**Region 1 Developmental Disabilities Training Co-Op**

**Co-Op Member’s**

**Host Kit**

**My agency’s Co-Op Contact is:**

*Please make sure this person’s name, phone & email contact information is known to the Co-Op’s Email and Host Kit Keepers. Thanks!*

**My agency’s Co-Op Mentor is:**

# 

**Region 1 DD Training Co-op HOST KIT**

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**WELCOME to the Region 1 DD Training Co-Op!**

We\* are happy you joined and/or continue in this adventure – or are at least considering it! Since 2003, starting with approximately 20, now 41 voluntary Co-op member agencies have TOGETHER hosted an amazing number and caliber of classes on topics of interest to the community supporting individuals with developmental disabilities in Oregon’s five-county region of Clackamas, Clatsop, Columbia, Multnomah & Washington counties. Yet again, we have an excellent (but realistic) training plan for the year. Read further in this “Host Kit” for answers to your questions about Region 1 DD Training Co-Op membership expectations, premises and protocols…

\* “We” = Training Advisory and Steering Committee (TASC), the managing and oversight group of the Region I DD Training Co-Op

**How does the Co-Op function?**

This Co-Op is composed of and dependent on ALL of its members, like most Co-Ops. Think of dairy farmers, produce farmers, buying groups, child care, etc. Our Co-Op has no membership fees and no central budget. Our Co-Op has members (developmental disability service/support agencies) taking turns to host classes for their own and other members’ affiliated staff, clients, families, small subcontractors in a planned, coordinated fashion. The underlying principle is that more training can be made available together than separately and for a lower investment of time and cost. Email, because it’s free and widely available, is the central mechanism for communication and publicity. Direct costs for each class offering are covered by the fees collected for that specific class and kept to a bare minimum. The small amount of time that member agencies’ staff spend hosting classes and distributing publicity within their own agency is an in-kind contribution in lieu of any cash membership fees. The original creators of the Co-Op, the Region 1 Training Advisory Steering Committee, a.k.a. the TASC, functions as the planning, mentoring and policy group of the Co-Op. TASC is a small group representing perspectives of DD vocational, residential, county, and brokerage Co-Op member agencies. TASC members also serve as Co-Op Mentors to an assigned portion of the Co-Op membership, somewhat like a caseload. Co-Op Mentors help agency Contacts with advice, communication and troubleshooting training or hosting problems.

**Co-Op membership obligations:**

The **two** major obligations of Co-Op members (agencies) are as follows:

1. **Host 1 to 3 specific classes each year** according to the published Annual Plan. The Annual Plan is typically published every October and runs January to December. The month, topic and suggested instructor are pre-assigned for each member agency. The member agency is responsible to make all the advance arrangements as host and registrar in a timely manner (several months ahead). Publicity is done via an email list to all of the members of the Co-Op. To engage this mechanism the Host sends the flyer by email to the Co-Op’s “Email Keeper”, who then sends it out by email to all of the other current Co-Op members.
2. **Distribute flyers for Co-Op classes**: Each Co-Op member designates a reliable Contact Person within the agency to receive then quickly distribute Co-Op emails containing class flyers. That Co-Op Contact Person must distribute flyers on paper or by email to that agency’s circle of staff, families, clients and small subcontractor entities. County agencies must include their foster care providers. Each agency determines their appropriate “circle” depending on purpose and function. This distribution is the **ONLY** way Co-Op classes are publicized, so it is extremely important the Co-Op Contact does his/her job of distributing out training flyers quickly and reliably. Member agencies are welcome to divide the flyer distribution task from the hosting task as long as it is clear and known to the TASC.

**Joining the Co-Op:**

If any local DD agency is interested in becoming a Co-Op member, we suggest contacting a TASC member representative of your main county or interest (see list of TASC members) for a Co-Op application and more information. A TASC representative will contact you when enrollment re-opens so you/your agency can be integrated into the next Annual Plan.

The more members the Co-Op has, the more training can be made available and the wider the potential audience for classes. Since 2004, the first year of Co-Op offerings, members have turned over very little, but each year there has been some turnover of agencies and/or staff with Contact responsibilities within member agencies. The intent of this Co-Op is not to grow large, but to continue to make relevant and useful classes available to its member agencies and interested members of the community until/unless a centralized training program is available to provide the same level of training.

TASC membership is open to any Co-Op member affiliate willing to regularly attend monthly meetings and take on other duties (such as Keepers, Mentors or Webmasters) to support the Co-Op.

**New to the Co-Op?**

**Make sure you understand your assignment from the Annual Plan, make note of your assignments and discuss the make-up of your individual agency’s distribution circle with your Co-Op Mentor listed in the far right of the Members List. Hosting may seem intimidating but it becomes simpler & easier each time!**

If a concern or conflict arises about a hosting assignment, contact your Mentor (see list) to request a change or trade, preferably when the Annual Plan is still in Draft form. Once the Annual Plan is finalized, you must carry out your assigned class or find your own trade well in advance! See details listed below under “When It’s YOUR Turn to Host”.

**Assign a Contact person to receive and distribute Co-op Class flyers to/among your agency's "circle".** This person might also take the lead for setting up, sending publications to E-mail Keeper, and hosting the 1-3 classes (usually 1-2) assigned on the Co-op Annual Plan/Master Schedule, or another person within your agency may take on all or part of the hosting portion of the co-op membership responsibilities.

**What is the “Host Kit”?:**

This document is your "Host Kit", created to help you organize and understand your hosting process so your Co-Op experience is less stressful and more enjoyable. No one wants to have to “reinvent the wheel” so the Host Kit includes advice, resources, samples, protocols and Co-Op operating policies based on the experience of others in the recent history of Co-Op and the Region 1 DD Training Program before the Co-Op was created from its’ “ashes”.

**The "Host Kit" includes:**

- Annual Plan - List of Instructors & Courses

- List of Co-op Members - List of Training Sites

- List of TASC Members - Flyer & Registration Template

- Fee Worksheet - Class Roster Form

- Financial Risk of Hosting Co-op Class - Certificate Template/Sample

- Suggestions for OIS Co-op Hosts - Completion Report Form

- Mentors for each Host Agency - Evaluation Template/Sample

**Co-Op Contact Person’s Flyer Distribution Duties:**

ASAP, The E-mail Keeper redistributes each flyer upon receiving from the it by e-mail, mail and/or physical posting to your "circle" (your staff, individuals and families, and individual subcontractors). County members will send flyers to Foster Care Providers also. THIS REGULAR DISTRIBUTION IS ABSOLUTELY CRITICAL FOR THE CO-OP TO FUNCTION. THIS IS THE PRIMARY MEANS OF PUBLICITY FOR ALL CO-OP CLASSES. With no budget for mailing or advertisement, each agency must do this publicity “in-house” in whatever makes the most sense for each agency’s specific “circle”.

Some members will choose to batch these into monthly mailings to save postage. If so, efforts to develop and use an in-house email circle are encouraged in between postal/”snail” mailings. The sooner people within your staff/circle receive flyers, the greater chance of getting in to classes.

**When it’s YOUR Turn to Host a Class:**

***ANNUALLY between October and December:***

Review "Host Kit" sent to you by the Host Kit Keeper. Make special note of your Annual Plan and Mentor assignments for your personal planner. Every time you receive a "Host Kit" from the Host Kit Keeper you should replace the previous one with the newer edition. There is usually a fairly current version available as a download on the website, [www.SDRI-pdx.org/co-op](http://www.DisabilityCompass.org) .

***THREE MONTHS prior to an assigned class:***

1. Secure INSTRUCTOR, DATE, TIME, COST, needed equipment, minimum or maximum number of students they are willing to teach. Do this by phone or email and be prepared to be a little persistent if needed. Discuss any problems or concerns with your Mentor and use their advice and this Host Kit to help you plan.
2. Take measures to avoid planning classes on the same day as other events, especially Co-Op classes. Check in with Email Keeper for known scheduling conflicts to avoid or identify others hosting a class in your month (from the Annual Plan) to check in with. When you have a date please let the Email Keeper know, so as to help keep the date reserved.
3. Secure training site, preferably one with free and ample parking, centrally located, and large enough to accommodate estimated class size. Avoid downtown and far flung sites if possible.
4. Estimate any costs in order to calculate the class fees you need to collect from each student.
5. Decide on your registration fee per person (see Fee Worksheet below) and acceptable forms of payment. Typical fees are $10-50 per student in the form of checks or money orders unless your agency can handle credit card or cash purchases (most cannot).
6. Decide what your refund policy will be and include it on your flyer.. Typical policy is to refund any canceled class by decision of Host Agency or instructor or cancellations by student more than 10 working days ahead of class. Make clear there are no refunds for no-shows or lack of advance notice.
7. Create a one-page flyer (preferably using Microsoft Word) including a registration form with all the information (DATE, TIME, TITLE, INSTRUCTOR, LOCATION, FEE, POLICIES, COURSE DESCRIPTION, CONTACT NUMBER/PERSON, MAILING ADDRESS AND REGISTRATION FORM) and send it as attachment to **E-mail Keeper,** [**Irene.Lee@multco.us**](mailto:Irene.Lee@multco.us)with a copy to[**Karen.E.Markins@multco.us**](mailto:Karen.E.Markins@multco.us) as an attachment in Microsoft Word. **This should be SENT OUT BY THE MIDDLE OF THE MONTH approximately TWO MONTHS PRIOR TO THE DATE OF THE CLASS** (For Example: for a June 20TH Class, a flyer should be sent to the E-mail Keeper around April 15th). Less notice is better than none, but without enough time for saturating publicity circles the class risks cancellation for lack of registered students. Discuss with your Mentor if you are behind schedule.
8. Confirm with the Email Keeper that she received your flyer. She should promptly check it over for errors, then distribute it to all Co-Op member contacts. See for yourself whether the notice comes back to you as part of the group distribution.
9. Set up a process to collect and process registrations on a detailed roster. Use the sample in the Host Kit or design your own to collect additional detail. The designated Registrar within your agency should have a copy of the Co-Op member list in order to determine who should be paying double as a non-member. Ask that person to additionally make note or tally the approximate number of hours spent doing registration. You will need this information for the final step’s Completion Report.
10. Check the website at [www.SDRI-pdx.org/co-op](http://www.DisabilityCompass.org) for the class to be posted. The Webmaster uses the Email Keeper notices to update the website, but it may take an additional week to appear on the website. If you have seen it has gone out by email but it does not yet appear on the website after a week, contact [**Website**](mailto:Michael@sdri-pdx.org) **Keeper** . Please remember that everyone has other work priorities and these “official” Co-Op duties are volunteer.
11. Don’t forget to send out flyers to your staff and individual subcontractors as you would other host’s class flyers! You may also want to send or email the flyer to other contacts outside the Co-Op such as classroom teachers, non-DD caseworkers, neighbors and others with potential interest in that specific class. It will be your agency’s choice to charge double for those type of non-member students in your own class.
12. We recommend you complete a simple Accreditation Request for AFH Training (included in the Host Kit) from the State’s Training Credit Committee (TCC) so Adult Foster Care Providers in your class can get continuing education hours. At minimum, attach a copy of your flyer for the instructor details and indicate “see flyer” on the Form 1510. Until you get final answer announce it as “pending”. (Talk to your Mentor more about this if needed – it’s an evolving requirement with changing procedures – or look it up at <http://www.oregon.gov/dhs/spd/pages/provtools/training/approval.aspx> ).
13. Begin to receive registration fees and track their details and accumulation as they come in. Families of DD consumers and DD child or adult foster care providers are always allowed in at member rates. Fees for other non-Co-op members are double those for Co-op members except for OIS and HCR classes that are open to all at member price (Non-members are generally staff of DD agencies who opted not to join the Co-Op. If you are not sure of an agency’s membership status, check the members list in this Host Kit.) If there is a strong question whether you will receive enough registration to cover costs for a class you may consider holding checks back from processing until you have enough people registered to cover costs. If a class is canceled it may be easier to return checks than to issue refunds.
14. Phone to confirm registration for individual students or it is highly recommended to send a letter or postcard to confirm registration. (Email Keeper has sample postcard format available by email request).

**TWO WEEKS prior to class:**

1. Send an email request to the Email Keeper [Irene.Lee@multco.us](mailto:robin.g.wiggin@multco.us) with a copy to [Karen.E.Markins@multco.us](mailto:Karen.E.Markins@multco.us) to send out a reminder email for last chance registrations. Say whether you will or will not accept walk-ins on the day of class or if you want people to call you if they are too late to mail in fees.

**ONE WEEK prior to class:**

* Assess your registration numbers. If registration is less than the minimum number needed to cover the costs of the class’s instructor and other direct costs, the class may need to be cancelled. If there are no significant costs for the instructor but the class does not meet the minimum number set by the instructor, the class may also be canceled. Co-op hosting responsibility will be considered met in either of these cases so long as the class was publicized with a reasonable time frame.
* The Co-Op expectation is that you set aside at least 50% of the capacity for Co-op members outside your own agency but any space remaining a week prior may all be used for the host agency's staff or small subcontractors.
* If you must cancel a class, see CANCELLATION PROCEDURES below.
* Reconfirm equipment and site logistics with the instructor and training site coordinator by phone. Some instructors may want names of registered students or other information.
* Obtain the handouts or an original to make needed sets for the number of people you anticipate being in the class or confirm with the instructor to bring them along on the day of class. Photocopies utilizing both sides of the paper are appreciated on “green” principles.
* Prepare and customize the needed supply of Class Completion Certificates and Evaluation forms. If you write or print the names of the registered students bring a few extra blanks for walk-ins or spelling errors. (This will save you hassle, time and postage costs after the class).

**DAY OF class:**

* Arrange the room and set up equipment. Brew coffee at least 30 minutes before class.
* Lay out simple snacks and beverages (coffee, tea, cookies, crackers, muffins, fruit, etc.). Some sites (East Portland Police Precinct, for example) have their own coffeemaker to use, but you will always need to bring in cups, napkins and other items and CLEAN UP AFTERWARD.
* Set out Roster with the names of the people pre-registered and pre-paid. Ask each person to sign in as they arrive. If you are accepting walk-ins, be prepared to accept registration fees at that time. Give handouts and evaluation forms according to instructor’s preference.
* Have instructor sign previously prepared Certificates of Completion. DO NOT GIVE ANY CERTIFICATES OUT UNTIL THE END OF THE CLASS except in unusual or prearranged circumstances. If people miss a half-hour of class or more please make note on their individual certificate of the reduced time and your initials.
* At the appointed starting time, introduce the instructor warmly and explain any logistics about restrooms, parking, etc. to the class. You may want to explain the Co-Op’s purpose and function briefly as well and direct students to future classes. In some cases there may be an upcoming topic that relates to the day’s topic you may choose to promote. (Such as Autism 2 to an Autism 1 class).
* At the end of the class collect Evaluations and hand out Completion Certificates as people leave. (You need not need stay for the entire class as long as the setup and check-in are done at the beginning and the evals, certificates, and clean-up is done at the end).
* Offer the instructor a chance to read over Evaluations while you clean up the classroom, return chairs and table to their prescribed formation, clean out coffeepots, etc. Then collect the Evaluations to send to the Paper Keeper after class. Keep 1 copy of the handouts to send to the Paper Keeper with your Completion Report.

**WITHIN TWO WEEKS AFTER class:**

* PAY the trainer the agreed fee, if any, plus any other agreed upon charges for space, copies or equipment.
* Tally time spent and costs and money received for this class to include in the **Completion Report** (in Host Kit).
* Submit copy the Completion Report and the final Roster to the Paper Keeper. This information will be filed and kept for future reference or to establish in-kind contribution for any future grant proposals. (This may be submitted by email if that works best).
* Report verbally or by email about your experience to your Mentor. Pass along anything you learned, advice for the future, etc.
* CONGRATULATIONS, you’re DONE! Now you know how for next time you are assigned to host (or choose to host an additional class)! And you can designate any fees you collected in excess of direct costs to enhance or help support other training activities for your own agency.

**CANCELLATION PROCEDURES (if needed):**

* If a class must be cancelled, immediately contact EVERY REGISTERED STUDENT (or their agency contact), and the E-mail Keeper ASAP. We also suggest post a sign at the classroom site to inform any last minute walk-ins or anyone you were unable to reach by phone or email about the cancellation.

**DISABILITY ACCOMODATIONS:**

* Co-Op Hosts will make disability accommodations whenever possible. Class participants must request accommodations 2 weeks in advance or as soon as possible. Accommodations may include larger font handouts, reserving a seat on an aisle or closer to the sound output or visual displays, or allowing an aide or interpreter into the class. The hosting agency will inform the participant when a requested accommodation cannot be met. Then the participant or his or her employer should attempt to meet the accommodation for that individual.

**CLASS APPROVAL FOR FOSTER CARE TRAINING HOURS CREDIT**

* Foster Care Providers now need their training hours classes to be approved by the state office of Seniors and People with Disabilities Adult Foster Care Training Accreditation Committee. A copy of the “Request for AFH Training Credit form” (SDS 1510) is provided when the reminder is sent by the Host Kit Keeper that your time to host is coming up on the Annual Plan. Completing this form for Foster Care Providers attending your class and submitting it to SPD by email as listed on the form is not mandatory, but a very helpful service you can provide. Foster Care Providers registering may inquire if the class has been approved to decide whether they will attend.

**Frequently Asked Questions (FAQ) about Hosting:**

***What do I do if I have a problem sticking to our assignment in the Annual Plan?* Please do NOT try to make changes to the Annual Plan yourself!** Call your Mentor if you are having trouble setting up to host your class in the target month, or far enough ahead, or the instructor isn’t available. Your Mentor cannot do it for you, but may be able to help you simplify the process so you can get the class planned and publicized or make other suggestions. Some changes are inevitable, but communication with Mentors and the TASC helps if you must plan a new date or target month and follow through. If you need to make a full trade, please follow instructions below 3+ MONTHS AHEAD!. If a class must be delayed for a fixed amount of time, notify Email Keeper to send out postponement notice.

***One of the students registered and paid in advance but later asked for a refund. Is it necessary?*** Refunds are the decision of each host but the Co-op’s TASC recommends members only refunding for situations that are the fault of the host or the instructor or for cancellations made at least 10 working days prior to the class, or if the class is canceled, of course. Please do not provide refunds for those who "no show" for any class!

***What should I do about walk-ins and latecomers?*** Whether to let IN latecomers or unregistered students into the class is up to the Host. Anyone should bring payment in with them. Sometimes students are sent by agencies but payment is slow or there is a mix-up. If room in the class we suggest holding the certificate(s) until payment is received. Substantially late arrivals, if admitted, should get their class certificates modified to the closest 1/2 hour of actual class attendance time.

***Who can get in to classes without paying?*** The hosting agency’s own staff members need not pay but their participation in the class should be counted as if they did for meeting expenses. TASC committee members should also get free admission when their purpose is to monitor the quality of classes and help promote or answer any questions about the Training Co-op, unless it is a direct financial hardship for the Host agency,

***Why doesn’t the Annual Plan have specific dates of classes for the year?*** The Annual Plan is just that, a plan. The planners do not know the availability of each instructor and each agency when the Plan is formulated. Setting a target month for classes coordinates to prevent overlap, bunching of similar classes, long gaps between basic classes, weird sequencing, overloading and direct schedule conflicts are some reasons for the planning of the Plan. Goals are a specific variety of medical, behavioral, psychiatric, clinical, and experiential topics available throughout the year. This approach gives people a reasonable level of access to multiple topic areas throughout the year, especially useful in the high turnover environment of this field.

***Why isn’t there a single place to register, such as on-line?*** The Co-Op operates without ANY budget on 100% in-kind donations of members’ time and each class is self-supporting. Central registration requires too much staff time/cost. The website is donated by Disability Navigators and Self Determination Resources Inc (SDRI) as a public service in support of the Co-Op. The Webmaster is on SDRI staff and must fit web-posting into other work for SDRI. Centralized and convenient registration is ideal, but not achievable without significant funding. There is no paid administration, only the volunteer members of the Training Advisory Steering Committee (TASC).

***Why is there a single Email Keeper sending out all of the class flyers rather than individual members sending out their own?*** This practice changed from the original Co-Op plan upon discovery how difficult it was for different people to track changing membership and email addresses. A single Email Keeper eased the load for individual agency Co-Op members. The single Email Keeper keeps an updated list, and receives updates rather than “hit & miss” to individual members. It also helped make flyer formats more consistent and unintended schedule conflicts more apparent. The website is another mechanism for publicizing classes, but is a secondary source with some inherent delay.

***What if I can't meet my Hosting Responsibility or must make a trade?:***

\* Decide 3-4 months ahead of class assigned or immediately upon receiving reminder e-mail about hosting a class from the Annual Plan whether you can host as assigned.

\* If unable to host an assigned class, seek a straight-across trade with another Co-op Member. Notify Host Kit Keeper of change. Get suggestions from your Mentor and/or TASC about agencies to contact for least disruption to the Annual Plan’s topics and assignments across the year.

\* If unable to find a suitable trade, create an e-mail explaining why you are unable to host and requesting a Co-op Member agency to voluntarily host the class. Send the e-mail to the E-mail Keeper for distribution to the Co-Op membership.

\* If no volunteer is identified, create an e-mail explaining that the class will be cancelled and forward it to the E-mail Keeper for distribution. Then create a plan to meet future hosting commitments or notify the TASC that your agency will withdraw from the Region I Training Co-op. Because the Co-op relies on each and every member honoring commitments, members who do not fulfill responsibilities will, sadly, be removed from the membership roster and lose member access.

***I need to change or update some information about my agency’s designated Co-Op Contact, email address, phone number, mailing address. Who do I contact?*** To make changes or provide additional information (i.e. training site, course, instructor list, etc.) for Host Kit please contact the Host Kit Keeper. For email contact changes contact the E-Mail Keeper.

***Someone lost a training certificate. How can it be replaced?*** A charge of $5 per certificate replacement will be charged, if it is available. To request a replacement certificate phone or email the agency who hosted the class or the Co-Op’s Paper Keeper. The Paper Keeper can only replace certificates for classes for which she has received rosters. The $5 payments go to the agency of whomever provides the replacement. A confirmation letter documenting attendance may substitute for a copy of the original. Certificates will not be sent until payment is received and attendance is confirmed. The Co-Op does NOT keep a master list of classes completed (this is beyond the labor available) but does keep basic records of classes.

***Can I register for classes online?*** No, not at this time, but it is possible to download flyers and registration forms. Go to [www.SDRI-pdx.org/co-op](http://www.disabilitycompass.org) and on the left hand side you will see “Region I DD Training Co-op links. Classes are available under the “Training Information” link. The “Class Schedule” can be reviewed by scrolling down or by selecting a month in the year. Flyers and Registration can be accessed from each class listing. Note that website listings are typically posted a few days after the Email Keeper sends out the announcement and flyers for each class.

***Who do I contact for other questions about the Training Co-Op?*** Please free to call on your Mentor or any TASC member for more information. The TASC has divided up additional responsibilities as follows:

**Host Kit Keeper:**  **Website** **Keeper:**

Ken Hanson, MENTOR Oregon 503-290-1957 Michael Gmirkin, SDRI, 503-292-7142

kenneth.hanson@thementornetwork.com [michael@sdri-pdx.org](mailto:michael@sdri-pdx.org)

**E-mail Keeper:**

Irene Lee, Multnomah County, 503-988-6396 [Irene.Lee@multco.us](mailto:Irene.Lee@multco.us)

**Paper Keeper:**

Valerie Robbins-Vickers, [upandout@upandoutinc.com](mailto:upandout@upandoutinc.com) , 521 SW 11th #304 Ptld 97205, 503-796-0241

**TASC Support:**

Robyn Hoffman, Clackamas County DD, [robynhof@co.clackamas.or.us](mailto:robynhof@co.clackamas.or.us), 503-557-2872

Cindy Stockton, [cindy.stockton@riversidecenters.com](mailto:cindy.stockton@riversidecenters.com)

Cheslea Weigelt, [cweigelt@edwardscenter.com](mailto:cweigelt@edwardscenter.com)

Jane Doyle, [jane.doyle@portlandoregon.gov](mailto:jane.doyle@portlandoregon.gov)

**2015 ANNUAL PLAN**

**for the Region 1 I/DD Training Co-Op**

**See** HOST KIT **for more Co-Op info &** SCHEDULED class flyers **at:** [***www.sdri-pdx.org/co-op/calendar/***](http://www.sdri-pdx.org/co-op/calendar/)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ASSIGNED MONTH & HOST** | | **ASSIGNED CLASS TOPIC** | | **INSTRUCTOR(S)** | | |
|  |  | |  | |  |
| ***JAN***  **JANUARY** | **Access Ability LLC** | | ***OIS – General Level (G).*** | | John Mushlitz, Indep. OIS Trnr |
| ***JAN*** | **Changing Minds PBS** | | ***OIS – General Level (G)*** | | Sally Gibson, Indep. OIS Trnr |
| ***JAN*** | **Up & Out Inc.** | | ***Understanding Behavior & BSP’s*** | | Mike Larson &Dave Langlois |
| ***JAN*** | **Schrader Family Home LLC** | | ***Labels for Jars, DIAGNOSIS for Treatment*** | | Lori Thompson, LCSW |
| ***JAN*** | **Trillium Family Services** | | ***Borderline Personality Disorder*** | | James Clay, Psy D |
| ***JAN*** | **Region 1 Crisis Diversion Ofc** | | ***Module A: Organizing, Recording & Reporting,***  ***Third Thursday Foster Care Recordkeeping Series*** | | Robin Wiggin, MPA |
| ***FEB***  **FEBRUARY** | **Access Ability LLC** | | ***OIS – General Level (G).*** | | John Mushlitz, Indep. OIS Trnr |
| ***FEB*** | **Access Ability LLC** | | ***The Autistic Perspective: Segment 1 of 3*** | | Andee Joyce |
| ***FEB*** | **Changing Minds PBS** | | ***Stress & Self-Control:Depletion Model*** | | Kelley Gordham |
| ***FEB*** | **Rainbow Adult Living** | | ***Sexually Inappropriate Behaviors*** | | D Langlois, M Larson or G Hall |
| ***FEB*** | **Riverside Training Centers** | | ***Dual Diagnosis*** | | James Clay, PsyD |
| **FEB** | **Albertina Kerr Centers** | | ***Autism 1*** | | Mike Larson |
| ***FEB*** | **Region 1 Crisis Diversion Ofc** | | ***Module B: Medication Management,***  ***Third Thursday Foster Care Recordkeeping Series*** | | Joanne O’Connell, MA |
| ***MAR***  **MARCH** | **Access Ability LLC** | | ***OIS - General Level (G)*** | | John Mushlitz, Indep. OIS Trnr |
| ***MAR*** | **Changing Minds PBS** | | ***OIS – General Level (G)*** | | Sally Gibson, Indep. OIS Trnr |
| ***MAR*** | **Changing Minds PBS** | | ***Functional Analysis of Behavior (FA’s)*** | | Kelley Gordham |
| ***MAR*** | **Coast Rehab - Multnomah** | | ***Fetal Alcohol Spectrum Disorders*** | | Lori Thompson, LCSW |
| ***MAR*** | **Independence NW** | | ***Working with Abuse Survivors*** | | Mike Larson |
| ***MAR*** | **FACT** | | ***Adolescence Vs. Puberty*** | | Shanya Luther, MDiv |
| ***HMAR*** | **Clackamas County DD** | | ***Appointing a Health Care Representative*** | | Robyn Hoffman |
| ***MAR*** | **CSI/Community Services Inc** | | ***Psychotropic Meds*** | | Lori Olson, PMHNP |
| ***MAR*** | **Region 1 Crisis Diversion Ofc** | | ***Module C: Tracking Resident Money,***  ***Third Thursday Foster Care Recordkeeping Series*** | | Robin Wiggin, MPA |
| ***APR***  **APRIL**  **JUNE** | **Access Ability LLC** | | ***OIS – General Level (G)*** | | John Mushlitz, Indep. OIS Trnr |
| ***APR*** | **Access Ability LLC** | | ***The Autistic Perspective: Segment 2 of 3*** | | Andee Joyce |
| ***APR*** | **Portland Parks & Rec** | | ***Drug & Alcohol Dependency*** | | Val Valrejean, MSW, CADCIII |
| ***APR*** | **Changing Minds PBS** | | ***Self-Injurious Behavior (SIB)*** | | Kelley Gordham |
| ***APR*** | **Goodwill Industries** | | ***Understanding Behavior & BSP’s*** | | Mike Larson &Dave Langlois |
| ***APR*** | ***Up & Out, Inc*** | | **Technology Innovations topic** | | OTAC or TBD |
| ***APR*** | **Dungarvin** | | ***Humanization Principle*** | | Lori Thompson, LCSW |
| ***APR*** | **Arc Multnomah/Clackamas** | | ***Guardianship*** | | Disability Rights Oregon or TBD |
| ***APR*** | **Region 1 Crisis Diversion Ofc** | | ***Module A, Organizing, Recording & Reporting,***  ***Third Thursday Foster Care Recordkeeping Series*** | | Robin Wiggin, MPA |
| ***MAY***  **MAY** | **Changing Minds PBS** | | ***OIS – General Level (G)*** | | Sally Gibson, Indep. OIS Trnr |
| ***MAY*** | **Access Ability LLC** | | ***OIS – General Level (G)*** | | John Mushlitz, Indep. OIS Trnr |
| ***MAY*** | **Changing Minds PBS** | | ***Dementia & Age Related Conditions*** | | Kelley Gordham |
| ***MAY*** | **Eastco Diversified Services** | | ***Epilepsy & Seizure Disorders*** | | Epilepsy Foundation NW/ TBD |
| ***MAY*** | **Creative Goal Solutions** | | ***Intro to Developmental Disabilities*** | | Robin Wiggin, Stacy Buckley |
| ***MAY*** | **Columbia CMHC** | | ***Dual Diagnosis* (in St. Helens)** | | James Clay, PsyD or TBD |
| ***MAY*** | **Tualatin Valley Workshop** | | ***Social-Sexual Supports*** | | Shanya Luther, MDiv |
| ***MAY*** | **Region 1 Crisis Diversion Ofc** | | ***Module B: Medication Management,***  ***Third Thursday Foster Care Recordkeeping Series*** | | Joanne O’Connell, MA |
| ***JUN***  **JUNE** | **Access Ability LLC** | | ***OIS – General Level (G).*** | | Christina Wolf, Indep. OIS Trnr |
| ***JUN*** | **Mt Hood Day Ctr** | | ***Down Syndrome & Aging*** | | Lori Thompson, LCSW |
| ***JUN*** | **Access Ability LLC** | | ***The Autistic Perspective: Segment 3 of 3*** | | Andee Joyce |
| ***JUN*** | **Community Vision** | | ***Sexually Inappropriate Behaviors*** | | D Langlois, M Larson or G Hall |
| ***JUN*** | **Abilities at Work** *(Former OESCo)* | | ***Brain Function*** | | James Clay, PsyD |
| ***JUN*** | **Exceed Enterprises** | | ***Pica Disorder:*** | | Lori Thompson, LCSW |
| ***JUN*** | **Region 1 Crisis Diversion Ofc** | | ***Module C: Tracking Resident Money,***  ***Third Thursday Foster Care Recordkeeping Series*** | | Robin Wiggin, MPA |
| ***⇓ SEE NEXT PAGE FOR JULY TO DECEMBER 2014… ⇓*** | | | | | |
|  | | | | | |
| ***JULY***  **JULY** | **Changing Minds PBS** | | ***OIS – General Level (G)*** | | Sally Gibson, Indep. OIS Trnr |
| ***JULY*** | **Access Ability LLC** | | ***OIS – General Level (G).*** | | Christina Wolf, Indep. OIS Trnr |
| ***JULY*** | **Changing Minds PBS** | | ***Stress & Self-Control:Depletion Model*** | | Kelley Gordham |
| ***JULY*** | **DePaul** | | ***Understanding Behavior & BSP’s*** | | Mike Larson &Dave Langlois |
| ***JULY*** | **Edwards Center** | | ***Boundaries & Sexuality topic*** | | Shanya Luther, MDiv |
| ***JULY*** | **Coast Rehab Clatsop** | | ***Autism Basics* (at the beach!)** | | John Ciminello or TBD |
| ***JULY*** | **Region 1 Crisis Diversion Ofc** | | ***Module A, Organizing, Recording & Reporting,***  ***Third Thursday Foster Care Recordkeeping Series*** | | Robin Wiggin, MPA |
| ***AUG***  **AUGUST** | **Access Ability LLC** | | ***OIS – General Level (G).*** | | Christina Wolf, Indep. OIS Trnr |
| ***AUG*** | **Clatsop Behavioral Healthcare** | | ***Labels for Jars, DIAGNOSIS for Treatment*** | | Lori Thompson, LCSW |
| ***AUG*** | **Community Access Services** | | ***Guardianship*** | | Disability Rights Oregon or TBD |
| ***AUG*** | **Region 1 Crisis Diversion Ofc** | | ***Appointing a Health Care Representative*** | | Lori LeDuc or TBD |
| ***AUG*** | **Region 1 Crisis Diversion Ofc** | | ***Module B: Medication Management,***  ***Third Thursday Foster Care Recordkeeping Series*** | | Joanne O’Connell, MA |
| ***SEPT***  **SEPTEMBER** | **Access Ability LLC** | | ***OIS - General Level (G).*** | | John Mushlitz, Indep. OIS Trnr |
| ***SEPT*** | **Changing Minds PBS** | | ***OIS – General Level (G)*** | | Sally Gibson, Indep. OIS Trnr |
| ***SEPT*** | **Changing Minds PBS** | | ***Functional Analysis of Behavior (FA’s)*** | | Kelley Gordham |
| ***SEPT*** | **Jewish Family & Child Svcs** | | ***Fetal Alcohol Spectrum Disorders*** | | Lori Thompson, LCSW |
| **SEPT** | **Albertina Kerr Centers** | | ***Schizophrenia & Other Psychotic Disorders*** | | James Clay, PsyD |
| **SEPT** | **Danville** | | ***Autism 1*** | | Mike Larson |
| ***SEPT*** | **Trillium Family Services** | | ***Psychotropic Meds*** | | Lori Olson, PMHNP |
| **SEPT** | **Region 1 Crisis Diversion Ofc** | | ***Module C: Tracking Resident Money,***  ***Third Thursday Foster Care Recordkeeping Series*** | | Robin Wiggin, MPA |
| ***OCT***  **OCTOBER** | **Access Ability LLC** | | ***OIS – General Level (G).*** | | John Mushlitz, Indep. OIS Trnr |
| ***OCT*** | **Changing Minds PBS** | | ***Self-Injurious Behavior (SIB)*** | | Kelley Gordham |
| ***OCT*** | **Multnomah County DD/Reg 1** | | ***Understanding Behavior & BSP’s*** | | Mike Larson &Dave Langlois |
| **OCT** | **Goodwill Industries** | | ***Dual Diagnosis*** | | James Clay, PsyD |
| **OCT** | **FACT** | | ***Navigating School Services*/similar topic** | | TBD |
| ***OCT*** | **Community Vision** | | ***Drug & Alcohol Dependency*** | |  |
| **OCT** | **Community Pathways** | | ***Social-Sexual Supports*** | | Shanya Luther, MDiv |
| **OCT** | **Region 1 Crisis Diversion Ofc** | | ***Module A, Organizing, Recording & Reporting,***  ***Third Thursday Foster Care Recordkeeping Series*** | | Robin Wiggin, MPA |
| **NOV**  **NOVEMBER** | **Access Ability LLC** | | ***OIS – General Level (G)*** | | John Mushlitz, Indep. OIS Trnr |
| **NOV** | **Changing Minds PBS** | | ***OIS – General Level (G)*** | | Sally Gibson, Indep. OIS Trnr |
| **NOV** | **Changing Minds PBS** | | ***Dementia & Age Related Conditions*** | | Kelley Gordham |
| **NOV** | **Rainbow Adult Living** | | ***Working with Abuse Survivors*** | | Mike Larson |
| **NOV** | **ARRO/Autism Research & Resources of Oregon** | | ***Autism Research Update* or oth er ASD topic** | | Kathy Henley or TBD |
| **NOV** | **Eastco Diversified Services** | | ***Psychotropic Meds*** | | Lori Olson, PMHNP |
| **NOV** | **Portland Parks & Rec** | | ***Intro to Developmental Disabilities*** | | Robin Wiggin, Stacy Buckley |
| **NOV** | **Region 1 Crisis Diversion Ofc** | | ***Module B: Medication Management,***  ***Third Thursday Foster Care Recordkeeping Series*** | | Joanne O’Connell, MA |
| **DEC**  **DEC** | **Access Ability LLC** | | ***OIS – General Level (G).*** | | John Mushlitz, Indep. OIS Trnr |
| **DEC** | **Community Access Services** | | ***Down Syndrome & Aging*** | | Lori Thompson, LCSW |
| **DEC** | **CSI/Community Services Inc** | | ***Brain Function*** | | James Clay, PsyD |
| **DEC** | Clackamas County DD | | ***Appointing a Health Care Representative*** | | Robyn Hoffman |
| **DEC** | On-The-Move Com’ty Integ. | | ***Autism 1*** | | Mike Larson |
| **DEC** | **Region 1 Crisis Diversion Ofc** | | ***Module C: Tracking Resident Money,***  ***Third Thursday Foster Care Recordkeeping Series*** | | Robin Wiggin, MPA |
| **Jan-Dec** | **Person Centered Behavior Svcs** | | ***OIS – General Level (G)* (held MONTHLY)** | | Carlene Rhodes,Indep. OIS Trnr |

**CLASSES ON THIS ANNUAL PLAN ARE MINIMUM EXPECTATIONS!** Two months AHEAD of the class month each Assigned Host must contact the instructor/s, coordinate a date, cost, class site, & course description, then draft & send a flyer to the Co-Op Email Keeper. Once publicized, host handles registration, payments, & creates roster. On day of class, host sets up food, coffee, equipment, check-in, evaluations & completes a final report.

**ANY member agency may offer ADDITIONAL classes** in any month for publication via the Co-Op email & website, as long as a reasonable attempt is made to avoid date/topic conflicts.

C:\Users\wigginr\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\MQ2YEUZ1\MC900023505[1].wmf**SORTED alphabetically by**

**HOST AGENCY (PLUS Co-Op Mentor\*):**

*\*see Host Kit for each Agency/member’s assigned Co-Op Mentor’s full name, contact number, email, etc.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ASSIGNED MONTH & HOST** | | **ASSIGNED CLASS TOPIC** | **INSTRUCTOR(S)** | **MENTOR** |
|  |  |  |  |  |
| *JUN* | **Abilities at Work** | ***Brain Function*** | *James Clay, PsyD* | *Valerie* |
| *JAN* | **Access Ability LLC** | ***OIS – General Level (G).*** | *John Mushlitz, Indep. OIS Trnr* | *Robin W* |
| *FEB* | ***OIS – General Level (G).*** | *John Mushlitz, Indep. OIS Trnr* |
| *FEB* | **The Autistic Perspective: Segment 1 of 3** | *Andee Joyce* |
| *MAR* | ***OIS - General Level (G)*** | *John Mushlitz, Indep. OIS Trnr* |
| *APR*  **JUNE** | ***OIS – General Level (G)*** | *John Mushlitz, Indep. OIS Trnr* |
| *JUN* | ***The Autistic Perspective: Segment 2 of 3*** | *Andee Joyce* |
| *MAY* | ***OIS – General Level (G)*** | *John Mushlitz, Indep. OIS Trnr* |
| *JUN* | ***OIS – General Level (G).*** | *Christina Wolf, Indep. OIS Trnr* |
| *JUN* | **The Autistic Perspective: Segment 3 of 3** | *Andee Joyce* |
| *JULY* | ***OIS – General Level (G).*** | *Christina Wolf, Indep. OIS Trnr* |
| *AUG* | ***OIS – General Level (G).*** | *Christina Wolf, Indep. OIS Trnr* |
| *SEPT* | ***OIS - General Level (G).*** | *John Mushlitz, Indep. OIS Trnr* |
| *OCT* | ***OIS – General Level (G).*** | *John Mushlitz, Indep. OIS Trnr* |
| *NOV* | ***OIS – General Level (G)*** | *John Mushlitz, Indep. OIS Trnr* |
| *DEC* | ***OIS – General Level (G).*** | *John Mushlitz, Indep. OIS Trnr* |
| *FEB* | **Albertina Kerr Centers** | ***Autism 1*** | *Mike Larson* | *Valerie* |
| *SEPT* | ***Schizophrenia & Other Psychotic Disorders*** | *James Clay, PsyD* |
| *APR* | **Arc Multnomah/Clack** | ***Guardianship*** | *Disability Rights Oregon/TBD* | *Valerie* |
| *NOV* | **ARRO/Autism Research & Resources of Oregon** | **Autism Research or other topic TBD** | *Kathy Henley or TBD* | *Valerie* |
| *JAN* | **Changing Minds PBS** | ***OIS – General Level (G)*** | *Sally Gibson, Indep. OIS Trnr* | *Valerie* |
| *FEB* | ***Stress & Self-Control:Depletion Model*** | *Kelley Gordham* |
| *MAR* | ***Functional Analysis of Behavior (FA’s)*** | *Kelley Gordham* |
| *APR* | ***Self-Injurious Behavior (SIB)*** | *Kelley Gordham* |
| *MAY* | ***Dementia & Age Related Conditions*** | *Kelley Gordham* |
| *JULY* | ***Stress & Self-Control:Depletion Model*** | *Kelley Gordham* |
| *SEPT* | ***Functional Analysis of Behavior (FA’s)*** | *Kelley Gordham* |
| *OCT* | ***Self-Injurious Behavior (SIB)*** | *Kelley Gordham* |
| *NOV* | ***Dementia & Age Related Conditions*** | *Kelley Gordham* |
| *MAR* | ***OIS – General Level (G)*** | *Sally Gibson, Indep. OIS Trnr* |
| *MAY* | ***OIS – General Level (G)*** | *Sally Gibson, Indep. OIS Trnr* |
| *JUL* | ***OIS – General Level (G)*** | *Sally Gibson, Indep. OIS Trnr* |
| *SEPT* | ***OIS – General Level (G)*** | *Sally Gibson, Indep. OIS Trnr* |
| *NOV* | ***OIS – General Level (G)*** | *Sally Gibson, Indep. OIS Trnr* |
| *MAR* | **Clackamas County DD** | ***Appointing a Health Care Representative*** | *Robyn Hoffman* | *Robyn H* |
| *DEC* | ***Appointing a Health Care Representative*** | *Robyn Hoffman* |
| *AUG* | **Clatsop Behavioral Healthcare** | ***Labels for Jars, DIAGNOSIS for Treatment*** | *Lori Thompson, LCSW* | *Robyn H* |
| *MAR* | **Coast Rehabilitation** | ***Fetal Alcohol Spectrum Disorders (Portland)*** | *Lori Thompson, LCSW* | *Susan N* |
| *JULY* | ***Autism Basics* (Clatsop)** | *John Ciminello or TBD* |
| *MAY* | **Columbia CMHC** | ***Dual Diagnosis* (in St. Helens)** | *James Clay, PsyD or TBD* | *Robyn H* |
| *AUG* | **Community Access Services** | ***Guardianship*** | *Disability Rights Oregon/TBD* | *Susan* |
| *DEC* | ***Down Syndrome & Aging*** | *Lori Thompson, LCSW* |
| *OCT* | **Community Pathways** | ***Social-Sexual Supports*** | *Shanya Luther, MDiv* | *Susan* |
| *JUN* | **Community Vision** | ***Sexually Inappropriate Behaviors*** | *D Langlois, M Larson or G Hall* | *Mary O* |
| *OCT* | ***Drug & Alcohol Dependency*** |  |
| *MAY* | **Creative Goal Solutions** | ***Intro to Developmental Disabilities*** | *Robin Wiggin, Stacy Buckley* | *Valerie* |
| *MAR* | **CSI/Community Services Inc** | ***Psychotropic Meds*** | *Lori Olson, PMHNP* | *Jane D* |
| *DEC* | ***Brain Function*** | *James Clay, PsyD* |
| *SEPT* | **Danville** | ***Autism 1*** | *Mike Larson* | *Jane D* |
| *JULY* | **DePaul Industries** | ***Understanding Behavior & BSP’s*** | *Mike Larson &Dave Langlois* | *Valerie* |
| *APR* | **Dungarvin** | ***Humanization Principle*** | *Lori Thompson, LCSW* | *Valerie* |
| *MAY* | **Eastco Diversified Services** | ***Epilepsy & Seizure Disorders*** | *Epilepsy Foundation NW/ TBD* | Susan |
| *NOV* | ***Psychotropic Meds*** | *Lori Olson, PMHNP* |
| *JULY* | **Edwards Center** | ***Boundaries & Sexuality topic*** | Shanya Luther, MDiv | Robyn H |
| *JUN* | **Exceed Enterprises** | ***Pica Disorder:*** | *Lori Thompson, LCSW* | Robyn H |
| *MAR* | **FACT** | ***Adolescence Vs. Puberty*** | *Shanya Luther, MDiv* | Valerie |
| *OCT* | ***Navigating School Services*/similar topic** | *TBD* |
| *APR* | **Goodwill Industries** | ***Understanding Behavior & BSP’s*** | *Mike Larson &Dave Langlois* | Susan |
| *OCT* | ***Dual Diagnosis*** | *James Clay, PsyD* |
| *MAR* | **Independence NW** | ***Working with Abuse Survivors*** | *Mike Larson* | Robyn H |
| *SEPT* | **Jewish Family & Child Svcs** | ***Fetal Alcohol Spectrum Disorders*** | *Lori Thompson, LCSW* | Jane D |
| *JUN* | **Mt Hood Day Ctr** | ***Down Syndrome & Aging*** | Lori Thompson, LCSW | Robin W |
| *OCT* | **Multnomah Co DD/Reg 1** | ***Understanding Behavior & BSP’s*** | *Mike Larson &Dave Langlois* | Robyn H |
| *Jan-Dec* | **Person Centered Beh Svcs** | ***OIS – General Level (G)* (held MONTHLY)** | Carlene Rhodes,Indep. OIS Trnr | Robin W |
| *DEC* | **On-The-Move Community Integration** | ***Autism 1*** | *Mike Larson* | *Valerie* |
| *APR* | **Portland Parks & Rec** | ***Drug & Alcohol Dependency*** | *Val Valrejean, MSW, CADCIII* | *Jane D* |
| *NOV* | ***Intro to Developmental Disabilities*** | *Robin Wiggin, Stacy Buckley* |
| *FEB* | **Rainbow Adult Living** | ***Sexually Inappropriate Behaviors*** | *D Langlois, M Larson or G Hall* | *Robin W* |
| *NOV* | ***Working with Abuse Survivors*** | *Mike Larson* |
| *JAN* | **Region 1 Crisis Diversion Office** | ***Module A: Organizing, Recording & Reporting,***  ***Third Thursday Foster Care Recordkeeping Series*** | *Robin Wiggin, MPA* | *Robin W* |
| *FEB* | ***Module B: Medication Management,***  ***Third Thursday Foster Care Recordkeeping Series*** | *Joanne O’Connell, MA* |
| *MAR* | ***Module C: Tracking Resident Money,***  ***Third Thursday Foster Care Recordkeeping Series*** | *Robin Wiggin, MPA* |
| *APR* | ***Module A, Organizing, Recording & Reporting,***  ***Third Thursday Foster Care Recordkeeping Series*** | *Robin Wiggin, MPA* |
| *MAY* | ***Module B: Medication Management,***  ***Third Thursday Foster Care Recordkeeping Series*** | *Joanne O’Connell, MA* |
| *JUN* | ***Module C: Tracking Resident Money,***  ***Third Thursday Foster Care Recordkeeping Series*** | *Robin Wiggin, MPA* |
| *JULY* | ***Module A, Organizing, Recording & Reporting,***  ***Third Thursday Foster Care Recordkeeping Series*** | *Robin Wiggin, MPA* |
| *AUG* | ***Appointing a Health Care Representative*** | *Lori LeDuc or TBD* |
| *AUG* | ***Module B: Medication Management,***  ***Third Thursday Foster Care Recordkeeping Series*** | *Joanne O’Connell, MA* |
| *SEPT* | ***Module C: Tracking Resident Money,***  ***Third Thursday Foster Care Recordkeeping Series*** | *Robin Wiggin, MPA* |
| *OCT* | ***Module A, Organizing, Recording & Reporting,***  ***Third Thursday Foster Care Recordkeeping Series*** | *Robin Wiggin, MPA* |
| *NOV* | ***Module B: Medication Management,***  ***Third Thursday Foster Care Recordkeeping Series*** | *Joanne O’Connell, MA* |
| *DEC* | ***Module C: Tracking Resident Money,***  ***Third Thursday Foster Care Recordkeeping Series*** | *Robin Wiggin, MPA* |
| *FEB* | **Riverside Training Centers** | ***Dual Diagnosis*** | *James Clay, PsyD* | *Valerie* |
| *JAN* | **Schrader Family Home LLC** | ***Labels for Jars, DIAGNOSIS for Treatment*** | *Lori Thompson, LCSW* | *Robyn H* |
| *JAN* | **Trillium Family Services** | ***Borderline Personality Disorder*** | *James Clay, Psy D* | *Robyn H* |
| *SEPT* | ***Psychotropic Meds*** | *Lori Olson, PMHNP* |
| *MAY* | **Tualatin Valley Workshop** | ***Social-Sexual Supports*** | *Shanya Luther, MDiv* | *Mary O* |
| *JAN* | **Up & Out, Inc** | ***Understanding Behavior & BSP’s*** | *Mike Larson &Dave Langlois* | *Valerie* |
| *APR* | **Technology Innovations topic** | *OTAC or TBD* |

*For questions or clarifications about anything on this* ***Region 1 I/DD Training Co-Op Annual Plan*** *please contact a TASC member, Co-Op Mentor, or the Co-Op Email Keeper, Irene Lee at* [***Irene.Lee@multco.us***](mailto:Irene.Lee@multco.us)*with a copy to*[***Karen.E.Markins@multco.us***](mailto:Karen.E.Markins@multco.us)*, or see the WEBSITE at*

[***www.sdri-pdx.org/co-op/***](http://www.sdri-pdx.org/co-op/)

THE CLASSES ON THIS ANNUAL PLAN ARE MINIMUM EXPECTATIONS! Assigned Hosts are expected to contact the instructors, coordinate a date, make &send a flyer to the Co-Op Email Keeper two months AHEAD of the month of the class, handle registration, and on the day of the class host check-in , food, coffee, equipment, evaluations &a final report. PLUS any member agency may offer additional classes in any month without conflicts. See HOST KIT for more Co-Op info & SCHEDULED class flyers at

[*www.sdri-pdx.org/co-op/calendar/*](http://www.sdri-pdx.org/co-op/calendar/) !

This Annual Plan features a rotation of general topic areas (behavior, clinical, etc), specific topics, locales, instructors and hot/new topics. The Co-Op’s TASC plans fair “turns” hosting, accommodates member requests and preferences as able, but cannot grant all wishes! For questions contact your agency’s assigned Co-Op Mentor listed in the Host Kit. Reminder emails usually arrive with fresh Host Kits and are available for download from the Co-Op Website at [www.SDRI-pdx.org/co-op](http://www.disabilitycompass.org) .

The **designated Co-Op Contact** for each member agency has a primary responsibility to **TRACK YOUR OWN AGENCY’S ASSIGNED HOST CLASSES** and coordinate or delegate Hosting of the class **THREE MONTHS AHEAD** of the month listed on plan. The month listed on the Plan is when the class should be held. If a class must be postponed or pushed out into the next month, or to check for date conflicts, please contact the Email Keeper (Irene Lee, currently, [Irene.Lee@multco.us](mailto:Irene.Lee@multco.us)). Flyers for each class should be sent by **HOST** to the Email Keeper as soon as a specific date/time/location/cost info and flyer is available**,** ideally **TWO FULL MONTHS AHEAD**.

**E-MAIL** will bring flyers to each **Co-Op Member Agency’s** designated **Co-Op Contact** from other members via the **Co-Op Email Keeper**. Extra & optional posts of possible interest may also be sent. Upon receipt of any Co-Op flyers **the Co-Op Contact is responsible to DISTRIBUTE FLYERS** by email or postal mail to the following self-defined\* **Co-Op Circle** as soon as is practically possible. Your Co-Op Circle likely contains:

**♦ Agency staff, both direct care and administrative;**

**♦ Client/customer families of individuals supported by your agency or caseload;**

**♦ Sub-contractors such as brokerage providers or foster care providers**

**Batching** flyers for postal mailing ***once per month*** is acceptable to save postal costs if your circle lacks e-mail. Less frequently is not practical. Flyers are also downloadable from the Disability Compass website within 1-2 weeks after emails, but emailing **is the preferable way to announce classes** – and saves time and trees.

**Changes** from the Plan are inevitable, as Instructor and Host availability and responsiveness may vary. Hosts should work closely with a Co-Op Mentor or other TASC member to work out timing or instructor changes or trades. It is the Host’s responsibility to initiate contact with the Instructor(s) well in advance.

\**Please discuss with a Co-Op Mentor if you are not sure who should or should not be in your distribution Circle.*

[**www.SDRI-pdx.org/co-op**](http://www.DisabilityCompass.org)

or [http://www.SDRI-pdx.org/co-op/classes-and-training/region-1-dd-training-co-op-information/host-kit-information](http://www.disabilitycompass.org/classes-and-training/region-1-dd-training-co-op-information/host-kit-information)

# FINANCES FOR HOSTING CLASSES

If you have been selected to host a class that requires using a trainer with a fee, there are a few things to keep in mind. First and foremost, **no Co-Op member should accept substantial financial loss as a result of being a member of the Co-Op.** Second, there are ways to avoid taking a financial hit for hosting a class. Some of these:

1. Know the market. Charging too much may put people off but too little risks not covering costs, so a resulting loss or cancellation. Co-Op classes typically were $10 to $25 per student, OIS typically $50-$80, in 2011.
2. When you are negotiating a rate/contract with the trainer make sure to ask these questions in addition to all the other logistical questions:
   1. What is the maximum number of students you will allow in the class? How many would you be comfortable with as a minimum? How many have attended this class in the past, if any?
   2. Are there printed materials? Do you provide them? Is that cost in your fees?
   3. Will you sign a contract and/or commit that this training that will allow for a 1-week cancellation notice with NO CHARGE if we are unable to get enough students to cover the costs?
3. Calculate the total cost to your agency based on the following:
   1. Instructor fee;
   2. Printing costs of materials, handouts and flyers;
   3. Snacks and beverages – if you are providing;
   4. Room reservation fee – if you are not using free space;
   5. Number of your staff attending (how much would you be paying to send them elsewhere to receive the same or similar training)
   6. Number of attendees that the trainer or space will allow.
4. After considering all of the above cost factors, you are ready to calculate the registration fee you will charge participants. When you are figuring the costs per person, it is safe to assume you may fall short a few registrants. Set the minimum number of registrants you need to be comfortable with your agencies costs.
5. Advertise your class with roughly a two and a half month advance. If within 2 weeks of the class you are not near your minimum number of registrants, contact the E-mail Keeper about a reminder notice. If within 1 week of the class you do not have enough registrants to recoup enough of your costs, cancel the class by notifying the instructor and all of the registered students and refunding their fees.
6. See the attached fee worksheet for figuring out costs and registration fee.

# FEE WORKSHEET: Class: Training for People Doing Training

Instructor: Joe Trainer **Background: Anticipated # of students: 15-25**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Cost per unit** | **/person** | **Total cost** |
| Instructor Fee | $300.00 |  | $300.00 |
| Room reservation | $0.00 |  | $0.00 |
| Materials & photocopying | ($.05/copy x 32 pages) $1.60 | X 25 STUDENTS | $40.00 |
| Snacks estimate | $2.00 | X 25 STUDENTS | $50.00 |
|  |  | **Total cost:** | **$390.00** |
| Minimum # students at $10 | $390/10=$39 |  |  |
| Minimum # students at $15 | $390/15=$26 |  |  |
| Minimum # students at $20 | $390/20=$19.50 | **most likely choice ---🡪** | **$20/student** |
|  | $20 x20=$400 | **Minimum # students needed to hold the class at $20/person** | **20** |

# OIS Hosting Suggestions & Requirements, including $$$ issues:

Hosting OIS does involve a little more possibility of financial risk for co-op members because there is a maximum number of students allowable and instructor fees are substantial. The suggestions below are to help minimize risk for your organization.

Understand only a select few OIS trainers have appropriate certification (official approval) to do OIS training outside their own agency. These are **OIS Independent Trainers**.

***Disclaimer:*** *Questions about details and requests for a current list of OIS Independent Trainers can go to* ***Scott Sleeman, OIS Project Manager at (503) 941-5256 x121.***

If trainers use a co-trainer (sometimes available at no cost through instructors’ networks for a trainee instructor needing extra practice) they can possibly increase the number of class participants to 18. Otherwise the maximum for teaching of the Physical Skills of OIS for a single trainer is 12. Current allowed fee at last review is $90/student with a maximum fee of $1080 per workshop. Therefore, if a second instructor is available and more than 12 students attend, the cost per student could be lower. Increasing fees to double for non-Co-op Members is not allowed for OIS. **Check with Scott Sleeman or a member of the OIS Steering Committee for recent rate changes.**

Negotiate with trainer who will provide/copy any handouts, evals and/or tests and certificates. Some may charge extra for supplying these. Don’t forget to provide some beverage and light snacks -- add a few dollars per person for this cost. Once you have figured your approximate costs, set your registration fee.

**A room must be reserved for 2 full days, hold up to 24 people (includes trainer, possible observers) with space for the physical practice. It will also require Power Point/LCD projector and/or DVD equipment.**

When setting registration fees set a minimum number of attendees based on calculated costs. OIS usually fills quickly if well advertised (with plenty of time ahead). In the event you do not reach a minimum of attendees please contact the E-mail Keeper to request an extra reminder notice. If still not enough registrants you can cancel the class.

***No co-op member should have to absorb large financial losses for hosting Co-Op classes! Each class should be self-supporting except for the donation of labor to coordinate/host. Any extra funds collected can remain with the hosting agency to “recycle”, i.e. to add to available funds for staff to attend other Co-Op classes.***

**MEMBERS of Region I DD Training Co-Op**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **MEMBER** | **CONTACT** | **PH** | **EXT** | **E-MAIL** | **ADDRESS** | **Mentor** |
|  |  |  |  |  |  |  |  |
| 1 | **Abilities at Work (Formerly OESCo)** | Mary Jo Kessinger | 503-774-1667  503-516-1190 | fax 503-641-4639 | [maryjok@abilitiesatwork.org](mailto:maryjok@abilitiesatwork.org) | 134 SE 5th Ave. Ste. Hillsboro, OR. 97123 | Cindy |
| 2 | **Access Ability, LLC** | Main contact: Jane Rake, others: John Mushlitz, ... | JM:503-317-5880, JR: (503) 805-4181 or 503-493-9383 |  | [jane.rake@gmail.com](mailto:jane.rake@gmail.com) | C/O Jane Rake  3142 NE 45th Avenue  Portland, OR 97213 | Robin W |
| 3 | **Albertina Kerr Center** | Kari Seals  Carol Dinsmore | 503-408-4701  503-262-0158 | xt. 1126 | [karolyns@albertinakerr.org](mailto:karolyns@albertinakerr.org)  [carold@albertinakerr.org](mailto:CarolD@albertinakerr.org) | 722 NE 162nd Ave.  Portland, OR 97230 | Angie |
| 5 | **Arc of Multnomah & Clackamas** | Bill West  Dee Wright | 503-777-4736 | Ext. 3 | bwest@thearcmult.org  dwright@thearcmult.org | 6929 NE Halsey St.  Portland, OR 97213 | Valerie |
| 6 | **Autism Research and Resources of Oregon** | Kathleen Henley | 503-284-0350 |  | Henleyjks@worldnet.att.net | 2360 SW 170th  Beaverton, OR 97006 | Valerie |
| 7 | **Catholic Community Services (Formerly Mt. Angel TC&RS)** | Jenny Barischoff    Michelle Trefethen  Rick Newton | 503-845-9214  503-999-9550 cell  503-918-5857 pgr |  | [jbarischoff@ccswv.org](mailto:employment@ormadp.com)  [mtrefethen@ccswv.org](mailto:employment@ormadp.com)  [rnewton@ccswv.org](mailto:employment@ormadp.com)  rckne3@mtangel.net | PO Box 78 Mt. Angel OR 97362 | Cindy |
| 8 | **Changing Minds PBS** | Laura Larson | 503-710-7613 | Cell | laura@changingmindspbs.com | 35900 NE Wilsonville Rd.  Newberg, OR 97132 | Valerie |
| 9 | **Clackamas County DD** | Robyn Hoffman | 503-557-2872 |  | [robynhof@co.clackamas.or.us](mailto:robynhof@co.clackamas.or.us) | PO Box 2950, 2051 Kaen Rd., Oregon City 97045 | Valerie |
| 10 | **Clatsop Behavioral Healthcare** | Roger Bighill | 503-325-0241  503-325-5722  503-791-9148 | 109  cell | [rogerb@clatsopbh.org](mailto:rogerb@clatsopbh.org) | 2021 Exchange St, Suite 301  Astoria, OR 97103 | Cindy |
| 11 | **Coast Rehab Clatsop & Multnomah County** | Tom Pauken | 503-491-5005 |  | [tpauken@coastrehab.org](mailto:tpauken@coastrehab.org) | Clatsop: 65 N. Hwy 101, Ste. 205 Warranton 97146  Multnomah: 333 SE 223rd, Ste. 100 Gresham 97080 | Susan |
| 12 | **Columbia Community Mental Health** | David Richmond  Kasi Dunning | 503-438-2230 |  | [DavidR@ccmh1.com](mailto:NancyL@ccmh1.com)  [kasid@ccmh1.com](mailto:hannahh@ccmh1.com) | 5846 McNulty Way  St. Helens, OR 97051 | Cindy |
| 13 | **Community Access Services** | Jonathan Johnson  Wade Welper, MS | 503-533-4373  503-260-9946 cell |  | jon@cas-dd.org  wade@cas-dd.org | 1815 NW 169th Pl, Suite 1060 Beaverton 97006 | Angie / Valerie |
| 14 | **Community Pathways (formerly Arc Brokerage)** | Tricia Rosenkranz | 503-935-5245 | 245 | trosenkranz@communitypathways.org | 619 SW 11th Ave, Ste 244  Portland, OR 97205 | Susan |
| 15 | **CSI – Community Services Inc** | Lynn Boose | 503-648-6415 |  | [lboose@cs-inc.org](mailto:lboose@cs-inc.org) | 1982 NE 25th Ave #1 Hillsboro 97124 | Valerie |
| 16 | **Community Vision** | Alex Muller | 503-292-4964 |  | [amuller@cvision.org](mailto:amuller@cvision.org) | 1750 SW Skyline Blvd, #102 Ptld 97221 | Mary |
| 17 | **Creative Goal Solutions** | Sasha Vidales | 503-954-9584 |  | [Sasha.vidales@creativegoalsolutions.org](mailto:Sasha.vidales@creativegoalsolutions.org) | 1441 SE 122nd, Suite J, Portland, OR 97233 | Mary |
| 18 | **Danville** | Mike Oliver | 503-228-4401 | 106 | moliver@danserv.com | 9700 SW Capitol Hwy Suite 240 PDX 97219 | Jane |
| 19 | **DePaul** | Jessica Matheny | 503-331-3835 |  | JMatheny@depaulindustries.com | 4950 NE Martin Luther King Jr Blvd Portland, OR 97211 | Jane |
| 20 | **Dungarvin** | Gina Loraine | 503-624-0205 | 8002 | [gloraine@dungarvin.com](mailto:gloraine@dungarvin.com) | 732 SW Hunziker Blvd, Ste 101, Portland, OR 97223 | Valerie |
| 21 | **Eastco Diversified Services** | Susan Norman | 503-667-0613 | 16 | [snorman@eastcods.com](mailto:snorman@eastcods.com)  Cell: 503-309-2456 | PO Box 470 Gresham 97030 | Susan |
| 22 | **Edwards Center** | Lenore Hedlund  Chelsea Weigelt | 503-642-1581 | 209 | [lhedlund@edwardscenter.org](mailto:lhedlund@edwardscenter.org) cell: 503-784-0381  [cweigelt@edwardscenter.org](mailto:cweigelt@edwardscenter.org)  cell: 503-686-3713 | 4375 SW Edwards Place  Beaverton, OR 97078 | Chelsea |
| 22 | **Exceed (formerly C.C.I. Enterprises)** | Shelley  Engelgau (primary) Ken Fosheim | 503-652-9036 |  | [shelleye@exceedpdx.com](mailto:shelleye@exceedpdx.com)  [kenf@exceedpdx.com](mailto:kenf@exceedpdx.com) | 5285 SE Mallard Way, Milwaukie 97222 | Angie / Valerie |
| 23 | **FACT** | Loreta Boskovic  Arlene Jones  Jenny  Cavarno  Roberta Dunn  Christy Reese | 1-888-988-FACT (agency) 503-310-0050 (contact) | 218 | [loreta@factoregon.org](mailto:loreta@factoregon.org)  [Arlene@factoregon.org](mailto:Arlene@factoregon.org)  [Jenny@factoregon.org](mailto:Jenny@factoregon.org)  [Roberta@factoregon.org](mailto:Roberta@factoregon.org)  [christy@factoregon.org](mailto:christy@factoregon.org) | 619 SW 11th Ave,  Suite 102  Portland 97205 | Valerie |
| 25 | **Goodwill Industries** | Becki Martin  Hillary Black (primary) | 503-238-6199  503-238-6141 |  | [bmartin@gicw.org](mailto:bmartin@gicw.org)  hblack@gicw.org | 1943 SE 6th Ave. Ptld 97214 | Susan |
| 27 | **Independence NW** | Jessica Kral | 503-546-2950 | 11 | Jessica.kral@independencenw.org | 4867 NE MLK Jr. Blvd.  Portland, OR 97211 | Cindy |
| 28 | **Jewish Family & Child Services** | Stacy Buckley | 503-226-7079 | 111 | [stacy@jfcs-portland.org](mailto:michael@sdri-pdx.org) | 1221 SW Yamhill Street Suite 301 Portland, OR 97205 | Jane |
| 29 | **MENTOR Oregon** | Ken Hanson | 503-290-1957 |  | [Kenneth.hanson@thementornetwork.com](mailto:Kenneth.hanson@thementornetwork.com) | 305 NE 102nd Ave. Suite 350  Portland, OR 97220 | Ken |
| 30 | **Mt. Hood Adult Day Center** | Tannya Garthe | 503-512-7373 |  | tonnya@mthoodadultdaycenter.com | 376 NE 219th  Gresham, OR 97030 | Jane |
| 31 | **Multnomah County DD Services** | Irene Lee  Karen Markins |  |  | [Irene.Lee@multco.us](mailto:Irene.Lee@multco.us)  Karen.E.Markins@multco.us | 421 SW Oak, Ste 610,  Portland, OR 97204 | Robyn H |
| 32 | **On the Move Community Integration** | Leah Gagliano  Molly Mayo | 503-287-0346 |  | leah@onthemoveonline.org | 4187 SE Division St  Portland, OR 97202 | Valerie |
| 33 | **Parks and Recreation Senior Center Project** | Jane Doyle  Becky Bechtell | 503-823-4333 |  | [jane.doyle@portlandoregon.gov](mailto:jane.doyle@portlandoregon.gov)  [becky.bechtell@portlandoregon.gov](mailto:jane.doyle@portlandoregon.gov) | 426 NE 12th  Portland, OR 97232 | Jane |
| 34 | **Person Centered Behavior Strategies** | Carlene Rhodes  Heather Rhodes | 503-726-3411  971-404-1435  503-502-7981 |  | [www.pcbehavior.com](http://www.pcbehavior.com)  [pc.behavior@gmail.com](mailto:pc.behavior@gmail.com)  [hrhodes2044@hotmail.com](mailto:hrhodes2044@hotmail.com) | 4674 SE Witch Hazel Rd.  Hillsboro, OR 97123 | Robin W. |
| 35 | **Rainbow Adult Living** | Mary Brottlower  Jennifer Williams  Michele Barber | 503-232-0394 | 101 | [rainbowadultliving@comcast.net](mailto:rainbowadultliving@comcast.net)  [RALmlarson@comcast.net](mailto:rainbowadultliving@comcast.net) | 16432 SE Stark St Portland, OR 97233 | Robin W. |
| 36 | **Region I Crisis Diversion Office** | Irene Lee  Karen Markins | 503-988-3703 |  | [Irene.Lee@multco.us](mailto:Irene.Lee@multco.us)  Karen.E.Markins@multco.us | 421 SW Oak St #640, Portland, OR 97204 | Robin W |
| 37 | **Riverside Training Centers Inc** | Cindy Stockton  Cindy Matzen | 503-397-1922 | 203  204 | [cindy.stockton@riversidecenters.com](mailto:cindy.stockton@riversidecenters.com)  [cindy.matzen @riversidecenters.com](mailto:leslie.jones@riversidecenters.com) | PO Box 280 105 Port Av  St Helens, OR 97051 | Cindy |
| 38 | **Schrader Family Home, LLC** | Angie Townsend  Joan Schrader | 503-772-3364  360-608-2470 cell |  | angtown@hotmail.com  schradfam@integrity.com | 11806 SE Solomon Ct  Happy Valley, OR 97086 | Angie |
| 39 | **Self Determination Resources Inc {SDRI]** | Dan Peccia  Michael Gmirkin -Web  Mary Oliver – TASC  Grant Wienker –class hosting | 503-292-7142 | 17  10 | [dan@sdri-pdx.org](mailto:dan@sdri-pdx.org)  [michael@sdri-pdx.org](mailto:michael@sdri-pdx.org)  [mary@sdri-pdx.org](mailto:mary@sdri-pdx.org)  grant@sdri-pdx.org | 1730 SW Skyline Blvd., Ste. 127  Portland, OR 97221 | Mary |
| 40 | **Trillium Family Services** | Meghan Kelley, PsyD | 503-813-7746  503-234-9591 |  | mkelley@trilliumfamily.org | 3415 SE Powell Blvd  Portland, OR 97202 | Chelsea |
| 41 | **Tualatin Valley Workshop** | Dan Aberg | 503-848-4310 503-649-8571 |  | daberg@tv-workshop.com | 6615 SE Alexander Hillsboro 97123 | Chelsea |
| 42 | **Up & Out Inc.** | Valerie Robbins-Vickers | 503 796-0241 |  | [upandout@upandoutinc.com](mailto:upandout@upandoutinc.com) | 521 SW 11th #304 Ptld 97205 | Valerie |

***(Above list is subject to change without notice to full Co-Op membership).***

# TASC TEAM (Training Advisory Steering Committee)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME | AGENCY | PHONE # | E-MAIL | ADDRESS |
| **Irene Lee**  **E-mail Keeper** | Region 1 Crisis Diversion Office | 503-988-6396 | [Irene.Lee@multco.us](mailto:Irene.Lee@multco.us)  [karen.e.markins@multco.us](mailto:karen.e.markins@multco.us) | 421 SW Oak St. Suite 640  Portland, OR 97204 |
| **Ken Hanson**  **Host Kit Keeper** | MENTOR Oregon | 503-290-1957  503-255-1042 fax | [kenneth.hanson@thementornetwork.com](mailto:kenneth.hanson@thementornetwork.com) | 305 NE 102nd Ave. Suite 350  Portland, OR 97220 |
| **Michael Gmirkin**  **Website Keeper** | SDRI - Self Determination Resources Inc. | 503-292-7142 | michael@sdri-pdx.org | 1730 SW Skyline Blvd, Suite 127,  Portland, OR 97221 |
| **Mary Oliver** | X 10 | mary@sdri-pdx.org |
| **Susan Norman** | Eastco Diversified Services | 503-667-0613 | [snorman@eastcods.com](mailto:snorman@eastcods.com) | PO Box 470 Gresham 97030 |
| **Valerie Robbins-Vickers, Paper Keeper** | Up and Out | 503-796-0241 | [upandout@upandoutinc.com](mailto:upandout@upandoutinc.com) | 521 SW 11th #304  Portland, Or 205 |
| **Jane Doyle** | Senior Center Project | 503-823-4328 | [jane.doyle@portlandoregon.gov](mailto:jane.doyle@portlandoregon.gov) | 426 NE 12th, Portland, OR 97232 |
| **Robyn Hoffman** | Clackamas County DD | 503-557-2872 | [robynhof@co.clackamas.or.us](mailto:robynhof@co.clackamas.or.us) | 2051 Kaen Rd. Oregon City, OR 97045 |
| **Cindy Stockton** | Riverside Training Centers | 503-397-1922 | [Cindy.stockton@riversidecenters.com](mailto:Cindy.stockton@riversidecenters.com) | PO Box 280 105 Port Ave.  St. Helens, OR 97051 |
| **Angie Townsend** | Schrader Family Home | 503-772-3364 | [angtown@hotmail.com](mailto:angtown@hotmail.com) | 11806 SE Solomon Ct.  Happy Valley, OR 97086 |
| **Chelsea Weigelt** | Edwards Center | 503-642-1581 | [cweigelt@edwardscenter.org](mailto:cweigelt@edwardscenter.org) | 4375 SW Edwards Place  Beaverton, OR 97078 |

# CO-OP INSTRUCTOR RESOURCES

|  |  |  |  |
| --- | --- | --- | --- |
| **Name/phone/email** | **Mailing address** | Topics | **Rate & other info** |
| **Genevieve Athens**  Autism Lifespan Coach  [(503)803-8308](tel:%28503%29803-8308)  [www.autismlifespancoach.com](http://www.autismlifespancoach.com) |  | Autism topics;  Sibling Support  Puberty & Sexuality  Autism Risk & Safety Management  Building Social Skills Across the lifespan  Workplace Accommodations for High Functioning Autism  Letting Go for Peace of Mind | $300-600 with additional mileage if outside of Portland area. Will provide handouts for copying |
| **Marilee Bell**  Seniors & People with Disabilities  [Marilee.Bell@state.or.us](mailto:Alderon001@msn.com) |  | Many Topics including “Writing Well” | NO FEE  Ability to do Power Point |
| **Miriam Berman**  503-234-3785 | 6224 SE Main St  Portland, OR 97215 | Sign Language 1  Sign Language 2 | Masters in Deaf Ed & Special Ed, Child w autism  FEE NEGOTIABLE |
| **Tammy Bradley**  Regional Asst  1-888-505-2673  Local: 503-642-0226 | OR Parent Training Ctr  1745 State St  Salem, OR 97301 | IEP  Transition  Transition to Kindergarten | Specialty – ed for child w disabilities.  Tammy brings PowerPoint and handouts.  NO FEE |
| **James Clay, PsyD**  Clinical Psychologist  503-551-6356  [jclay@orgegonrehabilitation.org](mailto:jclay@orgegonrehabilitation.org) | Oregon State Hospital, also works with ORA | 1) Psychopathy- Can it happen in this population?  2) Post Traumatic Stress Disorder-  nightmare for ID/DD individuals.  Proper diagnosis and treatment.  3) What the %%^& do we do?  Best practices in a living, changing, population  4) Working with a Team.  How can I make a real impact?  5) Borderline Personality Disorder- I hate you, don't leave me  6) Positive Progressive Discipline- All managers hate it, but we have to do it.  How to be effective  7 Advancing your career- What do you want to be doing in 2 years, 5 years, 10 years?  8) Basics of Dual Diagnosis | FEE=$500-750 per day depending on class size and length |
| **DHS SPD Office of** Licensing & Quality Care: Supervisor Deb **Cateora 503-947-5165** | Attn: [name of person]  500 Summer St NE #E13  Salem, OR 97301 | Fatal 4 – 4 or 6 hrs  Med Admin – 2 hr  PICA  Diabetes | Need: overhead projector, screen.  Handouts: host responsible, prefer a packet.  Sign in sheet needs job category of attendee  FEE = NONE. |
| **Lynda Devery, RN**  [Prof.ed@live.com](mailto:Alderon001@msn.com) | 6212 SE Lake Rd  Milwaukie, OR 97267 | MEDICAL TOPICS: Medication Administration, Medication Errors, Medications Documentation, High Blood Pressure, COPD, Congestive Heart Failure, 1st Aid/CPR, Alzheimers/ Dimentia; Diabetes | $175 per hour/Most classes 4 hours |
| **Brian Fallon**  Access Ability  503-901-5321  [brihorse@yahoo.com](mailto:mary.ballantyne@providence.org) |  |  |  |
| **Epilepsy Foundation of the Northwest**  503-228-7651  Karl Baumann  [www.epilepsynw.org](http://www.epilepsynw.org/) | 5251 NE Glisan St #A203  Portland, Or 97213  Brent Herrmann contact person. | -Brainstorms: Seizure Causes, Effect, Control – 2.5 hrs | Prefers a longer class time.  Needs: TV/VCR  Handouts: she will bring, needs accurate head count  FEE = $100 |
| **Tony Farrenkopf**  **PhD (Clinical Psychology)**  503-225-0498  Fax 503-225-0499 | 2256 NW Pettygrove  Portland, OR 97210 | -Victimization Prevention, Abuse Survival & Recovery, Sexual Abuse Prevention [abusers], Victimization Prevention [vics], Abuse Survival & Recovery, Burnout Prevention & Vicarious Traumatization | Classes: ½ day of 3 or 3.5 hrs w 15 min break & Q&A time.  Needs: white board or flip chart w markers.  Handouts: he provides info for you to make copies. He likes Fridays.  FEE = $390 for 3 hr class; $450 for 3.5 hr class. |
| **Kris Gould, LCSW** Hospice Social Worker  503-215-2273 |  | Hospice |  |
| **Lee Greer**  Consultant  503-239-8569  No voice mail.  [leegreer@fastmail.fm](mailto:leegreer@fastmail.fm) | Prefers e-mail | Parole & Probation & Criminal Justice System, Basic Behavior, Values & Rights | Needs: white board & markers; copying for her. Class size: 12-20 FEE = $75 per hr; MORE for out of PDX area or prep for a new class. |
| **George Hall**  **503-881-9663** | PO Box 989  Mt. Angel, OR 97362 | Behavior Topics |  |
| **Robyn Hoffman**  503-557-2872  [robynhof@co.clackamas.or.us](mailto:robin.g.wiggin@multco.us) | PO Box 2950/2051 Kaen Rd  Oregon City, OR 97045 | State Health Care Representative Class  "Writing Well" | HCR Class participants more than 10 minutes late for class will be turned away due to approval process to appoint team named HCRs  Copying required  May be able to facilitate use of Clackamas County Building Space  Class Size 12-20  FEE= NONE |
| **Arlene Hollums, RN**  State RN  Phone:  503-947-1142  Fax: 503-373-7274  [Dorris.A.Hollums@state.or.us](mailto:Dorris.A.Hollums@state.or.us) | Oregon DHS  DD Office  Salem, OR 97301-1063 | Fatal Four  HCR  Pica  Medical Topics | No cost |
| **Stephanie Hunter,**  503-810-5192  or OTAC at 503-364-9943 (Salem) | 7516 N. Brandon Ave.  Portland, OR 97217 | Visual Communication  Boardmaker, OIS (Agency Level so far) autism & children are her specialty | Needs Computers or ability to use Power Point system to broadcast.  If continues working for OTAC must go through OTAC to train. |
| **Bob Joondeph**  Disability Rights Oregon  503-243-2081  [bob@disabilityrightsoregon.org](mailto:bob@disabilityrightsoregon.org) | 610 SW Broadway  Suite 200  Portland, OR 97205  [www.droregon.org](http://www.droregon.org) | Guardianship |  |
| **Patty Landers, RN**  835 Empire St NW  Salem, OR 97304  503-910-6109 | [patty.landers@comcast.net](mailto:patty.landers@comcast.net) | Fatal Four LIVE | 2 hours $150-200 ($75-100/hr) |
| **David Langlois**  503-422-8203 | [dr.langlois@comcast.net](mailto:dr.langlois@comcast.net) | -Understanding Behavior;  -OIS;  Sexually Inappropriate Beh’s | Works frequently with Mike Larson. Needs: white board w markers.  FEE = $75 per hr |
| **Mike Larson**  503-788-2731 |  | Autism 1, ½ day; Autism 2, full day; Understanding Behavior; OIS, Sexually Inappropriate Behavior | Autism 2 will be a small class.  Need: white board w markers.  FEE = $75 per hr. |
| **Lori LeDuc, Wash County DD**  **503-846-5750** |  | -Disability Awareness | FEE = NONE. |
| **Lisa Leiberman**  **MSW, LCSW** | 15100 SW Boones Ferry Rd #750  Lake Oswego 97035  503-697-5956 | -My Child is Different & Sometimes it Hurts [parents]  -Living w Disability in the Family | Counselor, psychotherapy. Son w/autism; husb w/MS. Couples counseling. Needs: PowerPoint &/or overhead projector; Handouts: you do. Likes to know who attendees are, i.e. what disabilities their child has; likes a copy of flyer as she will market also. FEE = $100/hr or ?? |
| **Shanya Luther, MDiv**  Among Friends  503-332-8783  [shanya@among-friends.org](mailto:shanya@among-friends.org)  [info@among-friends.org](mailto:info@among-friends.org)  419-262-2330 (Assistant, Kathy Stenfors) | Office: 1675 SW Marlow Ave, #303  Portland, OR 97225 | Topics:  Social Sexual Supports;  Positive Behavior Supports;  Boundaries/Personal Space;  Consensual touch;  Hygiene; Reproduction;  Safer Sex;  Social skills, dating;  Masturbation/safe practices;  Sexual health | FEE=$ 80-100/hr range  Shanya has access to a small training room available for up to 20-25 through her office tenancy. |
| **Diane Malbin**  FASCETS  503-621-1271  Cell = 503-888-2107 | 15500 NW Ferry Rd #L Portland 97231 | -Understanding Fetal Alcohol Syn, 3-4 hrs | High audience response.  Equip: overhead, transperancy sheets, overhead markers, slide projector & screen, TV/VCR, white board.  Handouts: you do.  FEE = $1,500 for 6 hr seminar.  CEU’s available by request |
| **Joan Guthrie Medlen, M.Ed.,RD,LD**  503-292-4964[Joan@disabilitycompass.org](http://www.DownSyndromeNutrition.com) | 1750 Skyline Blvd., Suite 102, Portland, OR 97221  [www.DownSyndromeNutrition.com](http://www.DownSyndromeNutrition.com) TwitterID: jmedlen [www.SDRI-pdx.org/co-op](http://www.DisabilityCompass.org) TwitterID: CompassTweets | Down Syndrome Nutrition |  |
| **John Munzer**  971-221-7721 |  | OIS | Independent OIS trainer. Prefers teaching weekends and evenings but not exclusively. |
| **John Mushlitz**  Consultant, Access Ability 503-762-5063 | 10261 SE Insley  Portland 97266  Cell 503-317-5880 | OIS – 2 days, 14 hrs | Need: white board or flip chart & markers. Handout: provided, but you copy. FEE = $700/2-day session |
| **Meg Nightingale**  503-768-3903 | 5416 SW Matha Terrace, Ptld 97201 | -Guardianship & Alternatives  -ADA  -Conflict Resolution | Need: white board w markers.  Handout: you do.  FEE = $150 per hr. |
| **Joanne O'Connell**  Region 1 Crisis Diversion Office  503-988-6392  [Joanne.oconnell@multco.us](mailto:Robin.g.wiggin@multco.us) | 421 SW Oak St #640, Portland, OR 97204 | Module B: Medication Management,  Third Thursday Foster Care Recordkeeping Series | NO FEE |
| **OIS Mentor Trainers or Independent Trainers**  John Mushlitz  503-762-5063; Mike Larson 503-788-2731… | Carol Dinsmore 503-262-0158; Toi Gibson 503-655-8558;  John Munser 971-221-7721; Julie Beaton  503-481-5172 | OIS Level G, IF, or C | Authorized by OIS Steering Committee to teach statewide (not limited to their own agency) |
| **Lori Olson, MHPNP** | 503-224-6446  503-224-8878 fax | Variety of subjects for Dual Diagnosis (MRDD and MH) |  |
| **OrPTI**  503-581-8156  1-888-891-6784 | 2295 Liberty St NE  Salem, OR 97301  Victoria Haight  [www.orpti.org](http://www.orpti.org) | IEP and Transition Issues, many other topics in cooperation with Swindells Center at Providence | FEE= NONE |
| **OTAC**  **Oregon Technical Assistance Corp**  503-364-9943 | 3886 Beverly Av NE,  #I-21, Salem 97305 | -Autism Awareness  -OIS  - Co-Occurring (MH-DD) Diagnoses  -Fragile X Syndrome  -Personality Disorders Related to Childhood Abuse  -Fetal Alcohol & Drug Syndrome  - Post Traumatic Stress Disorder  -Environmental Design and Structure & Visual Strategies -Person Centered Planning | FEE: $650-900 |
| **Parole & Probation Panel**  **(will vary per availability and priority)** |  | Matt Bighouse, Facilitator/ID/DD  Jean Dentinger [jean.m.dentinger@multco.us](mailto:jean.m.dentinger@multco.us)  Katie Lentz [katie.lentz@multco.us](mailto:katie.lentz@multco.us) Michelle Campbell [michelle.campbell@multco.us](mailto:michelle.campbell@multco.us)  John McVay, PPO [john.s.mcvay@multco.us](mailto:john.s.mcvay@multco.us)  MaryClaire Buckley [maryclaire.buckley@psrb.org](mailto:maryclaire.buckley@psrb.org) *(outdated)*  Rich Nakanishi [rich@resideresidential.org](mailto:rich@resideresidential.org)  Brad Heath, SOCP Manager |  |
| **Christie Perez**  Clear Perspective LLC  971-241-2639  [perez9703@frontier.net](mailto:rkrose@worldnet.att.net) | PO Box 1404  McMinnville, 97128 | -OIS |  |
| **Bryan Pollard**  Abuse Investigator  Clackamas County  503-557-2874  [bryanpol@co.clackamas.or.us](mailto:robin.g.wiggin@multco.us) | PO Box 2950/2051 Kaen Rd.  Oregon City 97045 | -Understanding Protective Svcs & Required Reporting | 1.5 hr class  Need: none.  Handout: he does.  FEE = NONE. |
| **Jane Rake**  503-493-9383  [jane.rake@gmail.com](mailto:blueskies@aol.com) | 3142 NE 45th Ave  Portland, OR 97213 | -Autism 2, other autism based topics | Autism and Aspberger’s specialist. FEE = $75 per hr. |
| **Robin Rose**  Consultant  503-873-3649  [rkrose@worldnet.att.net](mailto:rkrose@worldnet.att.net) | 2745 105th Ave NE  Salem 97301 | 6 hr workshops  Positive Attitudes; Working w People; Stress Mgmt | VERY popular.  Need: overhead, flip chart, markers  Handout: you do  FEE = **$1,200 (but good!)** |
| **Shauna Signorini,**  Involve Families LLC  503-550-9520  [shauna@involvefamilies.com](mailto:shauna@involvefamilies.com) | PO Box 84, Troutdale,OR 97060  [www.involvefamilies.com](http://www.involvefamilies.com) | Manage The Team  Trauma, Resilience and Aces  Mental Health Treatment Options  Self-Care for the Caregiver | $100 per hour. Provides own projector and copies. Gresham Training facility for 25 people. |
| **Steve Smith**  Attorney  503-248-9535 | 1100 SW 6th Ave #1504  Portland 97204 | -Wills, Trusts, Guardianship – 2 hrs with more if needed for Q&A | Need: white board w markers.  Handout: he’ll do but needs # of attendees & who  FEE = NONE. |
| **Leslie Sutton**  Oregon DD Council  Policy Analyst  503-945-9943 |  | Guardianship |  |
| **Lori Thompson**  Specialized Consultation Svcs  503-232-2176  [thompsonscs@comcast.net](mailto:thompsonscs@comcast.net) | PO Box 42658  Portland 97242 | Fetal Alcohol Spectrum; Prader-Willi Syndrome; Pica; Dual Diagnoses; Labels are for Jars. Diagnosis is for People; Aging & Down Syndrome | Needs: check w Lori. Advanced scheduling, follow up & confirmation.Handout: you do.  FEE = $500 ½ d; $800 all day; $80 per hr. |
| **Dean Yamamoto, MDiv BCC**  Providence Hospice Chaplin  503-215-2273  [Dean.Yamamoto@providence.org](mailto:Dean.Yamamoto@providence.org) |  | DD & Dementia  Supporting People through Death  Hospice |  |
| **Dee Yancy**  Edwards Center  [dyancy@edwardscenter.org](http://www.DownSyndromeNutrition.com) |  | Emergency Preparedness for adults eligible for DD services |  |
| ***(This list is subject to change without notice to full Co-Op membership).*** |  |  |  |
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# POSSIBLE CLASS LOCATIONS

# (These are resources suggested by others, but some information must be looked up in phone book or internet)

***If you know or learn of other options please contact the Host Kit Keeper, Ken Hanson at*** [***kenneth.hanson@thementornetwork.com***](mailto:kenneth.hanson@thementornetwork.com) ***to share the information!***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Location | Address | Phone | Contact | FEE | Additional Info |
|  |  |  |  |  |  |
| ARRO | 2360 SW 170th Avenue, Beaverton, OR 97006 | (503) 284-0350  503-351-9255 | Kathy Henley | $35 for a half-day and $100 all day (12 hours). | They can accommodate up to 100 people she says, but with tables, 50 would be comfy.  Internet capable Blu-Ray player and stereo surround system, choice of either a projector or a large screen television to tie into that system, a full kitchen, and much more |
| Aging and Disabilities Services | East Branch, Portland, OR Gresham site | City/County Info 503.823.  4000 |  | free |  |
| American Red Cross | N. Vancouver, Portland |  |  |  | May have special requirements by new policies. |
| American State Bank | 2737 NE MLK Jr. Blvd. Portland, OR 97212 | 503-282-2216 |  |  |  |
| Beaverton Library | 12375 SW 5th, Beaverton  Mtg. Rm. B | **(503) 644-2197** |  |  | Call main # and ask for protocol. Check hours. |
| Beaverton Resource Center | 12500 SW Allen Blvd. intersection of Allen and Hall Blvd | (503) 350-4071  [resourcecenter@beavertonoregon.gov](mailto:resourcecenter@beavertonoregon.gov) |  |  | Old Beaverton Library, remodeled with 2 meeting rooms available.  Managed through the City Recorder’s Office at City Hall, located at 4755 SW Griffith Drive. Groups scheduled on first-come, first-served basis. City reserves the right to cancel a reservation at any time. Hours: 7 days, 8am-10pm |
| Clatsop County – Comm Center |  |  |  |  |  |
| Columbia River P.U.D. | Deer Island - Hwy 30 |  |  |  |  |
| Cube Space | 622 SE Grand Avenue, Portland, OR | 503-206-3500 |  | $25-50 | 2-50 people. Coffee and Tea Service Avail. $25/hr sm, $35/hr med, $50/hr lg conf. room |
| Edwards Center | Aloha Community Center | 503-642-1581 | Chelsea Wegelt | $40-400 | Comm. Rm- $60 1/2 /$108 full dy  Projector/Screen, 4 wall Speaker, Microphone (30 capacity)  Dining Rm-$200/$400  Surround Sound, Projector/screeen, Microphone, blue ray (95 capacity)  Kitchen- $75$135  $50 Deposit goes toward cost  4 hrs = 1/2 day  20% discount for non-profits  Coffee, Tea & Water service or catering avail for additional cost |
| Full Life | 3301 NE Sandy Blvd.  Portland, OR 97207 | 503-239-6530 |  |  | Space available mornings and evenings only. Cost for evening use $150 to pay for staff to keep building open and snacks and beverages. Café on site with coffee and snacks available. May be able to provide for morning class for a fee. |
| Goodwill Industries | 1943 SE 6th Av  Portland, OR 97214 | 503-239-1732 | Melissa Boden |  | TV, VCR, DVD player, projectors for power points, overhead projector, etc. Snack Shop with Coffee and Snacks available for a fee. |
| Hillsboro – Public Svc Bldg |  |  |  |  | Ask Wash Co DD for instructions. & contact. On MAX but parking is hard. |
| Kaiser Permanente – Town Hall | 3704 N. Interstate Ave. Portland, OR 97227 | 503-813-3911  503-280-2995 | Tami Bergren |  | Need to be authorized to use it. May let non-profit without cost. Must use their catering. |
| Kaiser Sunnyside |  | 503-571-7910 | Naomi Findlay |  | Holds up to 60 people max. |
| Kinton Grange Hall | 19015 SW Scholls Ferry Rd. Beaverton, OR | 503-628-1229 | Loretta |  | Holds 50-70 people |
| Leedy Grange Hall | 835 NW Saltzman Rd  Portland, OR  PO Box 91152  Portland, OR 97291 | 503-629-5799 | Virgina Bruce vrb@teamweb.com |  | Contact for rates |
| Legacy Emmanuel Hospital |  | 503-413-2200 | Room Scheduling Ron or Kristin | Yes | Must apply each time to use. No fee for non profits |
| Legacy Meridian Park Hospital – Community Ed Center | 19300 SW 65th, Tualatin, OR 97062 | 503-335-3500 |  |  | Be sure directions get folks to the right building, NOT the main hospital. |
| McMenamins / Edgefield | 2126 SW Halsey, Troutdale, OR | 503-669-8610 |  |  | Expensive! Requires food catered. |
| McMenamins / Kennedy School | 5736 NE 33rd, Ptld 97211  Fax: 503-288-6559, [owenc@ks.mcmenamin.com](mailto:owenc@ks.mcmenamin.com) | 503-288-3286 | Owen Craig, Event Coord. | Yes – high! | Must fill out non-profit application & provide a mission statement to get fee reduced. |
| Mentor Oregon (formerly DSI) | 305 NE 102nd, Ste. 350, Portland | 503-290-1940 | Ken Hanson |  | Meeting room holds 25 people. |
| Mt. Scott Park – Presbyterian Church | 5512 SE 73rd Portland |  |  | Yes | Cost but nice facility w/ several options. |
| Multnomah Bldg | 1021 SE Hawthorne (& Grand) | 503-988-3701 |  | No | pay to park across street or bus but parking charges. |
| Multnomah County – Midland Library | 805 SE 122nd St., Portland, OR 97233 (122nd just south of Stark) | 503-988-5392 | Midland Refer-ence Desk *(be sure the staff you talk to is at the site, as some calls get routed to Central)* | No | 4 blocks S. of Burnside MAX. Across from Fabric Depot.  Cannot have people enter before 10am opening of library but you can get in by knocking on side door and asking library staff for access to meeting room for setup.  DVD ok with their Movie Mate ( they may be able to help set it up correctly for a big roll-down screen showing).  Warning: their In-focus projector may have no sound. VCR can be hooked to in-focus but sound won’t project. |
| Mult. Co. Sheriffs – Hansen Ctr (Community Room) | 122nd & Glisan | 503-261-2810 |  | No | Holds LOTS but check on # of chairs, no equip, only water is in bathrooms. Gym-like. Dress layers |
| New Hope Community Church | 11731 SE Stevens Rd., Portland, OR 97266 | 503-659-5683 | Gary Cowles |  | Off 205 & Sunnyside in Clackamas |
| Oregon State Office Building | 800 NE Oregon St.  Portland, OR | 971-673-0615 | Jackie Warmoth | Free | Room 1 A hold 80 people. Adjacent cafeteria for optional caterer:Steve's Cafe 503-740-8750. |
| Police Precinct – Northeast (Community Room) | 449 NE Emerson, Portland, OR 97211 | 503-823-5700 |  | Free | Have a great-room, coffeepot, tiny kitchen w/sink. (near Killingsworth & MLK @ former Fred Meyer); heater sometimes doesn't work |
| Police Precinct – East  (Community Room) | 737 SE 106th  Portland, OR 97216  (Off 205, Wash/Stark) | 503-823-4800 |  | Free | Available 9:30 am - 6 pm M-F. Seats 45 max at tables. If over 45 check chair supply. Coffeepots, sink, screen, LCD projector/-overhead /TV VCR, DVD equipment there but need extra training to use. |
| Police Precinct - Southeast | 4735 E Burnside St., Portland 97215 | (503) 823-2143 | Shelly |  | Holds 30 (including tables & chairs), TV, small kitchen but no coffeepots |
| Polish Hall | 3832 N Interstate Ave, Portland, OR | 360-936-6564 | Alicja Fiszer | $600 discount for non-profit and wk days | The hall holds 150 people.    <http://www.portlandpolonia.org/plba/rentals.html> |
| Port City Development | 2124 N. Williams Ave. Ptld 97227 | 503) 236-9515 x-110 |  |  | Available for evening classes |
| Portland Fire Department | * Station # 16, 1715 SW Skyline Blvd, Portland, Max listed at 39. This site is at corner of Skyline and Westgate Drive just across Skyline from SDRI, CVI & up from Region 1 in Sylvan 'hood. Pizzicato & Muchas Gracias close by.   Other sites are:   * Station #12, 8645 NE Sandy Blvd, * Station #27, 3130 NW Skyline Blvd, * Belmont Fire Station, 900 SE 35th Ave. | 503-823-3700 or direct line 823-3793  Online access from [www.portlandonline.com/fire](http://www.portlandonline.com/fire) | Cindy Gaulke |  | They will waive the fee for the County. See written policies for nonprofits.  Station #16 : Tthere are only 4 tables so unless you use theatre style chair-only seating the max is really 24, and even that is quite cozy. No equipment, so everything is Bring Your Own! That means coffeepot, overhead, etc. There may be a screen there but that is all  Station #12: max=52 people (big!)  Station #27: max=18  Belmont Fire Station: max = 30 (and is often used for parties & private events so may be less available) |
| Reedwood Friends Church  SE Portland |  | 503-234-5017 |  |  | Reasonable rates |
| Self Determination Resources Inc. | 12770 SW 1st St (& Main)  Beaverton, OR 97005 | 503 292-7142 |  |  | Nice space, separate entry from street. Likely holds 20-30 (call for clarification). Former City Hall. |
| Tigard Grange Hall | 13770 SW Pacific Hwy  Tigard, OR 97223 | 503-639-9204 |  |  |  |
| Tualatin Valley Fire and Rescue  Maps are available online at [*www.tvfr.com/*](http://www.tvfr.com/) | Beaverton   * 8585 NW Johnson Street -Station #60 (close to Cornell Rd off Hwy 26) * 13730 SW Butner Street -Station #61 * 13810 SW Farmington Road -Station #67   Tigard   * 8935 SW Burnham Road -Station #51 * 12617 SW Walnut Street -Station #50 | 503-356-47XX with the XX for the station number |  |  | Sites seat about 24-26 people, have coffeemakers and some kind of TV & player, but have varying DVD or VHS capacities and parking. Fee is waived for non-profit groups including counties. |
| United Way - | 619 SW 11th  Portland, OR 97205 | 503-228-9131 |  |  | Large Training Space. Parking is DIFFICULT! On the Max Line. |
| Willamette Falls Health & Ed. Cntr – Community Ed Bldg | 519 15th St.  Oregon City, OR 97045 | 503-657-6919 |  |  | Rm can hold 48 / open for double amt. Also have auditorium. |
| Wilshire United Methodist | NE Shaver  Portland, OR 97212 | 503-282-6431 | Helen Stewart |  | Off Fremont & NE 39th. Free Parking. Closest bus is #75 at 42nd & Shaver. Predominately Native American churc reaches out to disabled and deaf communities. |

# Your Host Agency Name HERE, as part of the Region 1 DD Training Co-Op, offers:

***Enter Name of Class HERE***

***Instructor: XXXXXXXXXX***

***Date: XXXXXX(include day of week)***

***Time: XXXXX***

***Class Location: XXXXXXXXXXXXXXXXXXXXXXXXX To get there: xxxxx xxxxx xxxxx xxxxx xxxxx xxxxx xxxxx xxxxx xxxxx xxxxx***

***Cost: per registrant $xx/person (Co-Op member rate)\****

***\**** Member agency affiliates/staff, DD foster providers & family members of people case managed by Multnomah, Clackamas, Washington, Clatsop or Columbia County DD may pay member rates. But rate DOUBLES if no Co-Op Member/agency affiliation (except for OIS and HCR classes).

***Course Description:*** ***FLYER TEMPLATE: Copy & paste to separate document, then remove/replace all pieces in red & send to Email Keeper*** [***Irene.Lee@multco.us***](mailto:Irene.Lee@multco.us) ***with a copy to Karen.E.Markins@multco.us for editing/checking/squeezing & distribution by email. Or use your own format, as long as it’s 1 page including registration form, Word preferred but PDF is okay.*** ***xxxxx xxxxx xxxxx xxxxx xxxxx xxxxx xxxxx xxxxx xxxxx xxxxx xxxxx xxxxx***

***To register: Use form below. Send check or money order (no cash nor credit cards) to:***

***Agency name, Attn to XXX, mailing address/zip***

***Questions? Contact: Name, Phone # and E-mail address***

MC900129382[1]Co-Op classes are self-funded & rely on advance registration or may be cancelled if unable to reach minimum enrollment. If cancelled, all registered will be notified. For more Co-Op classes & member info:[*www.SDRI-pdx.org/co-op*](http://www.DisabilityCompass.org).

**REGISTRATION & PAYMENT FORM: *(INSERT CLASS NAME & DATE HERE)***

**Name(s) Phone Number E-mail**

**Agency/Provider Foster Home?** 🞏**Y/**🞏**N Mail address City State/ZIP**

**Training Co-op member?** 🞏**Y/**🞏**N (Fee DOUBLES for non-members\*) Enclosed $ \_\_\_\_\_Please send this registration form and check payable to *“XXX”* to:**

***(Agency name, Attn XXX, mailing addy/zip)***

# CLASS ROSTER – Region 1 DD Training Co-op

**Host Agency: Class Title:**

**Class Instructor: Date: Location:**

**PLEASE PRINT LEGIBLY \*AFH=Adult Foster Home, CFH=Child Foster Home or Family of individual receiving DD services**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Agency/AFH/ CFH/Family\*** | **Pd?**  **y/n** | **Chk#** | **Phone/s** | **E-mail** | **Address** | **County** | **Mem-ber? Y/N** |
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# COMPLETION REPORT

# Complete after hosting a Region 1 Training Co-op Class

**Host Agency: Co-Op Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ContactPhone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Class Title** | **Date of Class** | **Instructor[s]** |
|  |  |  |
| **Total #registered attendees** | **# of No-Shows/#Walk-ins** | **#Co-op Attendees** (NOT from your own agency) |
|  | / |  |
| **Total # ATTENDED** | **Fee / Student** | **Total fees collected** |
|  | $ | $ |
| **Direct expenses including instructor fee, site fee, handouts & refreshments**  **$** | **\_\_\_\_\_\_\_ # of hours spent hosting, scheduling, coordinating, registration, class prep, certificate prep, class itself, clean up etc. PLEASE estimate (guess) a number of hours even if you are not sure or another person was helping.** | |

**Comments for future training:**

**Please attach a copy of the original roster indicating who registered in advance, walked in, and the agency and/or Foster/Group home each student is affiliated with. Send this Completion Report, copies of any handouts and attachments to the Keeper within 2 weeks to:**

#### Valerie Robbins-Vickers, Co-Op Paper Keeper (Acting)

**E-mail:** [upandout@upandoutinc.com](mailto:upandout@upandoutinc.com)

**Address:** 521 SW 11th #304 Ptld 97205

**Phone:** 503 796-0241

***Thank you!*****Evaluation Form – Region 1 DD Training Co-op Class**

Host Agency: Date:

Instructor’s Name: Class title:

5 = Strongly Agree

4 = Agree

3 = Unsure / neutral

2 = Disagree

1 = Strongly Disagree

|  |  |  |
| --- | --- | --- |
|  | Your rating | Comments |
| This material will be useful |  |  |
| The handouts, visual aids & activities were helpful |  |  |
| The amount & level of info was about right for me |  |  |
| The speed and pace was OK |  |  |
| I learned what I wanted or needed to learn |  |  |
| The instructor[s] organized the presentation well |  |  |
| The instructors knowledge of the subject was good |  |  |
| The instructor was clear and easy to understand |  |  |
| I will recommend this class to others |  |  |

***Circle one in each row:***

**Overall rating of class:** Excellent Very Good Fair Poor Terrible

**Overall rating of instructor:** Excellent Very Good Fair Poor Terrible

**Comments or feedback:**

***Thank you!***

*COMPLETION CERTIFICATE*

*[HOST AGENCY NAME] for the REGION I DEVELOPMENTAL DISABILITIES TRAINING CO-OP*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*has completed*

*[Title of Training Here]*

*on*

*[Month+Day, Year]*

*From [\_\_:\_\_am] to [\_\_:\_\_pm] for [\_\_] Hours*

*at*

*[Name & location of training site]*

*Instructor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*[Instructor name, credentials, agency affiliation]*

***[Host agency name]***

***[Mailing address]***

***[Phone number]***

***SUGGESTED: Use nicer paper, add border, agency logo, etc. if available.***

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| dhs_logo_twoline | | | | | | | | | | | | **Mail to:**  **Fax to:**  **Email to:** | | | DHS – AFH Training Credit Committee  500 Summer St. NE, E-09, Salem, OR 97301-1074  AFH Training Committee 503-947-4245  [AFHTraining.spd@state.or.us](mailto:AFHTraining.spd@state.or.us) | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Adult Foster Home (AFH) Training Credit Request and Web Posting Form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Requests may take up to 1 month for review.** Please allow adequate time prior to your training event to submit the request. Please read instructions attached to this form. You will be contacted if the committee can’t process the request because of an incomplete submission. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Request date:** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| **Section 1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Intended adult foster home audience** *(check all that may apply)***:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Addictions and Mental Health | | | | | | | | | | Aging and People with Disabilities | | | | | | | | | | | | | | Developmental Disabilities | | | | | | |
| Indicate if training is for:  Business credits  Specialized contract | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Title of training/conference:** | | | | | | | |  | | | | | | | | | | | | | | Credit hours requested: | | | | | | | |  |
| Training date/s: | | | |  | | Location: | | | | |  | | | | | | | | Start time: | | | | | |  | | | End time: | |  |
| Submitted by: | | |  | | | | | | | | | | Agency and Title: | | | | | | |  | | | | | | | | | | |
| Phone: | |  | | | | | | | Email: | | |  | | | | | | | | | | | | | | | | | | |
| Limits on participation *(i.e. “local AMH providers” only)*:  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe limits: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DELEGATED AGENCY APPROVAL:** Is this a post-to-web only submission?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 2** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name and contact information of presenter/instructor/training sponsor:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sponsoring Organization: | | | | | | | Region 1 I/DD Training Co-Op &\_\_\_\_ | | | | | | | | | Name of contact: | | | | | | | | | |  | | | | |
| Email: |  | | | | | | | | | | | | | Name of trainer: | | | | | | |  | | | | | | | | | |
| Trainer email: | | |  | | | | | | | | | | | | | | Phone: | | | | | |  | | | | | | | |
| List instructor’s qualifications related to training *(certification, resume or other pertinent credentials)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Training format:  Web  Self-study  Classroom  Conference  Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Section 3** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Describe training as it applies to AFH settings,** including course objectives. *(Training credit will  not be granted if objectives listed do not show a direct correlation to care needs of individuals in  an AFH. Indicate if this training is specifically for allowed business credit or as required for a “Specialized Contract”)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Provide the required information with the request. *You may be asked for more information, if what is provided is not adequate to make a decision*.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * **Course or conference learning objectives *(Required)*** * **Course/conference agenda or outline *(Required)*** | | | | | | | | | | | | | | | | | | * **Course curriculum *(Required)*** | | | | | | | | | | | | |
| Mark the boxes indicating what is included with this submission:  Course evaluation  Registration information  Copy of the advertisement or brochure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Instructions for Completing SDS 1510

The Adult Foster Home (AFH) Training Credit Request and Web Posting Form   
is used to serve two purposes.

* The primary purpose is to submit training requests to the Department of Human   
  Services (DHS)/Oregon Health Authority (OHA) AFH Training Credit Committee (TCC)   
  for course approval.
* The second purpose is to submit training events for posting to the AFH training website that do not require course approval from the TCC.

Please read the instructions carefully to ensure that you are providing all necessary information for the appropriate purpose.

**Prior to submitting any requests**, check the [AFH Approved Training website](http://www.oregon.gov/dhs/spd/pages/provtools/training/classroom-training.aspx), **as the course may already be approved**. If the course is already approved, **do not** send in a request for the sole purpose of receiving a “certificate” or verification of course approval for licensure. The TCC **will not** provide certificates of attendance or participation.

**If submitting training for posting to website only:**

* Check that *all* criteria *(listed below)* for agencies with delegated approval authority   
  are met for the organization and training event prior to submitting training for posting   
  to the web.
* Completion of Sections 1 and 2 are required for all trainings. Portions of Section 3   
  may be completed if additional information is to be added to the posting, including registration information.
* Only trainings that meet the intended training requirements of the AFH Providers will be posted to the web.

***Criteria for agencies with delegated approval authority***

(1) Courses provided or sponsored by staff from the following organizations will not require approval from the AFH Training Credit Committee when the training meets requirements under applicable OARs and presented to the provider types for which the delegated organization has oversight. Only the AFH TCC may extend the approval to AFH provider types not within the delegated organization’s authority.

* Oregon Long-Term Care Ombudsman
* Office of Licensing and Regulatory Oversight (OLRO)
* Office of Adult Abuse, Protection and Investigations (OAAPI)
* AFH Licensors with authority over OHA or DHS AFHs
* DHS/AAA or AMH staff with management approval
* County Mental Health Residential Specialists
* Oregon Home Care Commission (OHCC)
* Oregon Technical Assistance Corporation (OTAC)
* Community Developmental Disabilities Programs (CDDPs)

(2) The specific courses, offered by the organizations listed below will not require approval from the AFH Training Credit Committee.

* Fire and Life Safety Courses offered by the Oregon State Fire Marshal, Federal Emergency Management Agency (FEMA) staff, American Red Cross or local   
  Fire and Rescue authorities;
* For Addictions and Mental Health Division (AMH) and Developmental Disability (DD) AFH providers only, First Aid and CPR courses provided by or endorsed by the American Heart Association, the American Red Cross, American Safety and Health Institute, including MEDIC First Aid.
  + Aging and People with Disabilities (APD) AFH licensing rules do *not*   
    allow First Aid or CPR courses to count toward the continuing   
    training requirements.
* Oregon Intervention System (OIS) Training for DD Adult Foster Homes only;
* Bloodborne Pathogen training provided by Occupational Safety and Hazard Administration (OSHA).

**Submitting Trainings to be approved by the Committee:** Please fill out ***ALL*** sections of the form completely and include any required materials. Requests may take up to one month for review. Please allow adequate time prior to your training event. An approved course is valid for 12 months from the date of approval. Any requests received without required materials will not be processed.

***Note:*** Annual conferences must be approved each year. There may be some sessions within a conference that will not require prior approval from the committee, while other sessions may not qualify for training credit hours.

***Section 1***

* **Intended audience** — Indicate which AFH provider type/s you are submitting for.   
  The AFH Training Credit Committee (TCC) will review the materials for approval of   
  all applicable programs. The AFH TCC may extend the approval to AFH provider   
  types not indicated on the request form.
* **Training information** — Make sure this information is complete. In order to properly post the training to the website, it is critical that we have the following information:
  + Title of training
  + Training credit hours requested ***(Note****: Training credit hours cannot be allowed for meal periods, vendor fairs, keynote speakers or product demonstrations. Time should be in ½ hour increments.)*
  + Date(s) and time(s) of training if known when submitting request
  + Cost of training— State any costs. If part of a membership fee, state that
  + Location of the training— List the web-site or physical location
  + Submitted by— This should be the name of the individual who the committee may contact for questions and for the approval. Please include title, agency, phone number and email address
* **Limits on participation** — Indicate if there are limitations to attendance. *(For example: "Staff of Homer's AFH only" or "Limited to 30 attendees.")*
* **Post-to web only submission** — Indicate if this course meets the ‘*Delegated Approval Criteria’* from above and is simply a submission to post to the web-site.

***Section 2***

* **Name and contact information of presenter/instructor/trainer sponsor** – This section must be completed.
* Include any sponsoring organization and the actual presenters of the training.
* **Training format** *(choose one)*— Indicate the format of the training presentation.   
  If “other” is selected, please describe the format.

**Non-classroom training:**

Books, journals, web-sites, articles, self-study training, videos/films and electronic media will be reviewed by the AFH TCC **only** if those materials are part of a formal training event, in which learning objectives are established and measured.

***Section 3***

* **Description and applicability** — Requests must clearly describe the course content and **must demonstrate the applicability** to skills needed to provide support in the AFH. Approval of credit hours will not be granted for offerings that have no direct relationship to skill development for the provision of care in the AFH setting or applicable business credits allowed. Do not submit certificates of completion; instead submit any training materials that you have such as PowerPoint slides, handouts and copies of the tests participants must take to receive a certificate.
  + **Types of requests that will be declined may include**:
    - Personal tax preparation time or personal financial planning
    - Courses geared for medical professionals
    - Self-help or self-awareness courses
    - Product demonstrations
    - Subscriptions, circulars, DVDs, literature without clear educational components and training objectives that are evaluated
    - Individual Service Planning (ISP) and RN delegation
  + **Types of requests that may be approved include:**
    - Training specific to a disability or diagnosis that is not medical in nature, requiring specific care *(Alzheimer’s, diabetes, autism, depression, etc.)*
    - Documentation and recordkeeping for AFH
    - Mandatory Abuse and Protective Services
    - Nutrition and meal planning
    - Infection Control

**Required information** — Submit all required materials along with any supplemental information and check each box as it applies to any supplemental materials you are sending *(course outline, handouts, registration form)*.

**Required information includes:**

* + **Course curriculum** may include a detailed description of the presentation, copies of slides and/or handouts that are provided as part of the training.
  + **Learning objectives** must be described clearly.
  + **Course agenda** with anticipated timelines is required.

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This postcard **confirms** the registration person(s):

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_This card confirms the Organization Name Here is expecting you to attend:**

**Class:** ***Class Name Here*** with Instructor Name Here

**Date: Insert Date Here Time: Insert Time Here**

Place: Location of the event here

If you must cancel please contact our office ASAP at PHONE # Here. We cannot issue cash or check refunds but if you contact us by email or voice mail more than 5 working days ahead of class we will issue you a credit for the registration fee to use at any class hosted by the Region I Crisis Diversion Office. No refunds for less notice or no-shows. If class must be moved, postponed or cancelled we will notify you from information on your registration form.

**Questions? Call \*Insert Contact Person Here\* Thanks!**

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**Contact Persons Name**

**Organization**

**Contact Address**

**PLEASE KEEP THIS CARD AS A REMINDER!**

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