**Region 1 Developmental Disabilities**

**Training CO-OPerative**

**CO-OP Member’s**

**Host Kit**



**My agency’s CO-OP Contact is:**

*Please make sure this person’s name, phone & E-Mail contact information is known to the CO-OP’s E-Mail and Host Kit Keepers. Thanks!*

**If you cannot find the answer**

**in the Host Kit, E-Mail:**

**Longley@ohsu.edu**

# Table of Contents

***Welcome to the CO-OPerative*** ***3***

***Function of the CO-OPerative*** ***3***

***Joining the CO-OP*** ***4***

***New to the CO-OP?*** ***4***

***CO-OP Membership Obligations*** ***4***

***What is the Host Kit?*** ***5***

***Annual Plan – by MONTH/Calendar*** ***6***

***Annual Plan – by Host Agency*** ***9***

***Instructor Resources*** ***12***

***Location Resources*** ***16***

***Event Planning Guide*** ***19***

***State’s Request Form for Adult Foster Care Training Credit******22***

***Financial Arrangements for Hosting Classes & Fee Worksheet*** ***26***

***Flyer Template (copy & paste to new document & customize)******27***

***Class Roster & Registration sample*** ***28***

***Registration Confirmation Postcard sample***  ***29***

***Class Evaluation Form*** ***31***

***Training Completion Certificate template******32***

***Completion Report*** ***33***

***CO-OP MEMBERS list & Contact Information*** ***34***

***TASC team members*** ***36***

***Frequently Asked Questions about Hosting and the CO-OP*** ***37***

***List of key CO-OP contacts*** ***38***

***OIS Hosting & Requirements*** ***39***

**Welcome to the Region 1 DD**

**Training CO-OPerative!** ****

The Training Advisory and Steering Committee (TASC) are thrilled to partner with you to fulfill the mission of the CO-OPerative (CO-OP)! Since 2003, the Region 1 DD Training CO-OP has reflected the collective spirit of commitment to host trainings powered by the generosity of the 37 (& growing) voluntary CO-OP member agencies or Independent Contractors. Together we work to host high caliber classes on topics of interest to the community supporting individuals with intellectual/developmental disabilities within Oregon’s five-county region: Clackamas, Clatsop, Columbia, Multnomah and Washington. Read further in this “Host Kit” for information about Region 1 DD Training CO-OP membership expectations and protocols.

**Function of the CO-OPerative**

**What is a CO-OPerative?**

A CO-OPerative is a group of people acting together to meet the common needs of its members. This CO-Operatives’ focus is on providing value, not making profits. The Region 1 Training CO-OP is composed of and dependent on ALL of its members.

 **CO-OPerative objectives:**

1. To increase interaction & networking among professionals.
2. To meet the needs and interests of its members to provide opportunities for on-going training and skill enhancement.
3. To share resources, talents and efforts to meet said interests.

**CO-OPerative principles:**

**Voluntary and Open Membership**

Participation in the CO-OP is voluntary, and we are committed to treating all people equally. It is our policy not to discriminate on the basis of race, color, national origin, disability, religion, age, sex/gender, sexual orientation, gender identity and expression, marital status, veteran status, source of income, or any other basis prohibited by federal, state, or local law. If you think you have experienced discrimination, please contact us. We will review all concerns.

**Member Participation**

Members are comprised of agencies and independent contractors who provide services to people with developmental disabilities. Members help provide education and training for service providers, and take turns hosting classes. The classes are open to staff affiliated with the host, the CO-OP, or community of service providers and people with developmental disabilities.

**Education, Training and Information**

Through the combined efforts of the members of the CO-OP, more training classes can be offered, throughout the year, over a greater geographic area, and with a lower investment of time and money. Training information is posted to a public website, managed by SDRI, and flyers for upcoming classes are distributed to our email list.

**Member Economic Participation**

Direct costs for each class are covered by fees collected for that specific class and kept to a bare minimum. The amount of staff time that member agencies spend hosting and advertising classes within their own agency is an in-kind contribution in lieu of any cash membership fees.

**Function of the CO-OP developers:**

The Training Advisory Steering Committee (TASC) is a small group of people drawn from interested partners from DD services for vocational, residential, behavioral, day program, and public community program (i.e. Parks & Recreation). Together they identify relevant class topics of interest, draft an annual class schedule, identify new community trainers and resources, mentor new members, and develop group policy as needed. **TASC members** also fill the following roles:

E-Mail, Paper, and Host Kit Keeper: **Alice Longley Miller longley@ohsu.edu**

Website Keeper: **Michael Gmirkin** michael@sdri-pdx.org

**Joining the CO-OP**

**Membership**:

If you or anyone you know is interested in becoming a CO-OP member, please contact a TASC member for more information, an application and a Host Kit. After your application is reviewed, you will be contacted to discuss the host kit, training ideas, space accommodations, and how you can be integrated into the Annual Plan of classes.

The CO-OP membership was created years ago to provide caregiver training that the federal, state and county governments were unable to fund. The CO-OP continues to fulfill a vital need for current knowledge and best practices for supporting the evolving needs of people with developmental disabilities living in our communities.

**TASC:**

Membership is open to any CO-OP member affiliate willing to regularly attend quarterly meetings and fulfill additional duties to support the on-going operation of the CO-OP.

**Membership Benefits** include:

* Identifying new and/or priority training needs for the people you support
* Building community relationships with Instructors and collaborating on course material to ensure it includes up-to-date research, and a review of ‘best practices’ for support staff
* Experience hosting a class to provide free training spots to a number of your staff, and an affordable, educational event for other attendees
* CO-OP resource lists which can be used to network, building new relationships with other members of the community, and/or with experts on topics of interest to you

**CO-OP Membership Obligations**

The **two** major obligations of CO-OP members are as follows:

1. **Host 1 to 3 specific classes each year**, January to December, according to the Annual Plan, typically published every winter. 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.

As a CO-OP Member, your agency designates a reliable contact person to track your assigned class (es) and coordinate hosting responsibilities, beginning three months prior to the month the class is scheduled to occur. If a class must be postponed or pushed out into the next month, contact the “E-Mail Keeper”” to check for schedule conflicts.

 It is the Host’s responsibility to:

* Initiate contact with the Instructor(s) well in advance to coordinate a date and location for the training. Discuss whether they will charge an instructor fee (note: some trainers related to an agency, i.e. Region 1 Crisis Diversion, do not charge an Instructor fee). Our experience has been that attendance can be approved when a small fee for the class is paid in advance. Use this information and factor in any costs (i.e. coffee, snacks) to determine how many people you will need to register for the class, and the cost for the registrant. Plan for a lower registration # to be certain to cover your expenses.\*
* The host should ask the instructor to do one of two things:
	+ Either submit an “Accreditation Request for AFH Training” to the state to gain training accreditation for foster providers,
	+ Or provide the Host with a concrete description of the class content (agenda, outline, power point) for the Host to use to complete the “Accreditation Request for AFH Training” form and send to the state.

Class publicity is done via E-Mail to all current members of the CO-OPerative.

* The host member must send a Word doc. flyer for each class to the “E-Mail Keeper” as soon as a specific date/time/location/cost info and flyer is available, ideally two full months prior to class date. You can get a sample flyer from the “E-Mail Keeper”.
* The “E-Mail Keeper” circulates the announcement within 3 business days to our “mailing list” which includes: CO-OP members and other service providers who request notifications.
* After a class is completed, the Host Contact Person sends the following documents to the “Paper Keeper”:
* copies of the class roster,
* evaluations,
* and the Completion Report, which provides information helpful for future course planning, and provides longitudinal data we can use to support requests for funding future trainings (from the State, Counties, or Grant Foundations).

**\*NOTE**: The expectation is that you set aside at least 50% of the class capacity for CO-OP members outside your own agency for trainings but any space remaining a week prior to the event may be used for the host agency's staff or subcontractors.

1. **Distribute flyers for all CO-OP classes**: This process functions as an E-Mail tree. Each CO-OP member designates a reliable Contact Person within their agency to receive E-Mailed flyers from the CO-OP “E-Mail Keeper”. The Contact Person forwards the CO-OP E-Mails containing class flyers to their own “circle” of interested contacts on the day the announcement is received.
	* 1. There is no budget for mailing or advertisement; each CO-OP member is asked to publicize “in-house”, and within their own circle of contacts. The member CO-OP Contact Person is asked to distribute flyers on paper or by E-Mail to their circle of staff, families, clients and subcontractors.
		2. County agencies please send the class flyers to your DD foster care providers (for children and adults, depending upon topic).
		3. 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 training flyers quickly.

 Flyers are also downloadable from the website: [www.sdri-pdx.org/complete-calendar](http://www.sdri-pdx.org/complete-calendar). [

**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. The kit includes advice, resources, samples, protocols and CO-OP operating policies based on the experience of others in the CO-OP and the Region 1 DD Training Program.



**The "Host Kit" includes:**

* Annual Plan
* List of Instructors & Courses
* List of Possible Training Sites
* Event Planning Guide
* AFH Training Credit Application
* Financial Risk of Hosting CO-OP Class
* Fee Worksheet
* Flyer & Registration Template
* Class Roster Form
* Post Card/Confirmation Sample Template
* Evaluation Template/Sample
* Certificate Template/Sample
* Completion Report Form
* List of CO-OP Members
* List of TASC Members

**Annual Plan**

*For clarifications about anything on this Region 1 I/DD Training CO-OP Annual Plan please contact longley@ohsu.edu or see the WEBSITE at* [*www.sdri-pdx.org/CO-OP/*](http://www.sdri-pdx.org/CO-OP/)

This Annual Plan features a rotation of general class topics (behavior, clinical, etc), locales, instructors and new ‘hot’ topics. The schedule attempts to provide similar trainings several months apart, and in different locations to encourage full classes, rather than sponsoring 2 classes on Autism in the same month.

If you are interested in hosting a specific topic and/or Instructor, please let the “Paper Keeper” know. We will try to accommodate your requests.

The “E-Mail Keeper” will send your ‘Host Contact’ an E-Mail reminder 3 months in advance of your scheduled class. Updated Kits are E-Mailed periodically from the “Host Kit Keeper” and are available for download from the CO-OP Website at [www.sdriI-pdx.org/CO-OP](http://www.sdriI-pdx.org/co-op) .

Changes from the Plan are inevitable, as Instructor and Host availability and responsiveness vary. Hosts should work closely with TASC member(s) to work out timing, instructor changes or trades. It’s the Host’s responsibility to initiate contact with a suggested instructor listed in the Annual Plan. The instructors listed are suggested, but are not confirmed already to teach on specific dates. If you have recommended Instructors, please contact the ‘Paper Keeper” to update our Resource List.

|  |
| --- |
| **2018 Annual Plan**  |
| **for the Region 1 I/DD Training Co-operative** |
| **Bold = holiday** |  |  |  |
| **January 2018** | **Host** | **Topic** | **Instructor** |
| **Su** | **M** | **Tu** | **W** | **Th** | **F** | **Sa** |  |  |  |
|  | **1** | 2 | 3 | 4 | 5 | 6 | Portland Parks & Recreation | *Fatal Four* | TBD |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 | Washington County | *ISP Team Appointed Health Care Rep* | Josh Fulgham |
| 14 | **15** | 16 | 17 | 18 | 19 | 20 | Sally Ashfield Gibson | *OIS-G* | Sally Ashfield Gibson |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | Access Ability LLC | *OIS-G* | John Mushlitz |
| 28 | 29 | 30 | 31 |  |  |  | Among Friends | *OIS-G* | Shanya Luther |
|  |  |  |  |  |  |  | Changing Minds PBS & ATCBS.org | *Considering Age Related Issues & Dementia Within the Context of Brain Function and Behavior* | Kelley Gordham |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | PCBS | *OIS-G* | Carlene Rhodes or Heather Montano |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **February 2018** | **Host** | **Topic** | **Instructor** |
| **Su** | **M** | **Tu** | **W** | **Th** | **F** | **Sa** |  |  |  |
|  |  |  |  | 1 | 2 | 3 | Portland Parks & Recreation | *Medical Detective: Wound Care* | TBD |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 | Sally Gibson | *OIS-G* | Sally Gibson |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | Specialty Family Homes | *Humanization* | Lori Thompson, LCSW |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 | PCBS | *OIS-G* | Carlene Rhodes or Heather Montano |
| 25 | 26 | 27 | 28 |  |  |  | Access Ability LLC | *OIS-G* | John Mushlitz |
|  |  |  |  |  |  |  | Christina Wolf | *OIS- G* | Christina Wolf |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **March 2018** | **Host** | **Topic** | **Instructor** |
| **Su** | **M** | **Tu** | **W** | **Th** | **F** | **Sa** | Coast Rehabilitation – Mult. | *Working with Abuse Survivors* | Mike Larson |
|  |  |  |  | 1 | 2 | 3 | Portland Parks & Recreation | *Fatal Four* | TBD |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 | Sally Gibson | *OIS-G* | Sally Gibson |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | Northwest Community Alliance (formerly Coast Rehab Multnomah County) | *Working with Abuse Survivors* | Mike Larsen |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 | PCBS | *OIS-G* | Carlene Rhodes or Heather Montano |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 | Access Ability LLC | *OIS-G* | John Mushlitz |
|  |  |  |  |  |  |  | Albertina Kerr Centers | *Fetal Alcohol Spectrum Disorders* | Lori Thompson, M.S Ed |
|  |  |  |  |  |  |  | Riverside Training Centers | *Supporting People with Sexually Inappropriate Behaviors* | TBD |
|  |  |  |  |  |  |  | Mt. Hood Day Center | *Stress Fitness for Staff* | Lori Thompson, M.S. Ed |
|  |  |  |  |  |  |  | FACT | *Assistive Tech Fair and Training* | TBD |
|  |  |  |  |  |  |  | Edwards Center | *Positive Approach to Care* | Shelley Edwards |
| **April 2018** | **Host** | **Topic** | **Instructor** |
| **Su** | **M** | **Tu** | **W** | **Th** | **F** | **Sa** | Portland Parks & Recreation | *Medical Detective: Pain* | TBD |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | Sally Gibson | *OIS-G* | Sally Gibson |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 | PCBS | *OIS-G* | Carlene Rhodes or Heather Montano |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | Specialty Family Homes | *Label for Jars* | Lori Thompson, M.S. Ed |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 | Up & Out, Inc.  | *Employment Topic* | TBD |
| 29 | 30 |  |  |  |  |  | Access Ability | *OIS-G* | John Mushlitz |
|  |  |  |  |  |  |  | Clackamas County DD | *ISP Team Appointed Health Care Rep* | Joanne O’Connell, MA |
|  |  |  |  |  |  |  | Christina Wolf | *OIS-G* | Christina Wolf |
|  |  |  |  |  |  |  | Access Ability LLC | *The Autistic Perspective #1* | Andee Joyce |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **May 2018** | **Host** | **Topic** | **Instructor** |
| **Su** | **M** | **Tu** | **W** | **Th** | **F** | **Sa** | Columbia Community MHC | *Social Sexual training* | TBD |
|  |  | 1 | 2 | 3 | 4 | 5 | Portland Parks & Recreation | *Fatal Four* | Deborah Catorea, RN, ODDS |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 | Washington County | *ISP Team Appointed Health Care Rep* | Josh Fulgham |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 | Sally Gibson | *OIS-G* | Sally Gibson |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 | PCBS | *OIS-G* | Carlene Rhodes or Heather Montano |
| 27 | **28** | 29 | 30 | 31 |  |  | Access Ability LLC | *OIS-G* | John Mushlitz |
|  |  |  |  |  |  |  | Access Ability LLC | *What Can I Expect as a Parent/Foster Parent?* | John Mushlitz |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **June 2018** | **Host** | **Topic** | **Instructor** |
| **Su** | **M** | **Tu** | **W** | **Th** | **F** | **Sa** | Portland Parks & Recreation | *Medical Detective: Pain & Behavior* | TBD |
|  |  |  |  |  | 1 | 2 | Sally Gibson | *OIS-G* | Sally Gibson |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 | Abilities at Work | *Brain Function* | Kelley Gordham |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | Albertina Kerr | *Psychotropic Meds* | Lori Olson |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |  |  |  |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 | PCBS | *OIS-G* | Carlene Rhodes or Heather Montano |
|  |  |  |  |  |  |  | Up & Out, Inc.  | *How to be a Co-op Member- for current co-op members only* | Region 1 |
|  |  |  |  |  |  |  | Edwards Center | *GEMS* | Shelley Edwards |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **July 2018** | **Host** | **Topic** | **Instructor** |
| **Su** | **M** | **Tu** | **W** | **Th** | **F** | **Sa** | DePaul Industries | *Understanding Behavior & BSP’s* | Dave Langlois & guest |
| 1 | 2 | 3 | **4** | 5 | 6 | 7 | Portland Parks & Recreation | *LGBT & I/DD or Inclusive Proactive Supports* | Shanya Luther |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 | Sally Gibson | *OIS-G* | Sally Gibson |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | PCBS | *OIS-G* | Carlene Rhodes or Heather Montano |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 | Riverside Training Centers | *Down Syndrome & Aging or other* | Lori Thompson |
| 29 | 30 | 31 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **August 2018** | **Host** | **Topic** | **Instructor** |
| **Su** | **M** | **Tu** | **W** | **Th** | **F** | **Sa** | Portland Parks & Recreation | *Medication Management* | TBD |
|  |  |  | 1 | 2 | 3 | 4 | Sally Gibson | *OIS-G* | Sally Gibson |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 | PCBS | *OIS-G* | Carlene Rhodes or Heather Montano |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |  |  |  |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |  |  |  |
| 26 | 27 | 28 | 29 | 30 | 31 |  | Eastco Diversified Services (tentative) | *Psychotropic Meds (tentative)* | Lori Olson, PMHNP (tentative) |
|  |  |  |  |  |  |  | Clatsop Behavior Healthcare | *Labels are for Jars, Diagnosis for Treatment* | Lori Thomnson, M. S. Ed |
|  | Clackamas County DD | *ISP Team Appointed Health Care Rep* | Tanya Johnson |
| **September 2018** | **Host** | **Topic** | **Instructor** |
| **Su** | **M** | **Tu** | **W** | **Th** | **F** | **Sa** | Community Vision | *Collaborative Problem Solving* | Randi Cooper, M Ed; Jordan Spikes |
|  |  |  |  |  |  | 1 | Portland Parks & Recreation | *Fatal Four* | TBD |
| 2 | **3** | 4 | 5 | 6 | 7 | 8 | Washington County | *Team Appointed Health Care Rep* | Josh Fulgham |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | Sally Gibson | *OIS-G* | Sally Gibson |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | PCBS | *OIS-G* | Carlene Rhodes or Heather Montano |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 | Access Ability LLC | *OIS-G* | John Mushlitz |
| 30 |  |  |  |  |  |  | Access Ability LLC | *Implementing a Positive Behavior Support Plan* | John Mushlitz |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **October 2018** | **Host** | **Topic** | **Instructor** |
| **Su** | **M** | **Tu** | **W** | **Th** | **F** | **Sa** | Community Vision | *Psychotropic Medications* | Lori Olson, MHPNP |
|  | 1 | 2 | 3 | 4 | 5 | 6 | Portland Parks & Recreation | *Medical Detective: TBA* | TBD |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 | Sally Gibson | *OIS-G* | Sally Gibson |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 | PCBS | *OIS-G* | Carlene Rhodes or Heather Montano |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | Access Ability LLC | *OIS-G* | John Mushlitz |
| 28 | 29 | 30 | 31 |  |  |  | Access Ability LLC | *The Autistic Perspective #2* | Andee Joyce |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **November 2018** | **Host** | **Topic** | **Instructor** |
| **Su** | **M** | **Tu** | **W** | **Th** | **F** | **Sa** | Goodwill Industries | *Humanizing Principles* | Lori Thompson, M.S. Ed |
|  |  |  |  | 1 | 2 | 3 | Portland Parks & Recreation | *Processing Loss & Grief with people with I/DD* | Interfaith Disabilities Network of Oregon |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 | Sally Gibson | *OIS-G* | Sally Gibson |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | PCBS | *OIS-G* | Carlene Rhodes or Heather Montano |
| 18 | 19 | 20 | 21 | **22** | 23 | 24 | Access Ability LLC | *OIS-G* | John Mushlitz |
| 25 | 26 | 27 | 28 | 29 | 30 |  | Access Ability LLC | *Supporting Difficult Behaviors we can’t Change* | John Mushlitz |
|  |  |  |  |  |  |  | Rainbow Adult Living | *Working with Abuse Survivors* | Mike Larson |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **December 2018** | **Host** | **Topic** | **Instructor** |
| **Su** | **M** | **Tu** | **W** | **Th** | **F** | **Sa** | Portland Parks & Recreation | *Fatal Four* | TBD |
|  |  |  |  |  |  | 1 | Sally Gibson | *OIS-G* | Sally Gibson |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 | Albertina Kerr | *Behavioral Roundtable: Behavior Resources* | Jane Rake |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | Access Ability LLC | *OIS-G* | John Mushlitz |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |  |  |  |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |  |  |  |
| 30 | 31 |  |  |  |  |  | PCBS | *OIS-G* | Carlene Rhodes or Heather Montano |
|  |  |  |  |  |  |  | Access Ability LLC | *The Autistic Perspective #3* | Andee Joyce |
|  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| C:\Users\wigginr\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\MQ2YEUZ1\MC900023505[1].wmf | **Sorted Alphabetically****by Host Agency** |
| **Host & Assigned Month** | **Assigned Class Topic** | **Instructor(s)** |
| Abilities at Work | * June
 | *Brain Function* | James Clay, Psy D |
| Access Ability LLC | * January
 | *OIS – General Level (G)* | John Mushlitz, Indep. OIS Instr |
|  | * January
 |  *Behavioral Roundtable: Behavior Detective* | Jane Rake |
| * February
 | *OIS – General Level (G)* | John Mushlitz, Indep. OIS Instr |
| * February
 |  *Behavioral Roundtable: Bldg Behavior Support* | Jane Rake |
| * March
 | *OIS – General Level (G)* | John Mushlitz, Indep. OIS Instr |
| * March
 |  *Behavioral Roundtable: Communication* | Jane Rake |
| * April
 | *OIS – General Level (G)* | John Mushlitz, Indep. OIS Instr |
| * April
 |  *Behavioral Roundtable: Overloads/Meltdowns* | Jane Rake |
| * May
 | *OIS – General Level (G)* | John Mushlitz, Indep. OIS Instr |
| * May
 |  *Behavioral Roundtable: Visual Strategies* | Jane Rake |
| * June
 |  *Behavioral Roundtable Trouble w/Transitions* | Jane Rake |
| * July
 |  *Behavioral Roundtable: Coping w/Insomnia* | Jane Rake |
| * August
 |  *Behavioral Roundtable: Behavior Resources* | Jane Rake |
| * September
 | *OIS – General Level (G)* | John Mushlitz, Indep. OIS Instr |
| * September
 |  *Behavioral Roundtable: High-Interest Activities* | Jane Rake |
| * October
 | *OIS – General Level (G)* | John Mushlitz, Indep. OIS Instr |
| * October
 |  *Behavioral Roundtable: Self-Injurious Behavior* | Jane Rake |
| * November
 | *OIS – General Level (G)* | John Mushlitz, Indep. OIS Instr |
| * November
 |  *Behavioral Roundtable: Caring for the Caregiver* | Jane Rake |
| * December
 | *OIS – General Level (G)* | John Mushlitz, Indep. OIS Instr |
| * December
 |  *Behavioral Roundtable: More Communication* | Jane Rake |
| Albertina Kerr Centers | * February
 | *Autism 1* | Mike Larson |
|  | * March
 | *Fetal Alcohol Spectrum Disorders* | Lori Thompson |
| ARRO | * September
 | *Autism Research* | Kathy Henley |
| Changing Minds PBS | * February
 | *Stress & Self-Control: Depletion Model* | Kelley Gordham |
|  | * May
 | *Dementia & Age Related Conditions* | Kelley Gordham |
| * August
 | *Functional Analysis of Behavior (FA’s)* | Kelley Gordham |
| * November
 | *Dementia & Age Related Conditions* | Kelley Gordham |
| Clackamas County DD | * February
 | *ISP Team Appointed Health Care Rep* | Joanne O’Connell, MA |
| Clackamas County DD | * September
 | *ISP Team Appointed Health Care Rep* | Joanne O’Connell, MA |
| Clatsop Behavioral Healthcare | * August
 | *Labels for Jars, Diagnosis for Treatment* | Lori Thompson, LCSW |
| Coast Rehabilitation - Clatsop | * July
 | *Autism Basics* (@ the beach) | John Ciminello or TBD |
| Coast Rehabilitation – Mult. | * March
 | *Working with Abuse Survivors* | Mike Larson |
| Columbia Community MHC | * May
 | *Dual Diagnosis* (in St. Helens) | James Clay, Psy D |
| Community Access Services | * August
 | *Guardianship* | Disability Rights Oregon |
|  | * December
 | *Down Syndrome & Aging* | Lori Thompson, LCSW |
| Community Vision | * August
 | *The Autistic Perspective* | Andre Joyce |
| Creative Goal Solutions | * July
 | *Boundaries and Sexuality Topic* | Shanya Luther, M Div |
| Danville | * September
 | *Fetal Alcohol Spectrum Disorders*  | Lori Thompson, LCSW |
| DePaul Industries | * July
 | *Understanding Behavior & BSP’s* | Mike Larson & Dave Langlois |
| Dungarvin | * April
 | *Humanization Principle*  | Lori Thompson, LCSW |
| Eastco Diversified Services | * May
 | *Epilepsy & Seizure Disorders*  | Epilepsy Foundation or TBD |
|  | * November
 | *Psychotropic Meds* | Lori Olson, PMHNP |
| Edwards Center | * July
 | *Medicaid 101* | Jessica Leitner |
| Exceed Enterprises | * June
 | *PICA Disorders* | Lori Thompson, LCSW |
| **Host & Assigned Month** | **Assigned Class Topic** | **Instructor(s)** |
| FACT | * March
 | *Adolescence Vs. Puberty* | Shanya Luther, M Div |
|  | * October
 | *Youth Related* Topic | TBD |
| Goodwill Industries | * April
 | *Humanizing Principles* | Lori Thompson, LCSW |
| Mt Hood Day Center | * June
 | *Sexually Inappropriate Behaviors* | Mike Larson & Dave Langlois |
| On-The-Move Comm. Integration | * December
 | *Autism 1*  | Mike Larson |
| Portland Parks & Recreation | * January
 | *Fatal Four* | Julie Camp |
|  | * February
 | *Medical Detective: Pain* | Julie Camp |
| * March
 | *Intro to Developmental Disabilities* | Region 1 Crisis Diversion Staff |
| * April
 | *Medical Detective: Wounds* | Julie Camp |
| * May
 | *Fatal Four* | Julie Camp |
| * June
 | *Medical Detective: Diabetes* | Julie Camp |
| * September
 | *Fatal Four* | Julie Camp |
| * October
 | *Medical Detective: TBA* | Julie Camp |
| * December
 | *Fatal Four* | Julie Camp |
| PCBS | * January
 | *OIS – General Level (G)* | Carlene Rhodes |
|  | * February
 | *OIS – General Level (G)* | Carlene Rhodes |
| * March
 | *OIS – General Level (G)* | Carlene Rhodes |
| * April
 | *OIS – General Level (G)* | Carlene Rhodes |
| * April
 | *OIS – General Level (G)* | Carlene Rhodes |
| * May
 | *OIS – General Level (G)* | Carlene Rhodes |
| * May
 | *OIS – General Level (G)* | Carlene Rhodes |
| * June
 | *OIS – General Level (G)* | Carlene Rhodes |
| * July
 | *OIS – General Level (G)* | Carlene Rhodes |
| * August
 | *OIS – General Level (G)* | Carlene Rhodes |
| * September
 | *OIS – General Level (G)* | Carlene Rhodes |
| * October
 | *OIS – General Level (G)* | Carlene Rhodes |
| * November
 | *OIS – General Level (G)* | Carlene Rhodes |
| * December
 | *OIS – General Level (G)* | Carlene Rhodes |
| Rainbow Adult Living | * February
 | *Sexually Inappropriate Behaviors* | TBD |
|  | * November
 | *Working with Abuse Survivors* | Mike Larson |
| Region 1 Crisis Diversion Office | * January
 | *Module A: Organizing, Recording & Reporting,* *Third Thursday Foster Care Recordkeeping Series* | Toi Gibson |
|  | * January
 | *OIS – Parent (P)* | Lori Leskovec |
|  | * February
 | *Module B: Medication Management,* *Third Thursday Foster Care Recordkeeping Series* | Joanne O’Connell, MA |
| * March
 | *Module C: Tracking Resident Money,*  *Third Thursday Foster Care Recordkeeping Series* | Toi Gibson |
| * April
 | *ISP Team Appointed Health Care Rep*  | Joanne O’Connell, MA |
| * April
 | *Module A, Organizing, Recording & Reporting,* *Third Thursday Foster Care Recordkeeping Series* | Toi Gibson |
| * April
 | *OIS – Parent (P)* | Lori Leskovec |
| * May
 | *Module B: Medication Management,* *Third Thursday Foster Care Recordkeeping Series* | Lori Leskovec |
| * June
 | *Module C: Tracking Resident Money,*  *Third Thursday Foster Care Recordkeeping Series* | Toi Gibson |
| * July
 | *Module A, Organizing, Recording & Reporting,**Third Thursday Foster Care Recordkeeping Series* | Toi Gibson |
| * July
 | *Trauma Care* | TBD |
| * July
 | *OIS – Parent (P)* | Lori Leskovec |
| * August
 | *Module B: Medication Management,* *Third Thursday Foster Care Recordkeeping Series* | Joanne O’Connell, MA |
| * September
 | *ISP Team Appointed Health Care Rep* | Joanne O’Connell, MA |
| * September
 | *Module C: Tracking Resident Money,* *Third Thursday Foster Care Recordkeeping Series* | Toi Gibson |
| * October
 | *Module A, Organizing, Recording & Reporting,* *Third Thursday Foster Care Recordkeeping Series* | Toi Gibson |
| * October
 | *OIS-Parent (P)* | Lori Leskovec |
| * November
 | *Module B: Medication Management,*  *Third Thursday Foster Care Recordkeeping Series* | Lori Leskovec |
|  | * December
 | *Module C: Tracking Resident Money,* *Third Thursday Foster Care Recordkeeping Series* | Toi Gibson |
| **Host & Assigned Month** | **Assigned Class Topic** | **Instructor(s)** |
| Riverside Training Centers | * February
 | *Dual Diagnosis* | James Clay, Psy D |
| Sally Gibson | * February
 | *OIS – General Level (G)* | Sally Gibson |
|  | * April
 | *OIS – General Level (G)* | Sally Gibson |
| * June
 | *OIS – General Level (G)* | Sally Gibson |
| * September
 | *OIS – General Level (G)* | Sally Gibson |
| * October
* December
 | *OIS – General Level (G)* | Sally Gibson |
| *OIS – General Level (G)* | Sally Gibson |
| Specialty Family Homes | * February
 | *Labels for Jars* | Lori Thompson, LCSW |
| STAR | * April
 | *Guardianship* | Disability Rights Oregon |
| Trillium | * September
 | *Psychotropic Medications* | Lori Olson, MHPNP |
| TVW | * May
 | *Social-Sexual Supports* | Shanya Luther, M Div |
| Up & Out, Inc | * January
 | *How to be a CO-OP Member: for current CO-OP members only!* | Valerie and TBD |
|  | * March
 | Employment Topic | Robynn Hoffman |
|  | * June
 | *How to be a CO-OP Member- for current CO-OP members only!* | Valerie and TBD |
| Washington County | * May
 | *Mandatory Abuse Reporting* | Keri Ridenour |
|  | * November
 | *ISP Team Appointed Health Care Rep* | Lori LeDuc |
| Westside Community Focus | * June
 | *The Autistic Perspective* | Andre Joyce |

**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 “E-Mail 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.

|  |
| --- |
| CO-OPerative Instructor Resources |
| ***Subject to change without notice to full CO-OP membership*** |
| **Name/Contact Info** | **Mailing Address** | Topics | **Rate & Other Info** |
| **Genevieve Athens**Autism Lifespan Coach(503)803-8308[www.autismlifespancoach.com](http://www.autismlifespancoach.com) |  | Autism topics; Sibling Support;Puberty & Sexuality;Autism Risk & Safety Mgmnt;Building Social Skills Across the Lifespan;Workplace Accommodations; for High Functioning Autism;Letting Go for Peace of Mind | FEE = $300-600 with additional mileage if outside of PDX area. Will provide handouts for copying |
| **Marilee Bell**Seniors & People with DisabilitiesMarilee.Bell@state.or.us |  | Many Topics including “Writing Well” | NO FEEAbility to do Power Point |
| **Miriam Berman** 503-234-3785 | 6224 SE Main StPortland, OR 97215 | Sign Language 1Sign Language 2 | Masters in Deaf Ed & Special Ed, Child w/autismFEE NEGOTIABLE |
| **Tammy Bradley**Regional Asst 1-888-505-2673Local: 503-642-0226 | OR Parent Training Ctr1745 State StSalem, OR 97301 | IEPTransitionTransition to Kindergarten | Specialty - Ed for child w/disabilities.Tammy brings PowerPoint & handouts.NO FEE |
| **James Clay, Psy D**Clinical Psychologist503-551-6356jclay@orgegonrehabilitation.org  | Oregon State Hospitalalso 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, population4) Working with a Team.  How can I make a real impact?5) Borderline Personality Disorder- I hate you, don't leave me6) Positive Progressive Discipline- All managers hate it, but we have to do it.  How to be effective7 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 & length |
| **DHS SPD Office of****Licensing & Quality Care** Supervisor, Deb Cateora503-947-5165 | Attn: [name of person]500 Summer St NE #E13Salem, OR 97301 | Fatal 4 – 4 or 6 hrsMed Admin – 2 hrPICADiabetes | Host responsible: overhead projector, screen, Handouts - prefer a pkt, Sign in sheet - needs job category of attendeeNO FEE |
| **Lynda Devery, RN**prof.ed@live.com | 6212 SE Lake RdMilwaukie, OR 97267 | MEDICAL TOPICS: Medication Administration, Medication Errors, Medications Documentation, High Blood Pressure, COPD, Congestive Heart Failure, 1st Aid/CPR, Alzheimer’s/ Dementia; Diabetes | FEE = $175 per hour/Most classes 4 hours |
| **Brian Fallon**Access Ability503-901-5321brihorse@yahoo.com |  |  |  |
| **Epilepsy Foundation****of the Northwest**503-228-7651Karl Baumann[www.epilepsynw.org](http://www.epilepsynw.org/) | 5251 NE Glisan St #A203Portland, Or 97213contact : Brent Herrmann  | -Brainstorms: Seizure Causes, Effect, Control – 2.5 hrs | Prefers a longer class time.Needs: TV/VCRHandouts: she will bring, needs accurate head countFEE = $100 |
| **Name/Contact Info** | **Mailing Address** | Topics | **Rate & Other Info** |
| **Tony Farrenkopf****PhD (Clinical Psychology)**503-225-0498Fax 503-225-0499 | 2256 NW PettygrovePortland, OR 97210 | -Victimization Prevention -Abuse Survival & Recovery- Sexual Abuse Prevention  [abusers]-Victimization Prevention - 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 flipchart w/markers, handouts copied. He prefers Friday class days.FEE = $390 for 3 hr class $450 for 3.5 hr class. |
| **Toinae Gibson**Region 1 Crisis Diversion Office503-988-6389toinae.gibson@multco.us | 421 SW Oak St #640Portland, OR 97204 | -Mod A: Organizing, Recording & Reporting-Mod C: Tracking Resident Money  Third Thursday Foster Care Recordkeeping Series-OIS Mentor Trainer | FEE = $15 per personFEE = TBD |
| **Lee Greer**Consultant503-239-8569No voice mail. leegreer@fastmail.fm | Prefers E-Mail | -Parole & Probation & Criminal  Justice System-Basic Behavior-Values & Rights | Needs: white board & markers; copying for her.FEE = $75 per hr for Class size: 12-20 MORE for out of PDX area or prep for a new class. |
| **George Hall****503-881-9663** | PO Box 989Mt. Angel, OR 97362 | Behavior Topics |  |
| **Arlene Hollums, RN**State RNPhone:  503-947-1142Fax: 503-373-7274Dorris.A.Hollums@state.or.us  | Oregon DHSDD OfficeSalem, OR 97301-1063 | -Fatal Four-HCR-PICA-Medical Topics | NO FEE |
| **Stephanie Hunter,**503-810-5192 orOTAC at 503-364-9943 (Salem) | 7516 N. Brandon Ave. Portland, OR 97217 | Autism & children are her specialty.-Visual Communication-Board maker-OIS (Agency Level so far) | Needs Computers or ability to use Power Point system to broadcast. If working for OTAC must go through OTAC to train.  |
| **Bob Joondeph**Disability Rights Oregon503-243-2081bob@disabilityrightsoregon.org  | 610 SW BroadwaySuite 200Portland, OR 97205[www.droregon.org](http://www.droregon.org)  | Guardianship |  |
| **Patty Landers, RN**835 Empire St NWSalem, OR 97304503-910-6109 | patty.landers@comcast.net  | Fatal Four LIVE | FEE = 2 hours $150-200 ($75-100/hr) |
| **David Langlois**503-422-8203 | dr.langlois@comcast.net  | -Understanding Behavior; -OIS-Sexually Inappropriate Behav | 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 | Lori\_leduc@co.washington.or.us | -Disability Awareness-Health Care Representative | NO FEE |
| **Lisa Leiberman****MSW, LCSW** | 15100 SW Boones Ferry Rd #750Lake Oswego 97035503-697-5956 | -My Child is Different &  Sometimes it Hurts [parents]-Living w Disability in the  Family | Counselor, psychotherapy. Son w/autism; husband w/MS. Couples counseling.Needs: PowerPoint &/or overhead projector; handouts. Likes to know attendees i.e. what disabilities their child has; copy of flyer.FEE = $100/hr or > |
| **Lori Leskovec**Region 1 Crisis Diversion Office503-988-6386lori.leskovec@multco.us | 421 SW Oak St #640Portland, OR 97204 | -Module B: Medication Management  Third Thursday Foster Care Recordkeeping Series-OIS Parent (P)-OIS General (G) | FEE = $15 per personNO FEEFEE = TBD |
| **Name/Contact Info** | **Mailing Address** | Topics | **Rate & Other Information** |
| **Shanya Luther, M Div**Among Friends503-332-8783shanya@among-friends.orginfo@among-friends.org419-262-2330(Assistant, Kathy Stenfors) | Office: 1675 SW Marlow Ave #303Portland, OR 97225  | Topics: -Social Sexual Supports-Positive Behavior Supports-Boundaries/Personal Space-Consensual touch-Hygiene-Reproduction-Safer Sex-Social skills, dating-Masturbation/safe practices-Sexual health | FEE=$ 80-100/hr rangeShanya has access to a small training room available for up to 20-25 through her office tenancy.  |
| **Diane Malbin**FASCETS503-621-1271Cell = 503-888-2107 | 15500 NW Ferry Rd #LPortland 97231 | Understanding Fetal Alcohol SRO, 3-4 hrs | High audience response.Equip: overhead, transparency 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**503-292-4964Joan@disabilitycompass.orgTwitterID: jmedlen[www.DownSyndromeNutrition.com](http://www.DownSyndromeNutrition.com)TwitterID: CompassTweets[www.SDRI-pdx.org/CO-OP](http://www.DisabilityCompass.org) | 1750 Skyline Blvd., Suite 102Portland, OR 97221 | Down Syndrome Nutrition |  |
| **John Munzer**971-221-7721 |  | OIS  | Independent OIS trainer. Prefers teaching weekends and evenings but not exclusively. |
| **John Mushlitz**Consultant, Access Ability503-762-5063 | 10261 SE InsleyPortland 97266Cell 503-317-5880 | -OIS General (G) – 2 days,-OIS Individual Focus (IF) – 14  Hrs | Need: white board or flipchart & markers, handouts copied. FEE = $700/2-day session |
| **Meg Nightingale**503-768-3903 | 5416 SW Matha TerracePortland, OR 97201 | -Guardianship & Alternatives-ADA-Conflict Resolution | Need: white board & markers.Handout: you do.FEE = $150 per hr. |
| **Joanne O'Connell, MA**Region 1 Crisis Diversion Office503-988-6387Joanne.oconnell@multco.us | 421 SW Oak St #640Portland, OR 97204 | -Module B: Medication Management  Third Thursday Foster Care Recordkeeping Series-Health Care Representative-OIS General (G) | FEE = $15 per personNO FEEFEE = TBD |
| **OIS Mentor Trainers or****Independent Trainers** For most current, accurate list of instructors & instruction level contact ASI Oregon  | <http://ois.asioregon.org/?page_id=282> | OIS  General (G) Individual Focus (IF) Crisis (C) | Authorized by OIS Steering Committee to teach statewide |
| **Lori Olson, MHPNP** | 503-224-6446503-224-8878 fax | Variety of subjects for Dual Diagnosis (MRDD and MH) |  |
| **OrPTI**503-581-81561-888-891-6784 | 2295 Liberty St NE Salem, OR 97301Victoria Haight[www.orpti.org](http://www.orpti.org) | IEP & Transition Issues, many other topics in cooperation with Swindells Center at Providence | NO FEE |
| **OTAC** Oregon Technical Assistance Corp503-364-9943 | 3886 Beverly Av NE, #I-21Salem, OR 97305 | -Autism Awareness;-OIS;- Co-Occurring (MH-DD) Dx.; -Fragile X Syndrome;-Personality Disorders Related to Childhood Abuse;-Fetal Alcohol & Drug SRO;- Post Traumatic Stress DO;-Environmental Design and Structure & Visual Strategies; Person Centered Planning  | FEE = $650-900 |
| **Name/Contact Info** | **Mailing Address** | Topics | **Rate & Other Information** |
| **Parole & Probation Panel****(will vary per availability****and priority)**  | Jean Dentingerjean.m.dentinger@multco.us Katie Lentz katie.lentz@multco.usMichelle Campbellmichelle.campbell@multco.usJohn McVay, PPOjohn.s.mcvay@multco.us MaryClaire Buckleymaryclaire.buckley@psrb.orgRich Nakanishi rich@resideresidential.org Brad Heath, SOCP Manager | Matt Bighouse, Facilitator/ID/DD |  |
| **Christie Perez**Clear Perspective LLC971-241-2639perez9703@frontier.net | PO Box 1404McMinnville, 97128 | OIS |  |
| **Bryan Pollard**Abuse InvestigatorClackamas County503-557-2874bryanpol@co.clackamas.or.us | PO Box 2950/2051 Kaen Rd.Oregon City 97045 | Understanding Protective Svcs & Required Reporting | 1.5 hr classNeed: none.Handout: he does.NO FEE. |
| **Jane Rake**503-493-9383Jane.rake@gmail.com | 3142 NE 45th AvePortland, OR 97213 | Autism 2, other autism based topics | Autism and Asperger’s specialist. FEE = $75 per hr. |
| **Keri Ridenour****Abuse Investigator****Washington County DD**503-846-3135Keri\_Ridenour@co.washington.or.us |  | Mandatory Abuse Reporting & Protective Services |  |
| **Robin Rose**Consultant503-873-3649rkrose@worldnet.att.net | 2745 105th Ave NESalem 97301 | 6 hr workshops-Positive Attitudes-Working w/People-Stress Mgmt | VERY popular.Need: overhead, flipchart, markersHandout: you doFEE = **$1,200 (but good!)** |
| **Shauna Signorini,**Involve Families LLC503-550-9520shauna@involvefamilies.com | PO Box 84Troutdale, 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 | FEE = $100 per hour.Provides own projector and copies.Gresham Training facility for 25 people. |
| **Steve Smith**Attorney503-248-9535 | 1100 SW 6th Ave #1504Portland 97204 | Wills, Trusts, Guardianship – 2 hrs with more if needed for Q&A | Need: white board & markers.Handout: he’ll do but needs # of attendees & Names of attendees NO FEE. |
| **Leslie Sutton**Oregon DD CouncilPolicy Analyst503-945-9943 |  | Guardianship |  |
| **Lori Thompson**Specialized Consultation Svcs503-232-2176thompsonscs@comcast.net | PO Box 42658Portland 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 day $800 all day  $80 per hr |
| **Dean Yamamoto, M Div BCC**Providence Hospice Chaplin503-215-2273dean.yamamoto@providence.org |  | -DD & Dementia;-Supporting People through  Death;-Hospice |  |

|  |
| --- |
| **Possible Training Site 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* *to share the information!* |
| **Name of Location** | **Address** | **Phone** | **Contact** | **FEE** | **Additional Info** |
| Aging and Disabilities Services | 600 NE 8th St. Room 100Gresham, OR 97030  | 503-988-6888 | Sherry Ann | free |  |
| American State Bank | 2737 NE MLK Jr. Blvd. Portland, OR 97212 | 503-282-2216 |  |  |  |
| Beaverton Library; Mtg. Rm. B | 12375 SW 5thBeaverton, OR | **503.644.2197** |  |  | Call main # and ask for protocol. Check hours.  |
| Beaverton Resource Center | 12500 SW Allen Blvd. intersection of Allen & Hall | 503.350.4071resourcecenter@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 CountyCommunity Center |  |  |  |  |  |
| Columbia River P.U.D. | Deer Island - Hwy 30 |  |  |  |  |
| Cube Space | 622 SE Grand AvePortland, 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 dayProjector/Screen, 4 wall Speaker, Microphone (30 capacity)Dining Rm-$200/$400Surround Sound, Projector/screen, Microphone, blue ray (95 capacity)Kitchen- $75$135 $50 Deposit goes toward cost4 hrs = 1/2 day20% discount for non-profitsCoffee, Tea & Water service or catering avail for additional cost |
| Goodwill Industries | 5950 NE 122nd AvePortland, OR 97230 | 503-239-1711 | Kelly Zeck |  | Max 65 people. Weekdays 7:30 am-5 pm. TV, DVD player, computer, projectors for power points, whiteboard, etc.  |
| HillsboroPublic Service Building |  | 503.846.3150 | Kendra |  | Ask Wash Co DD for instructions. & contact. On MAX but parking is hard. |
| **Name of Location** | **Address** | **Phone** | **Contact** | **FEE** | **Additional Info** |
| Kaiser PermanenteTown Hall | 3704 N. Interstate Ave. Portland, OR 97227 | 503-813-3911503-280-2995 | Tami Bergren |  | Need to be authorized to use it. May let non-profit without cost. Must use their catering. Available between 5:00pm and 9:00pm only.  |
| Kaiser Sunnyside |  | Fax # 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 RdPortland, OR PO Box 91152Portland, OR 97291 | 503-629-5799vrb@teamweb .com  | Virgina Bruce  |  | Contact for rates |
| Legacy Emmanuel Hospital |  | 503-413-2200 | Ask for ‘catering’ | Yes | Must apply each time to use. No fee for non profits; #25 max seating |
| Legacy Meridian Park Hospital Community Education Center | 19300 SW 65thTualatin, OR 97062 | 503-335-3500 |  |  | Be sure directions get folks to the right building, NOT the main hospital.  |
| Mentor Oregon (formerly DSI) | 305 NE 102nd, Ste. 350 Portland, OR | 503-290-1940 | Ken Hanson |  | Meeting room holds 25 people. |
| Mt. Scott ParkPresbyterian Church | 5512 SE 73rdPortland, OR |  |  | Yes | Cost but nice facility w/ several options. |
| Multnomah Building | 1021 SE Hawthorne (& Grand) | 503-988-3701 |  | No | pay to park across street or bus but parking charges. |
| Multnomah CountyMidland Library | 805 SE 122nd StPortland, OR 97233 (122nd just south of Stark) | 503-988-5392 | Midland Reference 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. |
| Multnomah County SheriffsHansen CenterCommunity Room | SE 122nd & SE 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 RdPortland, OR 97266 | 503-659-5683 | Gary Cowles |  | Off 205 & Sunnyside in Clackamas |
| Oregon State Office Building  | 800 NE Oregon StPortland, 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 EmersonPortland, 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 106thPortland, 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 StPortland 97215 | 503.823.2143 | Shelly |  | Holds 30 (including tables & chairs), TV, small kitchen but no coffeepots |
| Polish Hall | 3832 N Interstate AvePortland, OR  | 360-936-6564 | Alicia Fiszer | $600 discount for non-profit & wk days | The hall holds 150 people.     <http://www.portlandpolonia.org/plba/rentals.html>  |
| Port City Development | 2124 N. Williams AvePortland 97227 | 503.236-9515 x110 |  |  | Available for evening classes |
| **Name of Location** | **Address** | **Phone** | **Contact** | **FEE** | **Additional Info** |
| Portland Fire Department | * Station # 16

 1715 SW Skyline Blvd, Portland, Max listed at 39. 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 823-3793Online 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**: There 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 ChurchSE 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 HwyTigard, OR 97223 | 503-639-9204 |  |  |  |
| Tualatin Valley Fire & Rescue Maps are available online at [*www.tvfr.com/*](http://www.tvfr.com/) | Beaverton* Station #60

 8585 NW Johnson St (close to Cornell Rd off Hwy 26)* Station #61

 13730 SW Butner St * Station #67

 13810 SW Farmington Rd Tigard, OR* Station #51

 8935 SW Burnham Rd* Station #50

 12617 SW Walnut St | 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 11thPortland, OR 97205 | 503-228-9131 |  |  | Large Training Space. Parking is DIFFICULT! On the Max Line. |
| Willamette Falls Health & Ed. CenterCommunity Education Building | 519 15th St.Oregon City, OR 97045 | 503-657-6919 |  |  | Rm can hold 48 / open for double amt. Also have auditorium. |



**Event Planning Guide:**

|  |  |
| --- | --- |
| **Time Frame** | **Tasks** |
| *Annually between**October & December:* | * Review "Host Kit" sent to you.
* Read your Annual Plan and Mentors available to assist you.
* Replace Host Kits with updates received from the “Host Kit Keeper”.
* There is usually a fairly current version available as a download on the website, [www.SDRI-pdx.org/CO-OP](http://www.DisabilityCompass.org).
 |
| *12 weeks Before**(3 months)* | * Create Event Plan.
* Determine 3 – 5 preferred dates. Make sure these dates do not conflict with other significant events or religious holidays, especially other CO-OP classes (check the SDRI website). Double check by contacting the “E-Mail Keeper” for known scheduling that could create a conflict with your dates. Notify the “E-Mail Keeper” with the date you reserved for your training.
* Research and secure training sites for event – Book venue. Ideal locations have free and ample parking, are centrally located, and may be accessible by public transit. Avoid downtown and distant, remote sites if possible.
* Contact the proposed instructor about their availability on your proposed date. If you need suggestions for alternate presenters, contact the “Paper Keeper”.
* Talk to the Instructor about the minimum & maximum number of students for this class. Discuss set-up & take down schedules, as well as, the supplies needed (equipment, handouts, certificates, snacks) and who will do what.
* Prepare projected event budget to calculate the class fees you need to collect from each student. Decide on your registration fee per person (see Fee Worksheet pg 26) and acceptable forms of payment. Typical fees are $10-50 per student (more for OIS) in the form of checks or money orders unless you can manage credit card or cash purchases.
* We recommend you complete a simple Accreditation Request for AFH Training (pg 22) 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 to the Accreditation Request for AFH Training (Form 1510) to reference instructor and class description and indicate “see flyer” on the Form 1510. Until you get final answer announce ‘certification is pending’. For more information, go to the state web address <http://www.oregon.gov/dhs/spd/pages/provtools/training/approval.aspx> or email region.one@multco.us.
 |
| *8 Weeks Before* *(2 months)**8 Weeks Before cont.**(2 months)* | * Create a one-page flyer(template pg 27) using Microsoft Word, including a registration form with all the information for class and send it as attachment to the **“E-Mail Keeper”**,irene.lee@multco.uswith a copy tojoanne.oconnell@multco.us as an attachment. **This should be sent out approximately two months prior to the date of the class** (For Example: for a June 20TH Class, a flyer should be sent on April 15th). We want to provide enough flyer circulation time to fill your class, and reduce the risk of cancellation due to low registration. E-Mail region.one@multco.us if you are behind schedule.
* 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. Consider refunding student cancellations when notified at least 10 working days ahead of class. Make clear there are no refunds for no-shows or lack of advance notice
* Confirm with the “E-Mail Keeper” that your flyer was received. They should promptly check it over for errors, and 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.
* Set up a process to collect and process registrations on a detailed roster. Use the sample in the Host Kit (pg28) or design your own to collect additional detail. The designated class “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 (your “Registrar”) 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 (pg 33).
* 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 the 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.
* Call to confirm registration for individual students or send an email to confirm registration.
* Check the website at [www.SDRI-pdx.org/CO-OP](http://www.DisabilityCompass.org) for the class to be posted. The Webmaster uses the “E-Mail Keeper” notices to update the website, about one week after received. If you have seen the E-Mail announcement, but your class posting does not appear on the website after one week, contact the **Website** **Keeper**.
* Send out flyers to your staff and individual subcontractors as you would other host’s class flyers! You may also want to E-Mail 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 the fee for those type of non-member students in your own class.
* Reserve equipment if needed; verify it is in working order. Arrange for an introduction to equipment operation if you need it before the class.
 |
| *2 Weeks Before* | * Send an E-Mail request to the “E-Mail Keeper” irene.lee@multco.us with a copy to joanne.oconnell@multco.us to send out a reminder E-Mail for last chance registrations, if needed. 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.
* 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 the handouts on the day of class.
 |
| *1 Week Before* | * 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; consult the Instructor. CO-OP hosting obligation will be considered met in either of these cases so long as the class was publicized with a reasonable time frame.
* Assess any special accommodations that have been requested by registrants and make preparations as needed to accommodate.
* NOTE: Plan on providing at least 50% of the class capacity for CO-OP members outside your own agency, but any space remaining a week prior may be used for more host agency staff or small subcontractors.
* If you must cancel a class, see “Cancellation Procedures” below.
* Prepare the Class 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. (Templates pg 31 & 32)
 |
| *1 Day Before* | * Establish # of attendees and create nametags (optional).
* Send reminder E-Mail to attendees.
* Send any updates to relevant volunteers and staff.
* Remind staff of any materials that they may need to bring.
 |
| *Event Day**Event Day cont.* | * Arrive early!!
* Arrange the room and set up equipment. Brew coffee at least 30 minutes before class.
* Ensure requested special accommodations have been met.
* Lay out simple snacks and beverages (coffee, tea, cookies, crackers, muffins, fruit, etc.). Some sites i.e. East Portland Police Precinct, have their own coffeemaker to use, but you will always need to bring in cups, napkins and other items, and clean up afterward.
* Set up registration. Be sure you are ready to receive people at least 30 minutes prior to the start of your event. 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.
* Run through equipment with speaker (if needed).
* Have instructor sign previously prepared Certificates of Completion. Do not hand out any certificates until the end of class except in unusual or prearranged circumstances. If people miss a half-hour of class or more please make note on their individual certificate the reduced time and your initials. (for example, 1.5 hours of training due to late arrival)
* At the appointed starting time, introduce the instructor warmly and explain any logistics about restrooms, parking, silenced phones etc. You may want to explain the CO-OP’s purpose and function briefly as well as 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).
 |
| *Event Day (after)* | * Thank everyone for coming, thank instructor publically and lead a round of applause for instructor.
* Collect Evaluations and hand out Completion Certificates as people leave.
* Offer the instructor a chance to read over Evaluations (during clean up), and/or to scan & email the docs.
* Clean up the classroom; return chairs and tables to their prescribed formation, clean out coffeepots, etc.
 |
| *Within 2 Weeks* *Post Event* | * 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 (pg 33).
* Scan and send a copy of the Completion Report, final Roster, evaluations and handouts 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.
* Tell us about your experience. Pass along anything you learned, or offer us some advice for the future. Email responses to region.one@multco.us.
 |

**Congratulations, you’re DONE!** Hopefully these detailed instructions aided you in hosting a class smoothly. You can designate any fees you collected, in excess of direct costs, to enhance or help support other training activities for your own agency.

**Cancelation Procedures**

If a class must be cancelled, immediately:

* Email EVERY registered student (or their agency contact)
* Email the “E-Mail Keeper” to send out a cancellation announcement.
* We also suggest you post a sign at the classroom site to inform any last minute walk-ins or anyone you were unable to reach by phone or E-Mail about the cancellation.

**Disability Accommodations**

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, closer to the sound output or visual displays; 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/ 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 in the Host Kit.

Completing this form for Foster Care Providers attending your class and submitting it to SPD by E-Mail as listed on the form is not mandatory, but a very helpful service you can provide. Foster Care Providers need to complete 12 to 14 training hours per year (different cycles) and are likely to enquire if the class has been approved by the state for ‘accreditation’, and for how many hours

|  |  |  |
| --- | --- | --- |
| dhs_logo_twoline | **Mail to:****Fax to:****E-Mail to:** | DHS – AFH Training Credit Committee500 Summer St. NE, E-09, Salem, OR 97301-1074AFH Training Committee 503-947-4245AFHTraining.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:** |  |
|  |  |
| **Section 1** |
| **Intended adult foster home audience** *(check all that may apply)***:** |
| [ ]  Addictions and Mental Health |  [ ]  Aging and People with Disabilities | [x]  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: |       | E-Mail: |       |
| 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 [x]  No |
| **Section 2** |
| **Name and contact information of presenter/instructor/training sponsor:** |
| Sponsoring Organization: |  | Name of contact: |       |
| E-Mail: |       | Name of trainer: |       |
| Trainer E-Mail: |       | 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 |

The Adult Foster Home (AFH) Training Credit Request and Web Posting Form
are 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 E-Mail 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.

Instructions for Completing SDS 1510

The Adult Foster Home (AFH) Training Credit Request and Web Posting Form
are 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.

Instructions for Completing SDS 1510

**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 E-Mail 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.

# Finances for Hosting Classes

If you host a class that requires using an outside trainer who charges a fee, there are a few things to keep in mind. First, **no CO-OP member should accept substantial financial loss as a result of being a member of the CO-OP.** Second, you can avoid taking a financial hit for hosting a class:

1. Charging too much may put people off, but charging too little risks not covering costs, so a resulting loss or cancellation. CO-OP classes typically are $20 to $40 per student, OIS typically $95+ in 2017.
2. When you are negotiating a rate/contract with the trainer , 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 calculate the costs per person, 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 two months in advance. If within 2 weeks of the class you are not near your minimum number of registrants, contact the “E-Mail Keeper” to send 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 SAMPLE:

**Background: Anticipated # of students: 15-25; In this example, if you have 21-25 students, you’ll realize a little profit.**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 STUDENTS=$39 |  |  |
| Minimum # students at $15 | $390/15 STUDENTS=$26 |   |  |
| Minimum # students at $20 | $390/20 STUDENTS=$19.50 | **most likely choice ---🡪** |  **$20/student** |
|  | $20 x20=$400 | **Minimum # students needed to hold the class at $20/person** | **20 students** |

# 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 the “E-Mail Keeper”*** ***Irene.Lee@multco.us*** ***with a copy to Joanne.oconnell@multco.us for editing/checking/squeezing & distribution by E-Mail. Or use your own format, as long as it’s 1 page including registration form, Word doc. preferred.* *xxxxx xxxxx xxxxx xxxxx xxxxx xxxxx xxxxx xxxxx xxxxx xxxxx xxxxx xxxxx***

***This class is approved for 2 hours of AFH training credit.***

Most Region 1 I/DD Training CO-OP classes are previously approved topics and trainers geared to the informational needs of direct care professionals supporting individuals with Intellectual or Developmental Disabilities in settings including, but not limited to, AFH-DD's see application in forms.

***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 Mailing 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 address***

# 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** | **CK#** | **Phone/s** | **E-Mail** | **Address** | **County** | **Member? Y/N** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

# 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

|  |  |  |
| --- | --- | --- |
|  | Rating | Comments |
| This material is useful to me. |  |  |
| The handouts, visual aids and activities are helpful. |  |  |
| The amount and level of information was appropriate for me. |  |  |
| The speed and pace was reasonable. |  |  |
| I learned what I needed and/or wanted to learn, to be useful in my work. |  |  |
| The presentation was organized and easy to follow. |  |  |
| The instructor[s] was knowledgeable in the subject. |  |  |
| The instructor[s] was clear and easy to understand. |  |  |
| The meeting room and facilities were adequate and comfortable. |  |  |
| I will recommend this class to others. |  |  |

1. Main reason for attending ( one): **□** 2-hour credit **□** Content **□** other:
2. Overall rating of class: **□** Excellent **□** Very Good **□** Good **□** Fair **□** Poor
3. Overall rating of instructor[s]: **□** Excellent **□** Very Good **□** Good **□** Fair **□** Poor
4. What did you like most about this training?
5. What aspects of the training could be improved?
6. Please share other comments or feedback here:

*Completion Certificate*

*[Host Agency Name] for the Region 1 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Completion Certificate*

*[Host Agency Name] for the Region 1 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

# Completion Report

# Complete after hosting a Region 1 Training CO-OP Class

**Host Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CO-OP Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **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 evaluations, any handouts and attachments to the Keeper within 2 weeks to:**

#### Joanne O’Connell, CO-OP Paper Keeper (Acting)

**E-Mail:** joanne.oconnell@multco.us, or region.one@multco.us

**Address:** 421 SW Oak St, Ste 640, Portland, OR 97204

**Phone:** 503 988-6387

***Thank you!***

|  |
| --- |
| **Members of Region I DD Training CO-OP** |
| ***subject to change without notice to full CO-OP membership*** |
|  | **Member** | **Contact** | **Phone** | **Ext** | **E-Mail** | **Address** |
| 1 | **Abilities at Work (Formerly OESCo)** | Mary Jo Kessinger | 503-774-1667503-516-1190FAX503-641-4639 |  | maryjok@abilitiesatwork.orgenolas@abilitiesatwork.org | 134 SE 5th Ave, SteHillsboro, OR. 97123 |
| 2 | **Access Ability, LLC** | Jane Rake | 503-805-4181 or 503-493-9383 |  | jane.rake@gmail.com  | C/O Jane Rake3142 NE 45th AvePortland, OR 97213 |
| 3 | **Albertina Kerr Center** | Kari SealsCarol Dinsmore | 503-408-4701503-262-1118 |  | karolyns@albertinakerr.orgcarold@albertinakerr.org | 722 NE 162nd AvePortland, OR 97230 |
| 4 | **Among Friends** | Shanya Luther | 503.332.8783503.406.6292 |  | Shanya@amongfriends.org  | 1675 SW Marlow Ave, Ste 315Portland, OR 97225  |
| 5 | **The ARC** | Vicki Smead | 503-223-7279 | 224 | vsmead@thearcmult.org  | 6929 NE Halsey StPortland, OR 97213 |
| 6 | **Changing Minds PBS** | Kelley Gordham | 503-936-8633 |  | laura@changingmindspbs.comkelleygordham@gmail.com | 1434 NE McDonald LnMcMinnville, OR 97128 |
| 7 | **Clackamas County DD** | Kim Cota | 503-557-5814 |  | kcota@co.clackamas.or.us  | 251 Kaen Rd ~ PO Box 2950Oregon City, OR 97045 |
| 8 | **Clatsop Behavioral Healthcare** | Roger BighillCarole Purtle | 503-325-0241 | 265 | rogerb@clatsopbh.orgcarolep@clatsopbh.org | 65 N Highway 101, Ste 204Warrenton, OR 97146 |
| 9 | **Coast Rehab Clatsop & Multnomah County** | Tom Pauken | 503-491-5005 |  | tpauken@coastrehab.org | Clatsop: 65 N. Hwy 101, Ste 205 Warrenton, OR 97146Multnomah: 2190 NE Glisan St.Gresham, OR 97030 |
| 10 | **Columbia Community****Mental Health** | David RichmondKasi Dunning | 503-438-2203503-438-2204 |  | davidr@ccmh1.comkasid@ccmh1.com | 5846 McNulty WySt. Helens, OR 97051 |
| 11 | **Community Access Services** | Crystal Gordham | 503-533-4373 | 303 | crystal@cas-dd.org | 1815 NW 169th Pl, Ste 1060 Beaverton, OR 97006 |
| 12 | **Community Pathways** | Marek Zbiegien | 503-935-5243 |  | mzbiegien@communitypath.org | 525 NE Oregon St, Ste 525Portland, OR 97232 |
| 13 | **Community Vision** | Alex Muller | 503-292-4964 | 127 | amuller@csvision.org | 619 SW 11th Ave, Ste 244Portland, OR 97205 |
| 14 | **Creative Goal Solutions** | Sasha VidalesMarcus Shelby | 503-954-9584 |  | sasha.vidales@creativegoalsolutions .orgmarcus@creativegoalsolutions.org | 1982 NE 25th Ave, #1Hillsboro, OR 97124 |
| 15 | **Danville** | Mike Oliver | 503-228-4401 | 106 | moliver@danserv.com | 9700 SW Capitol HWY #240Portland, OR 97219 |
| 16 | **DePaul** | Harmony Redmond | 503-331-3835 |  | hredmond@depaulindustries.com | 4950 NE MLK Jr. BlvdPortland, OR 97211 |
| 17 | **Dungarvin** | Chrystine Deuel | 503-624-0205  | 8002 | cdeuel@dungarvin.com | 732 SW Hunziker Blvd Ste 101 Portland, OR 97223 |
| 18 | **Eastco Diversified Services** | Susan Norman | 503-667-0613 503-309-2456 | Cell | snorman@eastcods.org | PO Box 470Gresham, OR 97030 |
| 19 | **Edwards Center** | Lenore HedlundChelsea Weigelt | 503-642-1581503-975-2740503-686-3713 | 209CellCell | lhedlund@edwardscenter.org cweigelt@edwardscenter.org | 4375 SW Edwards PlBeaverton, OR 97078 |
| 20 | **Exceed** | Shelley EngelgauTammy Salinas | 503-652-9036 |  | shelleye@exceedpdx.comtammy@exceedpdx.com  | 5285 SE Mallard WyMilwaukie, OR 97222 |
| 21 | **FACT** | Emil Braman | 1-888-988-FACT (agency)503-786-6020 (contact) | 218 | emily@factoregon.org | 13455 SE 97th AveClackamas, OR 97015 |
|  |  |  |  |  |  |  |
|  | **Member** | **Contact** | **Phone** | **Ext** | **E-Mail** | **Address** |
| 22 | **Sally Ashfield Gibson Consulting LLC** | Sally Gibson | 503-913-9284 |  | sgibson@spiretech.com | 2733 SE 31st AvePortland, OR 97202 |
| 23 | **Goodwill Industries** | Shelly O’Niell | 503-238-6109 |  | soniell@gicw.org | 1943 SE 6th Ave Portland, OR 97214 |
| 24 | **Mt. Hood Adult Day Center** | Tannya Garthe | 503-512-7373 |  | tonnya@mthoodadultdaycenter.com | 376 NE 219th Gresham, OR 97030 |
| 25 | **Multnomah Co. DD Services** | Irene LeeJoanne O’Connell | 503-988-6396503-988-6387 |  | Irene.Lee@multco.usjoanne.oconnell@multco.us | 421 SW Oak, Ste 640Portland, OR 97204 |
| 26 | **On the Move Community Integration** | Leah Gagliano | 503-287-0346 |  | leah@onthemoveonline.org | 4187 SE Division StPortland, OR 97202 |
| 27 | **Parks and Recreation**  | Dawn Hubbard | 503-823-4333 |  | dawn.hubbard@portlandoregon.gov | 426 NE 12thPortland, OR 97232 |
| 28 | **Person Centered Behavior Strategies** | Carlene RhodesHeather Rhodes | 971-404-1435503-502-7981 |  | pc.behavior@gmail.comhrhodes2044@hotmail.com | 4674 SE Witch Hazel Rd Hillsboro, OR 97123 |
| 29 | **Rainbow Adult Living** | Michele Barber | 503-232-0394 | 101 | rainbowadultliving@comcast.net | 16432 SE Stark StPortland, OR 97233 |
| 30 | **Region I Crisis Diversion Office** | Irene LeeJoanne O’Connell | 503-988-6396503-988-6387 |  | Irene.Lee@multco.usJoanne.oconnell@multco.us | 421 SW Oak St, #640Portland, OR 97204 |
| 31 | **Riverside Training Centers Inc** | Cindy StocktonCindy Matzen | 503-397-1922 | 203204 | cindy.stockton@riversidecenters .comcindy.matzen@riversidecenters .com | PO Box 280 105 Port Av eSt Helens, OR 97051 |
| 32 | **Specialty Family Homes, LLC****formerly Schrader Family Homes** | Angie Townsend | 503.772.3364360.608.2470 | workcell | angtown@hotmail.com | 11806 SE Solomon CtHappy Valley, OR 97086 |
| 33 | **Self Determination Resources Inc**  | Michael Gmirkin -WebMary Oliver Grant Wienker –class hosting | 503-292-7142 | 110115119 | michael@sdri-pdx.orgmary@sdri-pdx.orggrant@sdri-pdx.org | 12770 SW 1st StBeaverton, OR 97005 |
| 34 | **STAR Group Homes** | Alicia Bartling | 503-255-7810 |  | star.corp@earthlink.net | 4204 NE 132ndPortland, OR 97230 |
| 35 | **TVW** | Josh Bearman | 503-848-4310 503-649-8571 |  | jbearman@tvwinc.com | 6615 SE AlexanderHillsboro, OR 97123 |
| 36 | **Up & Out Inc.** | Reagan Reid | 503 796-0241 |  | upandout@upandoutinc.com  | 521 SW 11th, #304Portland, OR 97205 |
| 37 | **Washington Co. DD Program** | Josh Fulgham | 503-846-3122 |  | josh\_fulgham@co.washington.or.us | 155 N First Ave, #250Hillsboro, OR 97124 |
| 38 | **Westside Community Focus** | Marla WatsonRachael Steinberg | 503-222-7332 |  | maria@westsidecommunityfocus.orgrachael@westsidecommunityfocus.org | 1822 NW Overton St.Portland, OR 97209 |
| 39 | **Christina Wolf** | Christina Wolf | 971-303-2949 |  | christinaewolf@gmail.com  | 4226 SW Washington PlaceMilwaukie, OR 97222 |

|  |  |
| --- | --- |
| 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 | 421 SW Oak St, Ste 640 Portland, OR 97204 |
| **Joanne O’Connell****Host Kit Keeper** | Region 1 Crisis Diversion Office | 503-988-6396  | joanne.oconnell@multco.us | 421 SW Oak St, Ste 640 Portland, OR 97204 |
| **Michael Gmirkin****Website Keeper**  | SDRI - Self Determination Resources Inc. | 503-292-7142 | michael@sdri-pdx.org | 12770 SW 1st St, Beaverton, OR 97005 |
| **Jane Doyle**  | Portland Parks and Recreation | 503-823-4328 | Jane.doyle@portlandoregon.gov | 426 NE 12thPortland, OR 97232 |
| **Cindy Stockton** | Riverside Training Centers | 503-397-1922 | cindy.stockton@riversidecenters .com | PO Box 280 105 Port Ave St. Helens, OR 97051 |
| **Chelsea Weigelt** | Edwards Center | 503-642-1581 | cweigelt@edwardscenter.org | 4375 SW Edwards PlBeaverton, OR 97078 |

[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)

**Frequently Asked Questions (FAQ):**

***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!** Contact the coop “E-Mail Keeper” 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. They may be able to help get the class planned and publicized or make other suggestions. Some changes are inevitable, but communication with the TASC team helps if you must plan a new date or target month. If you need to make a full trade with another CO-OP member, please follow instructions below 3+ MONTHS AHEAD! If a class must be delayed for a fixed amount of time, notify “E-Mail Keeper” to send out postponement notice.

***One of the students registered and paid in advance but later asked for a refund. What do I do?*** 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 registration 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 are a "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 there is 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 calculation of meeting expenses. TASC committee members should be admitted free 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. By setting a target month for classes held, we prevent: overlap of classes, bunching of similar classes, long gaps between basic classes, overloading too many classes in 1 month, and direct schedule conflicts. Our goals include offering a variety of medical, behavioral, psychiatric, clinical, related disciplines and experiential topics 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 and on 100% in-kind donations of members’ time; each class is self-supporting. The website is donated by Self Determination Resources Inc (SDRI) as a public service in support of the CO-OP. Centralized 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 “E-Mail Keeper” sending out all of the class flyers rather than individual members sending out their own?*** It’s difficult and time consuming for different people to track multiple changing membership and E-Mail addresses. A single “E-Mail Keeper” eases the load for individual agency CO-OP members. The single “E-Mail Keeper” maintains an updated list. It also helps make flyer formats more consistent and unintended schedule conflicts more easily detected. The website is another mechanism for publicizing classes, but is a secondary source only due to some delay in posting.

***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 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 the TASC team about agencies to contact for least disruption to the Annual Plan’s topics and assignments.

\* If unable to find a suitable trade, send an E-Mail to the “E-Mail Keeper” explaining why you are unable to host and requesting a CO-OP Member agency to voluntarily host the class. The “E-Mail Keeper” will notify the CO-OP Members.

\* If no volunteer is identified, send an E-Mail explaining that the class will be cancelled 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. Please make an effort to fulfill your commitment to the CO-OP; we rely on your support.

***Who do I contact to change or update some information about my agency’s designated CO-OP Contact, E-Mail address, phone number, mailing address? ?*** For E-Mail address changes contact the “E-Mail Keeper”. For changes to course titles, training sites, instructor info, etc., notify the “Host Kit 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, call or E-Mail the agency who hosted the class or the CO-OP’s “Paper Keeper”. The “Paper Keeper“ can only replace certificates for classes for which rosters were received. The $5 payments go to the agency that provides the replacement certificate. 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. Website listings are typically posted a week after the “E-Mail Keeper” sends out the announcement and flyers for each class.

***Who do I contact for other questions about the Training CO-OP?*** Call or E-Mail any TASC member for more information. The TASC has divided up additional responsibilities as follows:

**Host Kit Keeper:**

Joanne O’Connell, Multnomah County 503-988-6387

Joanne.oconnell@multco.us

**Website** **Keeper:**

Michael Gmirkin, SDRI, 503-292-7142

michael@sdri-pdx.org

**E-Mail Keeper:**

Irene Lee, Multnomah County, 503-988-6396

 Irene.Lee@multco.us

**Paper Keeper:**

Joanne O’Connell, Multnomah County 503-988-6387

421 SW Oak St, Ste 640, Portland, OR 97204

joanne.oconnell@multco.us

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

**Hosting OIS** does involve a possible financial risk for CO-OP members if there is a maximum number of students allowable in a class, and the instructor fees are substantial. The suggestions below may help minimize this risk to your organization.

* Only a select few OIS trainers have appropriate certification (official approval) to do OIS training outside their own agency. These are **OIS Independent Trainers**. R*equests for a current list of OIS Independent Trainers:*
	+ Go to http://www.asioregon.org/oregon-intervention-system/community-supports/and scroll down to the different lists of OIS Instructors, choose ‘OIS-Independent-Instructors’
	+ *contact ASI Data Coordinator, Amy Tona at* ***(503) 941-5256 x136.***
* The maximum number of students 1 OIS Instructor can certify is 12. Current maximum allowed fee (2017) is $1,080 **plus expenses** per workshop for 12 students. OIS Instructors are charging between $90- $105/student, depending on other expenses.
* If an OIS Instructor uses a co-trainer they can reasonably increase the number of class participants to 18. Occasionally, an Instructor may find another Instructor in need of a co-train (a certification requirement), or if your OIS Instructor is a Mentor, they can bring in a candidate to co-train & assist with a larger class.
* The fee the OIS Instructor quotes you may include handouts, evaluations & certificates, as well as snacks. Do ask the Instructor what they are providing. You may be able to negotiate the fee if you provide the photocopying and snacks.
* **Doubling fees for non-CO-OP Members is not allowed for OIS.**
* **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 wireless access.**

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 with intent to utilize funds for their own staff to attend other CO-OP classes.***