

RESOLUTION NO. 1606

A RESOLUTION OF THE CITY OF WILSONVILLE AUTHORIZING THE CITY MANAGER TO ENTER INTO AN INTERGOVERNMENTAL AGREEMENT ON BEHALF OF THE CITY OF WILSONVILLE WITH THE CLACKAMAS COUNTY JUVENILE DEPARTMENT IN ORDER TO RECEIVE REIMBURSEMENT FUNDS FOR THE CITY OF WILSONVILLE FOR PROVIDING THE WILSONVILLE DIVERSION PROGRAM.

WHEREAS, the Wilsonville City Council adopted the budget for the 1999-2000 fiscal year including the creation of a new position to serve the "at risk" youth population; and

WHEREAS, the Clackamas County Juvenile Department has assisted staff in creating a local accountability program to hold local youth offenders accountable; and

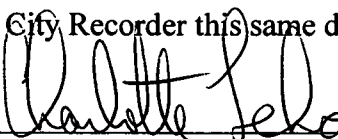
WHEREAS, the City of Wilsonville will receive financial reimbursement from the Clackamas County Juvenile Department for offering the Wilsonville Diversion Program; and

WHEREAS, the Wilsonville City Council approved Resolution No. 1586 entitled, "A Resolution Of The City Of Wilsonville Authorizing The Youth Services Director To Enter Into A Memorandum Of Understanding On Behalf Of The City Of Wilsonville With The Clackamas County Juvenile Department To Provide Additional Services To The Youth Of Wilsonville Through The Program Referred To As The Wilsonville Diversion Program" which authorized the City to enter into a memorandum of understanding with the Clackamas County Juvenile Department.

NOW, THEREFORE, THE CITY OF WILSONVILLE RESOLVES AS FOLLOWS:

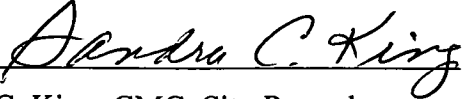
1. The City Council, does hereby authorize the City Manager to sign the intergovernmental agreement on behalf of the City of Wilsonville between the Clackamas County Juvenile Department in order to receive reimbursement funds for the City of Wilsonville for providing the Wilsonville Diversion Program.

ADOPTED by the Wilsonville City Council at a regular meeting thereof this 20th day of December 1999, and filed with the Wilsonville City Recorder this same date.



CHARLOTTE LEHAN, MAYOR

ATTEST:



Sandra C. King, CMC, City Recorder

SUMMARY OF VOTES:

Mayor Lehan	Yes
Councilor Helser	Yes
Councilor Barton	Yes
Councilor Kirk	Yes
Councilor Holt	Yes

**CLACKAMAS COUNTY AND CITY OF WILSONVILLE
INTERGOVERNMENTAL AGREEMENT**

I. Purpose

This agreement is entered into between Clackamas County (COUNTY) and City of Wilsonville for the cooperation of units of local government under the authority of ORS 190.010.

This agreement provides the basis for a cooperative working relationship for the purpose of establishing a local diversion program to protect the public, to hold youth offenders accountable for their actions and to provide youth with opportunities to develop skills that prevent them from reoffending. Restoring losses to the community and victims is fundamental in our collective work. The consequences that are assigned to offenders shall be natural, logical, immediate, short term in nature and related to the behavior.

II. Scope of Work and Cooperation

A. Wilsonville Diversion Program agrees to:

- 1) Assess all youth referred to the juvenile department for status offenses, violations, all Class C Misdemeanors and all Class B Misdemeanors and specified Class A Misdemeanors (see attachment A).
- 2) Complete a Risk Assessment for all youth determined to be eligible to participate in the local diversion program (see attachment B).
- 3) Enter into and monitor compliance of youths' Diversion Agreement conditions (see attachment C);
- 4) Coordinate and keep open communications with the Juvenile Department Liaison regarding case planning, progression of the case and final disposition of the case.

B. The COUNTY agrees to:

- 1) Forward copies of appropriate documents, including police reports, to the Wilsonville Diversion Program.
- 2) Serve as the centralized depository for all records involving juvenile offenders;
- 3) Provide liaison staff for technical assistance, case consultation and networking as required.
- 4) Serve as a back-up for any and all cases failing to complete the Wilsonville Diversion Program.
- 5) Allow youth who score moderate risk on attachment B to be eligible for Juvenile Department funded resources.

III. Compensation

The COUNTY agrees to pay the City of Wilsonville an amount not to exceed \$5,000.00 for the services outlined in Section II.A.

Interim payments shall be made on the basis of requests for payment submitted as follows:

All requests for payment are subject to the approval of the COUNTY and will be submitted to: Douglas Poppen, Director
Clackamas County Juvenile Department
2121 Kaen Rd.
Oregon City, OR 97045

IV. Liaison Responsibility

Robb Reed, will act as liaison from the Wilsonville Diversion Program for this project. Jana Houchin will act as liaison from the COUNTY.

V. Special Requirements

- A. The COUNTY and Wilsonville Diversion Program agree to comply with all applicable local, state, and federal ordinances, statutes, laws and regulations.
- B. The City of Wilsonville and the County each agree to protect and save the other, its elected and appointed officials, agents, and employees while acting within the scope of their duties as such, harmless from and against all claims, demands, and causes of action of any kind or character, including the cost of defense thereof, arising in favor of the governmental unit's employees or third parties on account of personal injuries, death or damage to property arising out of services performed or omissions of services or in any way resulting from the acts or omissions of the governmental unit's, employees, subcontractors, or representatives under this agreement.
- C. Record and Fiscal Control System. All payroll and financial records pertaining in whole or in part to this agreement shall be clearly identified and readily accessible. Such records and documents should be retained for a period of three (3) years after receipt of final payment under this agreement; provided that any records and documents that are the subject of audit findings shall be retained for a longer time until such audit findings are resolved.

- D. **Access to Records.** The COUNTY, the State of Oregon and the Federal Government, and their duly authorized representatives shall have access to the books, documents, papers, and records of the Wilsonville Diversion Program which are directly pertinent to the agreement for the purpose of making audit, examination, excerpts, and transcripts.
- E. This agreement is expressly subject to the debt limitation of Oregon Counties set forth in Article XI, Section 10, of the Oregon Constitution, and is contingent upon funds being appropriated therefor. Any provisions herein which would conflict with law are deemed inoperative to that extent.
- F. If funds associated with this project are used to subcontract, the governmental unit engaging the subcontractor shall make the subcontractor conform to all the rules of this Agreement, and shall incorporate the language of the Agreement into the subcontract.

VI. Amendment

This agreement may be amended at any time with the concurrence of both parties. Amendments become a part of this agreement only after the written amendment has been signed by both parties.

VII. Term of Agreement

This agreement becomes effective upon acceptance by all parties and shall terminate on June 30, 2000.

This agreement is subject to termination by either of the parties when thirty (30) days' written notice has been provided. Notwithstanding the termination provisions in this agreement, it is the intent of the parties to continue to project indefinitely.

Upon termination of this agreement, any unexpended balances of agreement funds shall remain with the COUNTY.

CLACKAMAS COUNTY
Chair: Bill Kennemer
Commissioner: Larry Sowa
Commissioner: Michael Jordan

Signing on Behalf of the Board:

Douglas Poppen, Director Date
Clackamas County Juvenile Department

Approved as to Form:

Susie L. Huva, Asst. County Counsel

CITY OF WILSONVILLE
Council: Bruce Barton
 John Helser
 Benny Holt
 Alan Kirk



Charlotte Lehan, Mayor Date



Arlene Lobe, Date
City Manager

Approved as to Form:



Joan Kelsey, Asst. City Attorney

DIVERSION PANEL CASES

Status Offenses:

Curfew
Runaway

Violations:

Minor in Possession of Alcohol
Municipal Ordinances
Possession of Less Than One Ounce of Marijuana
Possession of Tobacco
Unlawfully Applying Graffiti

Class C Misdemeanors:

Criminal Mischief III
Criminal Trespass II
Criminal Trespass II by a Guest
Initiating a False Report
Misrepresentation of Age by a Minor
Offensive Littering
Possession of Less Than One Ounce of Marijuana within
1000' of a School
Theft III
Theft of Services (total value under \$50)

Class B Misdemeanors:

Carrying a Concealed Weapon (other than a gun)
Deposit Trash Within 100 yards of Waters
Disorderly Conduct
Harassment
Telephonic Harassment

Class A Misdemeanors:

Criminal Mischief II
Forgery II
Giving False Information to a Police Officer
Theft II (total value under \$125)

Cases Which Will Not Be Diverted:

All Class A Misdemeanors, other than those which are listed on previous page.

Criteria for Second or Subsequent Referrals to Panels:

- **Second Referral:** If a youth successfully completed the diversion panel for his/her first referral and their second referral is a status offense, violation (other than drug and alcohol) or C misdemeanor, the case will automatically be diverted again. HOWEVER, if their second referral is an A or B misdemeanor, the case will be assigned to the Diversion Panel Liaison to determine if it is appropriate. If the referral is their second drug or alcohol related charge, the case will be assigned to the drug and alcohol counselor to handle.
- **Subsequent Referral:** If a youth receives any subsequent status offense or violations (other than drug and alcohol), the case will automatically be diverted to the panel. HOWEVER, if the youth is subsequently referred for a misdemeanor and/or drug & alcohol related charge, the case will be assigned to either a Reception, Diversion or Drug and Alcohol Counselor.

Youth's Name _____

Youth's Initials: _____

Age: ____ DOB: ____ / ____ / ____ Gender: Male Female

County of residence: _____

Is the youth proficient in English? Yes No

Is the family proficient in English? Yes No

If no, what is youth's and/or family's first language? _____

Does the youth need an interpreter? Yes No

Does the family need an interpreter? Yes No

Reason for screening: Offense/citation: _____

OR: Presenting behavior: _____

Behavior was identified by (agency name) _____

Youth's race (check at least one):

American Indian/ Alaskan Native

Asian/Pacific Islander

Black

White

Other/None

Unknown

Youth's ethnicity (check at least one):

Hispanic/Latino

Chinese

Japanese

Vietnamese

Other/None

Unknown

INSTRUCTIONS:

Please check the appropriate response (YES, NEED MORE INFORMATION, or NO) for each indicator in the domain. If you have checked at least one circle in a domain, then check the large box () in the left margin. Refer to Instruction Sheet for specific definitions and instructions.

1.0 SCHOOL ISSUES

- | | | | | |
|-----|---|-------------------|--------------------------|--------------------------|
| | | Need
More Info | | |
| | | Yes | No | |
| PF1 | Significant school attachment/commitment | ★ | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.1 | Academic failure (current or within past 6 months) | ○ | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 | Chronic truancy..... | ○ | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.3 | School drop-out..... | ○ | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.4 | Suspension(s) or expulsion(s) during past 6 months | ○ | <input type="checkbox"/> | <input type="checkbox"/> |
| PF2 | Family actively involved in helping youth succeed in school | ★ | <input type="checkbox"/> | <input type="checkbox"/> |
| PF3 | Teachers let youth know when s/he is doing well | ★ | <input type="checkbox"/> | <input type="checkbox"/> |

2.0 PEER RELATIONSHIPS

- | | | | | |
|-----|--|---|--------------------------|----------------------------|
| PF4 | Friends disapprove of delinquent behavior..... | ★ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1 | Friends engage in antisocial or acting-out behaviors ... | ○ | <input type="checkbox"/> | <input type="checkbox"/> ▲ |
| 2.2 | Social isolation: youth is on the fringe of her/his peer group with few or no close friends..... | ○ | <input type="checkbox"/> | <input type="checkbox"/> ▲ |
| PF5 | Has friends who are academic achievers | ★ | <input type="checkbox"/> | <input type="checkbox"/> |

3.0 ANTISOCIAL BEHAVIOR

- | | | | | |
|-----|--|---|--------------------------|----------------------------|
| 3.1 | Chronic antisocial behavior at school starting before age 13 | ○ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 | Three or more referrals for criminal offenses | ○ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.3 | Referral for a criminal offense at age 13 or younger | ○ | <input type="checkbox"/> | <input type="checkbox"/> ▲ |
| PF6 | Involved in constructive extra-curricular activities..... | ★ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.4 | Chronic runaway history..... | ○ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.5 | Behavior hurts others or puts them in danger..... | ○ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.6 | Behavior hurts youth or puts her/him in danger | ○ | <input type="checkbox"/> | <input type="checkbox"/> |

▲ = Indicates factors related to risk for serious/violent behavior. See "Violence Indicators" on page 3.

RATERS' NOTES/ COMMENTS:

In the space below, please include information about areas of concern.

Continue =>

MENTAL HEALTH INDICATORS

If any items are checked "yes," completion of the Oregon Mental Health Referral Checklist is indicated. (See Users' Guide.)

- | | Need More Info | |
|---|-----------------------|-----------------------|
| | Yes | No |
| M.1 Actively suicidal or prior suicide attempts | <input type="radio"/> | <input type="radio"/> |
| M.2 Depressed or withdrawn | <input type="radio"/> | <input type="radio"/> |
| M.3 Difficulty sleeping or eating problems | <input type="radio"/> | <input type="radio"/> |
| M.4 Hallucinating, delusional, or out of touch with reality (while not on drugs or alcohol) | <input type="radio"/> | <input type="radio"/> |
| M.5 Intentionally harms or injures animals or people, destroys property, or sets fires | <input type="radio"/> | <input type="radio"/> |

VIOLENCE INDICATORS

If youth had a "yes" in one or more of the following age-specific characteristics indicated by a ▲, consider screening for risk for serious delinquency or violence. (See Users' Guide.)

6-11 year olds:

- Has a criminal offense (item 3.3)
- Early substance abuse (item 5.2)

12-14 year olds:

- Involvement with antisocial peers (item 2.1)
- Social isolation (item 2.2)

AREAS FOR ADDITIONAL SCREENING

The following additional screening and/or assessment is indicated:

- | | Indicated/available | Indicated/not available | Not indicated | Indicated/declined |
|---|-----------------------|-------------------------|-----------------------|-----------------------|
| S.1 Mental Health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| S.2 Violence | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| S.3 Alcohol/Other Drug | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| S.4 Suicide | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| S.5 Firesetter | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| S.6 Strengths-Based | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| S.7 Family Functioning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| S.8 Educational | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| S.9 Gender-Specific (girls/young women) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| S.10 Culturally Sensitive | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| S.11 Language proficiency test | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Specify language: _____ | | | | |
| S.12 Other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Specify: _____ | | | | |

SOURCES

Sources used for gathering information on this screen/assessment:

- Youth
- Parent/guardian/foster parent
- Other family member
- Specify: _____
- Sibling
- Police report
- Juvenile record
- Juvenile department staff
- School record
- School staff
- Social service agency record
- Social service agency staff

Name of screener (please print) _____

Phone number: _____

Agency of screener _____ Date: ___ / ___ / ___

WHAT TO DO WITH THIS FORM:

After you have completed the instrument, please retain the original and send a copy of pages 1-3 to the designated contact for your department, agency, or county. If you do not know who the designated contact is, please return the form to:

Northwest Professional Consortium, Inc.
5200 SW Macadam, Suite 420
Portland, OR 97201

Telephone: 503-243-2436 Fax: 503-243-2454

mackin@npcresearch.com

Clackamas County Diversion Agreement

In the Matter Of

DOB

The above named Youth has met with their local Diversion Panel as a result of a referral alleging _____ occurring on _____.

The Diversion Panel has reviewed your case and has assigned the following conditions:

- Complete _____ hours of community service work
- Complete a written essay - _____
- Participate in counseling - _____
- Participate in personal skills class - _____
- Attend a drug and alcohol education/evaluation program.
- Attend the Victim's Impact Panel on _____
- Participate in Victim Offender Mediation Program (VOMP).
- Write apology letter to victim.
- Pay restitution in amount of \$ _____
- Other - _____
- Other - _____

This agreement will terminate on _____.

Successful completion of this agreement will result in closing and dismissal of your case with the Juvenile Department.

Failure to abide by the above conditions will result in your case being referred to the Juvenile Department for further action.

Youth

Date

Parent

Date

Diversion Panel Coordinator

Date