC have formed a partnership to offer Individual Development Accounts (IDA's) to low-income residents of Clackamas County. A participant in an IDA program establishes a savings account with a qualified partner financial institution for the purpose of buying a home, starting or growing a business, or pursuing post-secondary education program. The savings accumulated in the IDA are matched, at a 3 to 1 rate, to a maximum match of \$9,000. Participants are required to complete classes in budgeting, financial management as well as in the focus area of their savings plan. IDA participants are required to reach their savings goal within 3 years.
- b) Implementation of the HUD Resident Opportunity for Self-Sufficiency Grant (ROSS)> HACC has a full-time Service Coordinator assigned to coordinate supportive services and other activities designed to help PHA residents attain economic and housing self-sufficiency.

c) Provide information and referrals for residents interested in improving their credit and managing their debt. Referrals would be made to for individual appointments with staff at Innovative Changes or with other non-profit credit counseling agencies.

HACC partners with Regional Worksource Agencies (Portland Metro and Washington), the Workforce Investment Council of Clackamas County and Community Solutions of Clackamas County to implement Housing Works. Through Housing Works, fifty Section 8 Voucher and Public Housing residents age 18 and up:

- a) complete training in one targeted industry: construction, healthcare, office work, or manufacturing;
- b) get basic skills instruction;
- c) participate in workshops and job search activities;
- d) get referrals to paid on the job training; and
- e) receive individual professional guidance and support through the entire process.

HACC provides referrals and provide information in their agency newsletter regarding the availability of volunteer tax assistance for public housing residents. The goal of this effort is to maximize public housing resident's participation in the EITC program and to reduce their utilization of costly instant-rebate tax help programs.

If the PHA is designated as troubled, describe the manner in which financial assistance will be provided or other assistance

HACC is not designated as a troubled agency.

Discussion

Clackamas County has formed a Housing Advisory Board to provide affordable housing policy guidance to the Housing Authority and the Board of County Commissioners. The Housing Advisory Board (HAB) is an eight member body that convenes once each month to discuss topics and issues pertaining to the development, preservation and promotion of affordable housing of all types in Clackamas County. Currently, the HAB has been working on developing an Affordable Housing Toolkit that may help mitigate some of the impediments to affordable housing development. The toolkit will describe available policies and resources that the county may utilize to address the growing need for affordable housing in the County. Tools that promote both new development and preservation of affordable housing are being considered. At this writing, the toolkit is still in the development stage. When the toolkit is finalized, the Affordable Housing Toolkit will be presented to the Board of County Commissioners (BCC) for consideration.

AP-65 Homeless and Other Special Needs Activities – 91.220(i)

Introduction

The H3S Housing and Community Development Division (HCD) coordinates most of the homeless and other special needs activities through its partnerships with non-profit service providers, the Social Services Division, Continuum of Care, the Housing Authority of Clackamas County public housing agency. Activities include: CoC coordination, CoC Homeless Point in Time count, ESG coordination, CoC Homeless Outreach and Discharge Planning.

Housing Assistance for Alcohol and Drug Recovery:

The Behavioral Health Division (BHD) of Clackamas County has developed supportive housing for those in alcohol and drug recovery. BHD, through CODA, is implementing a two-year pilot housing assistance and services program for Clackamas County residents in alcohol and drug recovery. The program has three main components: substance abuse recovery, finding and retaining permanent housing, and increasing income by connecting people with benefits and/or employment options. Direct client dollars can be used for, but not limited to, moving costs, rent assistance, application fees, deposits, and paying off previous debts. The target population for this program is individuals participating in alcohol and drug recovery at or below 50% Median Family Income, homeless, or at risk of homelessness.

Measureable outcomes of the program are:

- Number of participants who have stayed in the program
- Number of participants who are clean and sober
- Number of participants who have not entered into criminal activity
- Number of participants who have remained housed
- Number of participants who have connected with entitlements
- Number of participants who have found employment and/or increased their income

The two-year contract to provide these services, began 3/8/12 and was extended to 6/30/14 for a total budget amount of \$593,196. The estimated number of people who will be served during the two year period is 100. As of January 31st, 128 individuals have been served by this program.

BHD will continue funding this program for FY 15 with a total budget of \$222,000.

Additionally, BHD contracted with Recovery Association Project (RAP) to provide four Oxford style A&D and Domestic Violence supported houses by 3/31/13 (contract expires 4/30/13). Oxford House is a concept in recovery from drug and alcohol addiction. In its simplest form, an Oxford House describes a democratically run, self-supporting and drug free home. Three of these are currently open under the one-year contract for \$77,769, of which half has been paid. When completed, the Oxford Houses will provide 32 permanent beds serving 70 adults and 20 children per year.

BHD did not continue this contract beyond 4/30/13 as Recovery Association Project was unable to fulfill the terms of their contract.

Describe the jurisdictions one-year goals and actions for reducing and ending homelessness including:

Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs

Clackamas County's goals and actions towards reducing and ending homelessness include 1) preventing new incidences of homelessness, 2) reducing the impacts of homelessness on children, 3) building a robust continuum of housing and services and 4) strengthening the existing homeless services system.

Preventing homelessness is demonstrated through an investment in homelessness prevention and rent assistance to households at risk of becoming homeless. In FY 14/15, Clackamas County increased funding for homelessness prevention services (through Northwest Housing Alternatives' HomeBase program), allowing a 10% increase in the number of households served. In FY 15/16, Clackamas County intends to continue supporting this funding as well as working towards a more complete understanding of the need for prevention through the County's Coordinated Housing Access System.

Education of tenants and landlords about their respective rights and responsibilities also helps to create a secure housing environment for preventing and ending homelessness. In FY 14/15, the Rent Well program, a tenant education program operated by Clackamas County Social Services, increased by 10% the percentage of Rent Well graduates exiting the program to permanent housing. In FY 15/16, the County will continue to focus on tenant and landlord education through continued funding of the Rent Well, as well as a supplementation of this program with Rapid Rehousing funds, which will provide homeless persons assistance to obtain housing.

Reducing the impacts of homelessness on children: Clackamas County seeks to ease the negative impacts of homelessness on children, which can help prevent cycles of generational homelessness and instability. Specifically, the County has recently supported the Homeless Student Success Project which provides a broad range of services and linkages that decrease school mobility and increase academic success. The County intends to continue evaluating the success of this program in the next year. The County has also seen an increase in students served by the Host Home program, which provides case management assistance for youth who are at risk of homelessness and are living with "host" families. In FY 15/16, this program will serve an increased number of 15 children.

Building a robust continuum of housing services: The Clackamas Housing Advisory Board, which is a regional group of housing experts, will explore diverse housing models and the possible role of the County in their availability during the next year. The County is also exploring how emergency shelter can continue to be supported and best utilized, including expanding capacity so that households who are determined to need emergency shelter through Coordinated Housing Access can receive it. The County will continue to support our 3 winter warming centers that provide shelter to individuals and families on cold nights. The County is also exploring how a "Tiny Houses" project can support our inventory of

housing options for homeless households.

Strengthen homeless services system: Clackamas County will continue to engage a range of sectors in our homeless response system. This has taken place through our new Coordinated Housing Access system, which allows providers to have a central number to refer homeless individuals and families to for assistance. Households are then matched with appropriate housing resources in the County.

Veterans: The Social Services Division of Health Housing and Human Services has been funding two veteran outreach workers, who engage veterans who may not otherwise access the social service system. It has also hosted an annual Veteran's "Stand Down" event which provides a variety of services to homeless veterans. We've also seen an increased number of VASH vouchers, which will permanently house veteran households in the next year.

Addressing the emergency shelter and transitional housing needs of homeless persons

The activities to address emergency shelter needs within the County will be funded through the Emergency Solutions Grants (ESG) program. The FY 2015 ESG allocation will be supplemented by matching funds at least equal to its amount.

Primary emphasis will continue to be on payment of emergency shelter operations expenses including utilities, maintenance, insurance, and staff salary costs. The purpose of emphasizing payment of operations expenses is to provide some predictability and stability to the operation of the shelters by assuring that their most basic expenses are met. This assures at least the continued operation of the facilities in times of scarce and fluctuating resources, and it compliments specific fundraising efforts for special projects.

Two shelters in the County, Northwest Housing Alternatives' Annie Ross House and Clackamas Women's Services Evergreen House, provide assistance exclusively to homeless families with children and victims of domestic violence. Independent living services are provided at The Inn, a third facility in Clackamas County, which targets assistance to the County's homeless youth population. Case management for homeless individuals and families at each program improves vocational and coping skills to make the transition from homelessness to independent living. Continuum of Care funds Also provide 49 beds of transitional housing for homeless households, including families, singles, and youth.

Clackamas County's Coordinated Housing Access system, which allows homeless individuals and families to be assessed and matched with resources in the County, will allow households needing emergency shelter and/or transitional housing to be connected with all of the appropriate resources in the County.

Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again

Chronically homeless individuals and families: In 2014, The Continuum of Care increased the number of beds for chronically homeless persons in Clackamas County. The CoC did this by leveraging Housing Authority Housing Choice Vouchers, converting Permanent Supportive Housing (PSH) beds to chronically homeless beds, outreach to PSH providers to prioritize beds for chronically homeless persons and using Medicaid to provide enhanced services for chronically homeless persons in PSH beds.

Veterans and their families: Housing Authority of Clackamas County has houses homeless veterans using VASH vouchers. The Veterans Services Office conducts veteran outreach with free medical screenings, warm clothing, information on compensation and other veterans' benefits, employment, housing, counseling and other services. Clackamas County citizens benefit from an SSVF grant and provides office space and supplemental rental assistance using state funds for a nonprofit provider of outreach, homeless placement and homeless prevention for veterans. This grant has streamlined access to the regional Grant Per Diem program for vets who are working on permanent housing placement either through VASH, SSVF or other programs.

Families with children: The CoC is increasing capacity and working on outreach goals to end homelessness among households with dependent children. The HomeBase program is the main rapid rehousing and homelessness prevention program. The HomeBase program expanded last year to serve more households through increased funding from multiple sources. The locally-funded Bridges to Housing (B2H) Program stabilizes housing for high-need homeless families assisted 136 persons last year. Through the reallocated Rent Well Rapid Rehousing project, the CoC will be able to stabilize housing for 25 families from the streets/emergency shelter. Outreach plan includes referrals from different geographic parts of the county. An outreach strategy adopted by the HPC educates landlords on housing choice vouchers.

Bridges to Housing (B2H): This Clackamas County program serves high-needs homeless families with children, with a capacity of 30 families at a time. These homeless families have multiple complex needs which often include but are not limited to housing barriers, domestic violence, addictions, mental health issues and disabling conditions. Bridges to Housing families receive longer term housing subsidies and intensive services designed to support their income self-sufficiency and permanent housing stability as well as the children's and adult's educational success.

Unaccompanied youth: Springwater Transitional Housing for youth 16-21 is funded with CoC, ESG, local government, and private funds. Case management, vocational education services, physical and mental health support, supervision and shelter are provided to youth.

HomeSafe Transitional Housing for pregnant and parenting youth 16 – 21 is funded with CoC, local and state grants. Youth have access to rent assistance in scattered apts., case management, referral and linkages to mainstream services.

Independent Living Plans (ILPs) is funded with state and local govt. funds for independent living services to youth transitioning from foster care. Case management is provided for youth discharged from Child Welfare at 18 or 19 years old without permanent housing. Case managers refer and link ex-foster youth to programs and services.

Helping low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families and those who are: being discharged from publicly funded institutions and systems of care (such as health care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and institutions); or, receiving assistance from public or private agencies that address housing, health, social services, employment, education, or youth needs.

These discharge plans have been confirmed through the Continuum of Care application and planning process.

Foster Care: The Oregon Department of Human Services (DHS), dictates the Foster Care Discharge Policy in which the County actively participates. DHS refers willing children to a Continuum of Care provider for a Life Skills/Transition Readiness Assessment. This results in: 1. Identification of resources and linkages needed to assist the child in transitioning to independent living, including life skills training, housing subsidies, college tuition, and health insurance and 2. Preparation of an individualized Comprehensive Transition Plan which must be approved by a Family Court Judge every 6 months until the child is successfully transitioned to independent living.

Youth can access Chafee rental subsidies to help them secure an apartment. They can secure tuition-free access to a state college along with Chafee grants to assist with room and board. Youth with developmental disabilities and/or mental illness exiting the foster care system continue to receive an array of services including options such as adult foster care and supported housing that are based on unique client needs. Each option is designed to ensure that youth exiting the foster care system are not routinely discharged into homelessness.

Health Care: The discharge planning for low-income and disabled people has historically resided with the State through the Medicaid program. With the advent of the Affordable Care Act (ACA) and the expansion of Oregon's Medicaid program, discharge planning is shifting to local control. All Medicaid providers are joined in Coordinated Care Organizations (CCOs) covering specific geographic areas. The CCOs integrate physical, mental and dental health services. The ACA Medicaid expansion has been structured to align the financial incentives with clinical outcomes/housing status of patients. This has begun to persuade hospital systems and health care providers to plan and act outside their silo, to begin discussions with CoCs about effective liaison and resource sharing.

Mental Health: The Discharge Policy in place for persons being discharged from a mental health facility is ensured by Clackamas County Behavioral Health Department (CCBH). As part of Health Share, the area's Medicaid Coordinated Care Organization, CCBH has both financial and clinical incentives to ensure that no county residents are discharged from a psychiatric hospital without housing and services. In addition, Oregon is under an U. S. Dept. of Justice 4 year plan to provide better community outcomes for people with mental illness. Specific mandates are subcontracted by the State to CCBH. The local Discharge Policy, which is monitored and enforced by the State, requires all adults leaving a psychiatric hospital be housed consistent with their level of care needs and personal wishes.

Corrections: The purposeful effort to structure successful community re-entry for inmates is a local mandate spearheaded by the Clackamas County Sheriff’s Office (CCSO) which participates on the CoC governing board. Because community safety is its #1 priority, CCSO promotes post-discharge services with housing to reduce recidivism. Likewise, the Clackamas County Behavioral Health (CCBH) is a provider in the local Medicaid program, Health Share. CCBH understands that successful re-entry will reduce incidence and cost of ER visits and hospitalization.

Discussion

Our Jurisdiction receives no HOPWA funding. Our jurisdiction works with Cascades Aids Project (CAP) a service agency which provides housing and services for persons that are HIV positive in our three-county area that is referred to as the Portland Metro Area.

One year goals for the number of households to be provided housing through the use of HOPWA for:
Short-term rent, mortgage, and utility assistance to prevent homelessness of the individual or family
Tenant-based rental assistance
Units provided in housing facilities (transitional or permanent) that are being developed, leased, or operated
Units provided in transitional short-term housing facilities developed, leased, or operated with HOPWA funds
Total

AP-75 Barriers to affordable housing – 91.220(j)

Introduction

The **2012 Analysis of Impediments to Fair Housing Choice** identified five broad impediment areas. These impediment areas were based on analysis of existing data and broad public input. The impediment areas are also consistent with conclusions about areas of impediments to fair housing choice drawn in the Clackamas County 2005 AI and those identified in neighboring counties and cities. Some impediments, such as discrimination in housing, can be addressed with strategies aimed at identification and enforcement, as well as education (consumer, provider and housing industry).

Actions it planned to remove or ameliorate the negative effects of public policies that serve as barriers to affordable housing such as land use controls, tax policies affecting land, zoning ordinances, building codes, fees and charges, growth limitations, and policies affecting the return on residential investment

As mention in AP-60 Public Housing the Clackamas County has formed a Housing Advisory Board to provide affordable housing policy guidance to the Housing Authority and the Board of County Commissioners. The Housing Advisory Board (HAB) is an eight member body that convenes once each month to discuss topics and issues pertaining to the development, preservation and promotion of affordable housing of all types in Clackamas County. Currently, the HAB has been working on developing an Affordable Housing Toolkit that may help mitigate some of the impediments to affordable housing development. The toolkit will describe available policies and resources that the county may utilize to address the growing need for affordable housing in the County. Tools that promote both new development and preservation of affordable housing are being considered. At this writing, the toolkit is still in the development stage. When the toolkit is finalized, the Affordable Housing Toolkit will be presented to the BCC for consideration.

In Clackamas County, many of the existing patterns of sprawl, decentralization and homogenous housing developments resulted from commuter demand for housing. Homogeneity, whether exclusively single family or multifamily, can result in limited housing choice suitable to needs and incomes of County residents. Undefined or subjective design standards can also make it difficult to meet affordable housing needs within built-out communities.

Access to affordable and adequate housing for households with lowest incomes has been restricted over the years. Since 2000, median renter income in the U.S. has fallen relative to contract rents. Utility costs have been increasing, as has the price of commuting to work. Quality of housing, particularly at the lowest rent levels, is at risk if property owners do not have assets to maintain units. The result is that lowest income tenants, in addition to the burden of finding housing at all, may be forced to live in unsuitable or unsafe housing.

A range of suitable housing choices should ideally be available to fit the entire range of household incomes, providing choices for all residents, including those who work in the community.

Households with extremely low incomes, especially those needing support services, find very few options. The Clackamas County Comprehensive Plan, last updated in 2001, recognizes the goal of providing a variety of housing types and densities to meet the needs of County residents. Policies with the potential of increasing affordable housing include:

- Provisions for mobile home park continuation and development.
- Encouraging new condominiums, while discouraging conversion of existing rental units.
- Locating diverse affordable housing opportunities with access to services and employment.
- Support for regional planning activities and policies to increase affordable housing.
- Encouraging increased densities in zoning.
- Reducing costs for utilities and roadways through flexible lot patterns in subdivisions and Planned Unit Developments.
- Expedited design review and permitting.
- Permitting prefabricated housing meeting Uniform Building Code on individual lots within the Urban Growth Boundary.
- Preserving existing housing when renovation a feasible option.
- Encouraging infill while preserving the character of existing neighborhoods.

Discussion

As mention in AP-60 Public Housing the Clackamas County has formed a Housing Advisory Board to provide affordable housing policy guidance to the Housing Authority and the Board of County Commissioners. The Housing Advisory Board (HAB) is an eight member body that convenes once each month to discuss topics and issues pertaining to the development, preservation and promotion of affordable housing of all types in Clackamas County. The HAB is starting with examining not only the public housing units but the county-wide affordable housing issues. The Affordable Housing Toolkit may help mitigate some of the impediments to affordable housing development. The toolkit will describe available policies and resources that the county may utilize to address the growing need for affordable housing in the County. Tools that promote both new development and preservation of affordable housing are being considered.

AP-85 Other Actions – 91.220(k)

Introduction

Clackamas County Housing and Community Development Division (HCD) propose the following actions in program year 2015 that address obstacles to meeting underserved needs, foster and maintain affordable housing, develop institutional structure, encourage public housing residents to become more involved in management and encourage public housing residents to attain home ownership. HCD received proposals from two housing development organizations for the development and preservation of multi-family affordable rental housing projects that serve lower income households. Funding available to support these activities included: HOME funds, Housing Choice Vouchers and Public Housing Replacement Funds.

Rondel Court Apartment Rehabilitation and Expansion. Caritas Community Housing proposes to entirely rehabilitate and expand the aging 30 unit apartment complex into a new 47 unit affordable rural housing development. At completion, the project will be a vibrant integrated housing development including families, elderly and other special needs populations.

Cascade Meadows Preservation. Chrisman Development is proposing to acquire and rehabilitate Cascade Meadows, a 62-unit, three-story, elevator-served apartment building with interior corridors that was constructed in 1983. Located in Milwaukie, the project serves seniors 62 and older and disabled individuals.

In addition to the above projects, HCD is assisting Central City Concern with the development of Town Center Greens, a new 60-unit multi-family housing project located near Clackamas Town Center. Initiated in program year 2014, this project will break ground in the summer of 2015.

Actions planned to address obstacles to meeting underserved needs

Clackamas County HCD will address obstacles to meeting underserved needs in FY2015 by engaging in these activities:

1. Leverage available program funds by requiring sponsor contributions.
2. Seek additional funding from public and private sources to finance program activities.
3. Continue a program to assist renters and homeowners who need safety and accessibility adaptations in order to remain in their own homes.
4. Investigate the development and implementation of an inspection program to enforce habitability standards in multi-family housing projects.
5. Promote and assist the development of additional transitional housing which will be available to low-

and very low-income individuals and families.

6. Promote and assist the development of affordable housing which will be available to very low, low-, and moderate-income individuals and families.

7. Increase capacity to assist Homeless Families with Children.

8. Develop a set of program policies to create a 15 percent set-aside in all new affordable housing developments specifically to assist the targeted special need populations.

9. Promote the use of Section 8 Project Based Vouchers into the development of any new affordable housing project.

10. Develop Alcohol and Drug treatment Housing

Actions planned to foster and maintain affordable housing

HOME funds will be used primarily to develop affordable housing units for rental by low-income individuals and families. HOME funds will also be used to assist Community Housing Development Organizations (CHDOs) with grants for operating costs allowed by 24 CFR 92.208. HCD ensures that HOME-assisted rental housing remains affordable by monitoring projects during the period of affordability for compliance with the HOME regulations at 24 CFR Part 92.

Clackamas County ensures the long-term affordability of HOME-assisted homebuyer properties during the period of affordability by monitoring to verify that the home remains owner-occupied. Monitoring activities include both desk and on-site monitoring.

Actions planned to reduce lead-based paint hazards

Clackamas County contracts with a professional firm to provide lead hazard evaluation services at no cost to the owners and buyers participating in its housing rehabilitation and homebuyer programs. When such hazards are discovered, they are addressed in a manner consistent with procedures approved by HUD, the State Health Division and the Department of Environmental Quality. However, the County does not anticipate using HOME funds for its housing rehabilitation and homebuyer programs in the next year. The HOME-funded project will be new construction and will not involve lead-paint hazards.

Actions planned to reduce the number of poverty-level families

The Housing and Community Development Division (HCD) coordinates efforts with the Social Services Division (SSD) to reduce the number of households below the poverty line. SSDs activities include:

- Participation in and staffing of the Continuum of Care in Clackamas County as well as the Continuum of Care Steering Committee (Governing Board) and the Homeless Policy Council.

- Coordination and maintenance of liaison relationships with McKinney Vento funded homeless liaisons that support the educational success of homeless children. These include each of the School Districts in the county, all Clackamas Educational Service District offices, and the State of Oregon Department of Higher Education.
- Contracting with a community based organization for a Homeless Student Success Project that enhances the capacity of the homeless liaison at the highest poverty school district in Clackamas County.
- Participation as one of the four lead agencies on the regional steering committee for the Rent Well tenant education program.
- Participation in the operations of the Janssen Transitional Housing Project (JTHP). SSD currently provides case management for the families living at Janssen. This HUD funded project, sponsored by the Housing Authority of Clackamas County, has been in operation for more than 20 years. JTHP provides seven (7) transitional housing units, intensive and comprehensive case management, flexible assistance to support residents increasing their income and housing stability, and other supportive services for homeless families with children.
- Maintain the Housing Rights and Resources Program which responds to the general public regarding emergency housing, housing discrimination, landlord-tenant concerns, low-cost housing, rent assistance and a variety of other housing-related issues.
- Maintain a contractual relationship with Legal Aid Services of Oregon and the Fair Housing Council of Oregon to support the delivery of Fair Housing services to Clackamas County residents. This contractual relationship hastens service delivery for people experiencing potential discrimination and/or fair housing violations.

Actions planned to develop institutional structure

The Housing and Community Development Division coordinates efforts with the Social Services Division (SSD) to develop institutional structure to strengthen the services system in Clackamas County.

SSD and CD worked together with Continuum of Care partners to develop and implement a county wide Coordinated Housing Access system. This system provides centralized access, eligibility screening and prioritization, using HUD guidelines, to all HUD funded homeless housing programs within the County. Three non-HUD funded homeless housing programs also elected to join the new coordinated system.

SSDs activities include: - Operation of the State of Oregon Housing and Community Services Low Income Rental Housing Fund (LIRHF). LIRHF provides time-limited rental payment assistance to caseload-managed clients of SSD.

- Administration of State Homeless Assistance Program (SHAP) funds sub-granted to the Annie Ross House family shelter and Clackamas Women's Services domestic violence shelter.

- Initial screening and intake for families wanting to enter the Annie Ross House shelter and two

interfaith hospitality shelter networks (SON and LOTSM).

- Administration of the federal Emergency Food and Shelter Program (EFSP) and contracts with local shelters to provide night of shelter to homeless persons.
- Local administration of the state Emergency Housing Account (EHA). These funds support case management to families accessing the two interfaith hospitality network shelters. EHA funds are also used to support shelter bed nights at Clackamas Womens Service's, Annie Ross House, and the Inn Home emergency shelters.
- Operation of a locally funded Bridges to Housing program that provides high needs homeless families a longer term housing subsidy and intensive, comprehensive case management that focus on permanent housing stability and increasing income.
- Operation of the Rent Well tenant education program, providing year-round, ongoing tenant education in Spanish and English as well as case management to help homeless families with barriers to housing placement locate and access permanent housing units.
- Operation of the Jackson Transitional program for adults who are homeless.
- Operation of the HSP program for families who are homeless or at imminent risk of homelessness needing short term rental assistance and supportive services in order to stabilize.
- Severe Weather Warming Centers at three sites, providing a total of 99 low barrier shelter beds for homeless persons on cold winter nights. These sites provide important linkages for the community efforts to identify and re-house chronically homeless persons.

Actions planned to enhance coordination between public and private housing and social service agencies

The Housing and Community Development Division coordinates activities between public housing and assisted housing agencies through funding and reporting outcomes to state and federal agencies. The HOME program provides vital funding to private assisted housing providers that also apply for state tax credit funding. HOME funding is one of few sources of funds for affordable housing units in our rural urban county. Housing Rights and Resources program is an H3S program in the Social Services Division that provided housing referral and information services on all available housing services. H3S , HCD and HACC will coordinate on the following action items:

1. Continue to improve communication and coordination among public agencies by developing and upgrading computer systems and telephone networks.
2. Coordinate with the Countys Community Health and Social Services Divisions to maximize utilization of resources available to meet the needs of the homeless and persons with mental illness who need housing services.
3. Maintain the CCSS partnership with the State of Oregon Department of Human Services to operate the Housing Stabilization Program in the county. Now in its sixth year, the program serves families with children for up to 12 months. CCSS provides families intensive case management services with a goal of

locating and maintaining safe, stable and affordable housing.

4. Maintain the partnership with SSD, Clackamas Womens Services, and Northwest Housing Alternatives to administer and operate the Homeless Prevention and Rapid Re-Housing Program. The program includes 3 elements: Rent Subsidy Program designed to provide short term (3 months) and medium term (up to 6 months) of rent subsidies to low- and moderate-income renters. A Rapid Re-Housing Program designed to provide housing placement, short-term rental assistance, case management and other support services to families with dependent children who have been living in emergency shelters or on the streets for at least seven days. Counseling and Housing Stabilization Services including case management, outreach, housing search and placement, legal services, and Credit Repair.

5. Maintain the CCSS partnership with HACC and Mental Health to operate the HUD funded Shelter-Plus-Care Program. Shelter Plus Care provides rent assistance to case managed clients of Social Services and Mental Health who are homeless.

6. Coordinate with SSD and Northwest Housing Alternative to ensure the continued success of the HomeBase Program homeless prevention and rapid rehousing services. This coordination will include sharing of information concerning case management best practices, and consistent and accurate data entry into the Homeless Management Information System.

Discussion

Clackamas County Housing and Community Development Division (HCD) works in conjunction with the Housing Authority of Clackamas County, the Social Services Division, the Behavioral Health Division, Community Health Centers and community non-profit housing providers and private non-profit social services providers to address obstacles to meeting underserved needs, foster and maintain affordable housing, develop institutional structure, encourage public housing residents to become more involved in management and encourage public housing residents to attain home ownership.

In 2015 HCD is funding several affordable housing projects, an employment training program, a fair housing rights and information program, homeless prevention and rapid rehousing services, and a youth mentoring program for youth in public housing.

Program Specific Requirements

AP-90 Program Specific Requirements – 91.220(I)(1,2,4)

Introduction

This year a Home-buyer program will not be available for low-income residents. In prior years this program was available.

Community Development Block Grant Program (CDBG)

Reference 24 CFR 91.220(I)(1)

Projects planned with all CDBG funds expected to be available during the year are identified in the Projects Table. The following identifies program income that is available for use that is included in projects to be carried out.

1. The total amount of program income that will have been received before the start of the next program year and that has not yet been reprogrammed	0
2. The amount of proceeds from section 108 loan guarantees that will be used during the year to address the priority needs and specific objectives identified in the grantee's strategic plan.	0
3. The amount of surplus funds from urban renewal settlements	0
4. The amount of any grant funds returned to the line of credit for which the planned use has not been included in a prior statement or plan	0
5. The amount of income from float-funded activities	0
Total Program Income:	0

Other CDBG Requirements

1. The amount of urgent need activities	0
2. The estimated percentage of CDBG funds that will be used for activities that benefit persons of low and moderate income. Overall Benefit - A consecutive period of one, two or three years may be used to determine that a minimum overall benefit of 70% of CDBG funds is used to benefit persons of low and moderate income. Specify the years covered that include this Annual Action Plan.	92.00%

**HOME Investment Partnership Program (HOME)
Reference 24 CFR 91.220(I)(2)**

1. A description of other forms of investment being used beyond those identified in Section 92.205 is as follows:

The County does not anticipate offering any other forms of investment of HOME funds beyond those described in 24 CFR 92.205(b) in the 2015 program year.

The County will ensure that matching contributions from non-federal sources are made to housing that qualifies as affordable housing under the HOME program in 2014-2015. Matching funds will be in amount not less than 25 percent of the funds required to be matched per 24 CFR 92.218. We anticipate that eligible match will come primarily from non-federal cash contributions such as the State Housing Trust Fund, the value of foregone local fees or taxes and the value of donated voluntary labor and professional services.

2. A description of the guidelines that will be used for resale or recapture of HOME funds when used for homebuyer activities as required in 92.254, is as follows:

RECAPTURE -- Direct Homebuyer Assistance

The Clackamas Homebuyer Assistance Program (CHAP) provides funds to low-income first time homebuyers for down payment and reasonable closing costs. The County anticipates funding up to 10 CHAP loans and using up to \$100,000 of HOME funds for this purpose.

The CHAP guidelines impose limits on the price of the home and the homebuyer's debt to income ratio to ensure affordability. The maximum home purchase price cannot be higher than the HUD-published limits for the HOME program.

CHAP loans are zero-percent interest, deferred-payment loans. The County records a Trust Deed and Declaration of Land Use Restrictive Covenants on every property acquired with CHAP funds. If the property is sold or title transferred or the borrower no longer uses the property as their primary residence, the County imposes the **recapture** provisions as provided in 24 CFR 92.254 (a)(5)(ii)(A)(3).

Should the CHAP property be voluntarily or involuntarily sold or title transferred, or should the owner no longer use the property as the primary residence, the entire amount of HOME funds invested in the project shall become immediately due and payable to the County. However, if the sale of the property occurs during the five-year period of affordability, and there are no net proceeds from the sale of the property, or the net proceeds are insufficient to repay the entire HOME investment due, the amount of HOME funds recaptured will be based on the net proceeds available from the sale, if any. The net proceeds are defined as the remainder of the final sale price

of the property minus any superior non-HOME loan repayment and closing costs. 24 CFR §92.254(a)(5)

3. A description of the guidelines for resale or recapture that ensures the affordability of units acquired with HOME funds? See 24 CFR 92.254(a)(4) are as follows:

RESALE -- Indirect Homebuyer Assistance

Clackamas County does not anticipate providing 2015 HOME funds to assist in the development of homeownership opportunities for low-income households under the community land trust (CLT) model of homeownership. However, in the past, Clackamas County has provided HOME funds under the CLT model as follows:

The CLT retains ownership of the land and sells the improvement (structure) on the land to low-income homebuyers. The homebuyer leases the land from the CLT under a 99-year land lease to assure future affordability of the home. The land lease is made part of the HOME loan agreement and is recorded in the records of Clackamas County.

In such cases, the resale provisions of 24 CFR 92.254 (a)(5)(i) would apply. The HOME-assisted unit must remain affordable to a reasonable range of low-income homebuyers throughout the period of affordability. Clackamas County defines a "reasonable range of low-income homebuyers" as homebuyers with incomes between 60 and 80 percent of area median income. An affordable unit would have a purchase price at initial and any subsequent resale that does not exceed what a family of four at 60 percent of area median income would pay if paying no more than 35 percent of income for principal, interest, taxes and insurance. The CLT's Land Lease must include:

- A resale formula that ensures the homeowner/seller will receive a limited but fair return on their investment and yet keep the home affordable to a reasonable range of low-income homebuyers. A provision that any subsequent sale of the dwelling unit must be to another income-qualified buyer which is defined as a household income does not exceed eighty percent of the county's median household income. A provision that gives the CLT the right of first refusal to buy back the unit. The CLT is in default under the terms of the HOME loan agreement if: The CLT sells or transfers title to the land. (The sale of the home to a homebuyer does not constitute a transfer of title to the land.) The CLT sells the home to a buyer who is not a low-income household. The CLT sells the home for a price that exceeds the current HUD-published limit for the HOME program. The Income Qualified Buyer or approved successor does not occupy the home as its primary residence. Upon any other change in use of the land.

Clackamas County further ensures the long-term affordability of HOME-assisted homebuyer

properties during the period of affordability by monitoring to verify that the home remains owner-occupied.

4. Plans for using HOME funds to refinance existing debt secured by multifamily housing that is rehabilitated with HOME funds along with a description of the refinancing guidelines required that will be used under 24 CFR 92.206(b), are as follows:

The County does not anticipate using HOME funds to refinance existing debt secured by multifamily housing that is rehabilitated with HOME funds in the 2015 program year.

Emergency Solutions Grant (ESG) Reference 91.220(I)(4)

1. Include written standards for providing ESG assistance (may include as attachment)

Clackamas County has had several meetings with ESG providers and members of the CoC to develop CoC and ESG policies and performance standards. ESG policies have been developed in consultation with both ESG and CoC providers starting in January 2014 and on an ongoing at least monthly basis. HCD staff consulted with CoC Steering Committee members to discuss using ESG funds for Rapid Rehousing in 2015.

HCD staff have attended CoC meetings for the last few years to discuss using ESG funds for HMIS ESG and CoC data collection efforts. CoC members have been aware and informed on the ESG program changes and funding. CoC members continue to be involved in developing performance measurement standards and priorities for both CoC and ESG funding.

The ESG and CoC written standards are attached as Appendix B.

2. If the Continuum of Care has established centralized or coordinated assessment system that meets HUD requirements, describe that centralized or coordinated assessment system.

A CoC working group of providers met in 2013 to implement coordinated assessment. The result was a tool designed and agreed on by all affected programs with the intention of obtaining the most relevant information to make an appropriate referral. In the 2nd phase, a barriers assessment will accompany the tool. The assessment has been piloted by the 2 largest shelter providers: Clackamas County Social Services Division and Northwest Housing Alternatives. The next phase will involve a full rollout by all programs that provide shelter. The planning process involved identifying resources in our region and how resources are accessed by homeless persons and families. The system will cover the entire geographic region using a "hub" system as much as possible, though large portions of the county are rural and sparsely populated. The system will be easily accessed, primarily through

our Housing Rights and Resources line, a one-stop number for housing information. This number is made available through 2-1-1, the county's website, flyers and referring agencies.

3. Identify the process for making sub-awards and describe how the ESG allocation available to private nonprofit organizations (including community and faith-based organizations).

Currently ESG funds are allocated to three (3) nonprofit providers and the County as the HMIS administrator. The process for making sub-awards was to advertise the availability of ESG funding in 2011 as part of the Consolidated Planning funding cycle. Applications were received and reviewed. Only three applications to provide Emergency Shelter services were received. All three nonprofits were funded for homeless emergency shelter services. The contracts have been renewed annually at level funding. ESG and CoC providers are engaged in homeless services planning and ESG allocations.

4. If the jurisdiction is unable to meet the homeless participation requirement in 24 CFR 576.405(a), the jurisdiction must specify its plan for reaching out to and consulting with homeless or formerly homeless individuals in considering policies and funding decisions regarding facilities and services funded under ESG.

The CoC has a formerly homeless person on the CoC Steering Committee governing board.

5. Describe performance standards for evaluating ESG.

ESG providers are evaluated using the CoC national performance measurements standards. Agencies that provide only emergency shelter services are evaluated by examining one measure of success:

What percentage of persons leaving shelter are going to permanent housing?

The ESG program has not yet set a minimum percentage for shelters to meet. After a year of collecting data the ESG program staff and the CoC Steering Committee will meet to review the results and set a minimum standard.

Discussion

Since the change to the Emergency Solutions Grant Program the Clackamas County ESG program has been in the process of refining the ESG policies. In 2015 the ESG program will continue funding Rapid Rehousing and or Homeless prevention activities that were funded for the first time in 2014. In 2014 ESG funds were combined with state homeless prevention funding to increase the number of persons and households that received housing stabilization services.

ESG program staff are working closely with the Continuum of Care for homeless programs to coordinate efforts, implement a coordinated assessment process, establish CoC and ESG program policies and to establish performance measures.

Appendix A

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION				
Legal Name: Clackamas County Oregon		Organizational Unit: Department: Health, Housing and Human Services		
Organizational DUNS: 096992656		Division: Community Development		
Address: Street: 2051 Kaen Road #245		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Oregon City		Prefix:	First Name: CHUCK	
County: Clackamas		Middle Name		
State: Oregon		Last Name ROBBINS		
Zip Code 97045	Suffix:			
Country: USA		Email: chuck@co.clackamas.or.us		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 3 - 6 0 0 2 2 8 6		Phone Number (give area code) 503-650-8591	Fax Number (give area code) 503-655-8563	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) B. COUNTY Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): EMERGENCY SOLUTIONS GRANT PROGRAM 1 4 - 2 3 9		9. NAME OF FEDERAL AGENCY: US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CLACKAMAS COUNTY, OREGON		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: APPLICATION FOR EMERGENCY SOLUTIONS GRANT PROGRAM ESG		
13. PROPOSED PROJECT Start Date: 07/01/2015		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 5,3,1		
Ending Date: 06/30/2016		b. Project 5,3,1		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 181,290 ⁰⁰	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ ⁰⁰	DATE:		
c. State	\$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$ ⁰⁰	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$ 1,420,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 1,601,290 ⁰⁰			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix	First Name RICH	Middle Name		
Last Name SWIFT	Suffix			
b. Title INTERIM DIRECTOR DEPT OF HEALTH, HOUSING AND HUMAN SERVICES		c. Telephone Number (give area code) 503-650-5696		
d. Signature of Authorized Representative		e. Date Signed		

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION				
Legal Name: Clackamas County Oregon		Organizational Unit: Department: Health, Housing and Human Services		
Organizational DUNS: 096992656		Division: Community Development		
Address: Street: 2051 Kaen Road #245		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Oregon City		Prefix:	First Name: CHUCK	
County: Clackamas		Middle Name		
State: Oregon		Last Name ROBBINS		
Zip Code 97045	Suffix:			
Country: USA		Email: chuck@co.clackamas.or.us		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 3 - 6 0 0 2 2 8 6		Phone Number (give area code) 503-650-8591	Fax Number (give area code) 503-655-8563	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) B. COUNTY Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): HOME INVESTMENT PARTNERSHIP PROGRAM 1 4 - 2 3 9		9. NAME OF FEDERAL AGENCY: US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CLACKAMAS COUNTY, OREGON		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: APPLICATION FOR HOME INVESTMENT PARTNERSHIP PROGRAM HOME		
13. PROPOSED PROJECT Start Date: 07/01/2015		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 5,3,1		
Ending Date: 06/30/2016		b. Project 5,3,1		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 706,726 ⁰⁰	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:		
b. Applicant	\$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ ⁰⁰	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ 676,726 ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No		
f. Program Income	\$ 625,000 ⁰⁰			
g. TOTAL	\$ 2,008,452 ⁰⁰			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix	First Name RICH	Middle Name		
Last Name SWIFT	Suffix			
b. Title INTERIM DIRECTOR DEPT OF HEALTH, HOUSING AND HUMAN SERVICES	c. Telephone Number (give area code) 503-650-5696			
d. Signature of Authorized Representative	e. Date Signed			

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

1. TYPE OF SUBMISSION: Application		<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION				
Legal Name: Clackamas County Oregon		Organizational Unit: Department: Health, Housing and Human Services		
Organizational DUNS: 096992656		Division: Community Development		
Address: Street: 2051 Kaen Road #245		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Oregon City		Prefix:	First Name: CHUCK	
County: Clackamas		Middle Name		
State: Oregon		Last Name ROBBINS		
Zip Code 97045	Suffix:			
Country: USA		Email: chuck@co.clackamas.or.us		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 3 - 6 0 0 2 2 8 6		Phone Number (give area code) 503-650-8591	Fax Number (give area code) 503-655-8563	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) B. COUNTY Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): CDBG COMMUNITY DEVELOPMENT BLOCK GRANT 1 4 - 2 1 8		9. NAME OF FEDERAL AGENCY: US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CLACKAMAS COUNTY, OREGON		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: APPLICATION FOR COMMUNITY DEVELOPMENT BLOCK GRANT FUNDS CDBG		
13. PROPOSED PROJECT Start Date: 07/01/2015		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 5,3,1		
Ending Date: 06/30/2016		b. Project 5,3,1		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 1,999,077 ⁰⁰	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ ⁰⁰	DATE:		
c. State	\$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$ ⁰⁰	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$ 1,336,329 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No		
g. TOTAL	\$ 3,335,406 ⁰⁰			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix	First Name RICH	Middle Name		
Last Name SWIFT	Suffix			
b. Title INTERIM DIRECTOR DEPT OF HEALTH, HOUSING AND HUMAN SERVICES	c. Telephone Number (give area code) 503-650-5696			
d. Signature of Authorized Representative	e. Date Signed			

Appendix B

**Continuum of Care (CoC) and
Emergency Solutions Grant Program (ESG)
2015 Policy Manual**

Table of Contents

Overview.....	2
General Standards.....	3
CoC Standards.....	6
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Street Outreach.....	9
Shelter Services.....	10
Prevention and Rapid Rehousing.....	11-15

Attachments

- A. HUD Homeless Definitions – 4 pages
- B. HUD ESG Quick Reference – 2 pages
- C. HUD Habitability Checklist – 5 pages
- D. HUD CPD Notice 14-012 – 19 pages

Program Overview

The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) consolidated three separate homeless assistance programs administered by the U.S. Department of Housing and Urban Development (HUD) under the McKinney-Vento Homeless Assistance Act into a single grant program. The HEARTH Act revised the Emergency Shelter Grants program and renamed the program the **Emergency Solutions Grants (ESG)** program. The HEARTH Act also codified in law the **Continuum of Care (CoC)** planning process that is part of HUD's annual application for funding of programs and services that assist homeless persons.

24 CFR Part 576 Subpart B details the program components and eligible activities of the ESG program. The five components are:

1. Street Outreach
2. Emergency Shelter
3. Homeless Prevention
4. Rapid Re-housing
5. HMIS (Homeless Management Information System)

ESG provider sub-recipients are selected through a Request for Proposals process conducted by Clackamas County Housing and Community Development Division at least every three years.

The Clackamas County Continuum of Care (CoC) is a consortium of individuals and organizations with the common purpose of planning for a housing and services continuum for people who are homeless.

The mission of the Clackamas County CoC is to facilitate the development of a continuum of housing and services that provide sufficient opportunities to significantly mitigate homelessness in Clackamas County, via:

- Full utilization of mainstream resources
- Coordination of service delivery and housing systems
- Systemic agreements and institutional focusing on populations at high risk of homelessness
- Creative cultivation of new resources
- Public awareness to foster a collective sense of responsibility for addressing homelessness

CoC funded providers operate transitional housing, permanent supportive housing and rapid rehousing programs and follow the program rules listed in **CoC Interim Rule 24 CFR Part 578**.

ESG provider sub-recipient contracts also include many ESG program requirements. Each ESG and CoC provider may decide to set standards for their homeless services that

exceed these minimum standards, but will at the very least comply with the following Clackamas County Homeless Services General Standards:

General Standards:

1. COORDINATED ASSESSMENT:

Minimum standards for the coordinated access and assessment system are:

- Once the Continuum of Care has developed and adopted a coordinated assessment system in accordance with HUD's requirements (24 CFR Part 578) all ESG and CoC providers in Clackamas County shall participate in that assessment system.
- Victim services providers are encouraged to provide input in the planning and implementation of the coordinated assessment system, but may choose not to use the Continuum of Care's coordinated assessment system.

2. HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS):

Minimum standards for CoC and ESG data are:

- Providers, except for victim service providers, shall utilize the Homeless Management Information System (HMIS), to enter data on people served and assistance provided under ESG and CoC.
- Victim service providers shall utilize a comparable data system that meets HUD's standards (24 CFR 576.107).
- All providers including victim services providers, shall adhere to the reporting and data quality standards in the current Clackamas County HMIS Policies and Procedures.

3. PERFORMANCE MEASUREMENT

All providers will submit Annual Performance Reports (APRs) to HUD. At least annually all providers will be measured using the following HUD CoC performance measures according to the type of project/service provided:

- a. Ending Chronic Homelessness – Have providers met commitments made to HUD or have any new chronic persons been housed? (permanent housing projects)
- b. Housing Stability – Have participants stayed in or moved to permanent housing? (transitional housing projects)
- c. Jobs and Income Growth – Have participants increased their income? (all projects)
- d. Mainstream Benefits – Have participants gotten access to services? (all projects)
- e. Rapid Re-Housing – Have families been appropriately housed as quickly as possible? (RRH projects)
- f. At least 30% of people exiting shelters go to transitional or permanent housing (shelter providers).

4. EDUCATION OF CHILDREN 24 CFR 578.23 (c) 7

Clackamas County CoC strongly values education, believing that increased educational attainment lowers risk of future homelessness. ESG and CoC programs shall inform parents and unaccompanied youth of their educational rights, take the educational needs of children into account when families are placed in housing and will, to the maximum extent practicable, place families with children as close as possible to their school of origin so as not to disrupt such children's education. Providers and homeless school liaisons coordinate schooling for each school-age child, reducing school migration and connecting students to services.

5. FAMILY UNITY

The CoC and ESG providers of emergency shelter, transitional housing, rapid rehousing and permanent housing serving families shall ensure that no members of a household with children under 18 are denied admission or separated when entering shelter or housing.

6. DEFINITION OF FAMILY

Family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, the following:

- (1) A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or,
- (2) A group of persons residing together, and such group includes, but is not limited to:
 - a. A family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family);
 - b. An elderly family;
 - c. A near-elderly family;
 - d. A disabled family;
 - e. A displaced family; and,
 - f. The remaining member of a tenant family.

In general, this definition of “family” applies to both the ESG and CoC Program rules. However, the [McKinney-Vento Act, as amended by the HEARTH Act](#), distinguishes individuals from families. Therefore, paragraph (1) of the definition of family under the Equal Access Rule is considered an individual under the CoC and ESG programs and the definition of family for these programs is defined as follows:

Family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, any group of persons presenting for assistance together with or without children and irrespective of age, relationship, or whether or not a member of the household has a disability. A child

who is temporarily away from the home because of placement in foster care is considered a member of the family.

7. REASONABLE ACCOMMODATIONS

Clackamas County is committed to the equal treatment of all persons, and believes that no eligible individual with disabilities should, solely on the basis of disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any CoC programs.

All providers will provide **Reasonable Accommodations** to applicants and participants of CoC and ESG Programs. A reasonable accommodation is an agency or program modification or change to its policies or procedures that will assist an eligible person with a disability to attain equal participation in programs.

Providers will assist clients in reviewing and understanding the agency or program Reasonable Accommodation Policy and completing any type of Request for Reasonable Accommodation documentation, as needed.

8. TERMINATION OF ASSISTANCE (24 CFR Part 578.91(a))

Minimum standards for termination of assistance are:

- **In general** – If a program violation occurs and the provider terminates assistance as a result, the termination shall follow an established process that recognizes the rights of the individuals affected. Termination shall only occur in the most severe cases.
- **Program participants receiving rental assistance or housing relocation or stabilization services** – When terminating rental assistance or housing relocation and stabilization services, the required formal process shall minimally consist of:
 - Written notice clearly stating the reasons for termination;
 - A review of the decision that gives the participant opportunity to present objections to the decision maker; and
 - A prompt written final notice.
- **Ability to provide further assistance** – Termination will not bar the provider from providing later additional assistance to the same family or individual.

9. GRIEVANCE PROCESS (24 CFR Part 578.91(b))

All providers shall have a Grievance Process that recognizes the rights of individuals to due process when assistance is terminated. Individuals receiving assistance are informed at entry of the grievance process for that particular provider. The process shall consist of an informal process and a formal process.

Providers will assist clients in reviewing and understanding the agency or program Grievance Process and completing any type of Grievance Process documentation. Under no circumstances shall engaging in a grievance process negatively impact the services provided to the person or household.

10. NONDISCRIMINATION/EQUAL OPPORTUNITY/AFFIRMATIVE

OUTREACH: CoC and ESG providers must maintain copies of their marketing, outreach, and other materials used to inform eligible persons of the program to document compliance with the requirements in 24 CFR 578.93(c).

ESG providers minimum standards shall comply with the requirements for nondiscrimination, equal opportunity and affirmative outreach identified in 24 CFR 576.407 (a-b).

Service providers must ascertain the preferred language of participants and make every effort to provide services in the preferred language.

CoC Standards - 24 CFR 578.7(a)(9)

1. Eligibility. The CoC standard for evaluating individuals' and families' eligibility for assistance is to use an intake process that includes a coordinated assessment to determine and document participant eligibility. All CoC providers will follow CoC Program guidelines to establish the client's status as homeless and verify household income eligibility, if applicable. 24 CFR 578.103 and 24 CFR 576.500

2. Transitional Housing. The CoC standard for determining and prioritizing which eligible individuals and families will receive transitional housing: CoC providers shall use an intake process with the coordinated assessment to prioritize which persons will receive any available transitional housing on a first come first served basis. The determination will be documented in the client file.

3. Rapid Re-housing (RRH). The CoC standard for determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance: CoC providers shall use an intake process with the coordinated assessment to prioritize which persons will receive any available Rapid re- housing units on a first come first served basis. The determination will be documented in the client file.

4. Participant share of RRH assistance. The CoC standard for determining what percentage or amount of rent each program participant must pay while receiving rapid re-housing assistance: CoC providers shall consider the income information for the last 30 days collected at intake and during the coordinated assessment to determine

the percentage or amount each program participant must pay while receiving assistance. The determination will be documented in the client file. Participants will pay no more than 30% of their household income for rent per 24 CFR 578.77 (c).

5. Permanent Supportive Housing. The CoC standard for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance: CoC providers shall use an intake process with the coordinated assessment to determine and prioritize which persons are best served by placement in any available Permanent Supportive Housing unit. Chronically homeless persons are prioritized for PSH beds in accordance with HUD guidance in CPD Notice 14-012 (Attachment D). The determination will be documented in the client file.

ESG Standards - 24 CFR 576.400 (e):

1. Evaluating Eligibility. Standard policies and procedures for evaluating individuals' and families' eligibility for assistance under ESG:

Per 24 CFR 576.401: ESG (sub-recipients) providers must conduct an initial evaluation to determine each individual or family's eligibility for ESG assistance and the amount and types of assistance the individual or family needs to regain stability in permanent housing. All ESG providers will follow federal documentation guidelines to establish the client's status as homeless or at-risk of homeless and their income eligibility. These evaluations must be conducted in accordance with the centralized or coordinated assessment requirements set forth under §576.400(d).

2. Coordination Among Providers. Policies and procedures for coordination among all Clackamas County emergency shelter providers, essential service providers, homelessness prevention and rapid re-housing assistance providers, other homeless assistance providers, and mainstream service and housing providers:

The ESG providers must coordinate and integrate, to the maximum extent practicable, ESG-funded activities with other ending homelessness programs in the area covered by the Continuum of Care or area over which the services are coordinated to provide a strategic, community-wide system to prevent and end homelessness. The list of programs are included in 24 CFR Part 567.400(b)

ESG provider managers and case managers shall participate in Clackamas County Continuum of Care meetings to coordinate services and to discuss ESG policies and procedures. ESG providers receive feedback from other homeless services providers on all services available for low-income and homeless persons including; accessing mainstream services; housing, legal and health care services.

3. Determining and Prioritizing. Policies and procedures for determining and prioritizing which eligible families and individuals will receive homelessness prevention assistance and which eligible families and individuals will receive rapid re-housing assistance:

ESG-funded providers will be responsible for ensuring that potential participants are served, with provisions for serving eligible households who meet prioritization criteria established through the Continuum of Care using coordinated assessment protocols.

Coordinated assessment tools thoroughly explore a family's or individual's situation and pinpoints their unique housing and service needs. Based upon the coordinated assessment, families and individuals should be referred to the type, level and duration of housing and services most appropriate to their situations and need.

Under homelessness prevention, ESG assistance is available to individuals and families below 30% of Area Median Income (AMI), and are homeless or at risk of becoming homeless.

ESG funds can be used to prevent an individual or family from becoming homeless and regain stability in current housing or other permanent housing. Rapid re-housing funds can be used to assist individuals and families who are literally homeless progress toward permanent housing and achieve housing stability.

- a. Homeless Prevention Households will be re-certified for continued eligibility every 3 months.
- b. Rapid Re-Housing Households will be re-certified annually.

4. Income Determination and Requirements

a) Income Eligibility

There are no income eligibility requirements for receiving street outreach, emergency shelter or transitional housing services and assistance. To qualify for rapid re-housing, an applicant must be at imminent risk of homeless which has no income requirements. However, in order to continue to receive rapid re-housing assistance, clients must have an annual income that does not exceed 30% of AMI at time of re-evaluation. To qualify for homeless

prevention assistance, applicants must have an annual income below 30% AMI at time of intake.

b) Calculating Gross Annual Income

Annual Income is the gross amount of income anticipated to be received by a household during the coming year based on the household's circumstances at the time of program intake and assessment. Annual Income determination is consistent with the Housing Choice Voucher definition of annual Income found at 24 CFR 5.609.

When determining the annual income of a household to establish eligibility for ESG assistance, Providers must count the income of all adults in the household, including nonrelated individuals, within the limitations imposed by 24 CFR 5.609. Not everyone living in the unit is considered a member of the household for the purposes of determining a household's income. Excluded persons include: foster children, foster adults, live-in aides, children of live-in aides and an unborn child. A child subject to a shared-custody agreement should be counted as a household member if the child resides with the household at least 50 percent of the time.

Income generated by an asset, such as the interest on a savings or checking account is considered household income even if the household elects not to receive it. For example, though an applicant may elect to reinvest the interest or dividends from an asset, the interest or dividends are still counted as income anticipated to be received during the coming 12 months. Asset income is discussed in 24 CFR 5.609. Income producing assets include: bank accounts; life insurance policies; lump sum additions (legal settlement, refund, etc.); personal property held as investments; retirement/pension funds; trusts; assets disposed of for less than fair market value; and stocks, bonds or mutual funds.

5. STREET OUTREACH STANDARDS

MINIMUM STANDARDS:

Targeting/Engagement:

Providers of Street Outreach services shall focus on unsheltered homeless individuals and families, meaning those with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station airport or camping ground.

Assessment/Service Provision/Referral/Prioritization:

- Individuals and families shall be offered an initial need and eligibility assessment and qualifying program participants, including those meeting special population criteria, will be offered the following Street Outreach services, as needed and appropriate: engagement, case management, emergency health and mental health, transportation services.
- When appropriate based on the individual's needs and wishes, the provision of or referral to rapid rehousing services that can quickly assist individuals to obtain safe, permanent housing shall be prioritized over the provision of or referral to emergency shelter or transitional housing services.

References: 24 CFR 576.101 and 576.400 e (3) (ii)

6. EMERGENCY SHELTER STANDARDS

MINIMUM STANDARDS:

Admission:

Providers of Emergency Shelter services shall admit individuals and families who meet the HUD definition of "homeless," as specified in 24 CFR 576.2 (1, 2, 3 & 4) and agencies' eligibility criteria.

Assessment:

Individuals and families shall be offered an initial need and eligibility assessment and qualifying program participants, including those meeting special population criteria, will be offered Emergency Shelter services, as needed and appropriate.

Prioritization/Diversion/Referral:

When appropriate based on the individual's needs and wishes, the provision of or referral to Homeless Prevention or Rapid Rehousing services that can quickly assist individuals to maintain or obtain safe, permanent housing shall be prioritized over the provision of Emergency Shelter or Transitional Housing services.

Reassessment:

Program participants will be reassessed as case management progresses, based on the participant needs and goals as well as the individual service provider's policies.

Discharge/Length of Stay:

Program participants shall be discharged from Emergency Shelter services when they choose to leave or when they have successfully obtained safe, permanent housing. Any Length of Stay limitations shall be determined by the individual service provider's policies and clearly communicated to program participants.

Safety and Shelter Safeguards for Special Populations:

Safety and Shelter Safeguards shall be determined by the individual Special Population service provider's policies and clearly communicated to program participants.

Reference: 24 CFR 576.102 and 576.400 (e) (iii) and (iv)

7. HOMELESSNESS PREVENTION AND RAPID RE-HOUSING STANDARDS (24 CFR 576.103 and 104)

ELIGIBILITY/PRIORITIZATION:

Minimum standards for determining and prioritizing which eligible families and individuals shall receive homelessness prevention assistance and which eligible families and individuals shall receive rapid rehousing assistance:

Rapid Re-housing (RR) – To be eligible for RR Housing Relocation and Stabilization Services and Short-term and Medium-term Rental Assistance, people must:

- Meet the federal criteria under paragraph (1) of the “homeless” definition in 24 CFR 576.2 OR
- Meet the criteria under paragraph (4) of the “homeless” definition in 24 CFR 576.2 and live in an emergency shelter or other place described in paragraph (1) of the “homeless” definition. (See Attachment A).

Homelessness Prevention (HP) – To be eligible for HP Housing Relocation and Stabilization Services and Short-term and Medium-term Rental Assistance, program participants must:

- require HP services to prevent moving into an emergency shelter or another place described in paragraph (1) of the “homeless” definition in 24 CFR 576.2 (See Attachment A).
- have an annual income below 30% of the median income for the area and:
- meet the federal criteria under the “at risk of homelessness” definition in 24 CFR 576.2 OR
- meet the criteria in paragraph (2), (3) or (4) of the “homeless” definition in 24 CFR 576.2 (See Attachment A).

PARTICIPANT CONTRIBUTION TO RENT:

Minimum standards for determining what percentage or amount of rent and utilities costs each program participant shall pay while receiving homelessness prevention or rapid rehousing assistance:

- Participants shall pay at least 10% but no more than 50% of their adjusted gross income to rent and utilities based on the household income level established upon intake or when re-evaluated. Any additional requirements regarding the

percentage or amount of rent and utilities costs each program participant shall pay shall be determined by the individual service provider's policies and clearly communicated to program participants.

- Participant's income shall be verified prior to approval for initial and additional financial assistance. Documentation of the participant's income and expenses, including how the participant is contributing to housing costs, if at all, shall be maintained in participant's file. This file shall also contain a plan to sustain housing following the assistance, including either a plan to increase income or decrease expenses or both. 24 CFR 576.400 (e) (vii)

RENTAL ASSISTANCE DURATION AND ADJUSTMENT (24 CFR 576.105):

Minimum standards for determining how long a particular program participant shall be provided with rental assistance and whether and how the amount of that assistance shall be adjusted over time:

- Participants receive approval for the minimum amount of financial assistance necessary to prevent the current episode homelessness. If short-term (1-3 months) or medium-term (4-12 months) is determined to be needed, documentation of financial need shall be kept in the participant's file for each month of financial assistance received. Participants shall not be approved for more rental assistance than can be justified given their income and expenses at a given time.
- Any additional requirements regarding how long a program participant shall be provided with rental assistance and whether and how the amount of that assistance shall be adjusted over time shall be determined by the individual service provider's policies and clearly communicated to program participants.

SERVICE TYPE, AMOUNT & DURATION:

Per 24 CFR 576.400 e (viii) the minimum standards for determining the type, amount, and duration of housing stabilization and/or relocation services to provide to a program participant:

Financial Assistance:

No Use with other subsidies – Payment for Financial Assistance costs shall not be provided to a participant who is receiving the same type of financial assistance through other public sources or to a participant who has been provided with replacement housing payments under the URA, during the period of time covered by the URA payments.

Rental application fees – Payment shall only be made for fees charged by the owner to all applicants.

Security deposits – Payment shall not exceed two (2) month's rent.

Last month's rent – Payment shall not exceed one (1) month's rent and shall be included in calculating the participant's total rental assistance.

Utility deposits – Payment shall only be made for gas, electric, water and sewage deposits.

Utility payments:

- Payment shall not exceed 24 months per participant, including no more than 6 months of utility payments in arrears, per service.
- A partial payment counts as 1 month.
- Payment shall only be made if the utility account is in the name of the participant or a member of the same household.
- Payment shall only be made for gas, electric, water and sewage costs.
- Participants shall not receive more than 24 months of utility assistance within any 3-year period.

Moving costs – Payment shall only be made for temporary storage fees accrued after the date the participant begins receiving housing relocation and stabilization services and prior to the date the participant moves into permanent housing. Payment shall not be made for storage fees in arrears.

Housing Relocation and Stabilization Services (24 CFR 576.105 and 576.400 e (ix)):

Housing search and placement services – Payment shall only be made for assisting participants to locate, obtain and retain suitable permanent housing through provision of the following services:

- Assessment of housing barriers, needs and preferences
- Development of an action plan for locating housing
- Housing search
- Outreach to and negotiation with owners
- Assistance with submitting rental applications and understanding leases
- Assessment of housing for compliance with ESG requirements for habitability, lead-based paint and rent reasonableness
- Assistance with obtaining utilities and making moving arrangements
- Tenant counseling

Payment for housing search and placement services shall not exceed 24 months during any 3-year period.

Housing stability case management – Payment shall only be made for assessing, arranging, coordinating and monitoring the delivery of individualized services to facilitate housing stability for a participant who resides in permanent housing or to assist a participant in overcoming immediate barriers to obtaining housing through provision of the following services:

- Using the centralized or coordinated assessment system
- Conducting the initial evaluation, including verifying and documenting participant eligibility
- Counseling

- Developing, securing and coordinating services and obtaining Federal, State and local benefits
- Monitoring and evaluating participant progress
- Providing information and referral to other providers
- Developing an individualized housing and service plan
- Conducting re-evaluations

Payment for housing stability case management services provided while the participant is seeking permanent housing shall not exceed 30 days.

Payment for housing stability case management services provided while the participant is living in permanent housing shall not exceed 24 months.

Mediation – Payment shall only be made for the cost of mediation between the participant and the owner or person with whom the participant is living, if it is necessary to prevent the participant from losing the permanent housing where he/she resides. Payment for mediation services shall not exceed 24 months during any 3-year period.

Legal services – Payment shall only be made for the cost of legal services, if they are necessary to resolve a legal problem that prohibits the participant from obtaining permanent housing or will likely result in the participant losing the permanent housing where he/she resides. Payment for legal services shall not exceed 24 months during any 3-year period.

Credit repair – Payment shall only be made for the cost of assisting the participant in obtaining skills related to household budgeting, managing money, accessing a free personal credit report and resolving personal credit problems. Payment will not be made for a debt or modification of a debt. Payment for credit repair services shall not exceed 24 months during any 3-year period.

- **Rental Assistance (24 CFR 576.106):** Payment shall not exceed 24 months total during a 3-year period in tenant-based or project-based housing.
- Payment for short-term rental assistance shall not exceed 3 months.
- Payment for medium-term rental assistance shall be for more than 3 months, but shall not exceed 24 months.
- Payment for rent arrears shall not exceed 6 months and shall be a one-time payment, including any late fees.
- Except for a one-time payment of rental arrears on the participant's portion, payment shall not be provided to a participant who is receiving tenant-based rental assistance or living in a unit receiving project-based assistance or to a

participant who has been provided with replacement housing payments under the URA, during the period of time covered by the URA payments.

- Payment shall not exceed the Fair Market Rent established by HUD per 24 CFR 888 and shall comply with HUD's standard of rent reasonableness detailed in 24 CFR 982.507.
- Calculation of the rental payment amount shall only include monthly rent for the unit, any occupancy fees under the lease (except for pet and late fees) and if the participant pays separately for utilities, the monthly utility allowance established by the public housing authority for the area in which the housing is located.
- Payment for shall only be made when there is a rental assistance agreement between the agency and the owner, which sets forth the terms under which rental assistance will be provided, including the prior requirements; a requirement that the owner provide the subrecipient with a copy of any notice to vacate given to the participant or any complaint used to commence an eviction action; and the same payment due date, grace period and late payment penalty requirement as the participant's lease.
- Payment of any late payment penalties incurred by the agency shall not be claimed for reimbursement by ESG.
- Payment shall only be made when there is a legally binding, written lease for the rental unit between the participant and the owner, except for payment of rental arrears.
- The rental unit must meet minimum habitability standards per 24 CFR 576.403. See Attachment C.

Tenant-Based Rental Assistance

The rental assistance agreement with the unit owner shall be terminated without further payment if:

- The participant moves out of the unit
- The lease terminates and is not renewed
- The participant becomes ineligible to receive ESG rental assistance

Project-Based Rental Assistance

Payment shall only be made under the following conditions:

- The lease has an initial term of one year
- The rental assistance agreement covers one or more permanent housing units in the same building
- Each unit covered by the agreement is only occupied by participants

- Payment of no more than 100% of the first month's rent will be made for that month, if the participant signs a lease and moves into the unit before the end of that first month of occupancy.

Any additional requirements regarding the type, amount, and duration of housing stabilization and/or relocation services that will be provided to a program participant, including any limitations shall be determined by the individual service provider's policies and clearly communicated to program participants.

RE-EVALUATIONS:

Minimum standards for completing eligibility re-evaluations of individuals and families:

Timing:

- Homelessness Prevention – participants shall be re-evaluated not less than once every three months
- Rapid Rehousing – participants shall be re-evaluated not less than once annually

Eligibility:

- To remain eligible, the participant shall have an annual income that is 30 percent of median family income for the area or less, as determined by HUD; **and**
- the participant shall lack sufficient resources and support networks necessary to retain housing without ESG assistance.

End of ESG Standards



Homeless Definition


CRITERIA FOR DEFINING HOMELESS	Category 1	Literally Homeless	<p>(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); <u>or</u> (iii) Is exiting an institution where (s)he has resided for 90 days or less <u>and</u> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
	Category 2	Imminent Risk of Homelessness	<p>(2) Individual or family who will imminently lose their primary nighttime residence, provided that:</p> <ul style="list-style-type: none"> (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; <u>and</u> (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing
	Category 3	Homeless under other Federal statutes	<p>(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:</p> <ul style="list-style-type: none"> (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; <u>and</u> (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers
	Category 4	Fleeing/ Attempting to Flee DV	<p>(4) Any individual or family who:</p> <ul style="list-style-type: none"> (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; <u>and</u> (iii) Lacks the resources or support networks to obtain other permanent housing



Homeless Definition

RECORDKEEPING REQUIREMENTS



<p>RECORDKEEPING REQUIREMENTS</p> 	Category 1	Literally Homeless	<ul style="list-style-type: none"> • Written observation by the outreach worker; <u>or</u> • Written referral by another housing or service provider; <u>or</u> • Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter; • For individuals exiting an institution—one of the forms of evidence above <u>and</u>: <ul style="list-style-type: none"> ○ discharge paperwork <u>or</u> written/oral referral, <u>or</u> ○ written record of intake worker’s due diligence to obtain above evidence <u>and</u> certification by individual that they exited institution
	Category 2	Imminent Risk of Homelessness	<ul style="list-style-type: none"> • A court order resulting from an eviction action notifying the individual or family that they must leave; <u>or</u> • For individual and families leaving a hotel or motel—evidence that they lack the financial resources to stay; <u>or</u> • A documented and verified oral statement; <u>and</u> • Certification that no subsequent residence has been identified; <u>and</u> • Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing
	Category 3	Homeless under other Federal statutes	<ul style="list-style-type: none"> • Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; <u>and</u> • Certification of no PH in last 60 days; <u>and</u> • Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved two or more times in the past 60 days; <u>and</u> • Documentation of special needs <u>or</u> 2 or more barriers
	Category 4	Fleeing/ Attempting to Flee DV	<ul style="list-style-type: none"> • <i>For victim service providers:</i> <ul style="list-style-type: none"> ○ An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker. • <i>For non-victim service providers:</i> <ul style="list-style-type: none"> ○ Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; <u>and</u> ○ Certification by the individual or head of household that no subsequent residence has been identified; <u>and</u> ○ Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.



Homeless Definition

ELIGIBILITY BY COMPONENT (Emergency Solutions Grants Program)	Street Outreach	Individuals defined as Homeless under the following categories are eligible for assistance in SO: <ul style="list-style-type: none"> • Category 1 – Literally Homeless • Category 4 – Fleeing/Attempting to Flee DV (where the individual or family also meets the criteria for Category 1) SO projects have the following additional limitations on eligibility within Category 1: <ul style="list-style-type: none"> • Individuals and families must be living on the streets (or other places not meant for human habitation) and be unwilling or unable to access services in emergency shelter
	Emergency Shelter	Individuals and Families defined as Homeless under the following categories are eligible for assistance in ES projects: <ul style="list-style-type: none"> • Category 1 – Literally Homeless • Category 2 – Imminent Risk of Homeless • Category 3 – Homeless Under Other Federal Statutes • Category 4 – Fleeing/Attempting to Flee DV
	Rapid Re-housing	Individuals defined as Homeless under the following categories are eligible for assistance in RRH projects: <ul style="list-style-type: none"> • Category 1 – Literally Homeless • Category 4 – Fleeing/Attempting to Flee DV (where the individual or family also meets the criteria for Category 1)
	Homelessness Prevention	Individuals and Families defined as Homeless under the following categories are eligible for assistance in HP projects: <ul style="list-style-type: none"> • Category 2 –Imminent Risk of Homeless • Category 3 – Homeless Under Other Federal Statutes • Category 4 – Fleeing/Attempting to Flee DV Individuals and Families who are defined as At Risk of Homelessness are eligible for assistance in HP projects. HP projects have the following additional limitations on eligibility with homeless and at risk of homeless: <ul style="list-style-type: none"> • Must only serve individuals and families that have an annual income <u>below</u> 30% of AMI



Homeless Definition

<p>ELIGIBILITY BY COMPONENT (Projects Funded in FY 2011 CoC Competition – SHP and S+C Programs)</p>	<p>Supportive Services Only</p>	<p>Individuals and Families defined as Homeless under the following categories are eligible for assistance in SSO projects:</p> <ul style="list-style-type: none"> • Category 1 – Literally Homeless • Category 2 – Imminent Risk of Homeless • Category 3* – Homeless Under Other Federal Statutes • Category 4 – Fleeing/Attempting to Flee DV
	<p>Safe Havens</p>	<p>Individuals defined as Homeless under the following categories are eligible for assistance in SH projects:</p> <ul style="list-style-type: none"> • Category 1 – Literally Homeless <p>SH projects have the following additional NOFA limitations on eligibility within Category 1:</p> <ul style="list-style-type: none"> • Must serve individuals only • Individual must have a severe mental illness • Individual must be living on the streets and unwilling or unable to participate in supportive services
	<p>Transitional Housing</p>	<p>Individuals and Families defined as Homeless under the following categories are eligible for assistance in TH projects:</p> <ul style="list-style-type: none"> • Category 1 – Literally Homeless • Category 2 – Imminent Risk of Homeless • Category 3* – Homeless Under Other Federal Statutes • Category 4 – Fleeing/Attempting to Flee DV
	<p>Permanent Supportive Housing</p>	<p>Individuals and families defined as Homeless under the following categories are eligible for assistance in PSH projects:</p> <ul style="list-style-type: none"> • Category 1 – Literally Homeless • Category 4 – Fleeing/Attempting to Flee DV <p>PSH projects have the following additional NOFA limitations on eligibility within Category 1:</p> <ul style="list-style-type: none"> • Individuals and Families coming from TH must have originally come from the streets or emergency shelter • Individuals and Families must also have an individual family member with a disability <p>Projects that are dedicated chronically homeless projects, including those that were originally funded as Samaritan Bonus Initiative Projects must continue to serve chronically homeless persons <u>exclusively</u></p>

* Projects must be located within a CoC that has received HUD approval to serve this category. For more information about receiving HUD approval, please read: [Notice on Limitation on Use of Funds to Serve Persons Defined as Homeless Under Other Federal Laws](#)



Emergency Solutions Grants (ESG) Program Components Quick Reference

ESG funds can be used to provide a wide range of services and supports under the five program **components**: Street Outreach, Emergency Shelter, Rapid Re-Housing, Homelessness Prevention, and HMIS. Each component is described in the tables below, accompanied by a list of corresponding ESG activities. Activities, as opposed to components, include the component plus the activity type. While administration is not a component, it is considered an activity type*. **Always refer to the program regulations at 24 CFR part 576 for complete information about all eligible costs and program requirements.**

Street Outreach Component. These activities are designed to meet the immediate needs of unsheltered homeless people by connecting them with emergency shelter, housing, and/or critical health services. § 576.101
<p>Activity types:</p> <ul style="list-style-type: none"> • Engagement • Case Management • Emergency Health Services • Emergency Mental Health Services • Transportation • Services for Special Populations

Emergency Shelter Component. These activities are designed to increase the quantity and quality of temporary shelters provided to homeless people, through the renovation of existing shelters or conversion of buildings to shelters, paying for the operating costs of shelters, and providing essential services. § 576.102			
Essential Services	Renovation (also includes Major Rehab and Conversion)	Shelter Operations	Assistance Required Under the Uniform Relocation and Real Property Acquisition Act of 1970 (URA)
<p>Activity types:</p> <ul style="list-style-type: none"> • Case management • Child Care • Education Services • Employment Assistance and Job Training • Outpatient Health Services • Legal Services • Life Skills Training • Mental Health Services • Substance Abuse Treatment Services • Transportation • Services for Special Populations 	<p>Eligible costs:</p> <ul style="list-style-type: none"> ○ Labor ○ Materials ○ Tools ○ Other costs for renovation (including rehab or conversion) 	<p>Eligible costs:</p> <ul style="list-style-type: none"> ○ Maintenance ○ Rent ○ Security ○ Fuel ○ Equipment ○ Insurance ○ Utilities ○ Food ○ Furnishings ○ Supplies necessary for shelter operation ○ Hotel/Motel Vouchers 	<p>Eligible costs:</p> <ul style="list-style-type: none"> ○ Relocation payments ○ Other assistance to displaced persons

ATTACHMENT B

<p>Rapid Re-Housing Component. These activities are designed to move homeless people quickly to permanent housing through housing relocation and stabilization services and short- and/or medium-term rental assistance. § 576.104</p>		
Rental Assistance**	Housing Relocation and Stabilization Services	
<p><u>Activity types:</u></p> <ul style="list-style-type: none"> • Short-term rental assistance • Medium-term rental assistance • Rental arrears <p>**Rental assistance can be project-based or tenant-based.</p>	Financial Assistance	Services Costs
	<p><u>Activity types:</u></p> <ul style="list-style-type: none"> • Rental Application Fees • Security Deposits • Last Month's Rent • Utility Deposits • Utility Payments • Moving Costs 	<p><u>Activity types:</u></p> <ul style="list-style-type: none"> • Housing Search and Placement • Housing Stability Case Management • Mediation • Legal Services • Credit Repair

<p>Homelessness Prevention Component. These activities are designed to prevent an individual or family from moving into an emergency shelter or living in a public or private place not meant for human through housing relocation and stabilization services and short- and/or medium-term rental assistance. § 576.103</p>		
Rental Assistance**	Housing Relocation and Stabilization Services	
<p><u>Activity types:</u></p> <ul style="list-style-type: none"> • Short-term rental assistance • Medium-term rental assistance • Rental arrears <p>**Rental assistance can be project-based or tenant-based.</p>	Financial Assistance	Services Costs
	<p><u>Activity types:</u></p> <ul style="list-style-type: none"> • Rental Application Fees • Security Deposits • Last Month's Rent • Utility Deposits • Utility Payments • Moving Costs 	<p><u>Activity types:</u></p> <ul style="list-style-type: none"> • Housing Search and Placement • Housing Stability Case Management • Mediation • Legal Services • Credit Repair

<p>HMIS Component. These activities are designed to fund ESG recipients' and subrecipients' participation in the Continuum of Care HMIS collection and analyses of data on individuals and families who are homeless and at-risk of homelessness. § 576.107</p>		
<p><u>Eligible costs:</u></p> <ul style="list-style-type: none"> ○ Contributing data to the HMIS designated by the CoC for the area; ○ HMIS Lead (as designated by the CoC) costs for managing the HMIS system; ○ Victim services or legal services provider costs to establish and operate a comparable database. 		

***ADMINISTRATIVE ACTIVITIES.** § 576.108 Eligible administrative costs are broadly categorized as follows:

- General management, oversight, and coordination
- Training on ESG requirements
- Consolidated Plan
- Environmental review

ATTACHMENT C

ESG Minimum Habitability Standards for Emergency Shelters and Permanent Housing: Checklists

About this Tool

The Emergency Solutions Grants (ESG) Program Interim Rule establishes different habitability standards for emergency shelters and for permanent housing (the Rapid Re-housing and Homelessness Prevention components).

- **Emergency Shelter Standards.**
 - Emergency shelters that receive ESG funds for renovation or shelter operations must meet the minimum standards for safety, sanitation, and privacy provided in §576.403(b).
 - In addition, emergency shelters that receive ESG funds for renovation (conversion, major rehabilitation, or other renovation) also must meet state or local government safety and sanitation standards, as applicable.
- **Permanent Housing Standards.** The recipient or subrecipient cannot use ESG funds to help a program participant remain in or move into housing that does not meet the minimum habitability standards under §576.403(c). This restriction applies to all activities under the Homelessness Prevention and Rapid Re-housing components.

Recipients and subrecipients must document compliance with the applicable standards. Note that these checklists do not cover the requirements to comply with the Lead-Based Paint requirements at §576.403(a). For more discussion about how and when the standards apply, see *ESG Minimum Standards for Emergency Shelters and Permanent Housing*, located at <http://OneCPD.info/esg>.

The checklists below offer an optional format for documenting compliance with the appropriate standards. These are intended to:

1. Provide a clear summary of the requirements and an adaptable tool so recipients and subrecipients can formally assess their compliance with HUD requirements, identify and carry out corrective actions, and better prepare for monitoring visits by HUD staff.
2. Provide a tool for a recipient to monitor that its subrecipient is in compliance with HUD requirements. Where non-compliance is identified, the ESG recipient can use this information to require or assist the subrecipient to make necessary changes.

Prior to beginning the review, the subrecipient should organize relevant files and documents to help facilitate their review. For instance, this may include local or state inspection reports (fire-safety, food preparation, building/occupancy, etc.), or policy and procedure documents related to emergency shelter facility maintenance or renovations.

Carefully read each statement and indicate the shelter's or unit's status for each requirement (Approved or Deficient). Add any comments and corrective actions needed in the appropriate box. The reviewer should complete the information about the project, and sign and date the form. This template includes space for an "approving official," if the recipient or subrecipient has designated another authority to approve the review. When the assessment is complete, review it with program staff and develop an action plan for addressing any areas requiring corrective action.

ATTACHMENT C

Minimum Standards for Emergency Shelters

Instructions: Place a check mark in the correct column to indicate whether the property is approved or deficient with respect to each standard. A copy of this checklist should be placed in the shelter's files.

Approved	Deficient	Standard (24 CFR part 576.403(b))
		<p>1. <i>Structure and materials:</i></p> <p>a. The shelter building is structurally sound to protect the residents from the elements and not pose any threat to the health and safety of the residents.</p> <p>b. Any renovation (including major rehabilitation and conversion) carried out with ESG assistance uses Energy Star and WaterSense products and appliances.</p>
		<p>2. <i>Access.</i> Where applicable, the shelter is accessible in accordance with:</p> <p>a. Section 504 of the Rehabilitation Act (29 U.S.C. 794) and implementing regulations at 24 CFR part 8;</p> <p>b. The Fair Housing Act (42 U.S.C. 3601 et seq.) and implementing regulations at 24 CFR part 100; and</p> <p>c. Title II of the Americans with Disabilities Act (42 U.S.C. 12131 et seq.) and 28 CFR part 35.</p>
		<p>3. <i>Space and security:</i> Except where the shelter is intended for day use only, the shelter provides each program participant in the shelter with an acceptable place to sleep and adequate space and security for themselves and their belongings.</p>
		<p>4. <i>Interior air quality:</i> Each room or space within the shelter has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents.</p>
		<p>5. <i>Water Supply:</i> The shelter's water supply is free of contamination.</p>
		<p>6. <i>Sanitary Facilities:</i> Each program participant in the shelter has access to sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.</p>
		<p>7. <i>Thermal environment:</i> The shelter has any necessary heating/cooling facilities in proper operating condition.</p>
		<p>8. <i>Illumination and electricity:</i></p> <p>a. The shelter has adequate natural or artificial illumination to permit normal indoor activities and support health and safety.</p> <p>b. There are sufficient electrical sources to permit the safe use of electrical appliances in the shelter.</p>
		<p>9. <i>Food preparation:</i> Food preparation areas, if any, contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.</p>
		<p>10. <i>Sanitary conditions:</i> The shelter is maintained in a sanitary condition.</p>
		<p>11. <i>Fire safety:</i></p> <p>a. There is at least one working smoke detector in each occupied unit of the shelter. Where possible, smoke detectors are located near sleeping areas.</p> <p>b. All public areas of the shelter have at least one working smoke detector.</p> <p>c. The fire alarm system is designed for hearing-impaired residents.</p> <p>d. There is a second means of exiting the building in the event of fire or other emergency.</p>
		<p>12. If ESG funds were used for renovation or conversion, the shelter meets state or local government safety and sanitation standards, as applicable.</p>
		<p>13. Meets additional recipient/subrecipient standards (if any).</p>

ATTACHMENT C

CERTIFICATION STATEMENT

I certify that I have evaluated the property located at the address below to the best of my ability and find the following:

- Property meets all of the above standards.
- Property does not meet all of the above standards.

COMMENTS:

ESG Recipient Name: _____

ESG Subrecipient Name (if applicable): _____

Emergency Shelter Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Evaluator Signature: _____ Date of review: _____

Evaluator Name: _____

Approving Official Signature (if applicable): _____ Date: _____

Approving Official Name (if applicable): _____

ATTACHMENT C

Minimum Standards for Permanent Housing

Instructions: Place a check mark in the correct column to indicate whether the property is approved or deficient with respect to each standard. The property must meet all standards in order to be approved. A copy of this checklist should be placed in the client file.

Approved	Deficient	Standard <i>(24 CFR part 576.403(c))</i>
		1. <i>Structure and materials:</i> The structure is structurally sound to protect the residents from the elements and not pose any threat to the health and safety of the residents.
		2. <i>Space and security:</i> Each resident is provided adequate space and security for themselves and their belongings. Each resident is provided an acceptable place to sleep.
		3. <i>Interior air quality:</i> Each room or space has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents.
		4. <i>Water Supply:</i> The water supply is free from contamination.
		5. <i>Sanitary Facilities:</i> Residents have access to sufficient sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.
		6. <i>Thermal environment:</i> The housing has any necessary heating/cooling facilities in proper operating condition.
		7. <i>Illumination and electricity:</i> The structure has adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There are sufficient electrical sources to permit the safe use of electrical appliances in the structure.
		8. <i>Food preparation:</i> All food preparation areas contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.
		9. <i>Sanitary condition:</i> The housing is maintained in sanitary condition.
		10. <i>Fire safety:</i> <ol style="list-style-type: none"> a. There is a second means of exiting the building in the event of fire or other emergency. b. The unit includes at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors are located, to the extent practicable, in a hallway adjacent to a bedroom. c. If the unit is occupied by hearing-impaired persons, smoke detectors have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person. d. The public areas are equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, day care centers, hallways, stairwells, and other common areas.
		11. Meets additional recipient/subrecipient standards (if any).

ATTACHMENT C

CERTIFICATION STATEMENT

I certify that I have evaluated the property located at the address below to the best of my ability and find the following:

- Property meets all of the above standards.
- Property does not meet all of the above standards.

COMMENTS:

ESG Recipient Name: _____

ESG Subrecipient Name: _____

Program Participant Name: _____

Street Address: _____

Apartment: _____

City: _____ State: _____ Zip: _____

Evaluator Signature: _____ Date of review: _____

Evaluator Name: _____

Approving Official Signature (if applicable): _____ Date: _____

Approving Official Name (if applicable): _____



U.S. Department of Housing and Urban Development
Office of Community Planning and Development

Special Attention of: All Secretary's Representatives All Regional Directors for CPD All CPD Division Directors Continuums of Care (CoC) Recipients of the Continuum of Care (CoC) Program	Notice: CPD-14-012 Issued: July 28, 2014 Expires: This Notice is effective until it is amended, superseded, or rescinded Cross Reference: 24 CFR Parts 578 and 42 U.S.C. 11381, <i>et seq.</i>
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Subject: Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status

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I. Purpose

This Notice provides guidance to Continuums of Care (CoC) and recipients of Continuum of Care (CoC) Program (24 CFR part 578) funding for permanent supportive housing (PSH) regarding the order in which eligible households should be served in **all** CoC Program-funded PSH. This Notice also establishes recordkeeping requirements for all recipients of CoC Program-funded PSH that includes beds that are required to serve persons experiencing chronic homelessness as defined in 24 CFR 578.3, in accordance with 24 CFR 578.103.

A. Background

In June 2010, the Obama Administration released *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (Opening Doors)*, in which HUD and its federal partners set goals to end Veteran and chronic homelessness by 2015, and end family and youth homelessness by 2020. Ending chronic homelessness is the first goal of *Opening Doors* and is a top priority for HUD. Although progress has been made there is still a long way to go. In 2013, there were still 109,132 people identified as chronically homeless in the United States. In order to meet the first goal of *Opening Doors*—ending chronic homelessness—it is critical that CoCs ensure that limited resources awarded through the CoC Program Competition are being used in the most effective manner and that households that are most in need of assistance are being prioritized.

Since 2005, HUD has encouraged CoCs to create new PSH dedicated for use by persons experiencing chronic homelessness (herein referred to as dedicated PSH). As a result, the number of dedicated PSH beds for persons experiencing chronic homelessness has increased from 24,760 in 2007 to 51,142 in 2013. This increase has contributed to a 25 percent decrease in the number of chronically homeless persons reported in the Point-in-Time Count between 2007 and 2013. Despite the overall increase in the number of dedicated PSH beds, this only represents 30 percent of all CoC Program-funded PSH beds.

To ensure that all PSH beds funded through the CoC Program are used as strategically and effectively as possible, PSH needs to be targeted to serve persons with the highest needs and greatest barriers towards obtaining and maintaining housing on their own—persons experiencing chronic homelessness. HUD’s experience has shown that many communities and recipients of CoC Program-funded PSH continue to serve persons on a “first-come, first-serve” basis and/or based on tenant selection processes that screen-in those who are most likely to succeed. These approaches to tenant selection have not been effective in reducing chronic homelessness, despite the increase in the number of PSH beds nationally.

B. Goal of this Notice

The overarching goal of this Notice is to ensure that the homeless individuals and families with the most severe service needs within a community are prioritized in PSH, which will also increase progress towards the Obama Administration’s goal of ending chronic homelessness. In order to guide CoCs in ensuring that all CoC Program-funded PSH beds are used most effectively, this Notice establishes an order of priority which CoCs are strongly encouraged to adopt and incorporate into the CoC’s written standards and

coordinated assessment system. With adoption by CoCs and incorporation into the CoC's written standards, **all** recipients of CoC Program-funded PSH must then follow this order of priority, consistent with their current grant agreement, which will result in this intervention being targeted to the persons who need it the most. Such adoption and incorporation will ensure that persons are housed appropriately and in the order provided in this Notice.

HUD seeks to achieve three goals through this Notice:

1. Establish an order of priority for dedicated and prioritized PSH beds which CoCs are encouraged to adopt in order to ensure that those persons with the most severe service needs are given first priority.
2. Inform the selection process for PSH assistance not dedicated or prioritized for chronic homelessness to prioritize persons who do not yet meet the definition of chronic homelessness but are most at risk of becoming chronically homeless.
3. Provide uniform recordkeeping requirements for all recipients of CoC Program-funded PSH for documenting chronically homeless status of program participants when required to do so as well as provide guidance on recommended documentation standards that CoCs may require of its recipients of CoC Program-funded PSH if the priorities included in the Notice are adopted by the CoC.

C. Applicability

The guidance in this Notice is provided to all CoCs and all recipients and subrecipients—the latter two groups referred to collectively as recipients of CoC Program-funded PSH. CoCs are encouraged to incorporate the order of priority described in this Notice into their written standards, in accordance with the CoC Program interim rule at 24 CFR 578.7(a)(9) and 24 CFR 578.93, for CoC Program-funded PSH. Upon incorporation of the order of priority into written standards CoCs may then require recipients of CoC Program-funded PSH to follow the order of priority in accordance with the CoC's revised written standards and this Notice and in a manner consistent with their current grant agreement.

D. Key Terms

1. **Housing First.** Housing First is an approach in which housing is offered to people experiencing homelessness without preconditions (such as sobriety, mental health treatment, or a minimum income threshold) or service participation requirements and in which rapid placement and stabilization in permanent housing are primary goals. PSH projects that use a Housing First approach promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services. HUD encourages all recipients of CoC Program-funded PSH to follow a Housing First approach to the maximum extent practicable. Any recipient that indicated that they would follow a Housing First approach in the FY 2013 CoC Project Application must do so for both the FY 2013 and FY 2014 operating year(s), as the CoC score for the FY 2013–FY 2014 CoC Program Competition was affected by the extent in which project applications indicated that they would follow this approach and this requirement will be incorporated into the recipient's FY 2013 and FY 2014 grant agreement.

HUD recognizes that this approach may not be applicable for all program designs, particularly for those projects formerly awarded under the SHP or SPC programs which were permitted to target persons with specific disabilities (e.g., “sober housing”).

- 2. Chronically Homeless.** The definition of “chronically homeless” currently in effect for the CoC Program is that which is defined in the CoC Program interim rule at 24 CFR 578.3, which states that a chronically homeless person is:

- (a) An individual who:
 - i. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - ii. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and
 - iii. Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
- (b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice], before entering that facility; or
- (c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice, including a family whose composition has fluctuated while the head of household has been homeless.

- 3. Severity of Service Needs.** This Notice refers to persons who have been identified as having the most severe service needs.

- (a) For the purposes of this Notice, this means an individual for whom at least one of the following is true:
 - i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; or
 - ii. Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing.

Severe service needs as defined in paragraphs i. and ii. above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool that can identify the severity of needs such as the Vulnerability Index (VI), the Service Prioritization Decision Assistance Tool (SPDAT), or the Frequent Users Service Enhancement (FUSE). The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual.

- (b) In states where there is an alternate criteria used by state Medicaid departments to identify high-need, high cost beneficiaries, CoCs and recipients of CoC Program-funded PSH may use similar criteria to determine if a household has severe service needs instead of the criteria defined paragraphs i. and ii. above. However, such determination must not be based on a specific diagnosis or disability type.

II. Dedication and Prioritization of Permanent Supportive Housing Strategies to Increase Number of PSH Beds Available for Chronically Homeless Persons

There are two significant ways in which CoCs can increase progress towards ending chronic homelessness in their communities using only their existing CoC Program-funded PSH:

A. Increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness.

Dedicated PSH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness unless there are no persons within the CoC that meet that criteria. If this occurs, the recipient may then follow the order of priority in this Notice if it is adopted by the CoC. The bed will continue to be a dedicated bed, however, so when that bed becomes vacant again it must be used to house a chronically homeless person unless there are still no persons who meet that criterion within the CoC's geographic area. These PSH beds are reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). A CoC may increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness when it's recipients of non-dedicated CoC Program-funded PSH request a grant amendment to dedicate one or more of its beds for this purpose. A recipient of CoC Program-funded PSH is prohibited from changing the designation of the bed from dedicated to non-dedicated without a grant agreement amendment. Similarly, if a recipient of non-dedicated PSH intends to dedicate one or more of its beds to the chronically homeless it may do so through a grant agreement amendment.

B. Prioritize non-dedicated PSH beds for use by persons experiencing chronic homelessness.

Prioritization means implementing an admissions preference for chronically homeless persons for CoC Program-funded PSH beds. In the FY 2013-FY 2014 CoC Program Competition, CoCs were scored on the extent to which they were willing to commit to prioritizing chronically homeless persons in a percentage of their non-dedicated PSH beds with the highest points going to CoCs that committed to prioritize the chronically homeless

in 85 percent or more of their non-dedicated CoC Program-funded PSH. Further, project applicants for CoC Program-funded PSH had to indicate the number of non-dedicated beds that would be prioritized for use by persons experiencing chronic homelessness. These projects are now required to prioritize chronically homeless persons in their non-dedicated CoC Program-funded PSH beds for FY 2013 and FY 2014, as the project application is incorporated into the grant agreement. PSH beds that were included in the calculation for the CoCs commitment in the CoC Application cannot revise their FY 2014 application to reduce the number of prioritized beds; however, recipients of PSH that are currently not dedicated to the chronically homeless may choose to prioritize additional beds in the FY 2014 CoC Project Application. All recipients of CoC Program-funded PSH are encouraged to prioritize the chronically homeless as beds become vacant to the maximum extent practicable. CoCs will be expected to meet or exceed the goals established in the FY 2013/FY 2014 CoC Application and should continue to prioritize persons experiencing chronic homelessness in their CoC Program-funded PSH until there are no persons within the CoC's geographic area who meet that criteria. Further, to the extent that CoCs incorporate this order of priority into the CoCs written standards, recipients of CoC Program-funded PSH will also be required to follow this criterion included in those standards.

III. Order of Priority in CoC Program-funded Permanent Supportive Housing

A. Order of Priority in CoC Program-funded Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

1. As of the date of this Notice, CoCs are encouraged to revise their written standards to include the following order of priority for CoC Program-funded PSH that is either dedicated or prioritized for use by the chronically homeless. If adopted into the CoCs written standards, recipients of CoC Program-funded PSH would then be required to follow the order of priority when selecting participants for housing in accordance with the CoC's revised written standards in accordance with this Notice and in a manner consistent with their current grant agreement. For CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness, the following order of priority is strongly encouraged:

(a) First Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.

A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and

- ii. The CoC or CoC Program recipient has identified the chronically homeless individual or head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs (see Section I.D.3. of this Notice for definition of severe service needs).

(b) Second Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness. A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for which both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,
- ii. The CoC or CoC program recipient has **not** identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

(c) Third Priority—Chronically Homeless Individuals and Families with the Most Severe Service Needs. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and
- ii. The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

(d) Fourth Priority—All Other Chronically Homeless Individuals and Families. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years,

where the cumulative total length the four occasions is **less than** 12 months; and

- ii. The CoC or CoC program recipient has **not** identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.
2. Where a CoC or a recipient of CoC Program-funded PSH beds that are dedicated or prioritized is not able to identify chronically homeless individuals and families as defined in 24 CFR 578.3 within the CoC, the order of priority in Section III.B. of this Notice, as adopted by the CoC, may be followed.
 3. Recipients of CoC Program-funded PSH should follow the order of priority above while also considering the goals and any identified target populations served by the project. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with a serious mental illness that has been identified as a project that will prioritize a portion or all of its turnover beds to persons experiencing chronic homelessness should follow the order of priority under Section III.A.1. of this Notice to the extent in which persons with serious mental illness meet the criteria.
 4. Recipients must exercise due diligence when conducting outreach and assessment to ensure that persons are served in the order of priority in this Notice. HUD recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units remain vacant where there are persons who meet a higher priority within the CoC and who have not yet accepted the PSH opportunities offered to them. Street outreach providers should continue to make attempts to engage those persons and the CoC and CoC Program-funded PSH providers are encouraged to follow a Housing First approach to the maximum extent practicable and for those projects that indicated in the FY 2013 CoC Project Application that they would follow a Housing First approach will be required to do so for both the FY 2013 and FY 2014 operating year(s), as the CoC score for the FY 2013 – FY 2014 CoC Program Competition was affected by the extent in which project applications indicated that they would follow this approach and this requirement will be incorporated into the recipient’s FY 2013 and FY 2014 grant agreement. For eligibility in dedicated or prioritized PSH serving chronically homeless households, the individual or head of household must meet all of the applicable criteria to be considered chronically homeless per 24 CFR 578.3.

B. Order of Priority in Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness

1. As of the date of this Notice, CoCs are encouraged to revise their written standards to include the following priorities for non-dedicated and non-prioritized PSH beds. If adopted into the CoCs written standards, recipients of CoC Program-funded PSH would then be required to follow the order of priority when selecting participants for housing in accordance with the CoC’s revised written standards included in this Notice and in a

manner consistent with their current grant agreement. CoCs that adopt this order of priority are encouraged to include in the written standards a policy that would allow for recipients of non-dedicated and non-prioritized PSH to offer housing to chronically homeless individuals and families first, but minimally would be required to place otherwise eligible households in an order that prioritizes, in a nondiscriminatory manner, those who would benefit the most from this type of housing, beginning with those most at risk of becoming chronically homeless. For eligibility in non-dedicated and non-prioritized PSH serving non-chronically homeless households, any household member with a disability may qualify the family for PSH.

(a) First Priority—Homeless Individuals and Families with a Disability with the Most Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter for any period of time, including persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution **and** has been identified as having the most severe service needs.

(b) Second Priority—Homeless Individuals and Families with a Disability with a Long Period of Continuous or Episodic Homelessness. An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and had been living or residing in one of those locations for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months.

(c) Third Priority—Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters. An individual or family that is eligible for CoC Program-funded PSH who has been living in a place not meant for human habitation, a safe haven, or an emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution.

(d) Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing. An individual or family that is eligible for CoC Program-funded PSH who is coming from transitional housing, where prior to residing in the transitional housing lived on streets or in an emergency shelter, or

safe haven. This priority also includes homeless individuals and homeless households with children with a qualifying disability who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and are living in transitional housing—all are eligible for PSH even if they did not live on the streets, emergency shelters, or safe havens prior to entry in the transitional housing.

2. Recipients of CoC Program-funded PSH should follow the order of priority above, as adopted by the CoC, while also considering the goals and any identified target populations served by the project. For example, in CoC Program-funded PSH where the beds are not dedicated or prioritized and which is permitted to target homeless persons with a serious mental illness should follow the order of priority under Section III.B.1. of this Notice, as adopted by the CoC, to the extent in which persons with serious mental illness meet the criteria.
3. Due diligence should be exercised when conducting outreach and assessment to ensure that persons are served in the order of priority in this Notice, and as adopted by the CoC. HUD recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units vacant where there are persons who meet a higher priority within the CoC and who have not yet accepted the PSH opportunities offered to them. Street outreach providers should continue to make attempts with those persons using a Housing First approach to place as few conditions on a person's housing as possible.

IV. Using a Coordinated Assessment and a Standardized Assessment Tool or Process to Determine Eligibility and Establish a Prioritized Waiting List

A. Coordinated Assessment Requirement

Provisions at 24 CFR 578.7(a)(8) requires that each CoC, in consultation with recipients of Emergency Solutions Grants (ESG) program funds within the CoC's geographic area, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. CoCs that adopt the order of priority in Section III of this Notice into the CoC's written standards are strongly encouraged to use their coordinated assessment system in order to ensure that there is a single prioritized waiting list for all CoC Program-funded PSH within the CoC. Under no circumstances shall the order of priority be based upon diagnosis or disability type, but instead on the severity of needs of an individual or family.

B. Written Standards for Creation of a Single Prioritized Waiting List for PSH

CoCs are also encouraged to include in their policies and procedures governing their coordinated assessment system, a requirement that all CoC Program-funded PSH accept referrals only through a single prioritized waiting list that is created through the CoCs coordinated assessment process. Adopting this into the CoC's policies and procedures for coordinated assessment would further ensure that CoC Program-funded PSH is being used most effectively, which is one of the goals in this Notice. This would also allow for

recipients of CoC Program funds for PSH to maintain their own waiting lists, but all households would be referred to each of those project-level waiting lists based on where they fall on the prioritized list and not on the date in which they first applied for housing assistance.

C. Standardized Assessment Tool Requirement

CoCs must utilize a standardized assessment tool, in accordance with 24 CFR 578.3, or process. Appendix A of this Notice—*Coordinated Assessment Tool and Implementation: Key Considerations*—provides recommended criteria for a quality coordinated assessment process and standardized assessment tool.

D. Nondiscrimination Requirements

CoCs and recipients of CoC Program-funded PSH must continue to comply with the nondiscrimination provisions of Federal civil rights laws, including, but not limited to, the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II or III of the Americans with Disabilities Act, as applicable.

V. Recordkeeping Requirements

This Notice establishes recordkeeping requirements for all recipients of CoC Program-funded PSH that are required to document a program participant's status as chronically homeless as defined in 24 CFR 578.3 and in accordance with 24 CFR 578.103. Further, HUD expects that where CoCs have adopted the orders of priority in Section III. of this Notice into their written standards, the CoC as well as recipients of CoC Program-funded PSH, will maintain evidence of implementing these priorities.

A. CoC Records

In addition to the records required in 24 CFR 578.103, it is recommended that the CoC should supplement such records with the following:

- 1. Evidence of written standards that incorporate the priorities in Section III. of this Notice, as adopted by the CoC.** A CoC adopting the priorities in Section III of this Notice, may be evidenced by written CoC, or subcommittee, meeting minutes where written standards were adopted that incorporate the prioritization standards in this Notice, or an updated, approved, governance charter where the written standards have been updated to incorporate the prioritization standards set forth in this Notice.
- 2. Evidence of a standardized assessment tool.** Use of a standardized assessment tool may be evidenced by written policies and procedures referencing a single standardized assessment tool that is used by all CoC Program-funded PSH recipients within the CoC's geographic area.
- 3. Evidence that the written standards were incorporated into the coordinated assessment policies and procedures.** Incorporating standards into the coordinated assessment policies and procedures may be evidenced by updated policies and

procedures—that incorporate the updated written standards for CoC Program-funded PSH developed and approved by the CoC.

B. Recipient Recordkeeping Requirements

In addition to the records required in 24 CFR 578.103, recipients of CoC Program-funded PSH that is required by grant agreement to document chronically homeless status of program participants in some or all of its PSH beds must maintain the following records:

1. **Written Intake Procedures.** Recipients must maintain and follow written intake procedures to ensure compliance with the definition of chronically homeless per 24 CFR 578.3. These procedures must establish the order of priority for obtaining evidence as: (1) third-party documentation, (2) intake worker observations, and (3) certification from the person seeking assistance. Records contained in an HMIS or comparable database used by victim service or legal service providers are acceptable evidence of third-party documentation and intake worker observations if the HMIS retains an auditable history of all entries, including the person who entered the data, the date of entry, and the change made; and if the HMIS prevents overrides or changes of the dates entries are made.
2. **Evidence of Chronically Homeless Status.** Recipients of CoC Program-funded PSH whose current grant agreement includes beds that are dedicated or prioritized to the chronically homeless must maintain records evidencing that the individuals or families receiving the assistance in those beds meets the definition for chronically homeless at 24 CFR 578.3. Such records must include evidence of the homeless status of the individual or family (paragraphs (1)(i) and (1)(ii) of the definition), the duration of homelessness (paragraph (1)(ii) of the definition), and the disabling condition (paragraph (1)(iii) of the definition). When applicable, recipients must also keep records demonstrating compliance with paragraphs (2) and (3) of the definition.
 - (a) **Evidence of homeless status.** Evidence of an individual or head of household's current living situation may be documented by a written observation by an outreach worker, a written referral by housing or service provider, or a certification by the household seeking assistance that demonstrates that the individual or head of household is currently homeless and living in a place not meant for human habitation, in an emergency shelter, or a safe haven. For paragraph (2) of the definition for chronically homeless at 24 CFR 578.3, for individuals currently residing in an institution, acceptable evidence includes:
 - i. Discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institution, stating the beginning and end dates of the time residing in the institution that demonstrate the person resided there for less than 90 days. All oral statements must be recorded by the intake worker; or
 - ii. Where the evidence above is not obtainable, a written record of the intake worker's due diligence in attempting to obtain the evidence described in the paragraph i. above and a certification by the individual seeking

assistance that states that they are exiting or have just exited an institution where they resided for less than 90 days; and

- iii. Evidence that the individual was homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter, and met the criteria in paragraph (1) of the definition for chronically homeless in 24 CFR 578.3, immediately prior to entry into the institutional care facility.

- (b) Evidence of the duration of the homelessness.** Recipients documenting chronically homeless status must also maintain the evidence described in paragraph i. or in paragraph ii. below, and the evidence described in paragraph iii. below:

- i. **Evidence that the homeless occasion was continuous, for at least one year.**

Using any combination of allowable documentation described in Section V.B.2.(a) of this Notice, recipients must provide evidence that the homeless occasion was continuous, for a year period, without a break in living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter. For the purposes of this Notice, a break is considered at least seven or more consecutive nights not residing in a place not meant for human habitation, in shelter, or in a safe haven.

At least 9 months of the 1-year period must be documented by one of the following: (1) HMIS data, (2), a written referral, or (3) a written observation by an outreach worker. In only rare and the most extreme cases, HUD would allow a certification from the individual or head of household seeking assistance in place of third-party documentation for up to the entire period of homelessness. Where third-party evidence could not be obtained, the intake worker must obtain a certification from the individual or head of household seeking assistance, and evidence of the efforts made to obtain third-party evidence as well as documentation of the severity of the situation in which the individual or head of household has been living. An example of where this might occur is where an individual has been homeless and living in a place not meant for human habitation in a secluded area for more than 1 year and has not had any contact with anyone during that entire period.

Note: A single encounter with a homeless service provider on a single day within 1 month that is documented through third-party documentation is sufficient to consider an individual or family as homeless for the entire month unless there is any evidence that the household has had a break in homeless status during that month (e.g., evidence in HMIS of a stay in transitional housing).

ii. Evidence that the household experienced at least four separate homeless occasions over 3 years.

Using any combination of allowable documentation described in Section V.B.2.(a) of this Notice, the recipient must provide evidence that the head of household experienced at least four, separate, occasions of homelessness in the past 3 years.

Generally, at least three occasions must be documented by either: (1) HMIS data, (2) a written referral, or (3) a written observation. Any other occasion may be documented by a self-certification with no other supporting documentation.

In only rare and the most extreme cases, HUD will permit a certification from the individual or head of household seeking assistance in place of third-party documentation for the three occasions that must be documented by either: (1) HMIS data, (2) a written referral, or (3) a written observation. Where third-party evidence could not be obtained, the intake worker must obtain a certification from the individual or head of household seeking assistance, and must document efforts made to obtain third-party evidence, and document of the severity of the situation in which the individual has been living. An example of where this might occur is where an individual has been homeless and living in a place not meant for human habitation in a secluded area for more than one occasion of homelessness and has not had any contact with anyone during that period.

iii. Evidence of diagnosis with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability. Evidence of this criterion must include one of the following:

- (1) Written verification of the condition from a professional licensed by the state to diagnose and treat the condition;
- (2) Written verification from the Social Security Administration;
- (3) Copies of a disability check (e.g., Social Security Disability Insurance check or Veterans Disability Compensation);
- (4) Intake staff (or referral staff) observation that is confirmed by written verification of the condition from a professional licensed by the state to diagnose and treat the condition that is confirmed no later than 45 days of the application for assistance and accompanied with one of the types of evidence above; or

(5) Other documentation approved by HUD.

C. Recordkeeping Recommendations for CoCs that have Adopted the Order of Priority in this Notice.

Where CoCs have incorporated the order of priority in this Notice into their written standards, recipients of CoC Program-funded PSH may demonstrate that they are following the CoC-established requirement by maintaining the following evidence:

- 1. Evidence of Cumulative Length of Occasions.** For recipients providing assistance to households using the selection priority in Sections III.A.1.(a) and (b) of this Notice, the recipient must maintain the evidence of each occasion of homelessness as required in Section V.B.2.(b)(2) of this Notice, which establishes how evidence of each occasion of homelessness, when determining whether an individual or family is chronically homeless, may be documented. However, to properly document the length of time homeless, it is important to document the start and end date of each occasion of homelessness and these occasions must cumulatively total a period of 12-months. In order to properly document the cumulative period of time homeless, at least 9 months of the 12-month period must be documented through third-party documentation unless it is one of the rare and extreme cases described in Section V.B.2.b.ii. of this Notice. For purposes of this selection priority, a single encounter with a homeless service provider on a single day within one month that is documented through third-party documentation is sufficient to consider an individual or family as homeless for the entire month unless there is any evidence that the household has had a break in homeless status during that month (e.g., evidence in HMIS of a stay in transitional housing).
- 2. Evidence of Severe Service Needs.** Evidence of severe service needs is that by which the recipient is able to determine the severity of needs as defined in Section I.D.3. of this Notice using data-driven methods such as an administrative data match or through the use of a standardized assessment conducted by a qualified professional.
- 3. Evidence that the Recipient is Following the CoC's Written Standards for Prioritizing Assistance.** Recipients must follow the CoC's written standards for prioritizing assistance, as adopted by the CoC. In accordance with the CoC's adoption of written standards for prioritizing assistance, recipients must in turn document that the CoC's revised written standards have been incorporated into the recipient's intake procedures and that the recipient is following its intake procedures when accepting new program participants into the project.

VI. Questions Regarding this Notice

Questions regarding this notice should be submitted to HUD's Ask A Question at: www.onecpd.info/get-assistance/my-question.

Appendix A

Coordinated Assessment Process and Standardized Assessment Tool: Key Considerations

A coordinated assessment process is intended to increase and streamline access to housing and services for households experiencing homelessness, matches appropriate levels of housing and services based on their needs, and prioritizes persons with severe service needs for the most intensive interventions. HUD will be issuing guidance regarding the minimum requirements for establishing and operating a coordinated assessment system, as required by 24 CFR 578.7(a)(8), separately. Meanwhile, this Appendix is intended to help inform CoC efforts to implement an effective coordinated assessment *process* and qualities of an effective standardized assessment tool. As stated in Section III of this Notice, the use of both a coordinated assessment process and assessment tool(s) are critical to effectively implement the order of priority described in Section III.A. and III.B., if adopted by the CoC and incorporated into the CoCs written standards.

Recommendations for Effective Implementation of a Coordinated Assessment Process

The coordinated assessment process must incorporate and defer to any funding requirements established under the CoC Program interim rule, ESG Program interim rule, or a Notice of Funding Availability under which a project is awarded. In addition, the following are recommended as the minimum criteria for the effective implementation of a coordinated assessment process.

1. **Standardized**—The assessment process should rely upon a standardized method and criteria to determine the appropriate type of intervention for individuals or families. This standardized process could encompass the CoC-wide use of a standardized assessment tool, as well as data driven methods.
2. **Improves data management**—Individual tracking, resource allocation and planning, system monitoring, and reporting to the community and to funders is improved by use of a common, coordinated assessment tool.
3. **Non-directive**—The recommendations of the tool can be overridden by the judgment of qualified professionals, especially in where there are extenuating circumstances that are not assessed by the tool are relevant to choosing appropriate interventions. Discretion must be exercised in a nondiscriminatory manner consistent with fair housing and civil rights laws and should be subject to appropriate review and documentation (see Section V. of this Notice for the recordkeeping requirements), to ensure it is applied judiciously.
4. **Mainstream resources**—Effective coordinated assessment facilitates meaningful coordination between the homeless response system and the intake processes for mainstream systems. Connections should be made to public housing authorities, multifamily housing, health and mental health care, the workforce development system, and with other mainstream income and benefits as appropriate and applicable.
5. **Align Interventions**—The various types of interventions that are available are aligned and used strategically.

6. **Leverage local attributes and capacity**—The physical and political geography, including the capacity of partners in a community, and the opportunities unique to the community's context, should inform local coordinated assessment implementation.
7. **Assess program capacity**—Assess the variety and capacity of programs in the community to identify and fill critical gaps in housing and service resources and to ensure that there is a range of options needed for a coordinated assessment system to work well.
8. **Outreach**—The coordinated assessment system should ensure that connections and ongoing engagement occurs with those not accessing services and housing on their own. Often, these are the highest need and most at-risk people in communities.
9. **Privacy protections**—Protections should be in place to ensure proper use of the information with consent from the client. Assessment should also be conducted in a private location.
10. **Fair Housing and Civil Rights**—Protections should be in place to ensure compliance with all civil rights requirements, including, but not limited to, the Fair Housing Act, Title VI of the Civil Rights Act of 1964, and Section 504 of the Rehabilitation Act of 1973. The assessment tool should not seek disability-related information that is unnecessary for determining the need for housing-related services. The coordinated assessment process should ensure that program participants are informed of rights and remedies available under applicable federal, state, and local fair housing and civil rights laws, in accordance with the requirement at 24 CFR 578.93(c)(3).
11. **Training**—Initial and ongoing training on the use of the assessment tool should be provided to those parties that will be administering the assessment.
12. **Accessible and well-advertised**—The assessment must be well advertised and easily accessed by people seeking services or housing. This can happen in a variety of ways: access to services can be centralized, a one-stop shop approach. Access can be coordinated, leveraging outreach capacity and linking or integrating with mainstream systems. The assessment must be conducted in a manner that is accessible for individuals with disabilities, ensures meaningful program access for persons with Limited English Proficiency, and is affirmatively marketed in order to reach eligible persons who are least likely to seek assistance in the absence of special outreach, in accordance with 24 CFR 578.93(c)(1).
13. **Prioritization**—When resources are scarce, the coordinated assessment process should prioritize who will receive assistance based on their needs. Coordinated assessment should never result in long waiting lists for assistance. Instead, when there are many more people who are assessed to receive an intervention than there are available openings, the process should refer only individuals with the greatest needs.
14. **Inform system change efforts**—Information gathered during the coordinated assessment process should identify what types of programs are most needed in the community and be used by the CoC and other community leaders to allocate resources.

Recommended Qualities of a Good Standardized Assessment Tool

While HUD requires that CoCs use a standardized assessment tool, it does not endorse any specific tool or approach, there are universal qualities that any tool used by a CoC for their coordinated assessment process should include.

1. **Valid**—Tools should be evidence-informed, criteria-driven, tested to ensure that they are appropriately matching people to the right interventions and levels of assistance, responsive to the needs presented by the individual or family being assessed, and should make meaningful recommendations for housing and services.
2. **Reliable**—The tool should produce consistent results, even when different staff members conduct the assessment or the assessment is done in different locations.
3. **Inclusive**—The tool should encompass the full range of housing and services interventions needed to end homelessness, and where possible, facilitate referrals to the existing inventory of housing and services.
4. **Person-centered**—Common assessment tools put people—not programs—at the center of offering the interventions that work best. Assessments should provide options and recommendations that guide and inform client choices, as opposed to rigid decisions about what individuals or families need. High value and weight should be given to clients’ goals and preferences.
5. **User-friendly**—The tool should be brief, easily administered by non-clinical staff including outreach workers and volunteers, worded in a way that is easily understood by those being assessed, and minimize the time required to utilize.
6. **Strengths-based**—The tool should assess both barriers **and** strengths to permanent housing attainment, incorporating a risk and protective factors perspective into understanding the diverse needs of people.
7. **Housing First orientation**—The tool should use a Housing First frame. The tool should not be used to determine “housing readiness” or screen people out for housing assistance, and therefore should not encompass an in-depth clinical assessment. A more in-depth clinical assessment can be administered once the individual or family has obtained housing to determine and offer an appropriate service package.
8. **Sensitive to lived experiences**—Providers should recognize that assessment, both the kinds of questions asked and the context in which the assessment is administered, can cause harm and risk to individuals or families, especially if they require people to relive difficult experiences. The tool’s questions should be worded and asked in a manner that is sensitive to the lived and sometimes traumatic experiences of people experiencing homelessness. The tool should minimize risk and harm, and allow individuals or families to refuse to answer questions. Agencies administering the assessment should have and follow protocols to address any psychological impacts caused by the assessment and should administer the assessment in a private space, preferably a room with a door, or, if outside, away from others’ earshot. Those administering the tool should be trained to recognize signs of trauma or anxiety.

Additionally, the tool should link people to services that are culturally sensitive and appropriate and are accessible to them in view of their disabilities, *e.g.*, deaf or hard of hearing, blind or low vision, mobility impairments

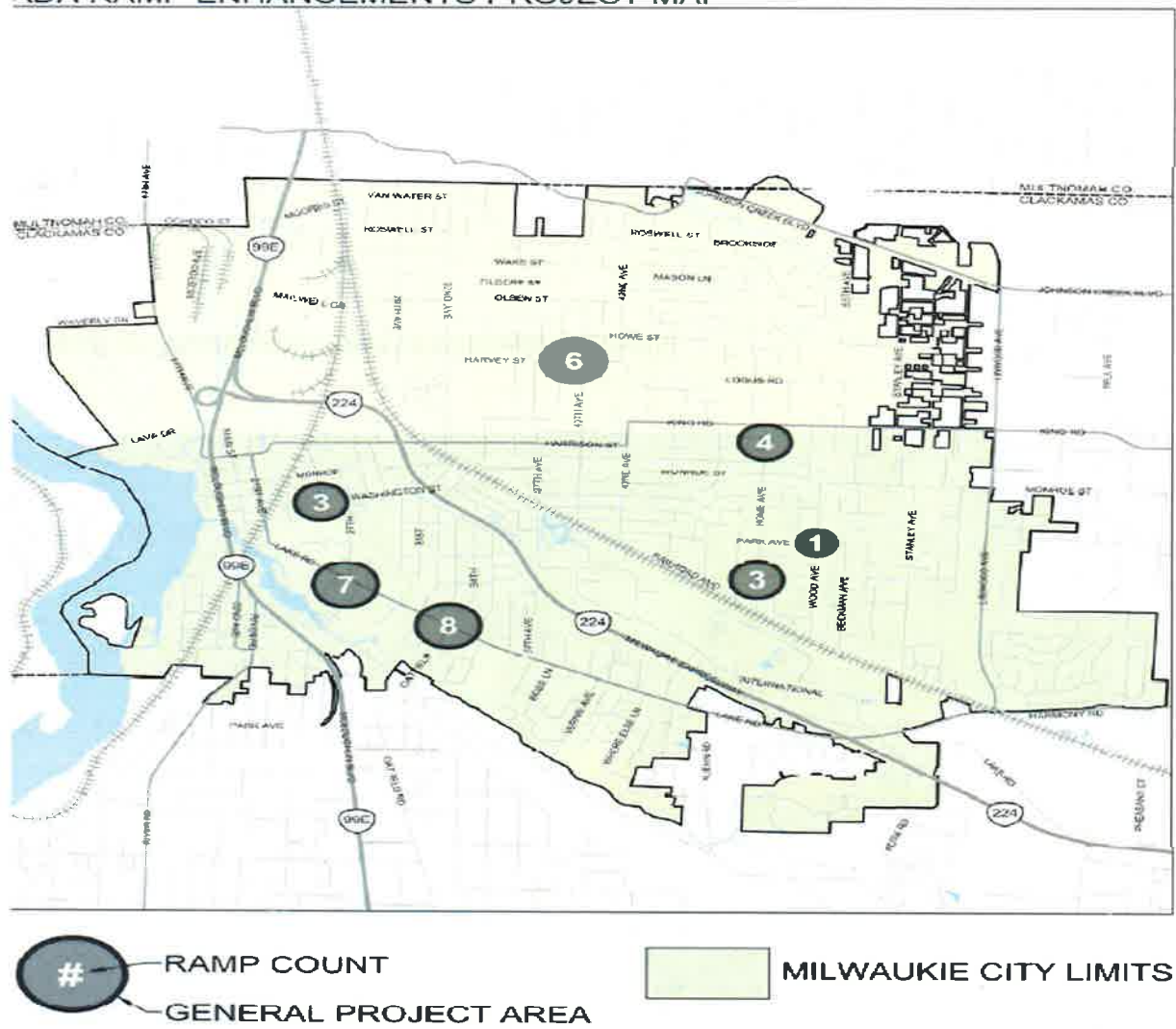
9. **Transparent**—The relationship between particular assessment questions and the recommended options should be easy to discern. The tool should not be a “black box” such that it is unclear why a question is asked and how it relates to the recommendations or options provided.

Appendix C

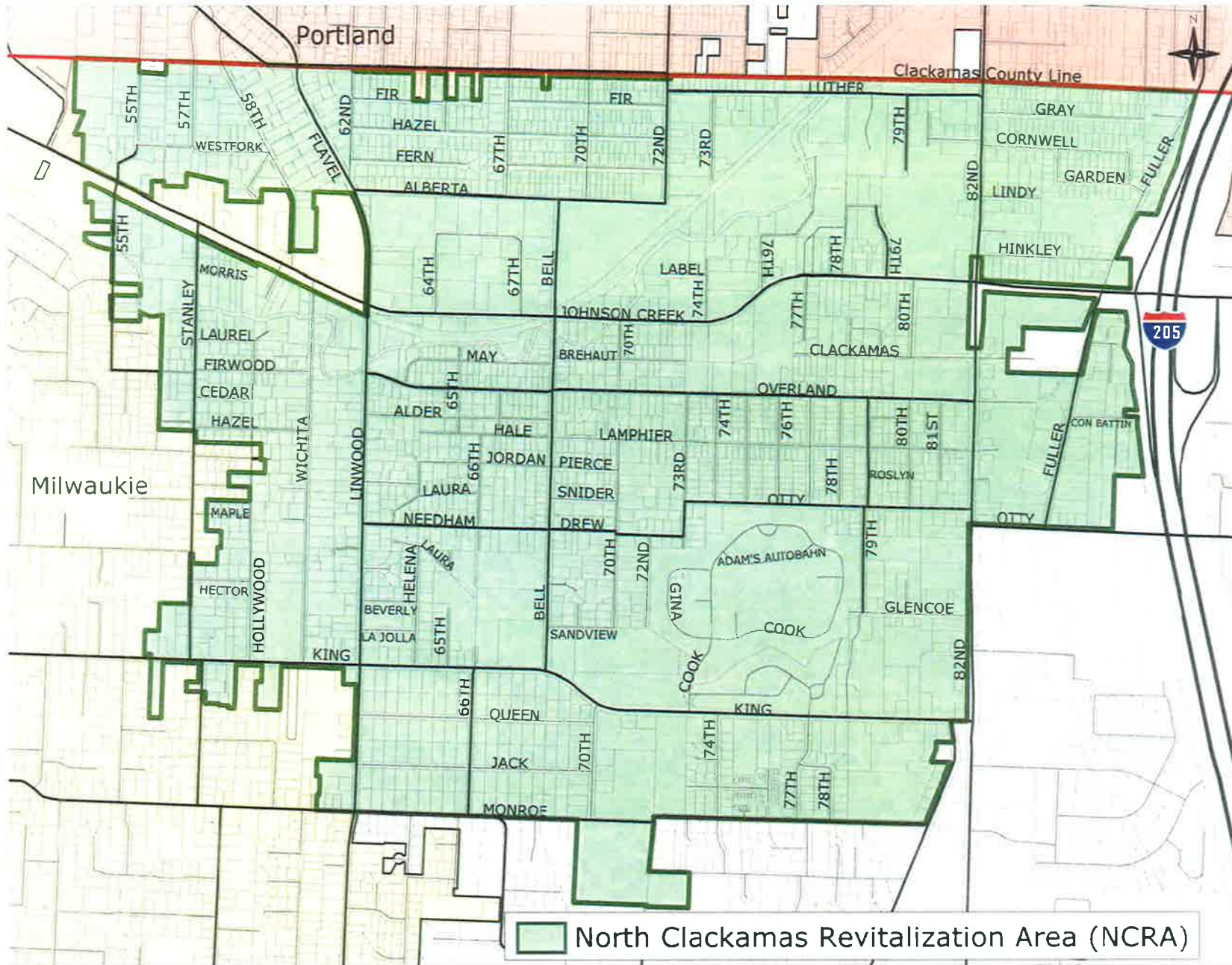


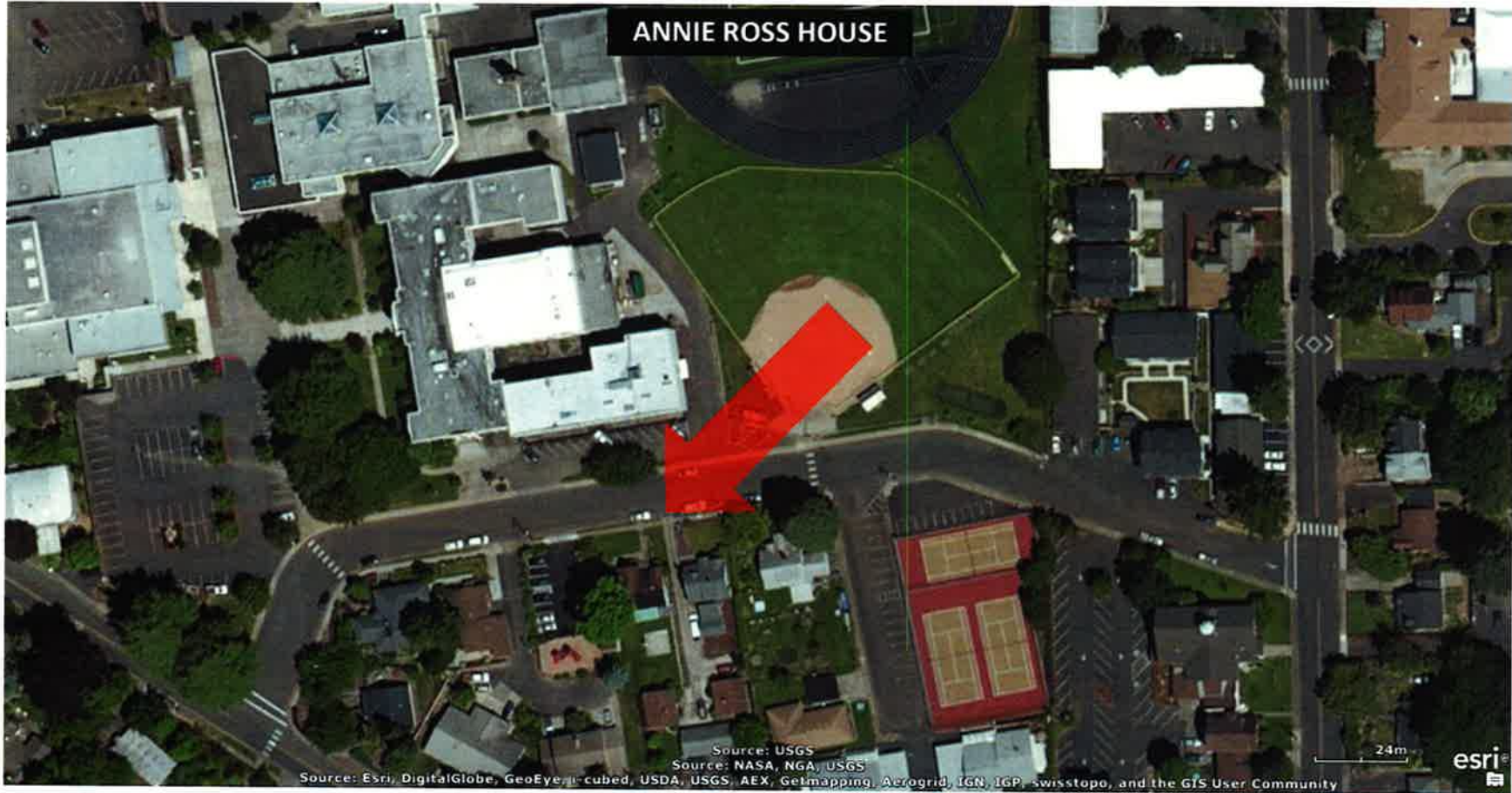
Milwaukie High School Crosswalk on Washington Street in Milwaukie, Oregon.

ADA RAMP ENHANCEMENTS PROJECT MAP



Milwaukie ADA Ramp Enhancements Project





Annie Ross House on Willard Street in Milwaukie, Oregon



Addie Street in Gladstone, Oregon



Centerstone Expansion Project in Happy Valley, Oregon



Installation Subsidy for Fiber Optic in the City of Sandy, Oregon



Boring Water District Pump House water system improvements in Boring, Oregon



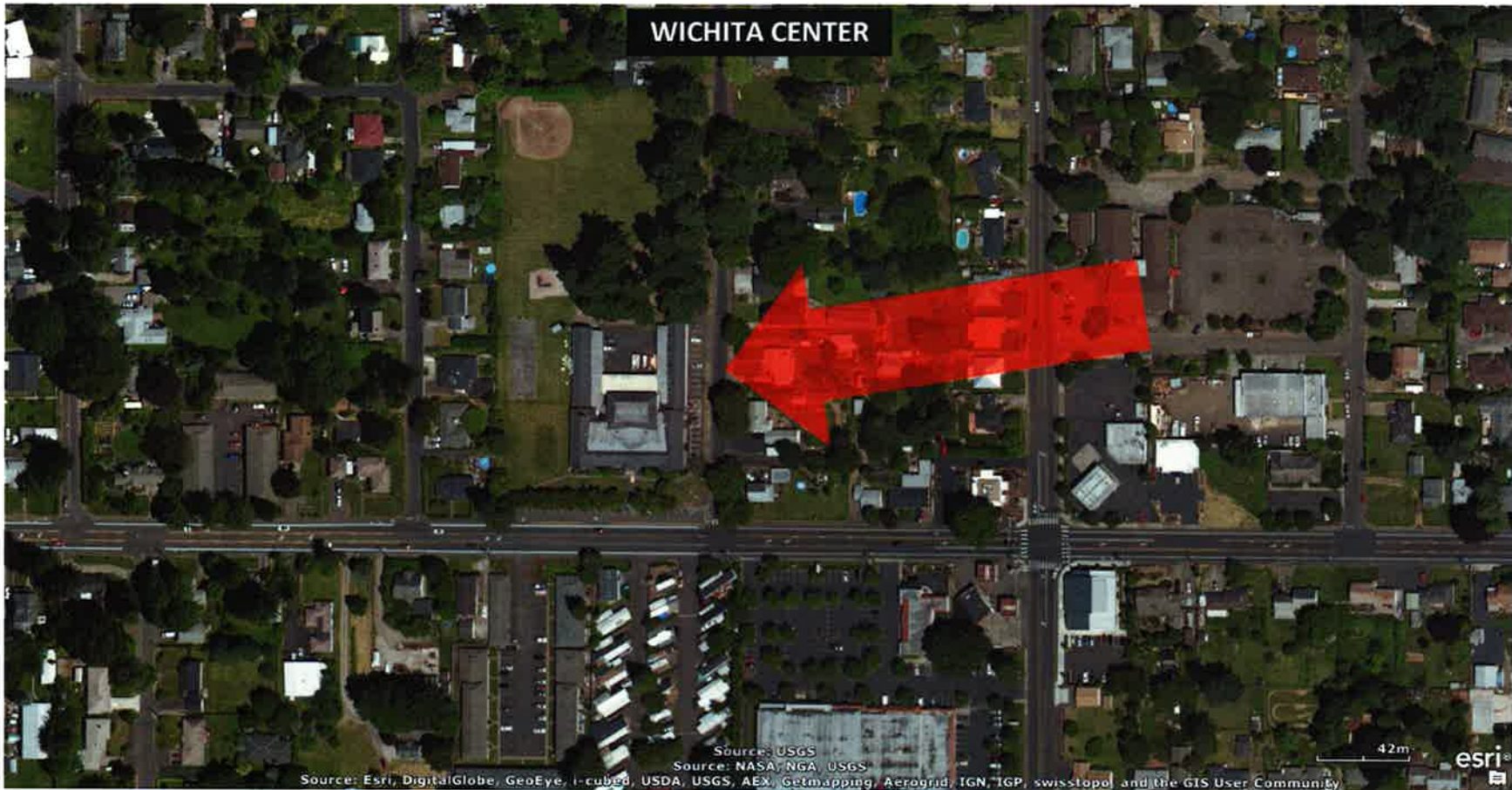
Lola Avenue Phase 2 in Molalla, Oregon



Colton Helping Hands Foodbank in Colton, Oregon



NE 10th Avenue in Canby, Oregon



Wichita Center on King Road in North Clackamas, Oregon



North Clackamas Renewal Area (NCRA) Sewer Hookup Program

Appendix D

**Clackamas County Community Development
Public Meeting Summary**

**6:00p.m. Wednesday, October 29, 2014
2051 Kaen Road, Rm 255
Oregon City, Oregon**

In Attendance:

Dawn Loomis, Sandy Community Action Center
Dan O'Dell, Friends of Boring Trailhead Park
Bob Boring, Sandy Historical Society
Larry Alexander, Boring Water District
Stephen McMurtry, Northwest Housing Alternatives
Angela Trimble, Northwest Housing Alternatives
Donna Fix, Colton Helping Hands
Debbie Holm, Colton Helping Hands
George Abbott, Colton Helping Hands
Chris Wiens, Albertina Kerr Centers
Kevin Ko, Housing and Community Development Manager
Mark Sirois, Project Coordinator, Community Development Program

Mark Sirois, Community Development Division, opened the meeting at 6:00p.m. by thanking everyone for attending. Mark explained that the public meeting was a chance for community members to learn about the Community Development Program and the funding that HUD provides. The meeting also provides an opportunity to get information from citizens on the specific community needs and discuss potential future housing and community development projects in the County.

Mark continued by discussing the anticipated federal funding in the coming year. Mark explained that this next 2- year funding cycle will be conducted using an online application system. The next application process will open on November 5 and close on December 18, 2014 for projects beginning July 1, 2015. Mark referenced the HCD goals and Priority list which are used to help determine which types of projects get funding. HCD will get notification from HUD in April about the actual allocations from HUD.

Mark opened the floor for people to introduce themselves and discuss the needs they see in the community and their particular project ideas

Public Comments:

Stephen McMurtry of NHA commented that NHA has been working in Clackamas County for over 25 years now. NHA will be applying for CDBG funds to help build 60 to 70 new affordable housing units. NHA has constructed projects in Milwaukie and Oregon City. Angela added that NHA provides emergency homeless shelter services, homeless prevention and rapid re-housing services and will be applying for ESG funds to continue providing services to about 230 households per year.

Bob Boring with the Sandy Historical Society, explained that the Society is an all volunteer organization. The Historical society has an old building that services as a repository of many of the area's historical items and also serves as an educational facility. The Society would like to reduce its annual electrical expenses by 50 to 60% by changing all the lights to LED. The Society will be applying for \$19,500 to complete the electrical work.

Larry Alexander with the Boring Water District said that the district had gotten grants in the past to improve the water services. The water district will be applying for \$39,900 to rebuild a water well house that includes electrical equipment. The water district will provide in-kind work and cash as a match to the CDBG grant.

Dan O'Dell with the Boring Trailhead Park said that they have been working with the Clackamas Parks Department for years to raise funds for the park construction and they have also gotten a few grants from the state. What is needed now in the park is playground equipment that will cost about \$60,000. Dan would like to apply for a \$30,000 CDBG grant which they would match with \$30,000 in cash. They have already raised \$12,000. Many community partners have contributed to the park including Portland General Electric.

Chris Wiens of the Albertina Kerr Centers explained that he was going to request CDBG funds so that Albertina Kerr could purchase group homes for adults with developmental disabilities. Albertina Kerr rents the group homes and cannot easily remodel the homes. Owning the group homes would allow Albertina Kerr to adapt the homes to be more accessible for persons with physical disabilities.

Dawn Loomis from the Sandy Action Center said that she would like to apply for funds to remodel their current building. The building is old and not energy efficient. Building upgrades would reduce the monthly heating, cooling and electrical bills.

Donna Fix, Debbie Holm and George Abbott of the Colton Helping Hands said that they were present to apply for funds to purchasing the food bank building. The building serves as a community center, a meeting place for the Community Planning Organization and several other community groups. They want to purchase the building so that they can remodel and make better use of the space for a food bank and other community functions.

Mark asked if there were any other questions or comments before showing a brief video about the new online grant application. Mark said that the online application would be "live" on November 5th and the applications would close on December 18. There will also be another public meeting on November 13 to answer any questions about the new online CDBG and ESG application system. A Notice would be posted by email on November 5th and posted in all county newspapers the same day. Mark also said that HCD staff are available by phone and email to help answer any questions about the application process.

Mark asked everyone to make sure they had signed in so that they could be on the Citizen Participation list. The public meeting concluded at 7:15p.m.



ALBERTINA KERR

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424 NE 22nd Avenue
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503-239-8101 main
 503-239-8106 fax

Albertina Kerr Centers Written Testimony regarding Clackamas County Community Development Needs & Priorities

There is a high need for capital investment in secure, community-based group homes for adults with developmental disabilities and mental health challenges. Group home care provides for the safety needs and physical and mental health of the adult residents, promoting the fullest and least restrictive life possible. There is a need for both the acquisition of group homes and for the refurbishment of group homes to bring them up to the highest health and safety standards. The group home care environment promotes skill development, day-to-day life choices and social and recreational activities. Without group home care the adult residents would likely be destitute, likely homeless, and would experience increased health risks and significantly decreased health outcomes. In addition, this vulnerable population is at risk of physical harm, theft and accidents as their disability causes multiple safety concerns.

The intensive level of care necessary for the health and safety of vulnerable adults with developmental disabilities and mental health challenges requires specialty 24-hour care in group home settings in their community. Developmental disabilities are severe, chronic disabilities attributable to mental and/or physical impairment, which manifest before age 22 and are likely to continue indefinitely. They result in substantial limitation in three or more areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living and economic self-sufficiency that requires lifelong supports. Developmental disabilities often result in low intellectual functioning and mental health challenges.

Historically children and adults with developmental disabilities were torn from their families and communities and placed in Salem's Fairview Training Center, a large state-run institution for people with developmental disabilities, which housed up to 3,000 residents. Residents were segregated from their community and care was poor, often resulting in worsened health conditions. The institution officially closed in 2000, marking the completion of a decade's long process of moving residents out of Fairview into community-based group homes.

Albertina Kerr Adult Group Home Locations in Clackamas County

10741 SE 59 th Milwaukie, OR 97222	13581 Jason Lee Drive Oregon City, OR 97045	5775 SE Quiet Meadows Drive Milwaukie, OR 97267
17915 SE Blanton St. Milwaukie, OR 97267	2286 Lindenbrook Court Milwaukie, OR 97267	4808 View Acres Rd. Milwaukie, OR 97267
12402 Cominger Drive Oregon City, OR 97045	14499 SE Orchid Avenue Milwaukie, OR 97267	3650 SE Wilamette Avenue Milwaukie, OR 97222



Sandy Historical Society, Inc.

"Where History Never Gets Old"

October 27, 2014

To: Clackamas County

Community Development Block Grant Program

Re: Grant in the amount of \$19,500.00 to replace lights with LED's and to bring some wiring up to the current electrical code

The Sandy Historical Society and Museum is a 501(3)c organization that is dedicated to preserving, displaying and educating local school children and the general public about the rich history of the Sandy area. This includes the Barlow Road, the Bull Run, Dover, Cottrell and Boring areas.

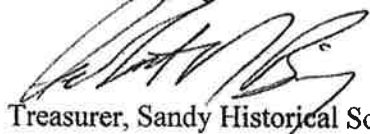
This grant will replace 112 dimmable flood lights, update 30 two lamp florescent fixtures, and update 28 general lighting fixtures with LED bulbs. It will also add occupancy detectors to the four restrooms and bring that wiring up to current code.

We currently have one 24 hour a week employee and are operating as an all volunteer organization, dependent upon donations and memberships to keep the doors open and the bills paid. Our current electrical bills are running between \$500.00 and \$700.00 per month and this is extremely difficult for us to meet. We expect this will cut our electrical bills by at least 50 to 60 percent.

We are aware that this is a 20% matching grant and are prepared to cover that amount.

Your consideration of this grant will be greatly appreciated.

Robert N. Boring



Treasurer, Sandy Historical Society.

39345 Pioneer Blvd., P.O. Box 652, Sandy, Oregon 97055

SandyHistory.com

(503) 668-3378

sandyhistorical@sandynet.org

BORING WATER DISTRICT #24

PO BOX 66 ~ BORING OR 97009
Phone (503) 663-4594 ~ Fax (503) 663-9154

Grant Request Summary

October 29, 2014

Clackamas County Housing and Community Development Division

Attn: Mark Sirois

Re: Community Development Block Grant Program

Dear Sirs,

The Boring Water District is applying for a CDBG for upgrading a well house located on S.E. 282nd.

This well house was installed back in 1986. It was not built to code and has several safety issues that need to be addressed. The well house is way too small to house the electrical equipment and the telemetry system. The building is in disrepair as well and need's to be rebuilt due to wood detearition.

The district is prepared to meet the 20% match through in kind work as well as cash dollars.

The amount we are requesting is \$39,950.00.

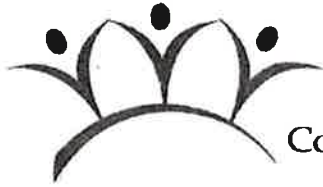
I know this seems high for a well house, however there is a lot of electrical work to be done and this is what is driving the cost up.

By obtaining a grant this helps the district to keep the cost of service to the consumer down. The district has had to raise water rates just to keep up with all the raising cost of power, insurance rates going up, etc.

Thank you for your consideration.



Larry Alexander
Manager



Colton Helping Hands Inc.
Food Pantry
Non-Profit Program

October 28, 2014

ATTN: Clackamas County Health, Housing and Human Services Department
Clackamas County Housing and Community Development Division
2051 Kaen Rd, Oregon City, Oregon 97045

Regarding: The purchase of the Colton Community Center

Dear Mark Sirois,

On August 19, 2014 the Colton Helping Hands, Inc. Board of Directors (George Abbott-President, Lana Woods-Vice President, Debbie Holm-Secretary, Donna Fix-Treasure, and Karol Manning-Board Member) has passed the purchase of the Colton Community Center building and approximately 1 acre of land in the amount of \$150,000.00 as is, located at 30138 South Wall St. Colton, Oregon 97017.

It was also passed by all board members to proceed with the CDBG Grant process.

Thank You in advance for your consideration of this project.

Sincerely,

Debbie Holm

Secretary

Colton Helping Hands, Inc.

PO Box 16, Colton, Oregon 97017

FRIENDS OF THE BORING STATION TRAILHEAD PARK **2014 COMMUNITY BLOCK GRANT REQUEST**

PROJECT: Purchase and install a set of playground equipment in the Clackamas County owned and operated BORING STATION TRAILHEAD PARK. Playground equipment is a multi-station train theme that meets Clackamas County safety standards. The project includes drainage work, site preparation and installation of low maintenance safety ground cover.

PROJECT COST: \$60,000

FUNDING PLAN:

- \$11,640 accrued as of 10/27/14. Includes proceeds from the 2013 and 2014 Celebration In Boring Festival and donations
- Community Block Grant request of \$30,000
- Future donations of \$18,360 (Friends of Boring Station Trailhead Park(FBSTP), Boring/Damascus Grange, Boring CPO, business and individual donations)

PARTNERSHIP: FBSTP has a positive 12-year working relationship with the Clackamas County Park staff starting with Dan Zinzer and Mike McClees and most recently Jerone Kok and Rick Gruen. FBSTP received approval from Clackamas County prior to moving forward with this project. Clackamas County Parks has agreed to manage the bidding and construction of the playground equipment provided FBSTP raises the funding.

HISTORY: In the mid-90's City of Portland purchased the abandoned railroad right of way from the Clackamas/Multnomah county line to Boring. Clackamas County purchased the abandoned railroad depot in Boring. Oregon State Parks purchase the abandoned railroad ROW from Boring to Estacada.

In 2005 the Boring Community, Clackamas County, Metro, and Oregon Department of Transportation collaborated to develop the Boring Downtown Development Plan for Boring that serves as a "roadmap" for future revitalization efforts. The plan embraced a new vision for downtown development that incorporated a new community park and development of adjoining trail systems.

A product of this planning effort was the formation of Friends of the Boring Station Trailhead Park committee. FBSTP partnered with the Boring/Damascus Grange and became a committee within the Grange. The Grange is an IRS 501 (c) 8 fraternal organization.

FBSTP's mission includes "Community Building through the development of the Boring Station Trailhead Park and trail system". FBSTP began working in earnest with Clackamas County Parks towards these goals. Following are the major accomplishments of this partnership:

- 10 years of Celebration In Boring annual festival (attendance of 2,000-3,000)
- 6 years of Boring Farmer's Market
- Approximately 7,000 volunteer hours towards park and trail development
- Raised funds and acquire donations to purchase and install the Boring Monument, flag pole and community stage
- Facilitated water, electrical and sewer connections for the Boring Station Trailhead Park at no cost to CC Parks

- Raised over \$80,000 for Clackamas County to purchase additional property for parking for the park
- Facilitated \$200,000+ of in-kind donations to clean-up the old railroad depot and make improvements in preparation for building the park
- Assisted and supported Clackamas County grant applications for building the park and paving the Springwater Trail into Boring
- Facilitated building community support for building the park and paving the trail: hosted numerous community events, staffing trail counts, informational booths at the Celebration In Boring
- 2012 - Boring Station Trailhead Park construction completed (playground equipment and picnic covered structure cut from plans due to funding shortfall)
- 2013 - Springwater Trail paved from county line to Boring
- 2013 - Established goal to raise funds to purchase and install playground equipment. Provided opportunity for community input into the playground equipment design concept. CC Park Planner Katie Dunham lead 2 community design workshops. FBSTP met with the local school children and received input into the playground equipment design. Obtained estimates for playground equipment (approximately \$60,000).
- In 2013 and 2014 Clackamas County identified the opportunity for economic development in Clackamas County Cities and Communities through bicycle tourism. They hosted various training seminars to promote bicycle tourism. Further development of the park in Boring will add to bicycle tourism in Boring.

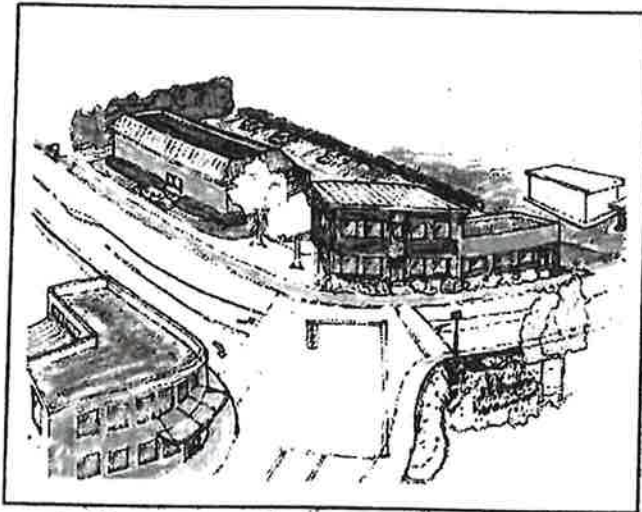
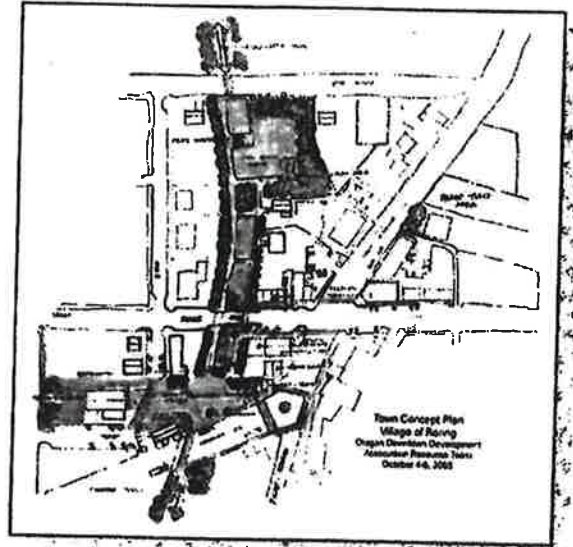
In summary, the goal of purchasing and installing playground equipment in the Boring Station Trailhead Park has community wide support as well as support from Clackamas County Parks. FBSTP is committed to raising the additional \$18,360 and has strong leads to acquire this funding. We realize that donors often hesitate in donating until they see a strong effort and commitment by others. The award of a Community Block Grant towards this project will put us over the top in completing it. I would like to thank all those involved for consideration of our grant request.

Respectfully submitted,

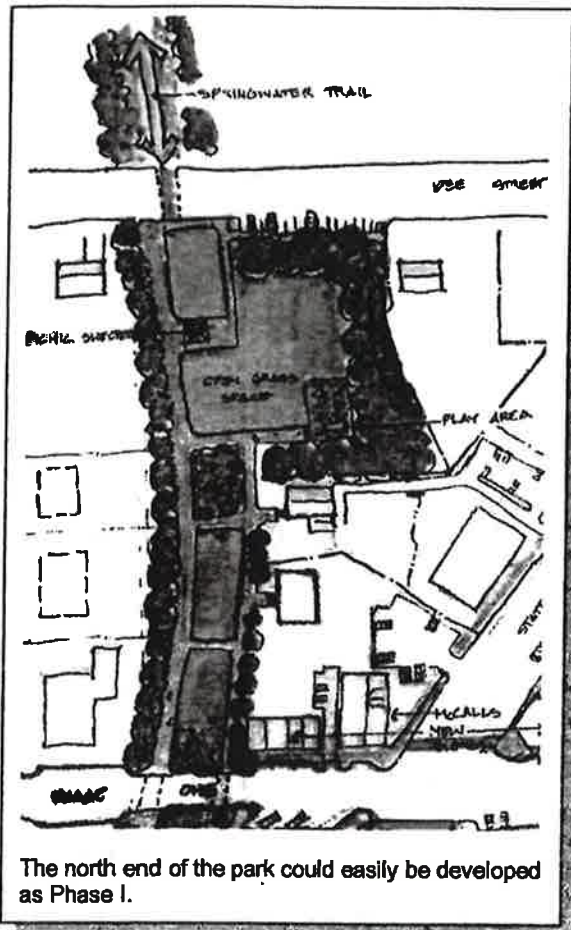


Dan O'Dell
Chair of Friends of the Boring Station Trailhead Park

503-886-9431



Downtown Development Plan for Boring, Oregon



The north end of the park could easily be developed as Phase I.

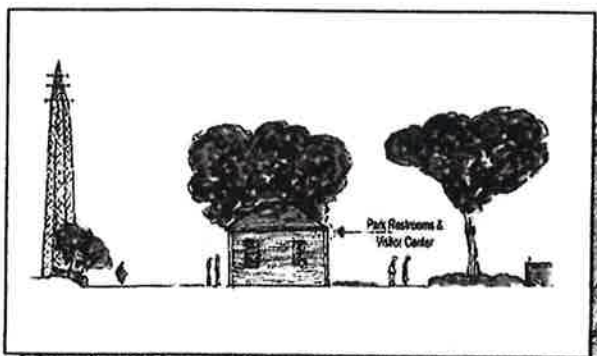
Preliminary findings indicate there is consensus for the following elements:

- An open, informal grass area *done*
- Restrooms *done*
- A picnic area *done*
- A children's play area *
- A multi-use trail *done*
- A covered facility or shelter
- Parking *done*

Early survey results indicate there is less agreement, but still support for:

- A neighborhood square or plaza
- An event space (music, farmers market)
- A café or concession stand

While the Resource Team was on-site, opportunities were explored for integrating the park area with the Boring Grange, and using it as a strong identity point to encourage travelers to stop, whether they have arrived via the trail or highway. Some key features of the current conceptual design for the park include:



- Placing the trailhead parking at the southwest end of the park
- Integrating the Grange (as a new Community Center) with an adaptive reuse of the corrugated metal building (farmers/crafts market) adjacent to the highway with reorganized parking.
- Building a plaza at this location to serve for community events and a Farmers' Market

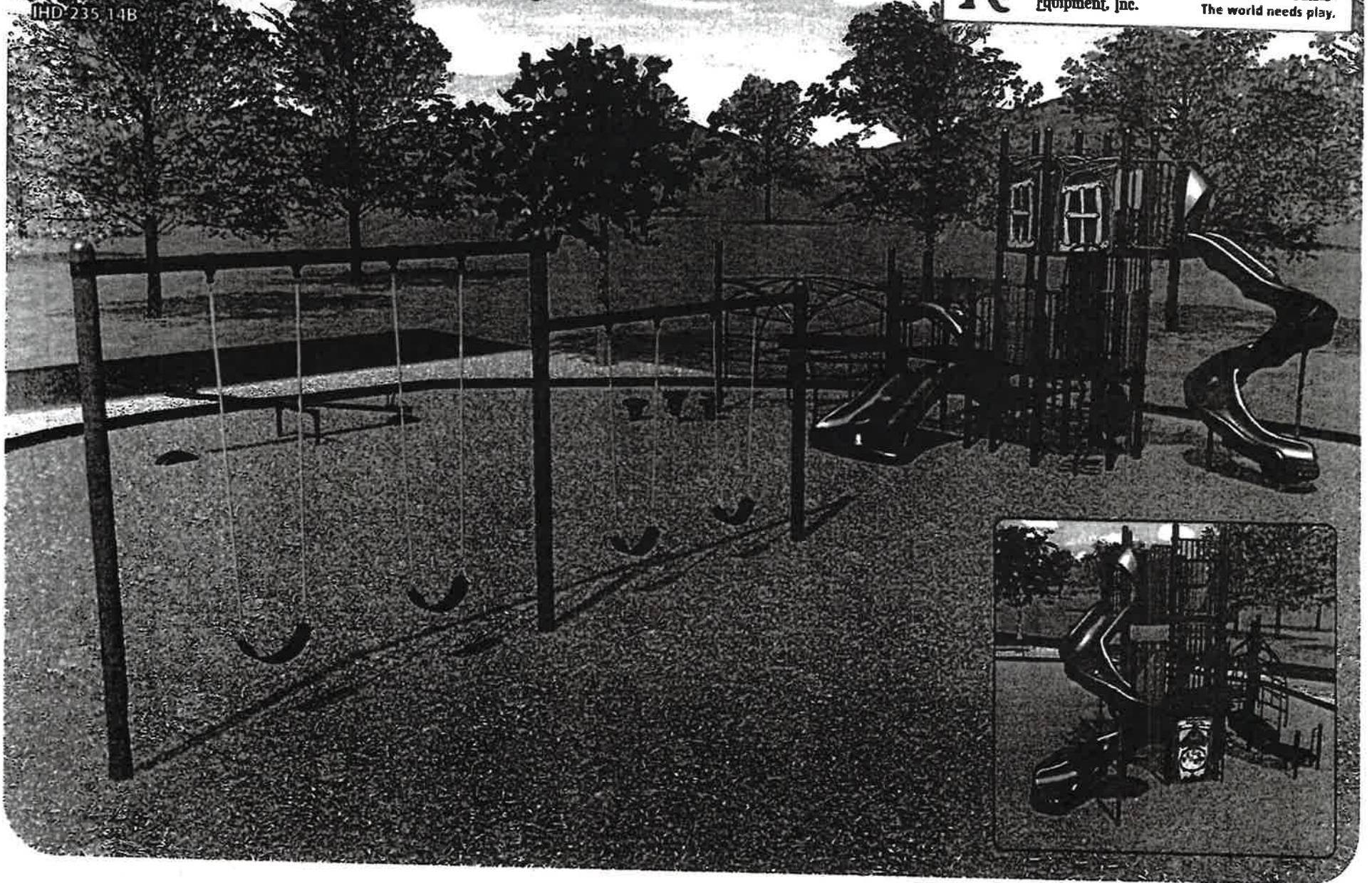
BORING STATION TRAILHEAD

IHD-235-14B



Northwest Playground
Equipment, Inc.

PLAYWORLD
The world needs play.





October 24, 2014

TO: Clackamas County, Housing and Community Development Program
FR: Kathy Armstrong, Deputy Director, Proud Ground
RE: 2015-2016 CDBG community uses

Greetings,

Please consider this letter as testimony provided as the public comment invited regarding community uses for Clackamas County's 2015-2016 CDBG funding award.

About Proud Ground

Proud Ground, a registered 501(c)(3) nonprofit organization, serves the Portland Metropolitan Region with permanently affordable homebuying opportunities and related homeownership education and counseling services. Clackamas County is part of Proud Ground's service area and of Proud Ground's portfolio of 241 permanently affordable homes, 48 are in Clackamas County.

What does this mean? These homes—and all Proud Ground homes— are affordable to moderate-income, first-time homebuyers with household incomes up to 80% Median Family Income (e.g., \$55,500 for a four-person household. The median MFI for all Proud Ground households served is 60%, which is \$41,460 for a family of four). Further, upon resale these homes stay affordable for up to 80% MFI households. This is true resale upon resale—these homes are permanent community assets for Clackamas County.

How affordable? The median sales price of a Proud Ground home in Clackamas County is \$120,000.

The need for affordable homeownership in Clackamas County

Fifty permanently affordable homes in Clackamas County isn't nearly enough—there is a critical need for homes working families can afford. According to Oregon Housing Blog, of job openings in Clackamas County in 2010-2020, 66% of projected job openings are projected to be for occupations where average salaries are below 60% median family income. (www.oregonhousing.blogspot.com)

This is who Proud Ground serves: families with steady jobs and stable incomes, who can qualify for a mortgage but not one for a market-rate home.

And homeownership still matters.

Homeownership builds assets. "Homeownership has offered a well-traveled route to economic stability in the United States. With the right mortgage product and even modest levels of

-more-

Dreams Start Here.

5288 N INTERSTATE AVE., PORTLAND, OREGON 97217, 503.493.0293, www.proudground.org

appreciation over the long run, it has enabled generations of Americans to build wealth ... “ (UNC Center for Community Capital research brief, 2012)

But owning a home means more than dollar assets. *Homeownership creates families who are more likely to be satisfied with their homes and neighborhoods; who participate in voluntary and civic activities; who stay in their homes longer; and who are healthier.* Even at income and racial parity, children of homeowners have better home environments, higher cognitive test scores, and fewer behavior problems. In other words, owning a home is a critical determinant and an investment in a family's future success. And a builder of community.

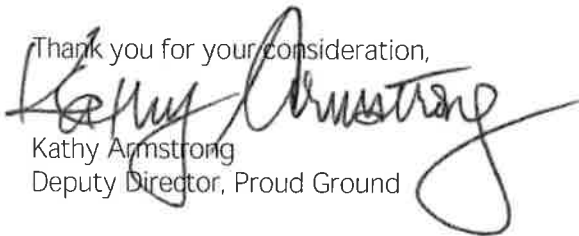
Homeownership is also good for business. “Many employers have reported that a lack of affordable housing makes it more difficult — and thus more costly —to recruit and retain employees ... From an employer's perspective, a lack of affordable housing can put a local economy at a competitive disadvantage.” (The Center for Housing Policy, *The Role of Affordable Housing in Creating Jobs and Stimulating Local Economic Development*, 2011)

It's also good for the economy: “When affordable homes are built or rehabbed, the funds flowing to cities and states can be considerable. Revenues can take the form of fees for permitting, zoning, and utilities, or they can reflect sales, income, or property taxes generated by the construction-related economic activity.” (The Center for Housing Policy)

CDBG Community Uses

Proud Ground strongly encourages Clackamas County to dedicate a portion of its 2015-2016 CDBG allocation to homeownership, for all of the reasons stated above. And, specifically, we encourage you to prioritize permanently affordable homeownership. Why permanent affordability?

- The funds invested in a Proud Ground home stay in that home, resale after resale, benefitting countless Clackamas County families.
- After the initial investment of subsidy to make a Proud Ground home affordable, no further subsidy is required—ever.
- The value of the subsidy in a Proud Ground homes increases in value as the market appreciates.
- Every Proud Ground home in Clackamas County contributes to a vital community resource: homes working families can afford.

Thank you for your consideration,

Kathy Armstrong
Deputy Director, Proud Ground



ALBERTINA KERR

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 CEO

424 NE 22nd Avenue
 Portland, Oregon 97232

503-239-8101 *main*
 503-239-8106 *fax*

AlbertinaKerr.org

Albertina Kerr Centers Written Testimony regarding Clackamas County Community Development Needs & Priorities

There is a high need for capital investment in secure, community-based group homes for adults with developmental disabilities and mental health challenges. Group home care provides for the safety needs and physical and mental health of the adult residents, promoting the fullest and least restrictive life possible. There is a need for both the acquisition of group homes and for the refurbishment of group homes to bring them up to the highest health and safety standards. The group home care environment promotes skill development, day-to-day life choices and social and recreational activities. Without group home care the adult residents would likely be destitute, likely homeless, and would experience increased health risks and significantly decreased health outcomes. In addition, this vulnerable population is at risk of physical harm, theft and accidents as their disability causes multiple safety concerns.

The intensive level of care necessary for the health and safety of vulnerable adults with developmental disabilities and mental health challenges requires specialty 24-hour care in group home settings in their community. Developmental disabilities are severe, chronic disabilities attributable to mental and/or physical impairment, which manifest before age 22 and are likely to continue indefinitely. They result in substantial limitation in three or more areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living and economic self-sufficiency that requires lifelong supports. Developmental disabilities often result in low intellectual functioning and mental health challenges.

Historically children and adults with developmental disabilities were torn from their families and communities and placed in Salem's Fairview Training Center, a large state-run institution for people with developmental disabilities, which housed up to 3,000 residents. Residents were segregated from their community and care was poor, often resulting in worsened health conditions. The institution officially closed in 2000, marking the completion of a decade's long process of moving residents out of Fairview into community-based group homes.

Albertina Kerr Adult Group Home Locations in Clackamas County

10741 SE 59 th Milwaukie, OR 97222	13581 Jason Lee Drive Oregon City, OR 97045	5775 SE Quiet Meadows Drive Milwaukie, OR 97267
17915 SE Blanton St. Milwaukie, OR 97267	2286 Lindenbrook Court Milwaukie, OR 97267	4808 View Acres Rd. Milwaukie, OR 97267
12402 Cominger Drive Oregon City, OR 97045	14499 SE Orchid Avenue Milwaukie, OR 97267	3650 SE Wilamette Avenue Milwaukie, OR 97222



Appendix E

CERTIFICATIONS

In accordance with the applicable statutes and the regulations governing the consolidated plan regulations, the jurisdiction certifies that:

Affirmatively Further Fair Housing -- The jurisdiction will affirmatively further fair housing, which means it will conduct an analysis of impediments to fair housing choice within the jurisdiction, take appropriate actions to overcome the effects of any impediments identified through that analysis, and maintain records reflecting that analysis and actions in this regard.

Anti-displacement and Relocation Plan -- It will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, and implementing regulations at 49 CFR 24; and it has in effect and is following a residential antidisplacement and relocation assistance plan required under section 104(d) of the Housing and Community Development Act of 1974, as amended, in connection with any activity assisted with funding under the CDBG or HOME programs.

Anti-Lobbying -- To the best of the jurisdiction's knowledge and belief:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and

3. It will require that the language of paragraph 1 and 2 of this anti-lobbying certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

Authority of Jurisdiction -- The consolidated plan is authorized under State and local law (as applicable) and the jurisdiction possesses the legal authority to carry out the programs for which it is seeking funding, in accordance with applicable HUD regulations.

Consistency with plan -- The housing activities to be undertaken with CDBG, HOME, ESG, and HOPWA funds are consistent with the strategic plan.

Section 3 -- It will comply with section 3 of the Housing and Urban Development Act of 1968, and implementing regulations at 24 CFR Part 135.

Rich Swift, Interim Director
Department of Health, Housing and Human Services

Date

Specific CDBG Certifications

Clackamas County, the Entitlement Community certifies that:

Citizen Participation -- It is in full compliance and following a detailed citizen participation plan that satisfies the requirements of 24 CFR 91.105.

Community Development Plan -- Its consolidated housing and community development plan identifies community development and housing needs and specifies both short-term and long-term community development objectives that provide decent housing, expand economic opportunities primarily for persons of low and moderate income. (See CFR 24 570.2 and CFR 24 part 570)

Following a Plan -- It is following a current consolidated plan (or Comprehensive Housing Affordability Strategy) that has been approved by HUD.

Use of Funds -- It has complied with the following criteria:

1. **Maximum Feasible Priority.** With respect to activities expected to be assisted with CDBG funds, it certifies that it has developed its Action Plan so as to give maximum feasible priority to activities which benefit low and moderate income families or aid in the prevention or elimination of slums or blight. The Action Plan may also include activities which the grantee certifies are designed to meet other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available);

2. **Overall Benefit.** The aggregate use of CDBG funds including section 108 guaranteed loans during program year(s) 2015 (a period specified by the grantee consisting of one, two, or three specific consecutive program years), shall principally benefit persons of low and moderate income in a manner that ensures that at least 70 percent of the amount is expended for activities that benefit such persons during the designated period;

3. **Special Assessments.** It will not attempt to recover any capital costs of public improvements assisted with CDBG funds including Section 108 loan guaranteed funds by assessing any amount against properties owned and occupied by persons of low and moderate income, including any fee charged or assessment made as a condition of obtaining access to such public improvements. However, if CDBG funds are used to pay the proportion of a fee or assessment that relates to the capital costs of public improvements (assisted in part with CDBG funds) financed from other revenue sources, an assessment or charge may be made against the property with respect to the public improvements financed by a source other than CDBG funds.

The jurisdiction will not attempt to recover any capital costs of public improvements assisted with CDBG funds, including Section 108, unless CDBG funds are used to pay the proportion of fee or assessment attributable to the capital costs of public improvements financed from other

revenue sources. In this case, an assessment or charge may be made against the property with respect to the public improvements financed by a source other than CDBG funds. Also, in the case of properties owned and occupied by moderate-income (not low-income) families, an assessment or charge may be made against the property for public improvements financed by a source other than CDBG funds if the jurisdiction certifies that it lacks CDBG funds to cover the assessment.

Excessive Force -- It has adopted and is enforcing:

1. A policy prohibiting the use of excessive force by law enforcement agencies within its jurisdiction against any individuals engaged in non-violent civil rights demonstrations; and
2. A policy of enforcing applicable State and local laws against physically barring entrance to or exit from a facility or location which is the subject of such non-violent civil rights demonstrations within its jurisdiction;

Compliance With Anti-discrimination laws -- The grant will be conducted and administered in conformity with title VI of the Civil Rights Act of 1964 (42 USC 2000d), the Fair Housing Act (42 USC 3601-3619), and implementing regulations.

Lead-Based Paint -- Its activities concerning lead-based paint will comply with the requirements of 24 CFR Part 35, subparts A, B, J, K and R;

Compliance with Laws -- It will comply with applicable laws.

Rich Swift, Interim Director
Department of Health, Housing and Human Services

Date

Specific HOME Certifications

The HOME participating jurisdiction certifies that:

Tenant Based Rental Assistance -- If the participating jurisdiction intends to provide tenant-based rental assistance:

The use of HOME funds for tenant-based rental assistance is an essential element of the participating jurisdiction's consolidated plan for expanding the supply, affordability, and availability of decent, safe, sanitary, and affordable housing.

Eligible Activities and Costs -- it is using and will use HOME funds for eligible activities and costs, as described in 24 CFR § 92.205 through 92.209 and that it is not using and will not use HOME funds for prohibited activities, as described in § 92.214.

Appropriate Financial Assistance -- before committing any funds to a project, it will evaluate the project in accordance with the guidelines that it adopts for this purpose and will not invest any more HOME funds in combination with other Federal assistance than is necessary to provide affordable

housing;

Rich Swift, Interim Director
Department of Health, Housing and Human Services

Date

ESG Certifications

The Emergency Solutions Grants Program Recipient certifies that:

Major rehabilitation/conversion – If an emergency shelter’s rehabilitation costs exceed 75 percent of the value of the building before rehabilitation, the jurisdiction will maintain the building as a shelter for homeless individuals and families for a minimum of 10 years after the date the building is first occupied by a homeless individual or family after the completed rehabilitation. If the cost to convert a building into an emergency shelter exceeds 75 percent of the value of the building after conversion, the jurisdiction will maintain the building as a shelter for homeless individuals and families for a minimum of 10 years after the date the building is first occupied by a homeless individual or family after the completed conversion. In all other cases where ESG funds are used for renovation, the jurisdiction will maintain the building as a shelter for homeless individuals and families for a minimum of 3 years after the date the building is first occupied by a homeless individual or family after the completed renovation.

Essential Services and Operating Costs – In the case of assistance involving shelter operations or essential services related to street outreach or emergency shelter, the jurisdiction will provide services or shelter to homeless individuals and families for the period during which the ESG assistance is provided, without regard to a particular site or structure, so long the jurisdiction serves the same type of persons (e.g., families with children, unaccompanied youth, disabled individuals, or victims of domestic violence) or persons in the same geographic area.

Renovation – Any renovation carried out with ESG assistance shall be sufficient to ensure that the building involved is safe and sanitary.

Supportive Services – The jurisdiction will assist homeless individuals in obtaining permanent housing, appropriate supportive services (including medical and mental health treatment, victim services, counseling, supervision, and other services essential for achieving independent living), and other Federal State, local, and private assistance available for such individuals.

Matching Funds – The jurisdiction will obtain matching amounts required under 24 CFR 576.201.

Confidentiality – The jurisdiction has established and is implementing procedures to ensure the confidentiality of records pertaining to any individual provided family violence prevention or treatment services under any project assisted under the ESG program, including protection against the release of the address or location of any family violence shelter project, except with the written authorization of the person responsible for the operation of that shelter.

Homeless Persons Involvement – To the maximum extent practicable, the jurisdiction will

involve, through employment, volunteer services, or otherwise, homeless individuals and families in constructing, renovating, maintaining, and operating facilities assisted under the ESG program, in providing services assisted under the ESG program, and in providing services for occupants of facilities assisted under the program.

Consolidated Plan – All activities the jurisdiction undertakes with assistance under ESG are consistent with the jurisdiction’s consolidated plan.

Discharge Policy – The jurisdiction will establish and implement, to the maximum extent practicable and where appropriate policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, mental health facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent this discharge from immediately resulting in homelessness for these persons.

 Rich Swift, Interim Director
 Department of Health, Housing and Human Services

 Date

Attachment to 2015 Emergency Solutions Grants Program Certifications

Emergency Solutions Grant funds are matched one for one by federal requirement. As a result the local match combined with federal ESG funds provides a total of \$403,589 for shelter grant operations, HMIS, rapid rehousing and homeless prevention. Anticipated funding sources and funding levels far exceed the match requirements for the ESG Program and include:

Emergency Housing Account (EHA)	\$200,000
Clackamas County General Funds (CGF)	\$200,000
Total Local Match	\$400,000

APPENDIX TO CERTIFICATIONS

INSTRUCTIONS CONCERNING LOBBYING:

A. Lobbying Certification

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a

civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.



DAN JOHNSON
MANAGER

DEVELOPMENT AGENCY

April 9, 2015

DEVELOPMENT SERVICES BUILDING
150 BEAVERCREEK ROAD | OREGON CITY, OR 97045

Board of County Commissioners
Acting as Clackamas County Development Agency Board
Clackamas County

Members of the Board:

Approval of a Resolution for a Clackamas County Development Agency Supplemental Budget
(Greater Than Ten Percent and Budget Reduction) for Fiscal Year 2014-2015

Purpose/Outcomes	Supplemental Budget changes for Clackamas County Development Agency FY 2014-2015
Dollar Amount and Fiscal Impact	The Effect is a decrease in appropriations of \$860,020
Funding Source	Decrease in Fund Balance
Safety Impact	Not Applicable
Duration	July 1, 2014 – June 30, 2015
Previous Board Action/Review	Budget Adopted June 26, 2014
Contact Person	Dan Johnson, Agency Manager

BACKGROUND:

Each fiscal year it is necessary to reduce allocations or allocate additional sources of revenue and appropriate additional expenditures to more accurately meet the changing requirements of the operating departments. The attached resolution reflects such changes requested by departments in keeping with a legally accurate budget. These changes are in compliance with ORS 294.471 which allows for governing body approval of supplemental budget changes. Specifically, ORS 294.471(a) permits a local government to make a supplemental budget where there is "[a]n occurrence or condition that is not ascertained when preparing the original budget or a previous supplemental budget for the current year or current budget period and that requires a change in financial planning." ORS 294.473 provides the procedures for those instances where the supplemental budget changes the estimated expenditure by ten percent or greater. The required notices have been published.


The **North Clackamas Revitalization Area Debt Service Fund** is recognizing a smaller beginning fund balance, and a decrease in the interfund transfer to Fund 453. These adjustments are requested to recognize the reduced beginning fund balance, which was the result of a full interfund transfer between funds in FY 2013/2014, rather than the partial interfund transfer that was requested.

The effect of this Resolution is a decreased change in appropriations of \$860,020.

RECOMMENDATION:

Staff respectfully recommends adoption of the attached supplemental budget and Exhibit A in keeping with a legally accurate budget.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'D. Johnson', written in a cursive style.

Dan Johnson
Development Agency Manager

**BEFORE THE BOARD OF COUNTY COMMISSIONERS
OF CLACKAMAS COUNTY, STATE OF OREGON**

In the Matter of Providing Authorization
Regarding Adoption of a Supplemental
Budget for Items Greater Than 10 Percent
or Reduction of the Total Qualifying
Expenditures and Making Appropriations
for Fiscal Year 2014-15



Resolution No. _____

WHEREAS, during the fiscal year changes in appropriated expenditures may become necessary and appropriations may need to be increased, decreased or transferred from one appropriation category to another;

WHEREAS, ORS 291.471(a) permits a local government to make a supplemental budget where there is an occurrence or condition that is not ascertained when preparing the original budget or a previous supplemental budget for the current year or current budget period and that requires a change in financial planning.

WHEREAS, a supplemental budget for the period of July 1, 2014 through June 30, 2015, inclusive, has been prepared, published and submitted to the taxpayers as provided by statute;

WHEREAS; a hearing to discuss the supplemental budget was held before the Board of County Commissioners on April 9, 2015.

WHEREAS; the funds being adjusted are:

North Clackamas Revitalization Area Debt Service Fund

It further appearing that it is in the best interest of the County to approve this greater than 10 percent or reduction change in appropriations for the period of July 1, 2014 through June 30, 2015.

BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS THAT:

Pursuant to its authority under OR 294.471, the supplemental budget be adopted and appropriations established as shown in the attached Exhibit A which by this reference is made a part of this Resolution.

DATED April _____, 2015

BOARD OF COUNTY COMMISSIONERS

Chair

Recording Secretary

SUMMARY OF SUPPLEMENTAL BUDGET

Exhibit A

**CHANGES OF GREATER THAN 10% OR
REDUCTION OF BUDGET**

April 9, 2015

NORTH CLACKAMAS REVITALIZATION AREA DEBT SERVICE FUND

Revenue:		
Fund Balance		\$ (860,020.)
Total		<u>\$ (860,020.)</u>
Expense:		
Interfund Transfer		\$ (860,020.)
Total		<u>\$ (860,020.)</u>

North Clackamas Revitalization Area Debt Service Fund is recognizing lower than anticipated beginning fund balance and reducing interfund transfer accordingly.



Richard Swift
Interim Director

April 9, 2015

Board of County Commissioner
 Clackamas County

Members of the Board:

Approval of a Revenue Provider Agreement with
 Providence Health Plan to provide immunization services to assigned members at the
Clackamas County Health Centers

Purpose/Outcomes	Providence Health Plan is a health plan provider and assigns their members to Clackamas County Health Centers Division (CCHCD) for care. This agreement is to make immunization services available to assigned members.
Dollar Amount and Fiscal Impact	This is a No Maximum agreement. Revenue is determined by number of members assigned that receive immunizations.
Funding Source	Fee for service. No County General Funds are involved.
Safety Impact	None
Duration	Effective May 1, 2015 and terminates on December 31, 2015
Previous Board Action	No previous action
Contact Person	Deborah Cockrell, Health Center Director – 503-742-5495
Contract No.	6488

BACKGROUND:

Clackamas County Health Centers Division (CCHCD) of the Health, Housing & Human Services Department requests the approval of a Revenue Provider Agreement with Providence Health Plan to provide immunization services at the Clackamas County Health Centers

This agreement is intended to provide immunization services to assigned members and expand service in Clackamas County to increase the number of people receiving immunizations.

This is a No Maximum agreement as revenue will be determined by the number of assigned members and how many of them receive this service. The Agreement is effective May 1, 2015 and terminates December 31, 2015.

Recommendation

We recommend approval of this amendment and that Richard Swift be authorized to sign on behalf of the Board of County Commissioners.

Respectfully submitted

A handwritten signature in black ink, appearing to read "R. Swift".

Richard Swift, Interim Director

**PROVIDENCE HEALTH PLAN
PROVIDER AGREEMENT**

THIS AGREEMENT ("Agreement") between **Providence Health Plan** (PHP), an Oregon non-profit corporation, operating in Oregon and Southwest Washington, **Providence Health Assurance** (PHA), an Oregon non-profit corporation, operating in Oregon (hereinafter referred to as "Health Plan") and **Clackamas County Community Health** (hereinafter referred to as "Provider") and any attachment(s), describes the terms and conditions under which Provider shall participate in PHP and/or PHA Provider Network(s).

RECITALS

WHEREAS, Health Plan operates as a health care service contractor under the laws of Oregon and Washington; and

WHEREAS, Health Plan offers or administers one or more health benefit plans and desires to enter into a written agreement to arrange for the provision of certain Covered Services to Members of such products or plans; and

WHEREAS, Provider is lawfully qualified to provide health care services and is willing to provide such services to Members of Health Plan; and

WHEREAS, Health Plan and Provider mutually desire to preserve and enhance patient dignity; and

WHEREAS, Health Plan and Provider desire to create a culture of health care safety; and

WHEREAS, Health Plan desires to advance the healing ministry of Jesus in the communities it serves;

NOW, THEREFORE, in consideration of the promises and mutual covenants herein stated, it is agreed by and between the parties as follows:

**ARTICLE I.
DEFINITIONS**

As used in this Agreement and its Attachments, each of the following terms (and the plural thereof, when appropriate) shall have the meaning set forth herein, except where the context makes it clear that such meaning is not intended.

Attachment(s) shall mean the documents that accompany this Agreement that may contain proprietary information and procedures produced by Health Plan. Each Attachment is incorporated herein by this reference. Such Attachment(s) may contain compensation and reimbursement information, fee schedules, medical management and quality of care guidelines and procedures, and such other matters that may be unique to the features of Health Plan.

Care Management shall mean a program of care coordination and case management developed to manage high cost and at-risk members with complex medical needs.

Chief Medical Officer (CMO) shall mean the physician so designated by Health Plan to supervise utilization and quality management activities and to be responsible for such other programs and activities as may be designated by Health Plan. Medical Directors may be utilized by the CMO to assist in these functions.

Clean Claim shall mean a claim that has no defect, impropriety, lack of any required substantiating documentation or particular circumstance requiring special treatment that prevents timely payment.

Clinical Quality Improvement Studies are studies regarding the measurable outcome or end result of care.

CMS is the Centers for Medicare and Medicaid Services, the federal government agency that regulates the Medicare program.

Coinsurance is the percentage or portion of the cost of care that a Member may be obligated to pay for a Covered Service.

Copayment or Copay is the fixed dollar amount that a Member may be obligated to pay for a Covered Service at the time the care is provided.

Covered Services are Medically Indicated health care services and supplies rendered or furnished to Member by Provider for which benefits are available under a Member's health care contract or plan.

Credentialing is the initial process by which Health Plan, or its designee, verifies practitioner or facility qualifications for panel membership in accordance with criteria adopted by Health Plan.

Deductible is the amount of out-of-pocket expense that Member is responsible to pay for Covered Services prior to being eligible to receive Health Plan benefits.

Emergency shall mean the sudden and unexpected onset of a condition requiring medical or surgical care for which Member secures care immediately after the onset of the condition, or as soon thereafter as care can be available, but in any case no later than twenty-four (24) hours after the onset. An Emergency situation shall include, but not be limited to, suspected heart attack or stroke, poisoning, loss of consciousness, severe respiratory distress, hemorrhaging or convulsion. The State of Oregon defines an "Emergency medical condition" as a medical condition that manifests itself by symptoms of sufficient severity that a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of a person, or a fetus in the case of a pregnant woman, in serious jeopardy. Health Plan may determine that other similarly acute conditions are Emergencies. The final determination of whether a condition is an Emergency rests with Health Plan and may be subject to the procedures for post treatment utilization review.

HIPAA is the Health Insurance Portability and Accountability Act of 1996 that contains federal regulations addressing standards for electronic transactions and other administrative issues for the health care and health insurance industries.

Individual Service Agreement or Group Service Agreement shall mean the agreement between Health Plan and Member, or between Health Plan and Member's employer group, which defines terms and conditions of Health Plan's obligation to provide, arrange for, and/or reimburse for medical care provided to Member.

Medical Directors shall mean physicians who are designated by the CMO and are responsible for quality management and utilization management review, including concurrent hospital review.

Medically Indicated shall mean a service or supply provided or ordered by a practitioner that is necessary in order to prevent, treat or care for symptoms of an illness or injury, or to diagnose an illness or condition that is harmful to life or health, and which is commonly and customarily recognized throughout the practitioner's profession as appropriate in the treatment. The decision whether a service or supply ordered by the practitioner was Medically Indicated for the purposes of qualifying for payment by Health Plan rests with Health Plan, subject to the procedures for reconsideration.

Member shall mean any person entitled to receive benefits for Covered Services underwritten or administered by Health Plan and with respect to whom the Member or another person has paid premium entitling such person to have claims paid by Health Plan, as evidenced by Health Plan's logo on a membership card presented to Provider. Members include all persons covered by plans underwritten by Health Plan, including entities for which Health Plan provides administrative or claims services only.

Participating Practitioner shall mean a physician or other health care professional who is contracted to provide Covered Services to Members of Health Plan under this Agreement or otherwise. Any Participating Practitioner who serves Health Plan Members under this Agreement will be bound by its terms. Participating status shall be contingent upon Health Plan's designation as such.

Participating Facility shall mean a hospital or other health care facility that is contracted to provide Covered Services to Members of Health Plan. Participating status shall be contingent upon Health Plan's designation as such.

Physician Advisor shall mean a physician who has entered into a separate agreement to advise Health Plan with respect to medical appropriateness.

Preventive and Clinical Practice Guidelines shall mean the statements systematically developed from time to time by Health Plan, which assist Participating Practitioners and their Member patients in deciding upon appropriate health care for specific clinical circumstances.

Recredentialing is the process by which continued eligibility to participate in Health Plan contracts is determined. Health Plan, or its designee, verifies practitioner or facility qualifications in accordance with criteria adopted by Health Plan. This process is completed at least every three years.

Rules and Regulations of Health Plan shall mean the criteria and procedures pertaining to credentialing and recredentialing, participation, compensation, payment rules, processing guidelines, medical policy, utilization management, quality improvement, Health Plan standards, and such other matters determined from time to time by Health Plan. The Rules and Regulations of Health Plan may be viewed on Health Plan's website.

Scope of Service shall mean those services which fall within the geographic and CPT code limits established in the Attachments. If no geographic or CPT code limits are established in the Attachments, Scope of Service shall refer to those services which Provider is professionally qualified to render.

Standards of Care and Service shall mean standards which have been developed by Health Plan incorporating concepts from OMAP, from CMS, from medical group practice accreditation programs, and from community standards. These standards include, but are not limited to, access, accommodations, panel size and medical record documentation, and are contained in the Rules and Regulations of Health Plan.

Urgent shall mean services that are needed right away but are not life threatening. These include, but are not limited to, high fevers, minor sprains, cuts and burns, and ear, nose and throat infections. Routine care that can be delayed until Member can be seen by Member's physician is not Urgent care. The final determination of whether a condition is Urgent rests with Health Plan and may be subject to the procedures for post-treatment utilization review.

ARTICLE II. OBLIGATIONS OF HEALTH PLAN

Services. Health Plan agrees to provide the following services necessary to fulfill the terms of this Agreement including, but not limited to:

- Claims processing services
- Member services
- Medical and quality management services
- Credentialing services
- Claims review process linked to peer review
- Marketing, sales and public relations

Support. Health Plan may provide statistical support and assistance to Provider for quality assurance, peer review, and medical management review functions, through the development and operation of a medical management information system.

Orientation and Training. Health Plan agrees to provide orientation and training for Provider in the use of the administrative services described herein, and the Rules and Regulations of Health Plan.

Eligibility Verification. Health Plan agrees to provide eligibility verification and benefit information through its customer service department.

Documents Provided. Copies of any Health Plan documents referenced in this Agreement will be provided to, or made available for examination by, Provider.

ARTICLE III. OBLIGATIONS OF PROVIDER

Provider Scope of Service. Health Plan retains Provider to render Covered Services to Health Plan Members within Provider's Scope of Service. All services shall be rendered subject to the terms and conditions of this Agreement and in accordance with the Rules and Regulations of Health Plan.

Provider/Patient Relationship. Provider may not terminate a relationship with a Member solely for inconvenience reasons. However, a Participating Practitioner may withdraw from the care of a Member when, in the professional judgment of the Participating Practitioner, it is in the best interest of the Member to do so. In terminating any patient relationship, the Participating Practitioner should give due regard to ethical considerations. This action may only occur after following the procedural steps identified in the Rules and Regulations of Health Plan.

Authorization. Provider agrees not to admit any Member to a hospital or other inpatient facility in a non-Emergency or elective situation without first receiving the necessary authorizations pursuant to the Rules and Regulations of Health Plan and Health Plan's Prior Authorization Program.

Prompt Service. Services rendered will be instituted as promptly as practicable, consistent with sound medical practice and in accordance with accepted community professional standards.

Sufficient Practitioners. Provider agrees at all times to maintain a sufficient number of Participating Practitioners to guarantee prompt and adequate access to Health Plan Members.

Utilization Management. Provider understands that the purpose of the utilization management program is to determine which services are Medically Indicated. Cooperation shall extend to provision of or access to medical records, on-site review and telephone review, at no additional cost to Health Plan. Health Plan will make every reasonable effort to meet Provider's needs when scheduling an on-site review.

Non-Discrimination. Provider agrees that in accordance with the provisions, spirit and intent of this Agreement, and within the limits of Provider's specialty, (A) not to discriminate in the provision of medical services to Members on the basis of membership in Health Plan, source of payment, race, color, national origin, ancestry, religion, sex, marital status, sexual orientation, age, health status or handicap, or any other category protected under State or Federal law, and (B) to render medical services to Members in the same manner, in accordance with the same standards, and within the same time availability as offered to other patients.

Services To Practitioner's Family. Provider agrees not to seek compensation for Covered Services rendered by a Participating Practitioner to that Participating Practitioner's immediate family member, i.e., spouse, daughter, son, stepdaughter, stepson, grandchild.

Call/Non-Par Coverage. Provider agrees to make prior arrangements to provide coverage for Members on a 24-hour a day, 7-day a week basis with a Participating Practitioner of same or similar specialty. When Provider is unable to make prior arrangements to provide coverage with a Participating Practitioner of same or similar specialty due to the unavailability of Participating Practitioners in the Provider's geographic area, Provider agrees to provide such coverage through non-participating practitioners; such arrangements shall be determined by Provider, with notice to Health Plan, which has the right to disapprove. Notification of any permanent on-call changes are to be in writing thirty (30) days prior to the scheduled change. The same terms and conditions as agreed to by Provider shall be in effect and primary coverage may not be through a hospital emergency room or urgent care center.

Non-Par Coverage Compliance. Provider agrees that if arrangements are made with a non-participating provider to treat Members in the absence of Participating Practitioners, Provider agrees to ensure that such non-participating provider will comply with the obligations of this Agreement, including but not limited to (A) acceptance of the fee established by Health Plan as full payment for Covered Services rendered to Member; (B) acceptance of the peer and medical management procedures of Health Plan; (C) agreement not to bill Members directly under any circumstances except for Copayments, Coinsurance, Deductibles and non-Covered Services as defined in Individual and Group Service Agreements; (D) obtaining required authorization from Health Plan prior to hospitalizations; and (E) agreement to undergo credentialing by Health Plan.

Refer To In-Plan Providers. Provider agrees to, whenever possible, provide or arrange for care of Members with Participating Practitioners and/or Participating Facilities.

Prior Authorization. Except in cases requiring Emergency treatment, Provider will not be compensated for Covered Services rendered to Members which were not provided in compliance with the Rules and Regulations of Health Plan and/or which were not authorized by Health Plan, nor will such services be billable to Member. Provider will follow the Prior Authorization Requirements as described in the Attachments.

Change In Status. Provider agrees to provide Health Plan with an updated schedule of Participating Practitioners categorized by name, board status, facility status, hospital affiliation, and relationship to Provider, at Health Plan's request or when there is a change in Participating Practitioner status. Provider agrees that Health Plan may use Participating Practitioners' name, office address, office telephone number, type of practice and an indication of willingness to accept new patients, in Health Plan directories.

Appeals and Grievances. Provider agrees to cooperate with Health Plan in resolving any Member appeals or grievances related to the provision of Covered Services.

Subcontracting. Prior to services being provided, Health Plan must authorize the use of a subcontractor to perform services covered under the Agreement.

ARTICLE IV. PROVIDER WARRANTIES / COMPLIANCE WITH RULES AND REGULATIONS

Initial and Periodic Appraisal. Provider agrees to cooperate with such programs of initial and periodic appraisal as may be established by Health Plan. Provider agrees to require its Participating Practitioners to permit Health Plan to obtain any utilization, peer review or other information regarding Participating Practitioner practice of medicine from any participating institution at which Participating Practitioner has practiced, provided that Provider is not prohibited from disclosing such information under state or federal law. Provider releases Health Plan and its employees or agents or any person furnishing information to Health Plan from liability for acts made in good faith and without malice in connection with this provision.

Conditional Credentialing. Initial and periodic appraisal may result in conditional credentialing. Whether to grant conditional credentialing is determined solely by Health Plan.

Rules and Regulations of Health Plan. Provider agrees to be bound by the Rules and Regulations of Health Plan as they may be amended from time to time. If Provider violates any of the provisions of the Rules and Regulations of Health Plan, or any of the principles of professional conduct adopted by Health Plan, or acts contrary to or in violation of any Health Plan agreements, all contractual rights under this Agreement which pertain to Provider may be terminated in accordance with the Term and Termination section of this Agreement. The Rules and Regulations of Health Plan are available for examination by Provider on Health Plan's website.

Physician Practitioner Requirements. Participating Practitioners covered by this Agreement agrees that he or she is now, and will remain as long as this Agreement remains in effect, (A) the holder of (i) a currently valid license to practice

medicine or osteopathy in the state of Oregon and/or Washington within his or her scope of practice, and (ii) a valid DEA or CDS certificate, as applicable, a copy of which shall be submitted to Health Plan, (B) certified as recognized by the Board of Medical Specialists or the American Osteopathic Association (unless Participating Practitioner graduated prior to 1980), and (C) a medical staff member, as appropriate, in good standing on the medical staff of a participating institution.

Participating Practitioner agrees to notify Health Plan immediately of any change in licensure or hospital privileges status (whether or not such hospital is a participating institution).

Non-Physician Practitioner Requirements. Provider states as a material term of this Agreement that Provider and all professional employees of Provider are now and will remain, as long as this Agreement remains in effect, the holders of all currently required licenses, certificates and/or registrations by appropriate federal, state and local governmental agencies to provide health care services that Provider and professional employees of Provider undertake to provide to Health Plan Members under this Agreement.

Provider agrees to notify Health Plan immediately upon a change in status of such licensure, certification, or registration.

Specialty Education. Provider agrees to require all Participating Practitioners covered by this Agreement to have education and/or training and experience in the field in which they practice and to be Board Certified, or have completed an approved specialty education and/or training program.

Patient Advocate. Provider may act as a patient advocate regarding a decision, policy, or practice without being subject to termination or penalty for the sole reason of such advocacy. Provider can freely communicate with patients regarding the treatment options available to them, including medication treatment options, regardless of benefit coverage limitations.

Fraud and Abuse. Provider agrees to comply with Health Plan's Fraud and Abuse program and questionable billing practices policies and procedures.

Facility Certification. Provider warrants that its facilities are currently certified under Title XVIII (Medicare) of the Social Security Act, when applicable, and have appropriate state licensure. Provider warrants that should it provide services in exempt units (skilled nursing, psychiatric, swing, rehabilitation, etc.), the units will be certified under Title XVIII (Medicare) and Title XIX (Medicaid) of the Social Security Act and have appropriate state licensure. Provider further warrants that it is currently accredited by a recognized accrediting organization, such as JCAHO, AAAHC or CARF, as applicable. State and/or CMS site surveys may satisfy Health Plan criteria, provided information is current. Provider agrees to maintain such licensure and certification during the term of this Agreement.

Liability Insurance. Provider agrees to ensure that its Participating Practitioners, Participating Facilities, and all persons and entities performing services under this Agreement, maintain such policies of general liability and professional liability insurance or such other program of liability coverage as may be customary and acceptable to Health Plan to insure Provider, its Participating Practitioners, its Participating Facilities, its employees, and agents against any claim or claims for damages arising by reason of personal injuries or death occasioned directly or indirectly in connection with the performance of, or failure to perform, any health care service provided under this Agreement, the use of any property and facilities provided by Provider, and activities performed by Provider in connection with this Agreement. Such coverage may be provided via a self-insured program. The amounts and extent of such insurance coverage shall be subject to the approval of Health Plan, which approval shall not be unreasonably withheld. Certificates of Insurance for the above insurance policies shall be provided to Health Plan upon request and shall provide that Health Plan be given at least thirty (30) days prior written notice of reduction or cancellation of such coverage. Any declaration sheets, exclusions, endorsements, or information on any incident which might reasonably result or has resulted in a lawsuit or legal action may be requested by Health Plan as deemed necessary.

Liability Oregon Public Hospitals. Health Plan recognizes that if a Provider is a public entity its liability is limited pursuant to ORS 30.260 through 30.300, and the Oregon Constitution, Article XI, Section 7. In such event, Provider's obligations with respect to liability insurance are limited by those provisions.

Program Cooperation and Participation. Provider agrees to cooperate and participate in the following, as designated from time to time by Health Plan and/or as required by state or federal regulations:

- A. Internal medical and quality management, quality improvement, and customer service activities;
- B. Disease management programs;
- C. External audit systems;
- D. Rules and Regulations of Health Plan;
- E. Development of evaluation criteria for new medical technologies or new applications of established technologies (including medical procedures, drugs and devices);
- F. Such other systems, activities and procedures relating to Health Plan accreditation by external accrediting bodies as may be determined from time to time by Health Plan;

- G. Clinical Quality Improvement and Outcome studies; and
- H. Standards of Care and Service, all of which are set forth in Rules and Regulations of Health Plan and/or other Health Plan documents and communications.

Provider shall further agree to comply with any final determinations made pursuant to any of the review processes noted above, as such determination(s) relates to Provider's rights and responsibilities under this Agreement. Failure to comply with such final determinations may constitute grounds for termination in accordance with the Term and Termination section of the Agreement.

Facility Inpatient Admission. If Provider is a hospital Participating Facility it agrees to notify Health Plan within twenty four (24) hours after any Emergency-related inpatient hospital admission of a Member, or by the end of the next working day if the admission occurs on a weekend or holiday, and will permit review of the admission by a Health Plan physician reviewer or designated representative. The purpose of the review is to provide certification of the medical indications for the admission under Health Plan's utilization management program, which certification shall, for approved admissions, in no event be for a period shorter than the period between date of admission and receipt by Provider of notice of certification. Failure by such Provider to notify Health Plan of Member's admission and to substantiate the medical indication for the admission within the time period set forth above may result in forfeiture of Provider's right to compensation from either Health Plan or Member for services rendered to such Member during his or her stay.

ARTICLE V. BILLING AND COMPENSATION

Payment for Covered Services. Health Plan agrees to pay Provider for Covered Services rendered by Provider to Members, within Provider's Scope of Service.

Compensation Terms. Provider will be compensated for Covered Services rendered in accord with the terms set forth in the Attachments.

Implementation of Member Benefits. Provider agrees to comply with all Health Plan Rules and Regulations relating to the delivery of Covered Services. Health Plan may consult with Provider regarding significant changes to existing Health Plan administrative policies and procedures prior to implementation. Provider agrees to cooperate with Health Plan in monitoring Member Coinsurance, Copayment and/or Deductible in order to ensure that payment limitations imposed by federal law are not exceeded.

Member Responsibility. Health Plan may require Members to pay a Coinsurance, Copayment, and/or Deductible for certain Covered Services as set forth in the Member's Individual or Group Service Agreement with Health Plan. Provider agrees to be responsible for the collection of such Coinsurance, Copayment, and/or Deductibles. Provider may not waive Member's responsibility as set forth in the Member's Individual or Group Service Agreement with Health Plan. Members will be responsible for the payment of such Coinsurance, Copayment, and/or Deductibles.

Coordination Of Benefits. Coordination of benefits (COB) refers to the rules for the order of benefit determination under which health benefit plans pay claims when a person is covered under more than one plan. Such coordination of benefits is intended to provide the covered person with the most allowable benefits available under the plans and to preclude the Provider from receiving an aggregate of more than one hundred percent (100%) of covered charges from all coverage. When the primary and secondary plan benefits are coordinated, determination of liability will be in accordance with the administrative rules adopted by Oregon Department of Consumer and Business Services and applicable state and federal regulation. For Providers residing outside the State of Oregon, applicable state laws will apply.

Contract Allowable. Health Plan will have no obligation to pay any amount that, together with all other Health Plan payments to and contractual adjustments made by the Provider, exceeds the amount allowable by Health Plan for the service as set forth in the Attachments.

Additional Fees Prohibited. Provider understands and agrees that any additional fees or surcharges for Covered Services charged to Members are prohibited. An additional fee shall mean any charge that is not previously approved by Health Plan. A surcharge is an additional fee which is charged to a Member for Covered Services but which is not provided for under the applicable enrollment agreement or disclosed in the evidence of the Member's coverage.

Claim Submission. Provider agrees to submit claims whether primary, secondary or other payor to Health Plan on industry accepted claim forms for all Covered Services rendered to Members. Such claim form shall include statistical and descriptive medical and patient data in a form specified by Health Plan. Diagnosis codes listed will note the highest level of specificity. Billings will be consistent with ethical and community standard billing practices, and shall include such "CMS compliant" encounter data or other information as may be required of Health Plan by CMS or by state agencies. Under usual circumstances, such claim form shall be submitted to Health Plan within sixty (60) days of the date of service, and in no case later than twelve (12) months from the date of service. Neither Member nor Health Plan shall be responsible for the payment

of bills submitted after the twelve (12) month period, except in cases where Provider submits the claim no later than 12 months after a different insurer (a) denied the claim in whole or in part; or (b) requested a refund of an erroneous payment made on the claim.

Accepting Partial Member Payment. Provider may accept a partial or estimated payment on coinsurance and/or deductible obligations before Health Plan has adjudicated the amount of such obligations, but only if the following conditions have been met: (1) Provider has verified Member's eligibility and benefits, and (2) Provider has a reliable process in place for timely reconciliation and timely repayment to Member of any overpayments by Member.

Provider is expected to make extended payment options available to the patient when necessary. Provider may not redirect Member to another provider solely for the purpose of shifting financial risk to the other provider.

Third Party. In the event of a Member's illness or injury for which a third party other than Health Plan has accepted financial responsibility or has been judged to be liable by an entity empowered to assess liability (such as a court or similar adjudicative body), Provider will bill the third party for payment prior to billing Health Plan. Any remaining unpaid balance due after forty five (45) days from billing may be billed to Health Plan for payment consideration. The amount available for collection by Provider from the third party shall be applied to charges for medical care of a Member at Health Plan's contracted rates prior to accessing the resources of Health Plan. If such third party liability eliminates any financial obligation of Health Plan on a Member's behalf, Health Plan will have no liability under this Agreement with respect to such illness or injury. In the event the third party is not liable for the illness or injury of a Member or if recovery from the third party is less than Health Plan's obligation to Member in the absence of payment by a third party, Provider must comply with Health Plan's rules governing the provision of Covered Services and the terms of this Agreement in order for Health Plan to be financially responsible.

Electronic Claims. The parties agree to cooperate in electronic submission of claims whenever possible.

Pay Clean Claim. Health Plan agrees to pay a Clean Claim within the time period mandated by applicable state and federal law.

Refund Request by Health Plan. Except in cases of coordination of benefits, fraud or abuse of billing, Health Plan may not request refunds from Provider unless it is within 18 months of initial payment. The request must be in writing and must specify why the refund is being requested. Health Plan may not request that a contested refund be paid earlier than six months after the Provider receives the request. In the case of coordination of benefits, Health Plan may not request a refund unless it is within 30 months after the date of payment. The request must be in writing and must specify why the refund is being requested and include the name of the primary payor or entity. If Provider fails to contest the refund request within 30 days, the request is deemed accepted and Provider must pay within 30 days (60 days total). If Provider does not pay, Health Plan can recover through offset of a future claim. Health Plan may at any time request a refund if the third party or government entity is found responsible by law, or if the Health Plan is unable to recover directly from the third party because the third party already paid or will pay the Provider for the health care services covered by the claim.

Additional Payment Request by Provider. Except in cases of coordination of benefits, fraud or abuse of billing, Provider may not request additional payment unless the request is in writing and within 18 months of the date of a denial or partial payment. The request must be in writing and must specify why the additional payment is being requested. The Provider may not request that an additional payment be paid earlier than six months after Health Plan receives the request. In the case of coordination of benefits, Provider may not request additional payment unless it is within 30 months after the date the claim was denied or payment intended to satisfy the claim was made. The request must be in writing and must specify the reason for the request and must include the name and address of the primary payor or entity.

Once Per Case. A request for re-review will be performed by Health Plan only once per case.

Never Events. Neither Participating Practitioners nor Participating Facilities shall seek payment from Health Plan or from Member for costs associated with "never events". Health Plan will not provide payment for identified "never events". Health Plan will be guided by the recommendations of the National Quality Forum, the American Hospital Association, CMS, and other relevant sources.

ARTICLE VI. RECORDS AND CONFIDENTIALITY

Record Sharing. Provider agrees to participate in any system established by Health Plan that will facilitate, to the extent feasible, the maximum sharing of records, subject to compliance by Health Plan with state and/or federal law regarding confidentiality. Provider agrees to retain records in accordance with other minimum requirements of state law. Such obligations continue despite the termination of this Agreement. Health Plan shall have access at reasonable times upon

demand to the records of Provider. Provider and Health Plan agree to treat all medical records of Members as confidential so as to comply with all federal and/or state laws and regulations regarding the confidentiality of patient records. Provider agrees to cooperate with Health Plan in maintaining and providing financial records, and medical histories, administrative and other records of Members as shall be requested. Requests for copies shall be reasonable in nature.

Record Copying. Provider agrees, upon reasonable request by Health Plan, to provide access to and/or copies of all records necessary (A) for purposes of assessing quality of care, medical indications and/or appropriateness of care, (B) for claims adjudication, and (C) to comply with the provisions of the Rules and Regulations of Health Plan and/or the utilization and quality management program, the re-appraisal process, and records requests from state and federal regulatory agencies and review organizations. Health Plan will allow Provider a reasonable length of time within which to provide the requested documents. The parties agree that such records shall maintain the same confidential nature they had while in the possession of Provider. Provider is responsible for costs associated with record copying.

Record Retention. All clinical records shall be retained for seven (7) years after the date of service for which claims are made. If an audit, litigation, or research and evaluation, or other action involving the records is started before the end of the seven (7) year period, the records must be retained until all issues are resolved.

Audit of Records. Provider agrees, at all reasonable times, to provide Health Plan and any state or federal regulatory agency, and their duly authorized representatives, access to its facilities and to its medical records for the purpose of making audit or examination; upon request, Provider agrees to provide a suitable work area and copying capabilities to facilitate such a review or audit. This right to inspect, evaluate, and audit extends through seven (7) years from expiration or termination of this Agreement or completion of audit, whichever is later, unless the regulator extends this period or asserts a right to inspect, evaluate, or audit at any other time on account of a special need to retain particular records or a dispute or possibility of dispute related to such records, in which case the regulator's determination shall govern. This provision shall continue in effect notwithstanding the termination of this Agreement.

Proprietary Information. Provider agrees to maintain the confidentiality of documents, terms, and conditions relating to reimbursement rates and methods and other proprietary information of Health Plan. Upon request, Provider agrees to return all copies of documents containing any of Health Plan's proprietary information upon termination of this Agreement.

Medical Record Availability. Subject to applicable confidentiality requirements, Provider agrees to provide for a system, to the extent feasible, which permits sharing of records by Participating Providers and other health care professionals providing service to Members. Medical records shall be made available to each Participating Provider and other health care professional treating Member. In addition, medical records shall be made available upon request by any proper committee of Provider or Health Plan to determine that content and quality are acceptable, as well as for peer review or grievance review.

ARTICLE VII. AMENDMENTS

Amendment. Health Plan may amend this Agreement by providing 30 days' written notice to Provider. If no written objection is received within thirty (30) days, Provider shall be deemed to approve such amendment.

Regulatory Amendment. If state or federal law, government agency regulations or accrediting agency requirements change and affect any provisions of this Agreement, then this Agreement will be deemed amended to conform with such changes effective the date such changes become effective. Health Plan will give Provider written notice of such changes.

ARTICLE VIII. TERM AND TERMINATION

Effective Date. Provider will be notified by Health Plan of the effective date of this Agreement. Signed Agreements received by Health Plan by the 18th day of the month will generally be effective the 1st day of the following month, subject to credentialing approval as noted below. (Example: Signed Agreement received by 1/18, effective date will be 2/1. Signed Agreement received 1/19 to 2/18, effective date will be 3/1.) This Agreement shall remain in effect until December 31st of the year of execution and thereafter to December 31st of each subsequent year, unless terminated pursuant to the terms of this Agreement.

Credentialing Required. Participating status for individual practitioners or facilities covered under this Agreement is contingent upon credentialing approval in advance by Health Plan. Provider will be notified by Health Plan of the effective date for each Participating Practitioner or Participating Facility.

Termination Without Cause. This Agreement may be terminated without cause by Provider or Health Plan upon sixty (60) days prior written notice. Upon such termination, the rights of Provider shall terminate, provided, however, that such action shall not release Provider from obligations to persons then receiving treatment. Provider agrees to be paid in accordance with this Agreement for Covered Services provided prior to termination of this Agreement.

Termination Automatic With Cause.

The following provision applies to Participating Facilities:

This Agreement will automatically terminate upon the revocation, non-renewal, limitation or suspension of a Provider's license for any or part of its facilities or services.

The following provisions apply to Participating Practitioners:

This Agreement will automatically terminate upon the occurrence of any of the following events: if Participating Practitioner (i) dies, (ii) retires, (iii) is adjudicated incompetent, (iv) has his or her professional license revoked, restricted, suspended, or not renewed, (v) loses his or her hospital privileges, or (vi) voluntarily leaves active practice in Health Plan service area for a period of six (6) months or more.

Termination With Cause.

The following provisions apply to Participating Facilities and to Participating Practitioners:

This Agreement may be terminated with cause by either party by giving written notice to the other party at least thirty (30) days in advance of the effective date of termination in the event that the other party (i) fails to pay valid, past due debts, (ii) lacks the financial resources to pay its financial obligations, (iii) fails to maintain required professional liability insurance coverage, (iv) makes any intentional misrepresentation to Member regarding the provision of medical services or the payment thereof, (v) fails to accept the results of and comply with the requirements of the utilization and quality management committees of Health Plan, (vi) fails to participate in and accept the Rules and Regulations of Health Plan, (vii) is determined by Health Plan to no longer meet Health Plan's standards for credentialing, (viii) suffers limitation of a required license, or (ix) is in breach of any material provision of this Agreement. Such notice shall set forth the facts underlying the alleged breach. Remedy of such breach within twenty (20) days of the receipt of such notice shall revive the Agreement in effect for its remaining term, subject to any other provision of this Agreement.

The following provision also applies to Participating Practitioners:

At Health Plan's discretion, with thirty (30) days prior written notice, this Agreement may be terminated with cause if any Participating Practitioner suffers limitation of hospital medical staff privileges. If Provider is terminated under this provision, payment for Covered Services provided prior to termination shall be made in accordance with this Agreement and the notice of termination shall set forth the facts underlying the alleged breach.

Termination With Cause of Less Than Entire Agreement. Health Plan may, at its sole discretion, choose to terminate an individual practitioner or individual facility providing Covered Services under this Agreement whose conduct would otherwise give Health Plan cause to terminate this Agreement in its entirety. Upon such individual termination, the Agreement shall remain in effect as to all other practitioners or facilities covered by it.

Immediate Termination. Nothing herein shall be construed as limiting the right of Health Plan to terminate this Agreement, or an individual practitioner or facility providing Covered Services under this Agreement, immediately where Health Plan determines that the health, safety or welfare of any Member is jeopardized by failing to do so. If Provider is terminated under this provision, payment for Covered Services provided prior to termination shall be made in accordance with this Agreement.

Transitional Plan For Member. The parties recognize and agree that Member must not suffer or be exposed to avoidable risks to life and welfare due to circumstances related to termination of this Agreement. Therefore, upon receipt of termination notice by either party and under the supervision of the Chief Medical Officer, the parties agree to establish a written plan for transitional services for any affected Member. Such plan shall be completed within seven (7) working days of issuance of a termination notice. If Provider is a hospital, reimbursement for Covered Services provided after termination for any Member who is an inpatient of hospital as of the effective date of termination will continue to be governed by this Agreement until discharged from inpatient stay.

Coordination Of Member Communication. Health Plan and Provider agree to coordinate any communications to be made by Health Plan or Provider to other parties of the reasons for and circumstances surrounding any termination of this Agreement.

Obligations After Termination. The following obligations of the parties shall continue after any termination of this Agreement:

- A. To indemnify and hold each other harmless as otherwise described in this Agreement;
- B. To cooperate with each other in the event any action or other proceeding based on or related to the facts having to do with this Agreement is brought by any third party against either of them;
- C. To maintain medical records and allow access to information as provided in this Agreement.
- D. To maintain the confidentiality of records.

- E. To resolve disputes under this Agreement in accord with its terms.
- F. To hold members harmless with respect to billings for Covered Services provided during the term of this Agreement.
- G. To accept payment under this Agreement for members hospitalized at the time of termination.
- H. To coordinate member communications.

Participating Practitioner Rights Upon Termination or Other Disciplinary Action. The Rules and Regulations of Health Plan (Credentialing Policies and Procedures) are incorporated by reference into this Agreement, including but not limited to those related to:

1. The process by which improvements and corrections may be required with respect to a Participating Practitioner's or Participating Provider's performance.
2. The processes for identifying any need to take action with regard to limiting or terminating a Participating Practitioner or Participating Provider's credentialing occurs.
3. The Participating Practitioner or Participating Provider's rights to notice and opportunity to be heard when the Health Plan acts to remove or to limit participation in the Health Plan.

ARTICLE IX. DISPUTE RESOLUTION AND ARBITRATION

Disputes/Arbitration. In the event of any dispute arising out of or relating to this Agreement, the parties shall first attempt in good faith mutually to resolve the dispute. If the parties are unable to resolve the dispute, then all matters in controversy shall be submitted to binding arbitration before a single arbitrator under the auspices, rules, and regulations of the United States Arbitration & Mediation Service in Portland, Oregon. The parties agree to be bound by the decision of the arbitrator, which shall be a final determination of the matter in dispute. The parties further agree to divide the cost of arbitration equally, including filing, administration, and arbitrator's fees, but to be responsible each for its own attorneys' fees.

Legal Fees in Matters Other than in Arbitration. In the event suit or legal action is instituted by any party seeking interpretation of the terms hereof seeking redress for a breach of this Agreement, or seeking to enforce or to invalidate an arbitration award, the prevailing party shall be entitled to all costs and attorneys' fees incurred at trial or on any appeal.

ARTICLE X. HOLD HARMLESS

Hold Harmless. Provider may bill Member for non-Covered Services that Provider provides. Provider agrees that in no event, including but not limited to nonpayment by Health Plan, insolvency of Health Plan, or breach of this Agreement, shall Provider bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against a subscriber, an enrollee or persons (other than Health Plan) acting on a Member's behalf for Covered Services provided pursuant to this Agreement. This provision does not prohibit Provider from collecting Copayments, Coinsurance, Deductibles or fees for non-Covered Services delivered to Health Plan Members (subscribers/enrollees).

Provider agrees that this provision shall survive the termination of this Agreement, for Covered Services rendered prior to the termination of this Agreement, regardless of the cause giving rise to termination, and shall be construed to be for the benefit of Members. This provision is not intended to apply to services provided after this Agreement has been terminated.

Provider agrees that this provision supersedes any oral or written contrary agreement now existing or hereafter entered into between the Provider and Member, or persons acting on their behalf insofar as such contrary agreement relates to liability for payment for services provided under the terms and conditions of this Agreement.

Any modification, addition, or deletion to this provision shall become effective on a date no earlier than fifteen (15) days after the appropriate regulating entity has received written notification of proposed changes.

ARTICLE XI. GOVERNING LAW & REGULATORY REQUIREMENT

Regulatory Amendment. If state or federal law changes, including government agency regulations and accrediting agency requirements, affect any provisions of this Agreement, then this Agreement will be deemed amended to conform with such changes effective the date such changes become effective. Health Plan will give Provider written notice of such changes.

Agree to Comply. The Parties agree to comply with all applicable state and/or federal laws and regulations, including HIPAA.

**ARTICLE XII.
TRANSPARENCY**

Data Sharing. Health Plan intends to collect objective measurements relating to Provider's practice and to make such measurements available to other Providers, to patients, and/or to the public, in detail or in summary format, subject only to protecting patients' state and/or federal confidentiality rights. Provider will have the opportunity to meet with Health Plan to discuss the methodology of data collection and will have the opportunity to review and correct Health Plan's source data prior to publishing. Provider hereby waives any claim that such measurements are privileged or confidential, under ORS 41.675 or otherwise, and consents to Health Plan's use and disclosure of such practice measurements.

**ARTICLE XIII.
GENERAL PROVISIONS**

Assignment. Provider may not assign rights, duties or obligations under this Agreement without the prior written consent of Health Plan. This Agreement shall survive the sale, merger or asset transfer of Health Plan, and bind any successor of Health Plan to its terms and conditions.

Behavioral Health Services. Covered mental health and chemical dependency benefits administered by United Behavioral Health, Inc. are not covered under this contract. Covered mental health and chemical dependency benefits administered by Health Plan are covered under this contract.

Entire Agreement. This Agreement, including its Attachments, Addendums or Exhibits, contains all of the terms and conditions agreed upon by the parties regarding the subject matter of this Agreement. Any prior agreements, promises, negotiations or representations of or between the parties, either oral or written, relating to the subject matter of this Agreement, which are not expressly set forth in this Agreement and the Attachments, Addendums or Exhibits hereto, are null and void and of no further force or effect.

Headings. The headings of the various sections of this Agreement are inserted merely for the purpose of convenience and do not expressly or by implication limit or define or extend the specific terms of the section so designated.

Indemnification. Within the limits of its insurance policies and to the extent not otherwise inconsistent with the laws of the State of Oregon and/or Washington, the parties mutually agree to indemnify and to hold each other (including their officers, agents and employees) harmless against any and all claims, demands, damages, liabilities and costs incurred by the other party, including reasonable attorney fees, arising out of or in connection with, either directly or indirectly, the breach of this Agreement by or willful misconduct of the indemnifying party or its employees or agents. The fact that a physician or other provider is a Participating Practitioner does not make such person an agent of Health Plan unless the person's agreement with Health Plan explicitly so provides. The principles of comparative fault shall govern the interpretation and enforcement of this indemnity provision.

Independent Parties. None of the provisions of this Agreement is intended to create, nor shall any be deemed or construed to create, any relationship between the parties other than that of independent entities contracting with each other under this Agreement solely for the purpose of effecting the provisions of this Agreement. Neither of the parties hereto, nor any of their respective employees, shall be deemed to be the agent, employer, partner, joint venture, or representative of the other, except as specifically provided herein.

Invalid Provisions. The invalidity or unenforceability of any terms or conditions hereof shall in no way affect the validity or enforceability of any other term or provision.

Liaison. The parties agree to maintain an effective liaison and close cooperation with each other to provide maximum benefits to each Member at the most reasonable cost consistent with quality standards of medical practice.

Notices. Notices required to be given pursuant to the terms and provisions hereof shall be in writing and shall be sent to Health Plan or Provider at their respective places of business.

Waiver. The waiver by either party of a breach or violation of any provision of this Agreement shall not operate as or be construed to be a waiver of any subsequent breach.

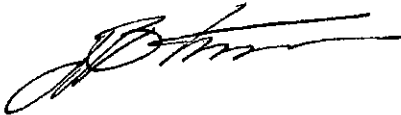
**PROVIDENCE HEALTH PLAN AND PROVIDENCE HEALTH ASSURANCE
PROVIDER AGREEMENT
SIGNATURE PAGE**

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed in their names by the undersigned officers, the same being duly authorized to do so.

**CLACKAMAS COUNTY COMMUNITY
HEALTH**

**PROVIDENCE HEALTH PLAN AND
PROVIDENCE HEALTH ASSURANCE**

Signature



Signature

Print Name

Jeff Butcher

Print Name

Title

Chief Financial Officer

Title

Date

March 27, 2015

Date

**PROVIDENCE HEALTH PLAN AND PROVIDENCE HEALTH ASSURANCE
COMMERCIAL (EPO) LINE OF BUSINESS
ATTACHMENT EPO
EXCLUSIVE PROVIDER ORGANIZATION**

Exclusive Provider Organization (EPO) is a closed network of Providers contracted to provide services on a fee-for-service basis with no risk borne by Providers. The network is available to Health Plan Members enrolled in an EPO product. EPO products include Providence Administrative Services Only (ASO) products where Member's employer bears risk. Employers who select a Providence ASO product may at their discretion elect to exclude one or more Participating Practitioners or Participating Facilities from their designated network.

To the extent the Exclusive Provider Organization (EPO) provisions in this Attachment are in conflict with or not addressed in the Agreement, the EPO provisions in this Attachment supersede the provisions of the Agreement for EPO.

DEFINITIONS

Member shall mean any person who is enrolled in Health Plan's EPO and for whom required premium or other payments have been made to Health Plan by Member or by Member's employer.

Open Option Member shall mean a Member of Health Plan's EPO who, in addition to benefits for Covered Services provided by Participating Practitioners and Participating Facilities, also has benefits covering services by non-participating practitioners or facilities. These benefits may require additional Member cost sharing.

Personal Option Member shall mean a Member of Health Plan's EPO who has benefits for Covered Services provided by Participating Practitioners and Participating Facilities and has no coverage for non emergent services provided by non-participating practitioners or facilities unless prior authorized by Health Plan.

Personal Physician shall mean a Participating Practitioner specializing in Internal Medicine, Family Practice, General Practice, Pediatrics or Obstetrics/Gynecology who has contracted with Health Plan and is (A) the case manager who acts as a Member's point of entry to the delivery system, and (B) manages/oversees all services for the Member including office care, preventive health Maintenance, and referral management. A Personal Physician may not be a Personal Physician for immediate family members under this Agreement.

OBLIGATIONS OF PROVIDER

Accepting Members. If Provider is a Personal Physician, Provider agrees to accept newly enrolled Members and Members who transfer from another Personal Physician. A Personal Physician shall provide Covered Services for a reasonable number of Members, as defined in the Rules and Regulations of Health Plan. Upon prior approval of Health Plan, Provider may limit his or her practice to existing patients who are or become Members. A Personal Physician with an open practice may not refuse to be a Personal Physician for a Member who chooses them.

PROVIDENCE CHOICE PLAN

Providence Choice Plan Member shall mean a Member of Health Plan's EPO who is enrolled in the Providence Choice Plan and for whom required premium payments have been made to Health Plan. Benefits are covered under Providence Health Plan's Medical Home Program.

Providence Choice Plan. Providence Choice Plan is a Providence Health Plan EPO point of service product with a primary medical home benefit design.

Referral Provider shall mean a Participating Practitioner or a Participating Facility who is contracted with Health Plan to provide Covered Services to Providence Choice Plan Members upon a referral from the Providence Choice Plan Member's designated medical home. A Referral Provider will provide coordinated Covered Services based upon Providence Choice Plan Member's proposed plan of treatment as directed by the designated medical home.

Providence Choice Plan Out of Plan Benefits. Participating Practitioners who see a Providence Choice Plan Member without a referral from the Providence Choice Plan Member's designated Medical Home will be reimbursed in accordance with the terms of this Agreement at the Providence Choice Plan Member's out-of-plan benefit.

Plan Of Treatment. Providence Choice Plan Member's designated medical home and Referral Provider shall agree on the proposed plan of treatment prior to implementation of such treatment by Referral Provider. Should the Referral Provider desire to refer Providence Choice Plan Member to another Referral Provider, such referral must be obtained from Member's designated medical home in advance. Referral Provider will send a copy of Member's record to Member's designated medical home after all approved visits or after any urgent or emergent care visits.

Referral Systems. Referral Providers shall participate in the referral system to facilitate appropriate referral services for Providence Choice Plan Members.

Hold Harmless. Except in cases where Providence Choice Plan utilizes their opt-out benefit, Provider hereby agrees that Provider will not be compensated by Health Plan or Providence Choice Plan Member for Covered Services rendered to Providence Choice Plan Member that have not been referred by Providence Choice Plan Member's designated medical home unless such Providence Choice Plan Member requires Emergency treatment.

**PROVIDENCE HEALTH PLAN AND PROVIDENCE HEALTH ASSURANCE
ATTACHMENT A
COMPENSATION STRUCTURE**

SCOPE OF SERVICES

Provider is engaged only to provide Covered Services from sites within the limits of the following counties: Washington, Multnomah, Clackamas, and Yamhill counties in Oregon and Clark County in Washington

Provider is engaged only to provide Covered Services which Provider is professionally qualified to render.

The rates in Attachment A-1 are premised on services offered by Provider as of the inception of this Agreement. In the event Provider adds new services, Provider agrees to notify Health Plan within a reasonable time, 1) in order for Health Plan to determine if services will be incorporated into current Agreement, and 2) to negotiate in good faith to establish rates applicable to such new services should they be incorporated into current Agreement.

PAYMENT FOR MEDICAL SERVICES

Health Plan will pay Covered Services at 100% of the allowed compensation, less any applicable copayment, coinsurance and deductibles, in accordance with the fee schedule in the Attachments. Member coinsurance and deductibles are calculated using the allowed compensation, not billed charges. No withhold is applied.

**PROVIDENCE HEALTH PLAN AND PROVIDENCE HEALTH ASSURANCE
COMMERCIAL (EPO) LINE OF BUSINESS
ATTACHMENT A-1
FEE SCHEDULE**

RATE EFFECTIVE DATE: JANUARY 1, 2015

**PHYSICIAN/PRACTITIONER
(MD, DO, DPM, NP, PA, CNMW, DDS, DMD)**

Provider is only contracted to provide Immunizations to Health Plan Members

Service Type	Codes	Payment Source	Rate
RBRVS	90460, 90461, 90471-90474 (CPT)	2014 CMS RBRVS RVUs (available as of 12/31/2013)	\$ 62.00
Immunizations	9XXXX (CPT)	Immunizations priced using Oregon Immunization Program (OIP), if no OIP priced at Wholesale Acquisition Cost (WAC), if no WAC priced at CMS Average Sales Price (ASP) or Average Wholesale Price (AWP)	100% OIP 110 % WAC, ASP, AWP

- Reimbursement will be at the allowed amount or billed charges, whichever is less.
- New codes not included in the existing fee schedules may be evaluated and priced by Health Plan applying the most current published fee schedule rates, weights or RVUs. Service codes not encompassed by fee schedules may be priced at Health Plan's discretion by applying a most comparable rate. The most current code sets will be recognized by Health Plan in accordance with HIPAA regulations
- Specific services within the code ranges listed above may be excluded from this Agreement. For example, Provider may not be contracted to provide the technical component for MRI, CT or other high tech services.
- If there is no separate Providence Connect Fee Schedule, Provider will be reimbursed in accordance with the terms of this Attachment A-1, Fee Schedule, at the Providence Connect Member's out-of-plan benefit.
- If there is no separate Providence Connected Care Fee Schedule, Provider will be reimbursed in accordance with the terms of this Attachment A-1, Fee Schedule and the Providence Connected Care Member's benefits.
- For any other commercial network, if there is no separate Fee Schedule, Provider will be reimbursed in accordance with the terms of this Attachment A-1, Fee Schedule and the Member's benefits.

**PROVIDENCE HEALTH PLAN AND PROVIDENCE HEALTH ASSURANCE
ATTACHMENT C
QUALITY AND MEDICAL MANAGEMENT
QUALITY AND MEDICAL MANAGEMENT PROGRAM**

Health Plan oversees the quality, cost and utilization of services rendered to Members through its Quality and Medical Management Program. The Quality and Medical Management Program adheres to state and regulatory rules and regulations, Health Plan policy and quality management measures. Provider, Participating Practitioners and Participating Facilities support the administration of the Quality and Medical Management Program.

PROGRAM SUMMARY

A description of the Quality and Medical Management Program may be viewed on Health Plan's website.

Key features:

- Quality and Medical Management Program Committees that review and monitor medical management and quality management activities.
- Continuous quality of care and service improvements.
- Program oversight by Medical Directors and experienced Quality and Medical Management Program staff.
- Medical Policy and Payment Rule development process.
- Technology Assessment Program.
- Formal appeal and complaint resolution process.
- Ethics Committee participation.

Medical Management Activities:

- Preauthorization of selected inpatient admissions, day surgery, selected outpatient services and drugs. A complete list of these procedures is available on Health Plan's website. This list is subject to periodic modification.
- Second opinions.
- Concurrent review of inpatient admissions, continued stays, and discharge planning.
- Identification of patients needing individualized care management, case management, and exceptional needs care coordination (ENCC).
- Review of urgent and emergent claims for appropriateness of level of care.
- Specialized maternity management program, Providence Beginnings.
- Mental Health/Chemical Dependency Program.
- Organ Transplant Program.
- Pharmacy Management Program.

PRIOR AUTHORIZATION

Prior Authorization. Prior authorization is required for certain health care services. A list of inpatient, outpatient and short-stay services that require prior authorization is available on Health Plan's website.

Periodic Modification. The list of services requiring prior authorization is subject to periodic modification by Health Plan.

Benefit Guarantee. Authorization does not guarantee benefits or payment. Benefits are based on eligibility at the time the service is rendered and are subject to any applicable contract terms.

Questions. Questions regarding materials posted on the Health Plan website should be directed to the appropriate Health Plan Provider Relations Representative.

Denied Services. Provider may request a re-review of a service denied for lack of medical indications within one hundred and eighty (180) days of the initial denial. The request must be in writing and must include additional information that was not available at the time of the original determination.

Review. Professional medical staff will review all of the available information submitted with the request for re-review. At the discretion of the Chief Medical Officer or designated medical Director, a review by a physician advisor or independent third party may be requested.

Time to Complete Review. Health Plan will complete the review within twenty (20) business days of receipt of all information necessary to process the request. If Health Plan cannot make a determination within twenty (20) business days, Member and/or Provider will be notified of the reason for the delay. Health Plan will make a decision and notify Member and/or Provider within ten (10) additional business days.

**PROVIDENCE HEALTH PLAN AND PROVIDENCE HEALTH ASSURANCE
COMMERCIAL (EPO) LINE OF BUSINESS
ATTACHMENT W
WASHINGTON STATE ADMINISTRATIVE CODE REQUIREMENTS**

Governed By. All insurance and insurance transactions in the State of Washington, or affecting subjects located wholly or in part, or to be performed within this state, and all persons having to do therewith are governed by this code. RCW 48.01.020 , RCW 48.43.545

Supersede. For commercial insured business this Attachment contains contract provisions required by the State of Washington Administrative Codes (WAC) applicable to this Agreement. To the extent the Washington Administrative Codes are in conflict with or not addressed in the Agreement, the Washington Administrative Codes supersede the provisions of the Agreement for services provided by Washington State Participating Practitioners and Participating Facilities.

DEFINITIONS

Terms. The following terms shall have the meaning attributed below for purposes of this Attachment. Capitalized terms not otherwise defined herein shall have the meaning assigned to them in the Agreement.

Clean Claim shall mean a claim that has no defect, impropriety, lack of any required substantiating documentation or particular circumstance requiring special treatment that prevents timely payment in accordance with WAC 284-43-321.

Emergency. An Emergency medical condition is defined as the emergent and acute onset of a symptom or symptoms, including severe pain, that would lead a prudent layperson acting reasonably to believe that a health condition exists that requires immediate medical attention, if failure to provide medical attention would result in serious impairment of bodily functions or serious dysfunction of a bodily organ or part, or would place the person's health in serious jeopardy. RCW 48.43.005(11)

HEALTH PLAN OBLIGATIONS

Eligibility Verification. Health Plan will provide eligibility verification and benefit information through its customer service department and Health Plan website. WAC 284-43-320(1)

AUDIT GUIDELINES

Health Plan Right. Health Plan has the right to ask for and receive information relating to the ability of Provider to deliver health care services that meet the accepted standards of medical care prevalent in the community. Health Plan may not have access to other similar records unrelated to Members. WAC 284-43-324(1)

Record Retention. Provider shall make health records available to appropriate state and federal authorities involved in assessing the quality of care or investigating the grievances or complaints of Members subject to applicable state and federal laws related to confidentiality of medical or health records. WAC 284-43-320(6)

Access to Records. Access to Provider medical records by Health Plan for audit purposes must be limited to only that necessary to perform the audit. WAC 284-43-324(2)

Audit Reciprocity. If Health Plan elects to audit Provider, Provider has reciprocity to audit Health Plan. WAC 284-43-324(3)

CLAIMS

Expedited Claims. Provider has the right to expedited claims payment. WAC 284-43-321(2)(a)

Explanation of Denials. Provider has the right to an explanation when their claims are denied. Provider shall be provided a specific explanation when their claims are denied. WAC 284-43-321(4)

Timely Payments/Interest Payments. Health Plan shall administer claims payment in a manner that complies with WAC 284-43-321 and any additional applicable regulatory requirements to ensure timely and accurate processing and

payment. The receipt date of a claim is the date the Health Plan receives either written or electronic notice of the claim. Health Plan shall confirm the receipt of claims and will respond to provider or facility inquiries about claims. Health Plan shall calculate and pay interest charges in accordance with applicable state laws and regulations applicable to delayed claims payment. WAC 284-51-100(2)(b)(c)

Claims Payment. Health Plan shall pay ninety-five percent (95%) of Clean Claims within thirty (30) days of receipt. Ninety-five percent (95%) of all claims shall be paid or denied within sixty (60) days of receipt. Interest accrual of one percent (1%) per month will be paid for Clean Claims not paid or denied within sixty one (61) days. Health Plan shall add interest payable to the amount of the unpaid claim without the necessity of the provider or facility submitting an additional claim. Any interest paid under this section shall not be applied by the Health Plan to a Member's deductible, copayment, coinsurance, or any similar obligation of Member. WAC 284-43-321(2)(d)

Claim Standards. Claim payment standards do not apply to claims about which there is substantial evidence of fraud or misrepresentation by providers, facilities or Member, or instances where Health Plan has not been granted reasonable access to information under the provider or facilities control. Health Plan, providers, or facilities, are not required to comply with these provisions if the failure to comply is occasioned by any act of God, bankruptcy, act of a governmental authority responding to an act of God or other emergency, or the result of a strike, lockout, or other labor dispute. WAC 284-43-321(6)(7)

COMPENSATION AND NOTIFICATION

Notification. Health Plan will provide Provider at least sixty (60) days notice of changes that affect compensation and health care service delivery, including but not limited to payment terms, utilization review, quality assessment and improvement programs, credentialing, grievance procedures, data reporting requirements, confidentiality requirements and any applicable federal or state requirements, unless changes to federal or state law or regulations make such advance notice impossible, in which case notice shall be provided as soon as possible. Subject to any termination and continuity of care provisions of the Agreement, provider or facility may terminate the contract without penalty if provider or facility does not agree with the changes. No change to the Agreement may be made retroactive without the consent of provider or facility. WAC 284-43-320(4)

Provider Overpayment and Recovery. Except in cases of fraud, Provider may not request payment from Health Plan to satisfy a claim unless it does so in writing to Health Plan within twenty four (24) months after the date the claim was denied or payment intended to satisfy the claim was made. Provider must request any additional balances from Health Plan within thirty (30) months after original payment was made. This does not apply to subrogation claims. RCW 48.43.005(16), RCW 48.43.600, Title 18 RCW 70.127

Health Plan Overpayment and Recovery. Except in cases of fraud, Health Plan may not request a refund from Provider of a payment previously made to satisfy a claim unless it does so in writing to the Provider within twenty four (24) months after the date payment was made. Health Plan must request a refund from Provider of payment previously made to satisfy a claim within thirty (30) months after the date payment was made. This is not applicable to subrogation claims. RCW 48.43.005(16), RCW 48.43.600, Title 18 RCW 70.127

CREDENTIALING AND UNFAIR DISCRIMINATION

Credentialing Standards. Health Plan credentialing standards for providers or facilities practicing in the State of Washington will adhere to State of Washington Administrative Code. RCW 18.130.040, WAC 284.43.310(1)

Unfair Discrimination. Health Plan will not exclude providers or facilities because they are located in geographic areas that contain populations presenting a risk of higher than average claims, losses, or health services utilization; or exclude providers or facilities because they treat or specialize in treating persons presenting a risk of higher than average claims, losses, or health services utilization or because they treat or specialize in treating minority or special populations. WAC 284-43-310(1)(a)(b)

Selection. Health Plan may decline to select a provider or facility who fails to meet other legitimate selection criteria of Health Plan. Health Plan is not required to employ, to contract with, or retain more providers or facilities than are necessary to comply with network adequacy. Health Plan selection standards for participating providers and facilities is available for review upon request of the commissioner of the State of Washington. WAC 284-43-310(2)(3)(4)

CONTRACT TERMINATION

Termination Without Cause. Sixty (60) days written prior notification is required when either Health Plan or Provider terminates the Agreement without cause. Upon notice of termination Health Plan will develop a plan to coordinate the transition of care for affected Member(s) and will notify Member(s) in a timely manner of receipt or issuance of the notice of termination. Provider will be paid in accordance with the Agreement for covered Services for at least 60 days following notice of termination. RCW 48.43.515(7), WAC-284-43-320(7)

Report to State. Health Plan will not penalize Provider who, while acting in good faith, reports to state or federal authorities any act or practice by Health Plan that jeopardizes patient health or welfare or that may violate state or federal law. WAC-284-43-320 (9)

CONTRACTING OUTSIDE THE PLAN

Citizens Right to Contract. Washington citizens have the right to freely contract outside of their health plan on any terms or conditions the citizens choose. RCW 48.43.085, WAC-284-43-320(10)

ENROLLEE COVERAGE / EMERGENCY CARE / UTILIZATION REVIEW

Emergency Care. Health Plan shall cover emergency services necessary to screen and stabilize a Member if a prudent layperson acting reasonably would have believed that an emergency medical condition existed. RCW 48.43.093(1)(a)

Prior Authorization. Health Plan shall not retrospectively deny coverage for emergency and non-emergency care that had prior authorization at the time the care was rendered. RCW 48.43.520, WAC 284-43-410, WAC 284-43-320(1)

Utilization Review. Retrospective review determinations must be based solely on the medical information available to Provider at time the service was provided. Retrospective review must be completed within thirty (30) days of receipt of the necessary information. RCW 48.43.520, WAC 282-43-410

GRIEVANCE PROCEDURES / DISPUTE RESOLUTION

Dispute Resolution. In the event of any dispute between Provider and Health Plan arising out of or relating to the Agreement between the two parties, Provider and Health Plan may first attempt in good faith to resolve the dispute mutually between themselves. Health Plan shall allow not less than thirty (30) days after the action giving rise to a dispute for Provider to complain and initiate the dispute resolution process. Health Plan will render a decision on a Provider complaint within a reasonable time for the type of dispute. In the case of billing disputes, Health Plan will render a decision within sixty (60) days of the complaint. In order to initiate the resolution process, Provider shall contact Health Plan in writing. RCW 48.43.055, WAC 284-43-320(11), WAC 284-43-322

Non Binding Arbitration. If Provider and Health Plan are unable to resolve the dispute by mutual agreement, including but not limited to, utilizing all available levels of Health Plan's grievance and appeals processes, unless otherwise prohibited by state law, then all matters in controversy may be submitted, upon the motion of either party, to non-binding arbitration under the auspices, rules and regulations of United States Arbitration & Mediation (USAM) in Portland, Oregon. All such arbitration proceedings shall be administered by USAM in the state in which Provider is duly licensed and providing services; however, the arbitrator shall be bound by applicable state and federal law, and shall issue a written opinion setting forth findings of fact and conclusions of law. The arbitrator must have experience in resolving matters of the same type under dispute in the same jurisdiction. If agreed by Health Plan and Provider in advance, the decision of the arbitrator shall be final and binding as to each of them. The party against whom the award is rendered shall pay any monetary award and/or comply with any other order of the arbitrator within sixty (60) days after the entry of judgment. Utilizing these grievance procedures does not prohibit any potential judicial remedies that may be available to Provider. Alternative dispute resolutions, such as mediation and arbitration, are not binding and are not required to the exclusion of judicial remedies. WAC 284-43-322(1)(2)(3)(4)(5)

Administrative Fees. In all cases submitted to USAM, Provider and Health Plan agree to share equally the USAM administrative fee as well as the arbitrator's fees and expenses, if any, unless otherwise assessed by the arbitrator. The administrative fees shall be advanced by the initiating party, subject to final apportionment by the arbitrator. WAC 284-43-322

Cost of Filing. Provider and Health Plan agree that the arbitrator's award may be enforced in any court having jurisdiction thereof by the filing of a petition to enforce said award. Costs of filing to have an award enforced may be recovered by the party which brings such action. WAC 284-43-322

Mediation. Should Provider or Health Plan, prior to submitting a dispute to arbitration, desire to utilize other impartial dispute settlement techniques such as mediation or fact-finding, a joint request for such services may be made to USAM, or the parties may initiate such other procedures as they may mutually agree upon at such time. WAC 284-43-322

HOLD HARMLESS

Hold Harmless. Provider hereby agrees that in no event, including, but not limited to, nonpayment by Health Plan, its insolvency, or its breach of contract, shall Provider bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against a Member or person, other than Health Plan acting on Member's behalf, for services provided pursuant to the Agreement. This provision shall not prohibit collection of deductibles, copayments, coinsurance, or amounts owed for noncovered services which have not otherwise been paid by a primary or secondary carrier in accordance with regulatory standards for coordination of benefits, from Member in accordance with the terms of the Member subscriber agreement. WAC 284-43-320 (2)(a)

Continuity of Care. In the event of Health Plan's insolvency, Provider agrees to continue to provide the services promised in the Agreement to Members of Health Plan for the duration of the period for which premiums were, on behalf of the Member, paid to Health Plan, or until Member's discharge from inpatient facilities, whichever time is greater. RCW 48.43.515(7), WAC 284-43-320(2)(c)

Rights of Member. Notwithstanding any other provision of the Agreement, nothing in the Agreement shall be construed to modify the rights and benefits contained in Member agreement. WAC 284-43-320(2)(f)

May Not Bill Member. Provider may not bill Member for covered services except for deductibles, copayment or coinsurance in cases where Health Plan denies payments because Provider has failed to comply with the terms of the Agreement. WAC 284-43-320(2)(b)

Provision Supersedes. Provider further agrees that provisions noted in the Hold Harmless section of this Attachment shall survive termination of the Agreement regardless of the cause giving rise to termination and shall be construed to be for the benefit of Members and that this provision supersedes any oral or written agreement now existing or hereafter entered into between Provider and Members or persons acting on their behalf. WAC 284-43-320(2)(d)

Abide By Provisions. If Provider contracts with other health care providers who agree to provide covered services to Members of Health Plan with the expectation of receiving payment directly or indirectly from Health Plan, such provider must agree to abide by the Hold Harmless section of this agreement. WAC 284-43-320 (2)(e)

Class C Felony. Providers willfully collecting or attempting to collect an amount from a Member while knowing that collection to be in violation of the Agreement constitutes a class C felony. RCW 48.80.030(5)(6), WAC 284-43-320(3)

PROVIDER / PATIENT CARE

Non Discrimination. Providers shall furnish covered services to Members without regard to Member's enrollment in the plan as a private purchaser of the plan or as a participant in the publicly financed programs of health care services. WAC 284-43-320(8)

Patient Advocate. Providers shall inform Member of the care they require, including various treatment options, and whether in their view such care is consistent with medical necessity, medical appropriateness, or otherwise covered by the Member's service agreement with Health Plan. Nor will Providers be prohibited, discouraged or penalized for advocating on behalf of a Member with Health Plan. RCW 48.43.510(6)(7), WAC-284-43-320 (5)(a)

Discuss Comparative Merits. Members, or those paying for their coverage, are not precluded or discouraged from discussing the comparative merits of different health carriers with their providers. Providers are not precluded, discouraged, or limited from participating in these discussions. WAC-284-43-320(5)(b)

SUBCONTRACTORS

Downstream Contracts. Health Plan requires that all downstream or subcontracted providers comply with all applicable laws contained in the State of Washington Administrative Codes including but not limited to billing and claim payment standards. WAC 284-43-300 Subchapter C, WAC 284-42-321(5)

Notification of Downstream Contracts. Health Plan must be notified when Provider initiates any new downstream or subcontract agreement and the template of such contract will be forwarded to Health Plan for review. Health Plan is required to ensure that downstream or subcontracts are compliant with the State of Washington Administrative Codes. WAC 284-43-300, Subchapter C

PHARMACY

Pharmacy Standard. The following rule outlines the minimum standards for prescription claims processing as directed by RCW 48.43.023.

Pharmacy Data Submission. The pharmacy identification card or other technology must include the data element consistent with the "BIN number," "IIN/BIN number" or "RxBIN" which is ANSI assigned international identification number, identified in the National Council for Prescription Drug Programs (NCPDP) Pharmacy ID Card Implementation Guide. Other data elements of the NCPDP Guide must be included on the card only if they are required for the processing of claims. This rule does not compel the issuance of a separate pharmacy identification card provided that the Member identification card contains the required data elements. All health plans that use a card or other technology for prescription claims processing that are delivered, issued for delivery or renewed on or after July 1, 2003, will comply with the requirements of this rule. WAC 284-43-323



Scott Caufield
Building Codes Administrator

BUILDING CODES DIVISION

DEVELOPMENT SERVICES BUILDING
150 BEAVERCREEK ROAD | OREGON CITY, OR 97045

April 9, 2015

Board of County Commissioners
Clackamas County

Members of the Board:

Approval for a Change in Control of the
Wichita Sanitary Service Franchise to Waste Management of Oregon, Inc.

Purpose/Outcome	Approval of the change in control of the franchise will transfer customers of Wichita Sanitary Service in unincorporated Clackamas County to Waste Management of Oregon, Inc.
Dollar Amount and Fiscal Impact	N/A
Funding Source	N/A
Safety Impact	None
Duration	Effective May 1, 2015
Previous Board Action/Review	None
Contact Person	Rick Winterhalter Sr. Sustainability Analyst (503) 742-4466

BACKGROUND:

The Clackamas County Solid Waste and Waste Management Code (10.03.250) allows the holder of a solid waste or wastes Collection Service Franchise to change control of the franchise or right to provide waste collection services to other persons. However, the Change in Control of Franchise may only occur upon written notice to, and approval by, the Board of County Commissioners (Board). The Board may approve the transaction with a recommendation from the Solid Waste Commission.

Wichita Sanitary Service began providing collection service in the County in 1981, when Scott Kiser and Tony Catalin purchased the franchise from Ron Hyde. Kiser Enterprises, Inc. held by Scott and Jackie Kiser is the current holder of the Wichita franchise providing garbage and recycling collection services for residential, commercial, and multi-family accounts. Wichita's franchise is predominately in the City of Milwaukie, over 1,500 customers. Over the years annexations have reduced the County's franchised area to 9 tax lots (islands within the City boundaries). Five are currently residential customers. Scott and Jackie Kiser have been actively involved in bringing the County's integrated solid waste management into the 21st century. Their contribution to this effort along with the excellent service they've delivered to their customers, over the past 33 years, is greatly appreciated.

Waste Management currently holds, in good standing, four collection franchises in the County and a number of collection companies in Oregon, the Pacific Northwest and throughout the nation. Waste Management meets all the requirements of Clackamas County Code 10.03.160 by having the available land, equipment and personnel to carry out the requirements of a franchise holder in Clackamas County.

The City of Milwaukie City Commission approved the transfer of the City's Wichita Sanitary Service franchise to Waste Management of Oregon, Inc. on March 17, 2015 by a 5:0 vote.

On March 31, 2015 the Clackamas County Solid Waste Commission reviewed and recommended (4:0 vote) the Board Approve this transfer within 30 days pursuant to Clackamas County Code 10.03.240.

RECOMMENDATION:

Staff respectfully recommends the Board of County Commissioners approve the Change in Control of Franchise from Kiser Enterprises, Inc. d.b.a. Wichita Sanitary Service to Waste Management of Oregon, Inc. effective May 1, 2015.

Respectfully submitted,



Eben Polk - Supervisor
Resource Conservation & Solid Waste
Department of Transportation & Development

Davis, Nancy

From: Ciecko, Scott
Sent: Monday, March 30, 2015 7:22 AM
To: Winterhalter, Rick
Cc: Davis, Nancy
Subject: RE: SW Franchise Transfer only 9 customers

I don't see a problem with any of this. Just make sure to track the County Code when referring the issue to the BCC, i.e. the SWC has reviewed and recommends the Board Approve this transfer within 30 days pursuant to CCC 10.03.240. I might also add that WM is meets all the requirements of CCC 10.03.160 and any other applicable sections.

Did you have specific questions?

Scott Ciecko
Assistant County Counsel
Clackamas County
2051 Kaen Road
Oregon City, Oregon 97045
Ph: 503-655-8362
Fax: 503-742-5397

Office Hours: Monday through Thursday, 7:00 am to 6:00 pm

*****CONFIDENTIALITY NOTICE*****

This e-mail may contain information that is privileged, confidential, or otherwise exempt from disclosure under applicable law. If you are not the addressee or it appears from the context or otherwise that you have received this e-mail in error, you are hereby notified that the sender has not waived any privilege, and that you may not read, disclose, copy, distribute, use or take action based upon this transmission or any accompanying documents. If you have received this transmission in error, please immediately notify this office, keep the contents confidential, and immediately delete the message and any attachments from your system.

From: Winterhalter, Rick
Sent: Thursday, March 26, 2015 3:43 PM
To: Ciecko, Scott
Cc: Davis, Nancy
Subject: SW Franchise Transfer only 9 customers
Importance: High

Scott, I know you're busy and you can pass along but this should be fairly easy. The transfer involves only 9 taxlots, 5 customers, that are islands within the City of Milwaukie. The City approved the franchise last Tuesday. I need to put that in the report. The goal is to have this on the BCC consent agenda 4/9/15, it will be submitted to them on Tuesday 3/31.
rick

Rick Winterhalter
Clackamas County
150 Beaver Creek Rd
Oregon City OR 97045



WICHITA SANITARY SERVICE

A Division of Kiser Enterprises, Inc.

503-655-2266

P.O. Box 338, Gladstone, OR 97027

March 4, 2015

VIA: CERTIFIED MAIL

Mr. Eben Polk
Clackamas County – DTD
Office of Sustainability
150 Beaver Creek Rd.
Oregon City, OR 97045

Re: Consent to Assignment – Clackamas County Waste Disposal Franchise Agreement

Dear M.:

On behalf of Kiser Enterprises, Inc. dba Wichita Sanitary Service (“Kiser”), I would like to thank you for your support and patronage of our company. Kiser recently agreed to sell substantially all of its assets and business in Clackamas County, Oregon (“County”), to Waste Management of Oregon, Inc. (“Waste Management”).

Pursuant to Sections 10.03.240 of the Clackamas County Code, we hereby request the consent of the Clackamas County Board of County Commissioners to assign Kiser’s franchise agreement with the County to Waste Management.

Both Kiser and Waste Management remain committed to keeping you informed regarding the consummation of the transaction, and in ensuring a smooth transition. If you have any questions, or need any additional information to proceed with our request for assignment, please do not hesitate to contact me.

Sincerely,

Scott R. Kiser,
President
Kiser Enterprises, Inc.
dba Wichita Sanitary Service

Wichita Sanitary Services, Unincorporated County Area

Street Address	Current Customer
SE Stanley Ave.	
<i>10116 SE Stanley Ave.</i>	<i>No</i>
10119 SE Stanley Ave.	Yes
10126 SE Stanley Ave.	Yes
10303 SE Stanley Ave.	Yes
King Rd	
<i>5619 SE King Rd.</i>	<i>No</i>
<i>5640 SE King Rd.</i>	<i>No</i>
5651 SE King Rd.	Yes
5653 SE King Rd.	Yes
<i>5731 SE King Rd.</i>	<i>No</i>

From: Scott & Jackie Kiser [<mailto:wichitasanitary@comcast.net>]

Sent: Wednesday, March 11, 2015 8:43 AM

To: 'Scott & Jackie Kiser'

Subject: RE: triple check

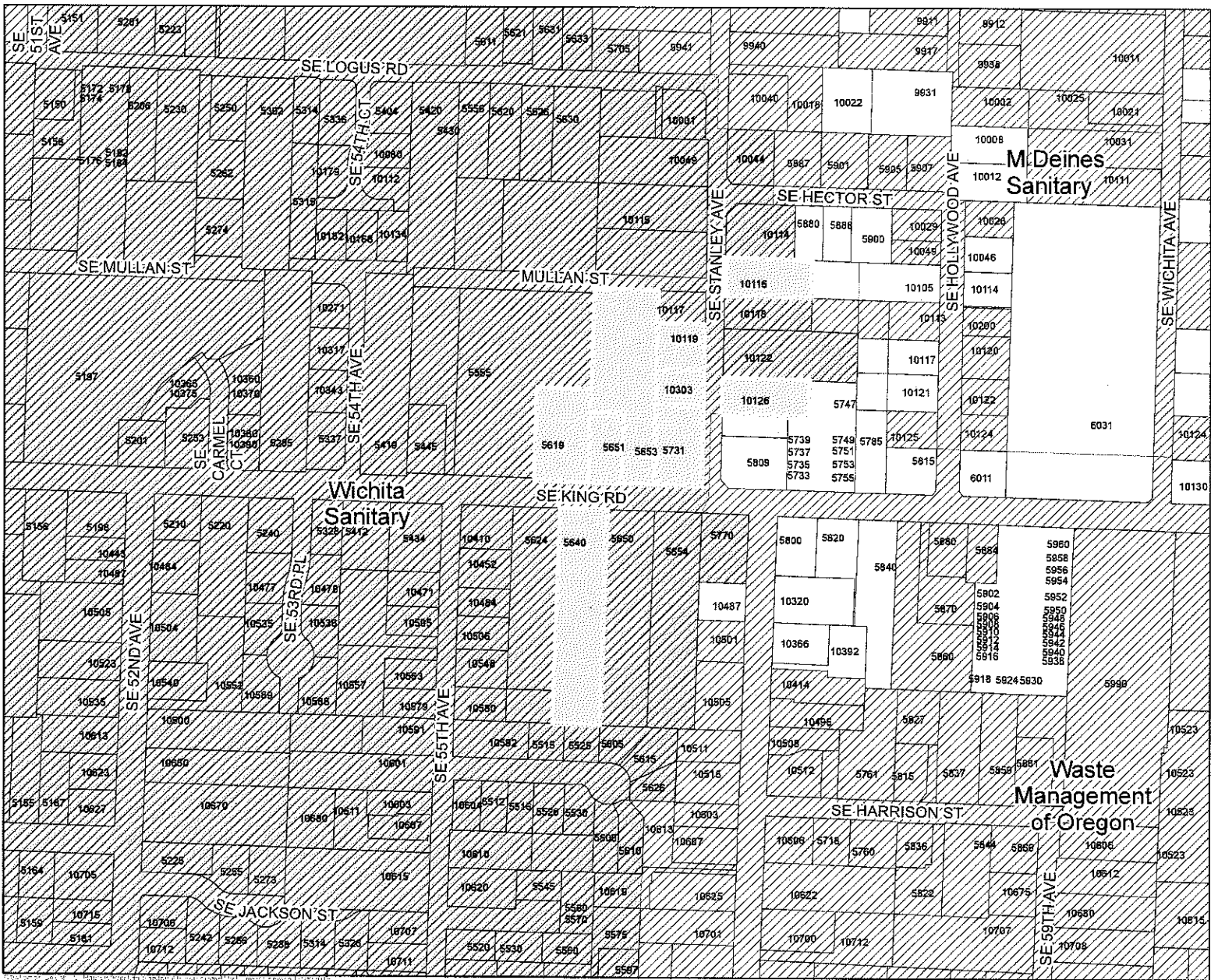
Here is a list of who we work and who we don't work:

10116 Stanley NW
10119 Stanley
10126 Stanley
10303 Stanley

5619 King NW
5653 King
5640 King NW
5651 King
5731 King NW




5 working
4 NW
9 Total

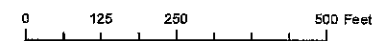
Street Address	Customer	Question Comment
SE Stanley Ave.		
10049 SE Stanley Ave. -Sewer Hookup Inspection 6/08/07	Yes	Annexation AN-86-05 Resolution 21-1986 Signed August 19, 1986
10116 SE Stanley Ave.	Yes	
10118 SE Stanley Ave	No	Annexed 11/12/10
10119 SE Stanley Ave.	Yes	
10122 SE Stanley Ave.	Yes	Annexed 11/12/10
10126 SE Stanley Ave.	Yes	
10303 SE Stanley Ave.	Yes	
King Rd		
5619 SE King Rd.	Yes	
5640 SE King Rd.	Yes	
5651 SE King Rd.	Yes	
5731 SE King Rd.	Yes	
Logus Rd.		<i>These addresses were labeled as in Unincorporated County; they appear to be in the City.</i>
5611 SE Logus Rd. -Sewer Hookup Inspection 8/25/78	Yes	Annexation AN-88-01 Resolution R5-1988* Signed February 2, 1988
5621 SE Logus Rd -Sewer Hookup Inspection 3/31/92	No	Annexation AN-87-06 for 5621, 5631, 5633, and 5705 Resolution 1-1988 signed January 5, 1988
5631 SE Logus Rd -Sewer Hookup Inspection 10/27/93	No	
5633 SE Logus Rd. -Sewer Hookup Permit 10/99, no inspection noted	Yes	
5705 SE Logus Rd. -Sewer Hookup Inspection 12/11/89	Yes	



Unincorporated Parcels in Wichita Sanitary

Legend

-  City of Milwaukie
-  Parcels
-  County Parcels served by Wichita Sanitary



CLACKAMAS COUNTY INFORMATION CENTER
 3211 BROADWAY
 CLACKAMAS COUNTY, OREGON 97015

THIS MATERIAL HAS BEEN DERIVED FROM DIGITAL DATA FROM CLACKAMAS COUNTY GIS. THE DATA IS PROVIDED AS IS AND IS NOT GUARANTEED TO BE ACCURATE. CLACKAMAS COUNTY DOES NOT ASSUME ANY LIABILITY FOR ANY ERRORS OR OMISSIONS. THE USER SHALL BE RESPONSIBLE FOR VERIFYING THE DATA AND THE INFORMATION CONTAINED HEREIN. THE USER SHALL BE RESPONSIBLE FOR OBTAINING NECESSARY PERMITS AND REGULATORY APPROVALS. THE USER SHALL BE RESPONSIBLE FOR OBTAINING NECESSARY PERMITS AND REGULATORY APPROVALS. THE USER SHALL BE RESPONSIBLE FOR OBTAINING NECESSARY PERMITS AND REGULATORY APPROVALS.

APPLICATION to TRANSFER a FRANCHISE
Through a Change in Control of stock ownership

Transferor

Name of Franchise

To be Transferred: **Wichita Sanitary Service**

Number of the Franchise

To Be Transferred: NA

NAME OF AUTHORIZED FRANCHISE HOLDER: Kiser Enterprises, Inc.

The Franchise holder is a: Privately held corporation; Publicly Traded Corporation;

Partnership; LLC; Single Proprietorship; Other

In the case of corporations please list all the officers and registered agent and their contact information. List the registry number assigned to the corporation by the Secretary of State's State Corporation Division for all business entities and aliases associated with the entity holding the current franchise. Attach documentation verifying the information or simply refer to the documentation. An example of the documentation would be a copy of the search results on the Secretary of State's State Corporation Division website.
<http://www.filinginoregon.com/>

See Attached Annual Reports

Transferee

Name of Business Entity Proposing to Hold the Wichita Sanitary Service franchise number NA named above:

Waste Management of Oregon, Inc.

This will be the name used in the Board action granting this entity the privilege of operating a solid waste collection franchise under Clackamas County Code 10.03.

This business entity is a: Privately held corporation; Publicly Traded Corporation;

Partnership; LLC; Single Proprietorship; Other _____

In the case of corporations please list all the officers and registered agent and their contact information. List the registry number assigned to the corporation by the Secretary of State's State Corporation Division for all business entities and aliases associated with the entity holding the current franchise. Attach documentation verifying the information or simply refer to the documentation. An example of the documentation would be a copy of the search results on the Secretary of State's State Corporation Division website.
<http://www.filinginoregon.com/>

NAME OF AUTHORIZED OWNER AND / OR CORPORATION:

See Attached Annual Reports

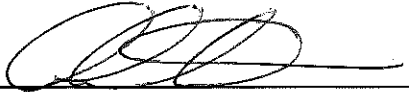
TRANSFEEE

1. I SHALL notify the County of any intent to change principal ownership or name of the business entity holding the franchise.
 YES NO
2. I SHALL submit a written request receive the forms for *Change in Control or Name Change* of the Franchise Holder prior to either action occurring.
 YES NO
3. I SHALL notify the County of any intent to transfer the franchise to another person or entity.
 YES NO
4. I SHALL be bound by the County's decision to accept or deny a *Change in Control, Name Change, or Transfer* of the franchise.
 YES NO
5. I recognize the County's authority to revoke the privileges of holding this franchise without compensation.
 YES NO
6. I recognize the County's authority to realign the borders of the area served by this franchise.
 YES NO
7. I HAVE not willfully misrepresented the material facts or information given in this application for a franchise.
 YES NO
8. I SHALL not willfully misrepresent material facts or information given in a future application for a franchise.
 YES NO
9. I SHALL comply with all policies established by the County during the Franchise period.
 YES NO
10. I SHALL use only authorized disposal sites.
 YES NO
11. I SHALL notify the County of all disposal sites used at the time of this application and when those sites change.
 YES NO
12. I SHALL furnish the County with a Certificate of Insurance and comply with Section 10.03.160 B 4, 5 and 6 of the Clackamas County Solid Waste and Waste Management Code and any subsequent amendments of regulations adopted thereto.
 YES NO
13. I SHALL make accurate and timely franchise fee payments due the County under the Clackamas County Code and any subsequent amendments of regulations adopted thereto.
 YES NO
14. I SHALL submit, on forms provided by the County, the production records of the transferor beginning January 1 of the year of the transfer to the closest month end prior to the submittal of the request for transfer.
 YES NO *County has approved other arrangements 03/11/15 rw*
15. I SHALL separately submit, on forms provided by the County, the financial and production records of the transferor beginning January 1 of the year of the transfer to the date of the transfer as determined by the Board of County Commissioners. If the transfer takes place in the first quarter the submittal date shall be June 10; if in the second quarter the submittal date shall be September 10, if in the third quarter the , submittal date shall be September 10; in the fourth quarter the submittal shall be the same as required for the annual financial review.
 YES NO *County has approved other arrangements 03/11/15 rw*

16. I SHALL separately submit, on forms provided by the County, the financial and production records produced by me after assuming operational responsibility of the franchise at the time of required submittal for the annual financial review.
 YES NO
17. I SHALL combine, on forms provided by the County, the financial and production records produced by the transferor prior to my assuming operational responsibility of this franchise, with the production records produced by me after assuming operational responsibility, in order to meet the County's requirement for generation of the annual financial review report.
 YES NO
18. I SHALL maintain collection vehicles, equipment, facilities and personnel commensurate with existing service.
 YES NO
19. I SHALL continue to serve customers at the level of service they are accustomed to at the time of the transfer.
 YES NO
20. I SHALL notify the County of any intention to change the level of service provided to customers at the time of the transfer.
 YES NO
21. I SHALL notify the County of any impending changes to collection vehicles, equipment, facilities and personnel (management and other County contacts) during the franchise period.
 YES NO
22. I SHALL secure written approval of the County prior to making changes to collection vehicles, and equipment affecting a change in service delivery from that of the transferor.
 YES NO
23. I SHALL not willfully refuse to provide adequate service in a defined service area.
 YES NO
24. I SHALL not willfully misrepresent the total number of customers or any other information relating to performing the operations necessary to comply with the Clackamas County Code and any subsequent amendments of regulations adopted thereto.
 YES NO
25. I SHALL not willfully violate the Clackamas County Code, Administrative Rules, ORS Chapter 459 and 459A, or the rules or regulations promulgated there under and any subsequent amendments of regulations adopted thereto.
 YES NO
26. I SHALL provide the best possible integrated solid waste collection service in the area served by my Clackamas County Franchise.
 YES NO

TRANSFeree (BUYER)

I/we agree to the above commitments and will attend any Board of County Commission or Solid Waste Commission meeting on this matter to answer any questions regarding the transfer of the franchise by any Board, Commission or staff member.



(signature)

Adam Winston

(print name)

Director of Operations, WM PNW Market Area
(Title)


DATE: March 20, 2015

(signature)

(print name)

TRANSFEROR (SELLER)

I/we agree to the transfer and sale



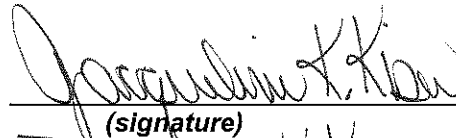
(signature)

SCOTT R. KISER

(print name)

PRESIDENT

Title



(signature)

Jacqueline K. Kiser

(print name)

Secretary

Title

DATE: 3-26-15

AMENDED ANNUAL REPORT



Corporation Division
www.filinginoregon.com

E-FILED
Oct 28, 2014
OREGON SECRETARY OF STATE

REGISTRY NUMBER

15743412

REGISTRATION DATE

12/08/1981

BUSINESS NAME

KISER ENTERPRISES, INC.

BUSINESS ACTIVITY

REFUSE & RECYCLING COLLECTION

MAILING ADDRESS

P O BOX 338
GLADSTONE OR 97027 USA

TYPE

DOMESTIC BUSINESS CORPORATION

PRIMARY PLACE OF BUSINESS

4825 SE ARDEN ST
MILWAUKIE OR 97222 USA

JURISDICTION

OREGON

REGISTERED AGENT

DAVID J BUONO

851 SW SIXTH AVE STE 1500
PORTLAND OR 97204 USA

If the Registered Agent has changed, the new agent has consented to the appointment.

PRESIDENT

SCOTT R KISER

P O BOX 338
GLADSTONE OR 97027 USA

SECRETARY

JACQUELINE K KISER

P O BOX 338
GLADSTONE OR 97027 USA



By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

JACQUELINE K. KISER

TITLE

SECRETARY

DATE SIGNED

10-28-2014

APPLICATION FOR REGISTRATION



Corporation Division
www.filinginoregon.com

E-FILED
Nov 24, 2008
OREGON SECRETARY OF STATE

REGISTRY NUMBER

56171599

TYPE

ASSUMED BUSINESS NAME

ENTITY NAME

WICHITA SANITARY SERVICE

BUSINESS ACTIVITY

SOLID WASTE COLLECTION

PRINCIPAL PLACE OF BUSINESS

C/O KISER ENTERPRISES, INC.
4825 SE ARDEN ST.
MILWAUKIE OR 97222 USA

NAME & ADDRESS OF AUTHORIZED REPRESENTATIVE

DAVID J BUONO

DUNN CARNEY ALLEN HIGGINS & TONGUE LLP
851 SW 6TH AVE., SUITE 1500
PORTLAND OR 97204 USA

REGISTRANT/OWNER

157434-12 - KISER ENTERPRISES, INC.

COUNTIES

CLACKAMAS, MULTNOMAH, WASHINGTON

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

DAVID J BUONO - POWER OF ATTORNEY

AMENDED ANNUAL REPORT



Corporation Division
www.filinginoregon.com

E-FILED
Oct 29, 2014
OREGON SECRETARY OF STATE

REGISTRY NUMBER

9511510

REGISTRATION DATE

11/26/1971

BUSINESS NAME

WASTE MANAGEMENT OF OREGON, INC.

BUSINESS ACTIVITY

WASTE SERVICES

MAILING ADDRESS

1001 FANNIN SUITE 4000
ATTN TAX DEPT
HOUSTON TX 77002 USA

TYPE

DOMESTIC BUSINESS CORPORATION

PRIMARY PLACE OF BUSINESS

1001 FANNIN SUITE 4000
HOUSTON TX 77002 USA

JURISDICTION

OREGON

REGISTERED AGENT

329227 - C T CORPORATION SYSTEM

388 STATE ST STE 420
SALEM OR 97301 USA

If the Registered Agent has changed, the new agent has consented to the appointment.

PRESIDENT

JASON S ROSE

1001 FANNIN STE 4000
HOUSTON TX 77002 USA

SECRETARY

LINDA J SMITH

1001 FANNIN STE 4000
HOUSTON TX 77002 USA



By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

MARK A. LOCKETT

TITLE

OFFICER

DATE SIGNED

10-29-2014



Leadership

David P. Steiner

President and Chief Executive Officer

James E. Trevathan

Executive Vice President and Chief Operating Officer

James C. Fish, Jr.

Executive Vice President and Chief Financial Officer

Puneet Bhasin

Senior Vice President, Corporate Operations
President, WM Recycle America, L.L.C.

Barry H. Caldwell

Senior Vice President Corporate Affairs and Chief Legal Officer

Jeff M. Harris

Senior Vice President, Field Operations

John J. Morris, Jr.

Senior Vice President, Field Operations

Mark Schwartz

Senior Vice President, Human Resources

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Board of Directors

W. Robert Reum

Non-Executive Chairman Waste Management; Chairman, President and Chief Executive Officer, Amsted Industries Inc.

David P. Steiner

President & CEO, Waste Management, Inc.

Bradbury H. Anderson

Former Vice President and Chief Operating Officer, Best Buy Company, Inc.

Frank M. Clark, Jr.

Former Chairman and Chief Executive Officer, ComEd

Andrés Gluski

President and Chief Executive Officer, The AES Corporation

Patrick W. Gross

Chairman, The Lovell Group

Victoria Holt

President and Chief Executive Officer of Proto Labs, Inc.

John C. "Jack" Pope

Chairman, PFI Group

Thomas H. Weidemeyer

Former Senior Vice President and Chief Operating Officer, United Parcel Service, Inc. and President of UPS Airlines



MARC GONZALES
DIRECTOR

DEPARTMENT OF FINANCE

March 25, 2015

PUBLIC SERVICES BUILDING
2051 KAEN ROAD | OREGON CITY, OR 97045

Board of County Commissioners
Clackamas County

Members of the Board:

**A Resolution Approving the Submission of
The Assessor's CAFFA Grant Application for FY 2015-2016**

Purpose/Outcome	This resolution is an annual requirement to accompany the application for a grant from the State of Oregon Department of Revenue to the Clackamas County Assessor's Office.
Dollar Amount and Fiscal Impact	The grant provides approximately 19% of the revenue for the Assessor's Office.
Funding Source	The State of Oregon
Safety Impact	None
Duration	Effective July 1, 2015 to June 30, 2016
Previous Board Action/Review	None
Contact Person	Bob Vroman, County Assessor 503-655-8302 Jian Zhang, Finance Department 503-742-5434
Contract No.	None

BACKGROUND:

County Assessment Function Funding Assistance (CAFFA) is a grant from the State of Oregon to Clackamas County Assessor's Office. The grant provides approximately 19% of the revenue for the Assessor's Office. All documents required to be included in the grant application are attached. They include a summary of expense, two staffing reports, two work activity forms, two narrative reports of staff changes, Grant Application Resolution and Racial and Ethnic Impact Statement.

The application and accompanying documents must be received in Salem by May 1, 2015, and this material has been reviewed and approved by County Counsel.

RECOMMENDATION:

Staff respectfully recommends that the Board of Commissioners approve this resolution, so that this grant application may be submitted to the state.

Respectfully submitted,

Diane D. Padilla
Budget Manager

**BEFORE THE BOARD OF COUNTY COMMISSIONERS
OF CLACKAMAS COUNTY, STATE OF OREGON**

In the matter of Approving
the Submission of a Grant
Document to the Oregon
Department of Revenue



Resolution No.

Clackamas County is applying to the Department of Revenue in order to participate in the Assessment and Taxation grant, and

WHEREAS, this state grant provides funding for counties to help them come into compliance or remain in compliance with ORS 308.232, 308.234, Chapters 309, 310, 311, 312, and other laws requiring equity and uniformity in the system of property taxation, and

WHEREAS, Clackamas County has undertaken a self-assessment of its compliance with the laws and rules that govern the Oregon property tax system. The County is generally in compliance with ORS 308.232, 308.234, Chapters 309, 310, 311, 312, and other laws requiring equity and uniformity in the system of property taxation, and

WHEREAS, Clackamas County agrees to appropriate the budgeted dollars based on 100 percent of the expenditures certified in the grant application in the amount of \$7,957,305, the total expenditure amount for consideration in the grant. If 100 percent is not appropriated, no grant shall be made to the county for the quarter in which the county is out of compliance, and

WHEREAS, Clackamas County designates Marc S. Gonzales, Director of Finance, phone number (503)742-5405, as the County contact person for this grant document, and

WHEREAS, The Board finds it would be in the best interest of Clackamas County to adopt this resolution and submit the attached grant documents to the Oregon Department of Revenue.

NOW, THEREFORE, the Clackamas County Board of Commissioners do hereby resolve that this application be approved and the grant documents be submitted to the Oregon Department of Revenue.

Dated this 10th day of April, 2015

CLACKAMAS COUNTY BOARD OF COMMISSIONERS

Chair

Recording Secretary



Form 1 Grant Application Staffing

2015-16

	COLUMN 1	COLUMN 2	COLUMN 3
County <u>Clackamas</u>	Approved FTE Current Year (2014-15)	Budgeted FTE Coming Year (2015-16)	Change (Column 2 less Column 1)
A. Assessment Administration			
Assessor, Deputy, etc.	2.00	2.00	0.00
Assmt. Support Staff, Deed Clerks, & Data Entry Staff	17.50	17.50	0.00
Total Assessment Administration	19.50	19.50	0.00
B. Valuation-Appraisal Staff			
Chief Appraisers/Appraiser Supervisor	2.00	2.00	0.00
Lead Appraisers	5.00	5.00	0.00
Residential Appraisers	4.50	4.50	0.00
Commercial/Industrial Appraisers	4.00	5.00	1.00
Farm/Forest/Rural Appraisers	2.75	2.75	0.00
Manufactured Structure/Floating Structure Appraisers	1.00	1.00	0.00
Personal Property Appraisers	0.50	0.50	0.00
Personal Property Clerks	2.00	2.00	0.00
Sales Data Analyst	2.00	2.00	0.00
Data Gatherers & Appraisal Techs	0.00	0.00	0.00
Total Valuation-Appraisal Staff	23.75	24.75	1.00
C. Clerk/BOPTA Staff	1.00	1.00	0.00
D. Tax Collection & Distribution Administration			
Administration, Deputy, etc.	1.00	1.00	0.00
Support & Collection Staff	6.75	6.75	0.00
Tax Distribution	1.00	1.00	0.00
Foreclosure & Garnishment	0.75	0.75	0.00
Total Tax Collection & Distribution Staff	9.50	9.50	0.00
E. Cartography & GIS Administration			
Cartographic/GIS Supervisor	0.00	0.00	0.00
Lead Cartographer	1.00	1.00	0.00
Cartographers	4.50	4.50	0.00
GIS Specialist	2.00	2.00	0.00
Total Cartographic & GIS Staff	7.50	7.50	0.00
F. A&T Data Processing Staff	2.00	2.00	0.00
G. Total A&T Staffing (the sum of A-F above)	63.25	64.25	1.00



Form 2 Explanation of Staffing Issues

2015-16

County Clackamas

In this section, explain any difference between approved staffing for the current year and staffing for the budgeted year. Explain why any funded positions were unfilled for the current year. Use this form to describe the intended use of nonpermanent workers (temporary help, project temporaries, and contractors) by A&T function, along with their cost. Note any special or unique aspects regarding who accomplishes the work and how they accomplish it related to Forms 4, 5, and 6. For example, if you use staff to perform personal property functions, other than reported on Form 1, Section B, note that here and include the FTE.

We continue to hire a contract Commercial/Industrial Appraiser to handle major appeals, assist with the valuation of more complex properties, and consult on market studies. His time is equivalent to .75 FTE and is budgeted at \$70,000 for the 2015-16 year. This is included on Form 1, Section B, Commercial/Industrial Appraisers.

Vacancies continue to be filled but there is always a lag time due to the recruitment process.

Temporary help is budgeted at \$50,000 and is used in the following ways: support for personal property processing, document scanning, appraisal data entry, entering diagrams and photos into our appraisal system.

GIS/ORMAP: We continue to provide support and resources to progress toward ORMAPP goals. To date, we have retired 1,711 Mylar Maps out of a total of 3,364. Additional in kind support for the GIS data creation part of the project includes:

1. \$134,000 for the Assessor's Office for plat and deed research, tax map conversion, and annotation.
2. \$35,000 in County General Fund support to supplement the ORMAPP funding contract work.
3. \$15,000 from the County Surveyor's Office for collection of section corners and ground control points.
4. \$84,000 from the County Technical Services Department for project management, quality control, data input, and survey and deed research.

Form 4

#7. Other Valuation Appraiser Activity: 1.5 FTE is attributed to appraisal time directed to ProVal CAMA system upgrade testing and development, neighborhood boundary maintenance, special projects, and outlier analysis. A priority project is capturing Commercial/Industrial inventory electronically and development of income property valuation models.



Form 3 General Comments

2015-16

County Clackamas

Use this form to describe any issue in your budget that needs further clarification. Examples would be significant changes on Form 7, purchase of a new data processing system, salary increases, new car purchases, personal services costs for mapping, etc. You may also use this form to document any miscellaneous comments.

While our business process continues to focus support to the appraisal staff, we are engaged in a strategic planning process designed to provide more openness, transparency, and deliver more integrated and better services that build public trust and results in the best allocation of resources. Our appraisers primarily complete field work, make and review value decisions, and assist the public on valuation issues. The improving economic and real estate market conditions have resulted in declining levels of appeals at the Board of Property Tax Appeals. Significant resources remain directed toward appeal management. The increased complexity of appeals continues to require increased participation by County Counsel for representation for Magistrate, Regular Division Tax Court, and Supreme Court cases. An increasing level of sales activity is helpful but also requires significant appraisal resources to verify sales, research listings, and field inspect property to support appeals, general market analysis, and the ratio study.

Real Estate sales activity, new construction and other exception events are increasing. We continue to update and enhance our automated appraisal database for assigning and tracking appraisal work. Analysis of market areas and neighborhood maintenance continue as an ongoing process and we continue finalizing new or modifying some of our existing market areas for the 2015-16 year. This years' appraisal plan includes completion of the reappraisal for the City of Oregon City central business district. We have used CoStar capabilities to assist us in identifying and classifying all apartments in the County. We are prioritizing additional resources to populate our CAMA systems with the multi-family property data and are building income property valuation models to be able to value and recalculate this type of property on an annual basis. We are actively exploring the potential for developing collaborative projects with other jurisdictions that may contribute to efficient and effective administration of the assessment and tax function.

We have completed a project to electronically capture the historical appraisal, assessment, and tax data for all 148,000 residential and manufactured structure accounts. This allows more effective information access to Assessment & Taxation staff, other County departments and agencies, and the public while reducing the need for physical storage and minimizing the use of paper copies.



Form 4 Valuation-Appraisal Resources

2015-16

County <u>Clackamas</u>	Number of Accounts by Activity		Number of FTE by Activity	
	Actual 2014-15	Estimated 2015-16	Actual 2014-15	Estimated 2015-16
Activities				
1. Real Property Exceptions, Special Assessments, and Exemptions				
New Construction	4450	4673	4.25	4.75
Zone Changes	154	150	0.25	0.25
Subdivisions, Segregations, Consolidations	1946	1890	1.75	1.75
Omitted Properties	546	573	0.25	0.50
Special Assessment Qualification and Disqualification Exemptions	365	365	2.00	2.00
Exemptions	160	200	0.50	0.50
Subtotal	7,621	7,851	9.00	9.75
2. Appeals and Assessor Review				
Assessor Review and Stipulations	56	60	0.50	0.50
BOPTA	441	450	3.50	3.50
Department of Revenue	2	5	0.25	0.25
Magistrate Division—Tax Court	55	60	1.75	1.75
Regular Division—Tax Court	7	10	0.25	0.25
Subtotal	561	585	6.25	6.25
3. Real Property Valuation				
Physical Reappraisal	692	180	0.75	0.50
Recalculation only—no appraisal review	162810	164121	2.25	2.25
Subtotal	163,502	164,301	3.00	2.75
4. Business Personal Property (returns mailed)	10031	10404	2.00	2.00
5. Ratio			2.00	2.00
6. Continuing Education			0.50	0.50
7. Other Valuation—Appraisal Activity			1.00	1.50
8. Total Valuation—Appraisal Staff (FTE)			23.75	24.75



Form 5 Tax Collection/Distribution Work Activity

2015-16

County Clackamas

**Number of Accounts
by Activity**

	Actual 2014-15	Estimated 2015-16
1. Number of accounts requiring roll corrections		
Business Personal Property	164	172
Personal Property Manufactured Structures	16	17
Real Property	1471	1544
2. Number of accounts requiring a refund		
Business Personal Property	73	77
Personal Property Manufactured Structures	60	63
Real Property	1284	1348
3. Number of delinquent tax notices sent		
Business Personal Property	403	400
Personal Property Manufactured Structures	1488	1500
Real Property	8042	8000
4. Number of foreclosure accounts processed		
Real Property only	682	680
5. Number of accounts issued redemption notices		
Real Property only	80	80
6. Number of warrants	753	750
7. Number of garnishments	0	0
8. Number of seizures	0	0
9. Number of bankruptcies	325	300
10. Number of accounts with an address change processed	11010	11340
11. How many second trimester statements do you mail?	21875	
12. How many third trimester statements do you mail?	21977	
13. Does the county contract for lock box service?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Does the county use in-house remittance processing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15. If tax collector is combined with another county function, please describe that function.		
Assessment and Taxation is combined under the Assessor.		



Form 6
Assessment and Administrative
Support and Cartography
Work Activity

2015-16

County Clackamas

Assessment and Administrative Support
Work Activity

	<u>Numbers by Activity</u>	
	<u>Actual</u> 2014-15	<u>Estimated</u> 2015-16
1. Number of Deeds Worked	15660	16060

Cartography Work Activity

	<u>Numbers by Activity</u>	
	<u>Actual</u> 2014-15	<u>Estimated</u> 2015-16
1. Number of new tax lots	940	960
2. Number of lot line adjustments	165	145
3. Number of consolidations	293	281
4. Number of new maps	5	5
5. Number of tax code boundary changes	472	500



Form 7 Summary of Expenses

2015-16

County Clackamas

Current Operating Expenses	A. Assessment Administration	B. Valuation	C. BOPTA	D. Tax Collection & Distribution	E. Cartography*	F. A&T Data Processing	TOTALS
1. Personal Services	1563475	2356416	55482	869553	559308	254995	\$6,659,229
2. Materials & Services	478408	787540	23525	259816	199132	152736	\$1,901,157
3. Transportation	0	18000	0	0	0	0	\$18,000
4. Total Current Operating Expenses (Total Direct Expenses)	\$2,041,883	\$3,161,956	\$79,007	\$1,129,369	\$758,440	\$407,731	\$7,578,386

* Include ORMAP-approved grant funding

Indirect Expenses

5. Total Direct Expenses (line 4)	\$7,578,386
6. If you use the 5 percent method to calculate your indirect expenses, enter .05 in this box.	0.05000
Total Indirect Expenses (line 5 × line 6)	\$378,919
6A. If you use a percent amount approved by a federal granting agency to calculate your indirect expenses, enter that percentage in this box	0.00000
Total Indirect Expenses (line 6A × the direct expense amount for the category/categories that your certificate allows)	\$0
7. Total Indirect Expenses	\$378,919

Capital Outlay

	Assessment Administration	Valuation	BOPTA	Tax Collection & Distribution	Cartography	A&T Data Processing	Total Capital Outlay Without Regard to Limitation
8. Enter the actual capital outlay without regard to limitation.	0	0	0	0	0	0	\$0
9. Total direct and indirect expenses (line 4 + line 7)							\$7,957,305
10. Direct and indirect expenses × 0.06							\$477,438
11. The greater of line 10 or \$50,000							\$477,438
12. Capital outlay (the lesser of line 8 or line 11)							\$0
13. Total expenditures for CAFFA consideration (line 4 + line 7 + line 12)							\$7,957,305

Grant Application Resolution

Clackamas County is applying to the Department of Revenue in order to participate in the Assessment and Taxation grant.

This state grant provides funding for counties to help them come into compliance or remain in compliance with ORS 308.232, 308.234, Chapters 309, 310, 311, 312, and other laws requiring equity and uniformity in the system of property taxation.

Clackamas County has undertaken a self-assessment of its compliance with the laws and rules that govern the Oregon property tax system. County is generally in compliance with ORS 308.232, 308.234, Chapters 309, 310, 311, 312, and other laws requiring equity and uniformity in the system of property taxation.

Clackamas County agrees to appropriate the budgeted dollars based on 100 percent of the expenditures certified in the grant application in the amount of \$7,957,305, the total expenditure amount for consideration in the grant. If 100 percent is not appropriated, no grant shall be made to the county for the quarter in which the county is out of compliance.

County designates:

Marc Gonzales

(503) 742-5405

marcg@co.clackamas.or.us

Name

Telephone

E-mail Address

as the county contact person for this grant application.

Signature of Chairperson or Judge of Governing Body

Date Signed

RACIAL AND ETHNIC IMPACT STATEMENT

This form is used for informational purposes only and must be included with the grant application.

Chapter 600 of the 2013 Oregon Laws require applicants to include with each grant application a racial and ethnic impact statement. The statement provides information as to the disproportionate or unique impact the proposed policies or programs may have on minority persons¹ in the State of Oregon if the grant is awarded to a corporation or other legal entity other than natural persons.

1. The proposed grant project policies or programs could have a disproportionate or unique positive impact on the following minority persons:

Indicate all that apply:

- Women
 Persons with Disabilities
 African-Americans
 Hispanics
 Asians or Pacific Islanders
 American Indians
 Alaskan Natives

2. The proposed grant project policies or programs could have a disproportionate or unique negative impact on the following minority persons:

Indicate all that apply:

- Women
 Persons with Disabilities
 African-Americans
 Hispanics
 Asians or Pacific Islanders
 American Indians
 Alaskan Natives

3. The proposed grant project policies or programs will have no disproportionate or unique impact on minority persons.

If you checked numbers 1 or 2 above, on a separate sheet of paper, provide the rationale for the existence of policies or programs having a disproportionate or unique impact on minority persons in this state. Further provide evidence of consultation with representative(s) of the affected minority persons.

I HEREBY CERTIFY on this 25th day of March, 2015, the information contained on this form and any attachment is complete and accurate to the best of my knowledge.



Signature

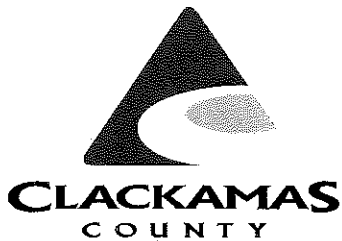
Printed Name:

MARC S. GONZALES

Title:

DIRECTOR, Department of Finance
Clackamas County, OR

¹ "Minority persons" are defined in SB 463 (2013 Regular Session) as women, persons with disabilities (as defined in ORS 174.107), African-Americans, Hispanics, Asians or Pacific Islanders, American Indians and Alaskan Natives.



MARC GONZALES
DIRECTOR

DEPARTMENT OF FINANCE

PUBLIC SERVICES BUILDING

2051 KAEN ROAD | OREGON CITY, OR 97045

April 9, 2015

Board of County Commissioners
Clackamas County

Members of the Board:

Approval of a Resolution for Clackamas County for
Transfer of Appropriations for Fiscal Year 2014-2015

Purpose/Outcome	Budget changes for Clackamas County FY 2014-2015
Dollar Amount and fiscal Impact	No fiscal impact. Transfer of existing appropriations.
Funding Source	N/A
Safety Impact	N/A
Duration	July 1, 2014-June 30, 2015
Previous Board Action/Review	Budget Adopted June 26, 2014, amended December 11, 2014, January 29, and March 26, 2015.
Contact Person	Diane Padilla, 503-742-5425
Contract No.	N/A

BACKGROUND: Periodically during the fiscal year it is necessary to transfer appropriations to more accurately reflect the changing requirements of the operating departments.

Transfers are a method of moving budgeted appropriations during the fiscal year as required by state budget law per ORS 294.463. There is no financial impact incurred as a result of transfers as appropriations for these amounts have been accomplished through the initial budget process.

The attached resolution accomplishes the above mentioned changes as requested by the following operating departments in keeping with a legally accurate budget.

The General Fund - Not Allocated to Organizational Unit is decreasing contingency to increase support to Emergency Management - Medical Examiner's office and General Fund - County Administration to help with higher than anticipated personnel costs.

The General Fund – County Administration is recognizing additional General Fund support and budgeting it for higher personnel costs

The Emergency Management Fund is recognizing additional General Fund support for higher actual personnel cost in the Medical Examiner's office.


The Behavioral Health Fund is realigning its expenditures to make an interfund transfer to the Children, Youth and Families Fund, for the Mental Health First Aid Program.

The Fleet Services Fund is realigning it's the remaining Sheriff's capital vehicle allocation to vehicle repair and maintenance, per the Sheriff's request.

RECOMMENDATION:

Staff respectfully recommends adoption of the attached supplemental budget and Exhibit A in keeping with a legally accurate budget.

Sincerely,



Diane Padilla
Budget Manager

**BEFORE THE BOARD OF COUNTY COMMISSIONERS
OF CLACKAMAS COUNTY, STATE OF OREGON**

In the Matter of Providing Authorization
To Transfer Appropriations Within
the Fiscal Year 2014-15



Resolution No. _____

WHEREAS, during the fiscal year changes in appropriated expenditures may become necessary and appropriations may need to be increased, decreased or transferred from appropriation category to another;

WHEREAS, transfer of appropriations for the period of July 1, 2014 through June 30, 2015, inclusive is necessary to continue to prudently manage the distribution of those expenditures for the needs of Clackamas County residents;

WHEREAS; the funds being adjusted are:

- . General Fund – Not Allocated to Organizational Unit
- . General Fund – County Administration
- . Emergency Management Fund
- . Behavioral Health Fund
- . Fleet Services Fund;

It further appearing that it is in the best interest of the County to approve this transfer of appropriations for the period of July 1, 2014 through June 30, 2015.

BE RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS THAT:

Pursuant to its authority under OR 294.463, transfer of appropriation within the fiscal year budget is authorized as shown in the attached Exhibit A which by this reference is made a part of this Resolution.

DATED _____

BOARD OF COUNTY COMMISSIONERS

Chair

Recording Secretary

TRANSFER REQUEST

Exhibit A

GENERAL FUND – NOT ALLOCATED TO ORGANIZATIONAL UNIT- COUNTY ADMINISTRATION

Decrease:		
Expenses:		
Contingency		\$ 75,000.
Total		<u>\$ 75,000.</u>
Increase:		
Expense:		
General Fund – County Administration		\$ 25,000
Interfund Transfer		50,000.
Total		<u>\$ 75,000.</u>

General Fund - Not Allocated to Organizational Unit is decreasing contingency to increase support to Emergency Management - Medical Examiner's office and General Fund - County Administration to help with higher than anticipated personnel costs and

General Fund – County Administration is recognizing additional General Fund support and budgeting it for higher personnel costs

EMERGENCY MANGEMENT FUND

Revenue:		
Intefund Transfer		\$ 50,000.
Total		<u>\$ 50,000.</u>
Expense:		
Emergency Management		\$ 50,000.
Total		<u>\$ 50,000.</u>

Emergency Management Fund is recognizing additional General Fund support for higher actual personnel cost in the Medical Examiner's office.

BEHAVIORAL HEALTH FUND

Expense:		
Behavioral Health		\$ 0.
Total		<u>\$ 0.</u>

Behavioral Health Fund is realigning its expenditures to make an interfund transfer to the Children, Youth and Families Fund, for the Mental Health First Aid Program.

FLEET SERVICES FUND

Expense:

Fleet Services

\$ 0.

Total

\$ 0.

Fleet Services Fund is realigning it's the remaining Sheriff's capital vehicle allocation to vehicle repair and maintenance, per the Sheriff's request



MARC GONZALES
DIRECTOR

DEPARTMENT OF FINANCE

PUBLIC SERVICES BUILDING
2051 KAEN ROAD | OREGON CITY, OR 97045

April 9, 2015

Board of County Commissioners
Clackamas County

Members of the Board:

Approval of a Resolution for Clackamas County for Budgeting of
New Specific Purpose Revenue for Fiscal Year 2014-2015

Purpose/Outcome	Budget changes for Clackamas County FY 2014-2015
Dollar Amount and fiscal Impact	The effect is an increase in appropriations of \$682,773.
Funding Source	Includes State Operating Grants and Charge for Services Revenue.
Safety Impact	N/A
Duration	July 1, 2014-June 30, 2015
Previous Board Action/Review	Budget Adopted June 26, 2014, amended December 11, 2014, January 29, and March 26, 2015
Contact Person	Diane Padilla, 503-742-5425
Contract No.	N/A

BACKGROUND:

Each fiscal year it is necessary to appropriate additional expenditures and allocate additional sources of revenue to more accurately meet the changing requirements of the operating departments of the County. The attached resolution reflects those changes that departments have requested which pursuant to O.R.S. 294.338, qualify as grants in trust for specific purposes in keeping with legally accurate budget.

The Sheriff's Fund is recognizing additional administrative fee revenue and budgeting for program costs for the Crime Reconstruction and Forensics Team.

The Children, Youth and Families Fund is recognizing revenue from Oregon Health Authority, Oregon Community Foundation, Oregon Education Investment Board, Benevolent Peace Officers Foundation and an Interfund transfer from the Behavioral Health Fund and budgeting for program costs associated with these programs.

The Community Health Centers Fund is recognizing additional Oregon Plan Revenue and budgeting to add one full-time Policy Analyst and increase the hours for an Child Psychiatrist, due to an increase in requested services.


The effect of this Board Order is an increase in appropriations of \$682,773 including new revenues as detailed below:

Federal Operating Grants	\$ 125,139.
State Operating Grants	368,117.
Local Government & Other Agencies	12,359.
Charge for Services	137,168.
Miscellaneous Revenue	27,800.
Interfund Transfer	<u>12,190.</u>
Total Recommended	<u>\$ 682,773.</u>

RECOMMENDATION:

Staff respectfully recommends adoption of the attached supplemental budget and Exhibit A in keeping with a legally accurate budget.

Sincerely,



Diane Padilla
Budget Manager

**BEFORE THE BOARD OF COUNTY COMMISSIONERS
OF CLACKAMAS COUNTY, STATE OF OREGON**

In the Matter of Providing
Authorization to Appropriate Grants
For Specific Purposes within the Fiscal
Year 2014-15



Resolution No. _____

WHEREAS, during the fiscal year changes in appropriated expenditures may become necessary and appropriations may need to be increased, decreased or transferred from one appropriation category to another;

WHEREAS, appropriation of grants entrusted for specific purposes within Clackamas County budget for the period of July 1, 2014 through June 30, 2015, inclusive is necessary to authorize the expenditure of funds, for the needs of Clackamas County residents;

WHEREAS; the fund being adjusted is:

- . Sheriff Fund
- . Children, Youth and Families Fund
- . Community Health Centers Fund;

It further appearing that it is in the best interest of the County to approve these grants entrusted for specific purpose of appropriations for the period of July 1, 2014 through June 30, 2015.

BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS THAT:

Pursuant to its authority under OR 294.338, appropriation of specific purpose grants is authorized as shown in the attached Exhibit A which by this reference is made a part of this Resolution.

DATED _____

BOARD OF COUNTY COMMISSIONERS

Chair

Recording Secretary

NEW SPECIFIC PURPOSE REVENUE REQUESTS

Exhibit A

Federal Operating Grants	\$ 125,139.
State Operating Grants	368,117.
Local Gov't and Other Agencies	12,359.
Charge for Services	137,168.
Miscellaneous Revenue	27,800.
Interfund Transfer	<u>12,190.</u>
Total Recommended	<u>\$ 682,773.</u>

SHERIFF'S FUND

Revenue:	
Charge for Services	\$ 5,000.
Total	<u>\$ 5,000.</u>
Expense:	
Sheriff	\$ 5,000.
Total	<u>\$ 5,000.</u>

Sheriff's Fund is recognizing additional administrative fee revenue and budgeting for program costs for the Crime Reconstruction and Forensics Team.

CHILDREN, YOUTH AND FAMILIES FUND

Revenue:	
Federal Operating Grants	\$ 125,139.
State Operating Grants	368,117.
Local Gov't and Other Agencies	12,359.
Miscellaneous Revenue	27,800.
Interfund Transfers	<u>12,190.</u>
Total	<u>\$ 545,605.</u>
Expense:	
Childre, Youth and Families	\$ 545,605.
Total	<u>\$ 545,605.</u>

Children, Youth and Families Fund is recognizing revenue from Oregon Health Authority, Oregon Community Foundation, Oregon Education Investment Board, Benevolent Peace Officers Foundation and an Interfund transfer from the Behavioral Health Fund and budgeting for program costs associated with these programs.

COMMUNITY HEALTH CENTERS FUND

Revenue:

Charge for Services

\$ 132,168.

Total

\$ 132,168.

Expense:

Children, Youth and Families

\$ 132,168.

Total

\$ 132,168.

Community Health Centers Fund is recognizing additional Oregon Plan Revenue and budgeting to add one full-time Policy Analyst and increase the hours for an Child Psychiatrist, due to an increase in requested services.

Approval of Previous Business Meeting Minutes:

March 19, 2015

(minutes attached)

BOARD OF COUNTY COMMISSIONERS BUSINESS MEETING MINUTES

A complete video copy and packet including staff reports of this meeting can be viewed at

<http://www.clackamas.us/bcc/business.html>

Thursday, March 19, 2015 – 6:00 PM

Public Services Building

2051 Kaen Rd., Oregon City, OR 97045

PRESENT: Commissioner John Ludlow, Chair
Commissioner Paul Savas
Commissioner Martha Schrader
Commissioner Tootie Smith

EXCUSED: Commissioner Jim Bernard
Paul Reynolds, Housing Authority Commissioners

CALL TO ORDER

- Roll Call
- Pledge of Allegiance

Chair Ludlow announced the Board will recess as the Housing Authority Board and convene as the Housing Authority Board for the next items.

I. HOUSING AUTHORITY PUBLIC HEARING

1. Public Hearing on the Fiscal Year 2016 Annual Five Year Plan

Chuck Robbins, Housing Authority presented the staff report and explained the plan. He stated there will be no Board action on this plan today. It will be placed on the April 2, 2015 Business mtg. agenda consent agenda for adoption.

~Board Discussion~

Chair Ludlow opened the public hearing and asked if anyone wished to speak, seeing none he closed the public hearing and announced this item will come back for adoption on the April 2, 2105 consent agenda.

II. HOUSING AUTHORITY CONSENT AGENDA

1. In the Matter of Writing off Uncollectible Accounts for the Third Quarter of Fiscal Year 2015
2. Approval to Apply for a Grant through Housing & Urban Development (HUD), for Safety Improvement Grant Funds

Chair Ludlow asked the Clerk to read the Housing Authority consent agenda by title – he then asked for a motion.

MOTION:

Commissioner Smith: I move we approve the Housing Authority consent agenda.

Commissioner Savas: Second.

~Board Discussion~

Clerk calls the poll.

Commissioner Smith: Aye.

Commissioner Schrader: Aye.

Commissioner Savas: Aye.

Chair Ludlow: Aye – the motion passes 4-0.

Chair Ludlow adjourned as the Housing Authority Board and re-convene as the Board of County Commissioners for the remainder of the meeting.

III. PRESENTATION

1. Property Tax Revenue/Budget Update for Fiscal Year 2015-2016
Bob Vroman, County Assessor presented a PowerPoint presentation outlining the property tax revenue for fiscal year 2015-2016.

~Board Discussion~

IV. CITIZEN COMMUNICATION

<http://www.clackamas.us/bcc/business.html>

1. Nancy Hall, Happy Valley – concerns regarding Eagle Landing development.
2. Marge Easley, Wilsonville – Representing the League of Women Voters – wanted to make sure the Citizens have opportunity to be informed and to speak on the Eagle Landing project. (submitted in writing)
3. Jim Weisenburg, Happy Valley –
4. Mack Woods, Canby – misc. issues including taxes, tri-met, Veterans.
5. Les Poole, Gladstone – spoke regarding road, budget numbers on the web site and property taxes.

~Board Discussion~ <http://www.clackamas.us/bcc/business.html>

V. DISCUSSION ITEMS

~NO DISCUSSION ITEMS SCHEDULED

VI. CONSENT AGENDA

Chair Ludlow asked the Clerk to read the consent agenda by title – he then asked for a motion.

MOTION:

Commissioner Smith: I move we approve the consent agenda.

Commissioner Bernard: Second.

~Board Discussion~

Clerk calls the poll.

Commissioner Schrader: Aye.

Commissioner Savas: Aye.

Commissioner Savas: Aye.

Chair Ludlow: Aye – the motion passes 4-0.

A. Health, Housing & Human Services

1. Approval of a Revenue Intergovernmental Agreement with Multnomah County to create a workgroup to identify needs and information specific to County's School Based Health Centers (SBHC) in coordination with the SBHC Alternative Payment Innovation Project (APIP) – *Health Centers*
2. Board Order No **2015-20** Approval of Mental Health Director's Designee to Authorize a Custody Hold Under *ORS 426.233 – Behavioral Health*

B. Department of Transportation & Development

1. Approval of an Intergovernmental Agreement for TGM Grant Agreement No. 30522 with Oregon Department of Transportation to Develop a Monroe Neighborhood Street Design Plan

C. Elected Officials

1. Approval of Previous Business Meeting Minutes – *BCC*

D. Public & Government Affairs

1. Board Order No. **2015-21** Approving an Extension of the Cable Television Franchise with Comcast of Oregon II, Inc., Comcast of Tualatin Valley, Inc., and Comcast of Illinois/Ohio/Oregon, LLC – *Cable Communications*

VII. DEVELOPMENT AGENCY

1. Approval of a Contract with Oregon Underground Inc. for the 70th Ave. Improvement Project - *Purchasing*

VIII. COUNTY ADMINISTRATOR UPDATE

<http://www.clackamas.us/bcc/business.html>

IX. COMMISSIONERS COMMUNICATION

<http://www.clackamas.us/bcc/business.html>

MEETING ADJOURNED – 8:00 PM

NOTE: Regularly scheduled Business Meetings are televised and broadcast on the Clackamas County Government Channel. These programs are also accessible through the County's Internet site. DVD copies of regularly scheduled BCC Thursday Business Meetings are available for checkout at the Clackamas County Library in Oak Grove by the following Saturday. You may also order copies from any library in Clackamas County or the Clackamas County Government Channel.

www.clackamas.us/bcc/business.html



Dave Cummings
Chief Information Officer

Technology Services

121 Library Court Oregon City, OR 97045

April 09, 2015

Board of County Commissioners
Clackamas County

Members of the Board:

Approval to Enter into an Intergovernmental Agreement (IGA) with Clackamas County Service District #1 (CCSD #1) and Tri-City Service District (TCSD) for Fiber Connections

Purpose/Outcomes	CBX is looking for approval to enter into an IGA with Clackamas County Service District #1 and Tri-City Service District to install fiber connections.
Dollar Amount and Fiscal Impact for CBX	CBX is providing (3) different dark fiber connections for a current annual maintenance rate of \$3,060.00 per connection.
Dollar Amount and Fiscal Impact for CCFD #1/WES	CCFD #1/WES will utilize the (3) new dark fiber connections at the current rate of \$3,060.00 per year per connection.
Funding Source	N/A
Safety Impact	N/A
Duration	Upon approval by the board, the initial contract is for (1) year that automatically renews for an additional year unless either party wishes to terminate the contract.
Previous Board Action	The board signed a similar agreement between CBX and CCFD #1/TCSD on the 29 th of November, 2012.
Contact Person	Dave Devore (503)723-4996

BACKGROUND:

Clackamas County received a federal grant to develop a dark fiber network throughout Clackamas County. The grant funded a 180 mile dark fiber network all on the east side of the Willamette River. At the same time, Clackamas County Technology Services entered into an agreement with Portland General Electric (PGE) for a 12 mile fiber co-build that connected the grant funded dark fiber network to the west side of the Willamette River.

CBX is now looking to expand the dark fiber network to include (3) additional fiber connections for CCFD #1/TCSD. These new fiber connections will allow CCFD #1/TCSD the ability to monitor and maintain their pump stations and flow monitors in real time on the fastest most secure form of data transfer available.

This franchise agreement has been reviewed and approved by County Counsel.

RECOMMENDATION:

Staff respectfully recommends approval to enter into this intergovernmental agreement. This IGA will allow CBX to provide fast effective fiber connectivity to the CCFD #1/WES at an affordable cost. Staff further recommends the Board delegate authority to the Technology Services Director to sign agreements necessary in the performance of this agreement.

Sincerely,

Dave Cummings
CIO Technology Services

Clackamas County

FIBER OPTIC SERVICE LEVEL AGREEMENT

CCSD #1 and Tri-City Service District
(Customer Name)

Recitals

WHEREAS, authority is conferred upon local governments under ORS 190.010 to enter into agreements for the performance of any and all functions and activities that a party to the agreement, its officers or agencies have authority to perform;

WHEREAS, Clackamas County ("County") desires to provide to Clackamas County Service District No. 1 and Tri-City Service District, both county service districts formed pursuant to ORS 451 ("Customer"), the services set forth in this Agreement, between the specified Customer sites listed in Appendix A, and at the price contained in Appendix A; and

WHEREAS, Customer desires to use the services described below; and

WHEREAS, the Parties desire to set forth herein their respective rights and obligations with respect to the provision of services,

NOW, THEREFORE, in consideration of the foregoing, and the mutual covenants and promises set forth herein, intending to be legally bound, the Parties agree as follows.

TERMS

1. **Fiber Optic Network Description**

County will provide Customer with point-to-point single mode fiber optic network connectivity, including a termination panel for the fiber optic cables at each Customer premises on a path designated by the County.

2. **Service Description**

Service provided to Customer by County is physical connectivity of one (or more) strands of optical fiber ("Fiber"), between sites specifically identified in Appendix A for the exclusive use of the Customer's internal communication needs, and maintenance services as described in Section 8 and Appendix B (the "Services"). Each site listed in Appendix A will have a single mode fiber termination. The Services provided by the County shall meet the required standards set forth in Appendix C.

3. **Construction and Installation Requirements**

- a. County, when installing fiber optic cables on the property of Customer, shall do so in a neat and professional manner. Routing and location of these cables shall be mutually agreed upon between the parties.
- b. Customer shall secure any easements, leases, permits or other agreements necessary to allow County to use existing pathways to, into and within each site to the demarcation point for service. Customer shall provide a path for the fiber optic cable from the point of entry into the site to the termination panel that complies with all applicable building, electrical, fire and related codes.
- c. Subject to the terms of this Agreement, and at no cost to County, Customer shall provide adequate environmentally controlled space and electricity required for installation, operation, and maintenance of the County's fiber optic cables used to provision the service within each site.
- d. Customer shall provide a clean, secure, relatively dry and cool location (consistent with environmental requirements for fiber optic network connectivity equipment) at each of its premises for necessary equipment.
- e. Customer will provide or arrange for County and its employees, agents, lessees, officers and its authorized vendors, upon reasonable notice, to have reasonable ingress and egress into and out of Customer properties and buildings in connection with the provision of service.
- f. If the presence of asbestos or other hazardous materials exists or is detected, Customer must have such hazardous materials removed immediately at Customer's expense or notify County to install the applicable portion of the fiber optic network in areas of any such site not containing such hazardous material. Any additional expense incurred as a result of encountering hazardous materials, including but not limited to, any additional equipment shall be borne by Customer.
- g. County shall have no obligation to install, operate, or maintain Customer-provided facilities or equipment.
- h. County shall construct Fiber into each Customer building enumerated herein; splice fiber into existing County fiber optic resources; terminate County's optical fiber in each Customer building; test and certify appropriate Fiber performance at each Customer location; and provide the appropriate "hand-off's" at each location for Customer utilization. Test results for physical connection will be made available upon request.

4. Term of Agreement

At such time as County completes installation and connection of the necessary facilities and equipment to provide service herein, County shall then certify and notify Customer in writing that the service is available for use, and the date of such notice shall be called the "Service Start Date." Unless terminated with 30 days notice as herein provided, this agreement shall continue to July 1 following the date of

commencement, and shall be automatically renewed on July 1 of each subsequent year, for a term of one year, at the County's then-current rate schedule.

5. **Rates**

In return for County providing the Services described above for the term indicated herein, Customer shall pay County both nonrecurring construction/installation charges and recurring charges for Services as specified in Appendix A and Appendix B, as amended from time to time.

6. **Payment Options**

a. **Annual Payments**

County shall provide an invoice for twelve months of service (July 1 through June 30), or prorated weekly for any portion thereof, to Customer at the beginning of the service period. The annual charge shall be payable within thirty (30) days of receipt of invoice. Interest charges shall be assessed for late payments in accordance with Appendix A. If the Customer fails to pay within sixty (60) days of receipt of an invoice it shall constitute grounds for County to terminate the Agreement upon appropriate advance written notice to Customer.

b. **Alternative Payment Frequency**

If Customer demonstrates that prepaid billings present a hardship, Customer may prepay semi-annually, quarterly, and in extreme circumstances may pay monthly. County shall provide an invoice for one quarter or month of service, or prorated weekly for any portion thereof, to Customer at the beginning of the service period. The quarterly or monthly charge shall be payable within thirty (30) days of receipt of invoice. Interest charges shall be assessed for late payments in accordance with Appendix A. If the Customer fails to pay within sixty (60) days of receipt of an invoice it shall constitute grounds for County to terminate the Agreement upon appropriate advance written notice to Customer.

7. **Fiber Maintenance**

County shall maintain the structural aspects of the Fiber in good operating condition, utilizing sound engineering practices and in accordance with Appendix B, throughout the Agreement Term. In the event the Fiber fails at any time to meet the specifications outlined in Appendix C, County shall endeavor to restore the Fiber to meet the specification standards in as timely and expedited a manner as reasonably possible.

County may subcontract for testing, maintenance, repair, restoration, relocation, or other operational and technical services it is obligated to provide hereunder.

Customer shall promptly notify County of any matters pertaining to any damage or impending damage to or loss of the use of the Fiber that are known to it and that could reasonably be expected to adversely affect the Fiber. County shall promptly

notify Customer of any matters pertaining to any damage or impending damage to or loss of the Fiber that are known to it and that could reasonably be expected to adversely affect the Fiber and/or Customer's use thereof.

8. Confidentiality

All Customer data, voice, or video transmission using County fiber optic facilities shall be treated by County as confidential information, to the extent allowable by law. County agrees that this information shall not be made available, in any form, to any party other than County or its agents or contractors as may be necessary to conduct maintenance or repair activity, without written permission of Customer, except as required by law.

9. Content Control and Privacy

Customer shall have full and complete control of, and responsibility and liability for, the content of any and all communications transmissions sent or received using the Fiber.

10. Assignment and Successors

Either party may assign this Agreement upon prior written consent of the other party. Such consent shall not be unreasonably withheld. Upon such assignment, all rights and obligations of County and Customer under this Agreement shall pass in total without modification to any successor(s) regardless of the manner in which the succession may occur.

11. Damage

County shall be responsible for restoring, or otherwise repairing to its prior condition, any portion of the Customer's premises or facilities, which are damaged by County or its agents. Customer shall be responsible for restoring, or otherwise repairing to its prior condition, any portion of County's connectivity equipment or other facilities, located at Customer premises, which are damaged by Customer or its agents.

Customer will reimburse all related Costs associated with damage to the Fiber caused by the negligence or willful misconduct of Customer, its affiliates, employees, agents, contractors or customers, except to the extent caused by the negligence or willful misconduct of County, its affiliates, employees, contractors or agents. "Cost(s)", as used herein include the following: (a) labor costs, including wages, salaries, and benefits together with overhead allocable to such labor costs; and (b) other direct costs and out-of-pocket expenses on a pass-through basis (such as equipment, materials, supplies, contract services, sales, use or similar taxes, etc.).

12. Mutual Indemnification

Subject to the limitations and defenses contained in the Oregon Tort Claims Act, the County shall indemnify, hold harmless and defend the Customer, its officers, commissioners, agents and employees from and against all claims and actions, and

all expenses incidental to the investigation and defense thereof (including but not limited to legal fees), arising out of or based upon damage or injuries to persons or property caused by the negligent acts, errors, omissions, or fault of the County or the County's employees or agents.

Subject to the limitations and defenses contained in the Oregon Tort Claims Act, the Customer shall indemnify, hold harmless and defend the County, its officers, commissioners, agents and employees from and against all claims and actions, and all expenses incidental to the investigation and defense thereof (including but not limited to legal fees), arising out of or based upon damage or injuries to persons or property caused by the negligent acts, errors, omissions, or fault of the Customer or the Customer's employees or agents.

13. Force Majeure

Neither party hereto shall be deemed to be in default of any provision of this Agreement, for any failure in performance resulting from acts or events beyond the reasonable control of such party. For purposes of this Agreement, such acts shall include, but shall not be limited to, acts of nature, civil or military authority, civil disturbance, war, strikes, fires, power failure, other catastrophes or other force majeure events beyond the parties' reasonable control, provided however that the provisions of this paragraph and article shall not preclude Customer from cancelling or terminating this Agreement as otherwise permitted hereunder, regardless of any force majeure event occurring to County.

14. Consequential Damages

NOTWITHSTANDING ANY PROVISION OF THIS AGREEMENT TO THE CONTRARY, IN NO EVENT SHALL EITHER PARTY BE LIABLE TO THE OTHER PARTY FOR ANY SPECIAL, INCIDENTAL, INDIRECT, CONSEQUENTIAL, OR PUNITIVE DAMAGES, WHETHER FORESEEABLE OR NOT, ARISING OUT OF, OR IN CONNECTION WITH, TRANSMISSION INTERRUPTIONS OR DEGRADATION, INCLUDING BUT NOT LIMITED TO DAMAGE OR LOSS OF PROFITS OR EQUIPMENT, LOSS OF PROFITS OR REVENUE, COST OF CAPITAL, COST OF REPLACEMENT SERVICES OR CLAIMS OF CUSTOMERS, WHETHER OCCASIONED BY ANY REPAIR OR MAINTENANCE PERFORMED BY OR FAILED TO BE PERFORMED BY A PARTY, OR ANY OTHER CAUSE WHATSOEVER, INCLUDING WITHOUT LIMITATION BREACH OF CONTRACT, BREACH OF WARRANTY, NEGLIGENCE OR STRICT LIABILITY.

15. Public Contracting Provisions

The provisions of Oregon public contracting law, ORS 279B.020 through 279B.235, to the extent applicable, are incorporated herein by this reference.

16. Non-Appropriation

Notwithstanding any other provisions of this Agreement, the parties hereby agree and understand that any obligation of Customer to obtain services as provided

herein is subject to fund availability and appropriation by Customer for such services through its adoption of an annual budget. Should funds not be appropriated or be available from Customer during the term of this Agreement, the Agreement shall terminate and Customer shall pay County any remaining pro rata fees for services due to the date of such termination payable pursuant to Section 7 of this Agreement.

17. Compliance with Laws

Customer shall comply with all applicable federal, state, county and city laws, ordinances and regulations, including regulations of any administrative agency thereof, heretofore or hereafter adopted or established, during the entire term of this Agreement.

18. Taxes and Assessments

- a. Customer agrees to pay any and all applicable national, federal, state, county and local taxes, fees, assessments or surcharges, and all other similar or related charges, which are imposed or levied on the Fiber, or because of Customers use of the Services under this Agreement (collectively, "Taxes), whether or not the Taxes are imposed or levied directly on the Customer, or imposed or levied on the County because of or arising out of the use of the Services either by the Customer, or its affiliates, or anyone to whom Customer has sold or otherwise granted access to the Services. Customer agrees to pay these Taxes in addition to all other fees and charges as set forth elsewhere in this Agreement.
- b. "Taxes" include, but are not limited to, business and occupation, commercial, district, excise, franchise fee, gross receipts, license, occupational, privilege, property, Public Utility Commission, right-of-ways, utility user, or other similar taxes, fees surcharges and assessments as may be levied against Customer, or against County and passed through to Customer.

19. Termination

- a. This Agreement shall terminate ninety (90) days following written notice by either party.
- b. In the event Customer terminates this Agreement based upon County's default or failure to perform as described in this Agreement, County shall reimburse to Customer the pro rata amounts paid on the unexpired term of this Agreement.
- c. If Customer terminates this Agreement for any reason other than that based on non-appropriation or on County's default or failure to perform, County shall be entitled to 5% of the remaining contract amount for the unexpired term of this Agreement.

20. Default

1. Either of the following events shall constitute a default:
 - a. Failure to perform or comply with any material obligation or condition of

this Agreement by any party; or

b. Failure to pay any sums due under this Agreement.

2. Any defaulting party shall have thirty (30) days in which to cure following written notice of default by the non-defaulting party.

21. Amendment

Any amendments to this Agreement shall be in writing and shall be signed by all parties.

22. No Recourse Against the Grantor

Customer shall have no recourse whatsoever against County or its officials, boards, commissions, or employees for any loss, costs, expense, or damage arising out of any provision or requirement contained herein, or in the event this Agreement or any part thereof is determined to be invalid.

23. Notice

Any notice hereunder shall be in writing and shall be delivered by personal service or by United States certified or registered mail, with postage prepaid, or by facsimile addressed as follows:

Notice to the County

Manager, Clackamas Broadband Express
Clackamas County Technology Services
121 Library Court
Oregon City, Oregon 97045
Fax Number (503) 655-8255

with a copy to

Chief Information Officer
Clackamas County Technology Services
121 Library Court
Oregon City, Oregon 97045
Fax Number: (503) 655-8255

Notice to the Customer

Water Quality Manager
Tri-City Water Pollution Control Plant
15941 Agnes Avenue
Oregon City, Oregon 97045

503-557-2809

with a copy to:

County Counsel
Water Environment Services
150 Beavercreek Road
Oregon City, Oregon 97045
503-742-4565

Either Party, by similar written notice, may change the address to which notices shall be sent.

24. Whole Contract

THIS AGREEMENT CONSTITUTES THE COMPLETE AND EXCLUSIVE STATEMENT OF THE AGREEMENT BETWEEN THE PARTIES RELEVANT TO THE PURPOSE DESCRIBED HEREIN AND SUPERSEDES ALL PRIOR AGREEMENTS OF PROPOSALS, ORAL OR WRITTEN, AND ALL OTHER COMMUNICATION BETWEEN THE PARTIES RELATING TO THE SUBJECT MATTER OF THIS AGREEMENT. NO WAIVER, CONSENT, MODIFICATION, OR CHANGE OF TERMS OF THIS CONTRACT WILL BE BINDING ON EITHER PARTY EXCEPT AS A WRITTEN ADDENDUM SIGNED BY AUTHORIZED AGENTS OF BOTH PARTIES.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement the date and year first above written.

Clackamas County

By (signature): _____

Name: David Cummings

Title: Chief Information Officer, Clackamas County Technology Services

Date: _____

Customer

Clackamas County Service District No. 1

By (signature): _____

Name (print): _____

Title: _____

Date: _____

Tri-City Service District

By (signature): _____

Name (print): _____

Title: _____

Date: _____

APPENDIX A

SERVICE AND RATE SCHEDULE

1. Specified Services and Rates

The following are the sites, services, and rates agreed to by County and Customer at which Customer shall be provided services on the fiber optic network during the term of the Agreement. It is understood by both parties that service to these sites shall be provided for the rates below, subject to any rate increases otherwise applicable in accordance with terms herein. It is further understood that, during the term of the Agreement, Customer may add services to existing or new locations, or change services and/or locations, but that such changes are subject to the rates for such additional services.

2. Construction, Installation and Activation

For construction, installation and activation work and provision of fiber optic network components, the County shall charge Customer nonrecurring charge(s) as specified in Section 5 of Appendix A. All facilities constructed under this Agreement and Appendix A shall be owned, operated, and maintained by the County.

3. Service Changes and Conversions

Both parties agree that Customer may add or change services during the term of the Agreement, but that such changes are subject to applicable rates, and upgrade and downgrade charges.

4. Annual Recurring Charges

	From (Connecting Point A: Site Name & Address)	To (Connecting Point B: Site Name & Address)	Service	Monthly Rate (\$)	Customer Initials
1	Tri-City Water Control Plant 15941 Agnes Ave Oregon City, OR 97045	Clackamas Flow Meters Corner of SE 84 th Ave & SE Jasmine adjacent to PGE pole # 2036	One Pair (two) dark fibers	\$255.00	
2	Tri-City Water Control Plant 15941 Agnes Ave Oregon City, OR 97045	Clackamas Pump Station 16469 SE Evelyn St Clackamas, OR 97015	One Pair (two) dark fibers	\$255.00	
3	Tri-City Water Control Plant 15941 Agnes Ave Oregon City, OR 97045	Willamette Pump Station 1185 SE 4 th Ave West Linn, OR 97068	One Pair (two) dark fibers	\$255.00	

5. Nonrecurring Charges

	From (Connecting Point A:Site Name & Address)	To (Connecting Point B:Site Name & Address)	Service	Amount (\$)	Customer Initials
1	Tri-City Water Control Plant 15941 Agnes Ave Oregon City, OR 97045	Clackamas Pump Station Corner of SE 84 th Ave & SE Jasmine adjacent to PGE pole # 2036	Construction	TBD	
2	Tri-City Water Control Plant 15941 Agnes Ave Oregon City, OR 97045	Clackamas Pump Station 16469 SE Evelyn St Clackamas, OR 97015	Construction	TBD	
3	Tri-City Water Control Plant 15941 Agnes Ave Oregon City, OR 97045	Willamette Pump Station 1185 SE 4 th Ave West Linn, OR 97068	Construction	TBD	

6. Late Payment Interest

Customer will be charged interest for any payment made after its due date (thirty (30) days after receipt of invoice). Interest is charged at a rate of one and a half percent (1.5%) per month, or eighteen percent (18%) annually, on any installment not paid when due.

7. Annual Consumer Price Index (CPI) Adjustments

All fees and minimum charges are subject to Consumer Price Index (CPI) adjustments, to be applied annually. The amount of the fees and charges specified herein may increase annually by a percentage up to the change in the Consumer Price Index (CPI) for urban wage earners and clerical workers for the Portland, Oregon metropolitan region for the prior year, unadjusted for seasonal variations, as determined by the Bureau of Labor Statistics of the Department of Labor and as published in such Bureau of Labor Statistics Detailed Report.

Remainder of this page intentionally left blank.

APPENDIX B

MAINTENANCE AND OPERATIONS SPECIFICATIONS AND PROCEDURES

1. Defined Terms

- a. "Routine Maintenance" is all preventive maintenance activities and repairs.
- b. "Non-Routine Maintenance" is all efforts and activities in response to an emergency circumstance which requires restoration of service.

2. General

- a. County shall operate and maintain a Network Control and Management Center (NCAM) staffed twenty-four (24) hours a day, seven (7) days a week, by trained and qualified personnel. County shall maintain (503) 742-4219 telephone number to contact personnel and NCAM. County's NCAM personnel shall dispatch maintenance and repair personnel along the fiber optic network to repair problems detected through the NCAM's remote surveillance equipment, by the Customer, or otherwise.
- b. In the event Customer identifies a circumstance which requires restoration of service, Customer shall provide NCAM personnel the name and address of the facility with the problem, the identification number of the Fiber circuits in question, and the name and telephone numbers of Customer's personnel to contact for site access and status updates. NCAM personnel shall immediately contact a County technician and provide the Customer contact information. County technician shall contact Customer within one (1) hour of initial call.
- c. If the County's technician cannot repair the service interruption by telephone, County shall use commercially reasonable efforts to have its first maintenance employee or contractor at the site requiring repair within five (5) hours of the initial call to the NCAM. County will then work continuously until service has been restored.
- d. County shall use commercially reasonable efforts to notify Customer seven (7) days prior to the date of any planned non-emergency maintenance activity. In the event that a County planned activity is canceled or delayed for any reason as previously notified, County shall notify Customer as soon as reasonably possible and will comply with the provisions of the previous sentence to reschedule any delayed activity.

3. Fiber Optic Network

- a. County shall maintain the fiber optic network in good and operable condition and shall repair the fiber in a manner consistent with industry standards and using commercially reasonable efforts.
- b. County shall perform appropriate routine maintenance on the fiber optic network in accordance with County's then current preventive maintenance procedures. County's maintenance procedures shall not substantially deviate from industry practice.

4. Restoration

- a. When restoring damaged fiber, the Parties agree to work together to restore all traffic as quickly as possible. County, immediately upon arriving on the site of the damage, shall determine the best course of action to be taken to restore the fiber and shall begin restoration efforts.
- b. It will be the responsibility of County and Customer to report to one another respectively any known environmental hazards which would restrict or jeopardize any maintenance work activities in shelters or right of way areas of operation.
- c. Upon notification of interruption of fiber optic network service, disrepair, impairment or other need for repair or restoration of the fiber and the location of the damaged fiber, County shall pursue commercially reasonable efforts to mobilize technicians to achieve necessary repair or restoration, including, but without limitation, having maintenance personnel at the affected site within five (5) hours after receipt of such notice with the required restoration material and equipment.
- d. In the event that Customer's use of the fiber optic network is interrupted due to an occurrence of a force majeure event, repairs and restoration shall be made as expeditiously as reasonably possible. Customer recognizes that five (5) hour response time represents optimal conditions, and may be impossible to achieve when emergency restoration of fiber optic network integrity is required or when responding to certain remote locations. Actual response times will be influenced by such factors as terrain, weather conditions present at the time the request is made and actual mileage to the fault site.
- e. For purposes of this section, "commercially reasonable efforts" means activities and performances consistent with prudent utility practice, existing contract provisions for County technicians and/or employees, practices required for preserving the integrity of the fiber optic network, and response times that do not jeopardize the health and safety of the employees, contractors and agents of County and Customer.

- 5.** Customer shall be responsible for paying County standard maintenance fees for

any calls to County for maintenance issues related to the Fiber that County later confirms as resulting from another source other than functionality of the Fibers.

Remainder of this page intentionally left blank.

APPENDIX C

FIBER SPLICING AND TESTING STANDARDS AND PROCEDURES

1. Fiber and Connector Standards

a. **Connector Standards**

The loss value of any pigtail connector and any associated fiber jumper or pigtail with matching mode field diameters will not exceed .5dB at 1550 nm. The loss value of a connector and its associated jumper with mismatched mode field diameters should not exceed .8 dB.

b. **Field Splice Standards**

The objective for each splice is an averaged loss value of 0.1 dB or less when measured bi-directionally with an OTDR at 1550 nm. In the event of damage and subsequent restoration of the Fibers, commercially reasonable efforts will be made to restore the Fibers to this standard. If after 3 restoration splicing attempts, County is not able to produce a loss value of 0.1 dB or less bi-directionally at 1550 nm, then 0.5 dB or less bi-directionally at 1550 nm will be acceptable. Fibers not meeting the 0.1 dB or less specification will be identified as Out Of Specification (OOS). Documentation of the three attempts (re-burns) to bring the OOS fiber within specification will be provided.

c. **Span Loss**

It is County's responsibility to insure proper continuity of all fibers at the fiber level, not just the pigtail level. Any "frogs" or fibers that cross in the route will be remedied by County. The following span loss calculation will be used:

$$(A * L) + (0.1 * N) + C = \text{Acceptable Span Loss}$$

A = Attenuation per KM at 1550 nm

L = Optical length of cable measured in kilometers (from OTDR Trace)

N = Number of splices in a span

C = Connector loss. The connector loss will not exceed .5dB. The section test will have (2) pigtail connectors/splices under test, so 1.0dB will be allowed for this loss.

Remainder of this page intentionally left blank.



ELLEN CRAWFORD
DIRECTOR

JUVENILE DEPARTMENT

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

April 9, 2015

Board of County Commissioners
Clackamas County

Members of the Board:

Approval to Submit Application for Justice and Mental Health Collaboration Program Grant
Through US Department of Justice

Purpose/Outcomes	Funding of a mental health specialist to work in the Juvenile Intake and Assessment Center to provide immediate mental health crisis assessments and diagnosis to youth charged with law violations who are identified as having mental health concerns. These assessments will enable our staff to prioritize youth with serious mental health needs and provide them with specific services to address their emotional and psychological functioning. Follow up counseling with youth and their families would also be provided by this mental health specialist to bridge the gap between intake and when services would be available through Behavioral Health or their private insurance.
Dollar Amount and Fiscal Impact	This is a two year grant in the amount of \$200,000. There is a 20% match requirement which would be shared by Behavioral Health and the Juvenile Department by way of in kind services and billing reimbursements. Sustainability for these services will be through the development of a billing system for Medicaid reimbursement. This model is currently implemented in our Juvenile Drug Court with the Medicaid reimbursements paying for two full time contracted therapists. The application is due on April 14 th
Funding Source	US Department of Justice
Safety Impact	Having the ability to identify mental health disorders for delinquent youth and providing appropriate treatment reduces the potential risk of acting out behavior in the community and potentially has the impact of reducing further law violating behavior.
Duration	Effective October 1, 2015 through September 30, 2017
Previous Board Action/Review	None
Contact Person	Ellen Crawford, Director
Contract No.	

BACKGROUND:

The Juvenile Department would like your approval to apply for a US Department of Justice Grant. The grant specifically focuses on increasing public safety through cross-system collaborations for individuals with mental illness or co-occurring mental health and substance abuse disorder who come into contact with the justice system. The Juvenile Department currently processes over 1200 youth annually. Of this population over 58% are indicated to have mental health conditions such as depression, difficulty eating or sleeping and social isolation and suicidal ideation. The only existing resource currently are Behavioral Health specialists who conduct 4 assessments on a monthly basis. The waiting list is long to schedule these appointments for juveniles and it does not secure mental health follow up treatment. This grant allows for the expansion of the collaboration with Clackamas County Health Center Division to fund a mental health specialist-37.5 hours a week, housed in the juvenile department 5 days a week. This position would provide crisis mental health assessments and diagnosis for youth assessed to have mental health conditions. This assessment will enable our staff to provide appropriate intervention and treatment for the mental health needs of our clients. In addition, follow up counseling would be available to the youth and family to bridge the gap between the initial time a youth is taken in to custody and when services actually can be received from Behavioral Health or their private insurance. This is a critical time when youth remain in the community, posing a higher risk to reoffend. This will be a contract position, and not recruited as an employee.

RECOMMENDATION:

Staff recommends the Board grant approval to submit an application for this grant.

Respectfully submitted,



Ellen Crawford, Director
Juvenile Department

Statement of the Problem

The Clackamas County Juvenile Department (CCJD) is dedicated to increasing public safety. CCJD strives to keep communities safe through restorative services for youth offenders, victims and communities. Targeted interventions are utilized in order to hold youth meaningfully accountable and teach them new skills, while at the same times addressing the harm done to victims and communities. According to US Census data, there are 87,359 youth under the age of 18 living in Clackamas County, Oregon. In 2014, 1,238 of those youth were referred to the CCJD (a 6.4% decrease from 2013). The rate of recidivism in the county is 17.4% - the third lowest recidivism rate of all of Oregon's 36 counties.

The Juvenile Department operates and manages the Juvenile Intake and Assessment Center (JIAC), a 24 hour a day/seven day a week receiving center for law enforcement. The purpose of the JIAC is to assist law enforcement with youth who have been taken into custody. The center provides a temporary holding facility for youth, allowing law enforcement personnel to return to patrol duties in a timely manner. By statute youth can be held for up to five hours. During this period JIAC staff assess the youth's immediate needs (assessing for suicide risk, mental health and substance abuse needs), coordinate services with other agencies involved and develop a comprehensive plan which will focus on community safety needs as well as the needs of the youth. Youth presenting with acute substance abuse and/or mental health issues in the JIAC are provided resources to access further assessments, but the department currently lacks the resources to provide evidence-based assessments for co-occurring disorders and lacks the capacity to provide immediate follow-up with these youth to ensure they receive the needed services. Also, youth and families often have limited access to assessments due to an absence of insurance coverage or limitations of existing coverage, thus inhibiting the ability of youth to receive the services needed. Prior to the expiration of the five hour time limit in JIAC, staff must develop an appropriate release plan for the youth. During 2014, 84% of youth were released to a parent or guardian; six percent were transported, by law enforcement, to a secure detention facility; while the remaining 10% were released to shelter or foster care, a relative, hospital, a non-family member, or other care.

Under the current process there is no further contact with a youth or family until s/he is assigned to a Juvenile Court Counselor (JCC), and that counselor meets with the youth and his or her family to address pending legal charges. At present it can take up to four weeks following the youth's initial processing at JIAC for this to occur – which is an extensive length of time for a youth in crisis to wait for help. The gap is due to the length of time it takes for: 1) law enforcement to complete and submit a report to the CCJD; 2) a case to be assigned to a JCC; and 3) the JCC to contact the family to set up an initial meeting. Without immediate intervention and follow-up services, for acute substance abuse and/or mental health issues, these youth are at a higher risk to abuse substances, harm self or others, and potentially reoffend. This proposal would bridge this gap by adding one full-time Mental Health Specialist 2 (MHS2) to the Clackamas County Juvenile Department's Intake and Assessment Center staff to improve the department's response to youth with mental health and substance abuse issues who are brought to JIAC by law enforcement.

Presently, the intake process involves JIAC staff compiling information from law enforcement, youth, parent and other agencies to determine a youth's current needs. An Intake Assessment questionnaire is used to gather basic information on physical health, current medications, mental health concerns, alcohol and other drug use, and history of violence. Other screening tools are also utilized including: 1) a violence screen to assess the youth's history of violence; 2) the PLAID PALS suicide assessment tool (developed by the San Francisco Suicide Prevention Crisis Line); 3) an alcohol and other drug screen to assess substance abuse history; and 4) a self-injury inventory. (Attachments A-E) With the exception of the PLAID PALS assessment, the screening and assessment tools were developed by the CCJD and none are evidence-based. As part of the proposal, we intend to introduce evidenced-based screening tools for use by JIAC staff, with additional evidence-based tools to be utilized by the clinician. For youth identified, by their answers to specific questions on the Intake Assessment questionnaire, as a potential threat to themselves (presenting with suicidal ideation or significant self-injuring behavior) or a

potential threat to others (Threat of Harm or Immediate Risk for Violence), the Clackamas County Behavioral Health Division's (Behavioral Health) Crisis Service is contacted.

The department has an existing agreement with the Clackamas County Health Center Division (Health Center) and Behavioral Health, through which direct mental health and substance abuse treatment services are provided. (Attachments F & G) The partnership represents an innovative, cross-system collaboration for individuals with mental health or co-occurring mental health and substance abuse disorders who come into contact with the justice system.

The Health Center and Behavioral Health have a long history of providing treatment services to children, youth, and adults within the community. The Health Center provides regular outpatient and intensive outpatient services. Clinicians on the Health Center's Child and Family Integrated Treatment Team meet the state requirements for providing mental health and alcohol and drug treatment services. Clinicians participate annually in training related to mental health and alcohol and drug treatment; evidence-based treatment protocols approved by the State of Oregon; ethics; and education related to working with a criminogenic population. MHS2 clinicians at CCHCD participate in training and continuing education specific to issues related to trauma and trauma treatment. Clinicians assigned to the Child and Family Team are required to have a minimum of 40 hours of trauma-related training and to complete 8 hours of trauma-related training annually.

Behavioral Health provides a 24-hour Crisis Service, which conducts mental health screenings, on an as needed basis, for youth brought to JIAC making self-endangering statements, are identified as "Immediate Risk for Violence" on the violence screening tool and when brought in on school-based "Threat of Harm" cases. (Attachment H) Crisis Service staff make every effort to provide these screens through the provision of face-to-face mental health crisis assessments of the youth. The role of Crisis staff is consultative in nature to support JIAC staff in making appropriate placement and release decisions for youth that have been deemed as a potential threat to themselves or others. Crisis staff complete a brief

clinical screen of the youth at JIAC focusing on the youth's potential threat to harm self, threat to harm others, screen for acute mental health disorder and screen for a mental health contribution to the presenting problem. Staff assist JIAC staff with the development of a release plan, make recommendations for follow-up mental health care, and/or determine the appropriateness for psychiatric hospitalization. Crisis staff provide next day phone follow-up with families to offer additional support, but do not provide further case management or treatment services.

The Crisis staff are located at a health clinic nine miles from JIAC. Due to staffing limitations and the distance between the two facilities, staff have limited ability to respond during regular business hours. Crisis staff are currently more available to respond to the JIAC after hours by utilization of On-Call staff. (Attachment I) The clinician position funded by this grant is anticipated to fill this identified gap.

In 2014, 696 youth were assessed through the Intake and Assessment Center. The results of intake reports show that nearly 59% make reference to mental health concerns, indicating that Crisis Services was likely consulted for these intakes. Forty percent of youth reported being diagnosed with or treated for mental health concerns at some point in their life; 23% stated that they were currently in counseling or therapy; 20% had intentionally harmed themselves and 14% had attempted suicide. These results show some significant increases over the documented results for 2013, illustrating the growing trend of mental health concerns with the youth served through JIAC and the need to utilize validated screening tools and provide timelier, accessible assistance.

The funding of this proposal would enable the CCJD to address the current capacity issue that exists, which prevents youth from receiving immediate follow-up to ensure needed services are received, as well as the lack of appropriate evidenced-based assessment tools. The evidence-based assessment tools will provide better identification of youth with mental health and substance abuse issues and the addition of the clinician will ensure that youth brought to the Intake and Assessment Center by law

enforcement, will be provided resources to access further assessments and needed services without significant delay.

Project Design and Implementation

This grant will enable the department to introduce evidence-based screening tools in the Intake and Assessment Center to better screen youth with mental health and substance use issues. Enhancement of the current services would expand the CCJD's ability to promote public safety and public health by providing the necessary assessments and appropriate services for youth with mental illnesses or co-occurring mental health and substance abuse disorders. The department is proposing two enhancements to our current procedures:

1. Implement evidence-based screening tools in JIAC to address substance use and

mental health-related issues. To improve the identification of youth with mental health and substance abuse issues, the department will utilize the SBIRT OREGON Adolescent full screen tool (Attachments), which includes both the CRAFFT for alcohol and drug use and the PHQ-2 for adolescent depression, as well as the Columbia Suicide Severity Rating Scale (C-SSRS) to assess suicidality; in lieu of current screening tools: PLAID PALS, the alcohol and drug screen, and the self-injury inventory (Attachments C, D & E), as these are not evidence-based. Currently over 61% of youth who enter the JIAC are identified through the Intake and Assessment questionnaire as having substance abuse issues and at least 40% are identified as experiencing a mental health issue. Funding will ensure that 80% of youth who enter the CCJD through JIAC, and are experiencing mental health and/or substance abuse issues, identified by the Intake and Assessment questionnaire will complete the SBIRT OREGON and C-SSRS. Permission for use of both the SBIRT OREGON and the C-SSRS has been obtained. One hundred percent

compliance cannot be met due to some youth being severely intoxicated, hostile or uncooperative when brought to the JIAC.

- 2. An MHS2 will provide immediate intervention and follow-up services to youth and families.** The CCJD will enter into a Memorandum of Understanding (MOU) with CCHCD to assign a full time (1.0 FTE) Qualified Mental Health Provider (QMHP). The QMHP will be classified as a Mental Health Specialist 2 (MHS2) based upon Clackamas County employment specifications and will focus on assessment, stabilization of behavior and coordination of care. (Attachment J) The MHS2 will provide screenings, assessments, brief gender specific, evidence-based treatment services during the referral process and referrals to local agencies.

The CCJD and CCHCD have a long history of collaborative work; CCHCD has provided on-site assessments at CCJD for over a decade. CCHCD also provides treatment services to the Juvenile Department's Drug Court program, having done so for the 15 years that the program has been in existence. To eliminate any perceived barrier, CCHCD and CCJD will execute a new MOU (Attachment) to span the duration of the grant, should it be awarded.

The MHS2 will provide further assessment and services as needed for 80% of the youth identified as having mental health or co-occurring mental health and substance abuse issues or who present as immediate risk to harm themselves or others. The MHS2 will utilize the Texas Christian University Drug Screen V (Attachment), as part of the intake procedure. Permission for use of this tool has also been granted. Because the CCHCD therapist will be on-site at the Juvenile Department they will be available to consult with JIAC staff regarding youth being referred and can provide face-to-face co-

occurring assessments (mental health and alcohol and drug) for youth, including level of care tools to determine appropriate services.. The MHS2 will facilitate a referral to the appropriate setting; including psychiatric hospitalization, residential treatment for alcohol and drug use, intensive community-based mental health services, or routine outpatient services. The MHS2 will also provide interim gender specific evidence-based treatment, Seeking Safety, listed on the National Registry of Evidence-based Programs and Practices, during the referral process; and will continue to work with the individual and his or her family, as appropriate, until the youth is fully engaged in the appropriate level of service to meet his or her needs.

If a youth is placed in a hospital setting, the MHS2 will act as the care coordinator to assist the family in accessing appropriate services. In cases where hospitalization is not appropriate, the MHS2 will develop an integrated treatment plan for the youth, including a safety plan and a crisis plan for the family. The MHS2 may provide brief treatment sessions focusing on stabilizing youth and increasing their safety while transitioning the youth/family to appropriate ongoing treatment services with a community-based treatment provider; however s/he will be available to provide initial treatment to support stabilization when appropriate. In many cases, assessment and treatment can be started within 48 hours of first contact with the JIAC and sooner if there is a crisis situation. This service will expedite a youth's engagement in services and will bridge the gap in services that currently exists from the time that the youth is brought into the JIAC and a JCC meets with him or her. The immediate intervention and follow-up will reduce the risk of reoffending, increase community safety and assist youth in accessing treatment services in a timely manner.

CCHCD will provide ongoing support through the existing Quality Improvement program, scheduling services, reconciliation of documentation, billing and insurance authorization. CCHCD will also provide clinical supervision of the MHS2 in accordance with the Oregon Administrative Rules.

Capabilities and Competencies

Over the past several years, the CCJD has implemented, administered and managed several grants, both state and federal, ranging in dollar value from \$25,000 to \$700,000. The department employs a highly professional staff; those working directly with youth offenders have Bachelors-level education or higher and participate in on-going professional development opportunities. The department consists of several program components, including the Intake and Assessment Center (JIAC), juvenile services (including assessment, intervention, and case management), a victim/offender program, community connections program, cognitive skills groups, a juvenile drug court, specialized case loads (including mental health, sexual offenders, Latino youth, and DUI youth), and alcohol and other drug services. Through these program components, CCJD works extensively with youth offenders having mental health and substance abusing behaviors, the target population for this grant. The JIAC provides immediate assessment of youth's risk factors and needs and provides early intervention services.

JIAC Supervisor: Markus Fant has a Master's Degree in Rehabilitation Counseling and a Bachelor's Degree in Administration of Justice. He is certified in Reality Therapy and is a Certified Alcohol and Drug Counselor I (CADCI). Markus has worked in juvenile justice for 23 years, and have been with the Clackamas County Juvenile Department for 19 years. For seven years Markus carried a specialized caseload of youth with severe mental health issues. His current position is as supervisor for the JIAC.

CCHCD Mental Health Program Supervisor: Anne Weaver has a Master's Degree in social work from PSU; is a Licensed Clinical Social Worker and has more than 200 hours of alcohol and other

drug continuing education units. Anne has worked for Clackamas County since 1996 in a variety of positions. She was hired as the Program Supervisor for the Child and Family Integrated Treatment (providing mental health and youth alcohol and drug treatment services) in 2004. Anne was assigned to supervise the Clackamas County Juvenile Drug Court in August 2009.

Mental Health Specialist 2 (MHS2): must meet the state qualifications as a “Qualified Mental Health Professional” (QMHP). CCHCD will require the MHS2 be licensed and meet state requirements to provide alcohol and drug treatment. S/he must have working knowledge of: 1. human development and trauma informed treatment to ensure appropriate services for each individual seeking treatment services; 2. accepted principles and theories of assessing and treating mental health issues and substance abuse and dependency; and 3. principles of providing individual, family and group treatment. S/he must also have skills to: 1. accurately assess developmentally appropriate mental health issues and substance abuse and dependency issues; 2. maintain objective and therapeutic relationships with individuals receiving services; 3. apply evidenced based practices; and 4. maintain professional relationships with community partners.

CCJD Policy Analyst: Steven Houseworth is a Policy Analyst for CCJD. He has a Master’s Degree in Counseling Psychology and worked as a Juvenile Counselor for 20 years before taking his present position in 1999. Steve has gathered data, analyzed and reported on several department grants including Functional Family Therapy and Disproportionate Minority Over-representation. He conducts department research and prepares outcome reports based on department logic models. He regularly updates, orients and trains staff on evidence-based practices.

Administrative Services Manager: Crystal Wright has worked for the CCJD for over 19 years. Over the past 17 years she has managed local, state and federal grants ranging from \$25,000 to \$700,000. She has attended Grant Writing USA, Grant Management USA, and Bureau of Justice Administration trainings in grant writing.

Plan for Collecting the Data Required for this Solicitation’s Performance Measures and Other Outcomes

The CCJD will continue to use existing internal systems to track data regarding mental health, substance abuse, family functioning and risk of harm to self or others, for youth who enter the JIAC. The department will continue to utilize the JIAC Intake and Assessment questionnaire and this data will be entered into data collection systems including the Juvenile Justice Information System (JJIS) and FileMaker Pro. JJIS is a statewide-integrated electronic information system utilized by public and private agencies and administered by the State of Oregon through the Oregon Youth Authority (OYA). FileMaker Pro is database software that allows users to customize the database, by changing the layout and allowing users to add documents and other forms.

Currently the results of the initial assessments and screening tools are entered into FileMaker. Upon implementation of the evidence-based screening tools, SBIRT OREGON and C-SSRS, results will be collected, entered into FileMaker to allow for retention, analysis and evaluation of mental health and substance abuse data.

The MHS2 will use the CCHCD electronic health record (EHR), to record and track youth assessments, treatment plans, and progress notes. With this data we can report the number of youth seen by the MHS2, all assessments and follow-up services provided, youth attendance in treatment (attended, cancelled, or no show), level of care provided, as well as some outcome measures. The MHS2 will utilize a "level of care" tool for individuals receiving mental health (the mental health level of care tool was developed by one of the Oregon Health Plan Care Coordinating Organizations and is required for all of their members) and/or alcohol and drug (ASAM PP-2) services. The tool guides the clinician regarding the level of treatment service that will benefit the individual in meeting treatment goals. CCHCD clinicians utilize A Collaborative Outcomes Resource Network (ACORN) to track outcomes and therapeutic alliance. The ACORN data repository of mental health outcomes is utilized worldwide and also measures patient satisfaction.

The CCJD will develop a report to compare numbers of youth who answered “yes” to target questions on the JIAC Intake and Assessment questionnaire and the JCP Risk Assessment to the actual number of youth who receive the SBIRT OREGON and the C-SSRS; the number of youth who receive follow-up services from the MHS2; and actual outcomes for youth who receive needed services as a result of these program enhancements and what specifically those services were. The CCJD Policy Analyst is responsible for all data collection and analysis.

Plan for Measuring Program Success to Inform Plan for Sustainment

As a result of this program expansion, the increase in capacity will assist juvenile offender with mental health concerns or co-occurring mental health and substance abuse concerns; while promoting communication, collaboration and inter-governmental partnerships. Anticipated outcomes will include: 1) Eighty percent of youth brought to the JIAC will be screened, using the new evidence-based tools; 2) 80% of youth indicating need will be screened and referred to a mental health contact; 3) 80% of youth indicating need will be screened and referred for alcohol and other drug screening; 4) 100% of youth recommended for mental health follow-up will receive follow-up mental health contacts; and 5) utilization of the JIAC by law enforcement will increase.

The CCJD and CCHCD have collaboratively developed a draft of an evaluation survey (Attachment) to solicit feedback from youth and families on the level of satisfaction with services provided. This survey will be given to each family following services provided by the MHS2.

The CCJD and CCHCD will conduct quarterly process evaluation meetings to discuss implementation, execution and evaluation of the program; progress towards outcomes; and sustainability. Representatives will also present progress reports at Chiefs of Police meetings, regular meetings of county and municipalities law enforcement leadership.

The collaborative working relationship that exists between the CCJD and CCHCD will expedite any project adjustments to overcome barriers or systems issues that arise. Both agencies see the value in

providing the proposed level of care and early intervention for youth in Clackamas County experiencing mental health or substance abuse concerns as a mean to prevent further criminal activity and increase public safety. Additionally, the existing partnership between the CCJD and CCHCD, policies, Inter-Agency Agreements, and contracts already exist to support the work outlined in this proposal. If needed, these policies, agreements and contracts will be updated to reflect the program changes implemented as a result of enhanced funding.

CCHCD will refine the billing process for services provided by the MHS2 based at the CCJD.

The billing protocol has been established in the Juvenile Drug Court program in collaboration with the CCHDD and should adapt easily to this program. Medicaid, private insurance, and individuals without insurance will be billed; uninsured individuals will be billed based upon their income. Historically 70-75% of youth assessed at the Juvenile Department have presented with Oregon Health Plan insurance. CCHCD is on a number of private insurance panels and/or private insurance companies compensate CCHCD for assessment and treatment services. This high percentage suggests that after the start-up (recruitment, hiring, training, and monitoring of revenue for the specific position) and time to evaluate the logistics, the MHS2 position has a high likelihood of becoming self-sustaining.

Electronic Health Record license required for the MHS2

Cost: \$300 per year Total: \$600

Training for staff on new evidence-based assessment tools by Jim Winkle, MPH

Cost: \$200 per hour Total: \$800

Total Grant Request: \$200,000

MATCH

Clackamas County Juvenile Department – Source: General Fund

Personnel:

Juvenile Intake and Assessment Center Supervisor's time will be allocated for supervision, training, coordination of changes in policies/procedures and implementation of service.

Cost: 8% of position allocated to grant activities \$9,606 per year Total: \$19,212

Administrative Services Manager will be responsible for grant management and administration, including filing quarterly reports, performance measurement reports and accounting.

Cost: 1.5% of position allocated to grant activities - \$2,215 per year Total: \$4,430

Clackamas County Health Center Division – Source: General Fund

Mental Health Specialist 2 (MHS2) will perform mental health assessments of juveniles brought into the Juvenile Intake and Assessment Center by local law enforcement. S/he will assess and make recommendations for youth identified as having mental health or substance abuse concerns; will make recommendations for youth determined to be an immediate risk to self or community; provide mental health co-occurring assessments, treatment recommendations, and consultation services.

Cost: 12% of position allocated to grant activities - \$11,748 per year Total: \$23,496

Program Supervisor is dedicated to clinical supervision, training, quality improvement and quality assurance compliance, consultation regarding treatment recommendation; changes in policies/procedures coordination and implementation of service.

Cost: 5% of position allocated to grant activities – \$6,879 per year

Total: \$13,758

Total Match: \$60,896
