



# TILLAMOOK COUNTY BOARD OF COMMISSIONERS NOTICE OF MEETING AGENDAS

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## BOARD OF COMMISSIONERS

**Erin D. Skaar**, Chair  
*eskaar@co.tillamook.or.us*

**Mary Faith Bell**, Vice-Chair  
*mfbell@co.tillamook.or.us*

**David Yamamoto**, Commissioner  
*dyamamoto@co.tillamook.or.us*

## CONTACT

Tillamook County Courthouse  
201 Laurel Avenue  
Tillamook, Oregon 97141  
503.842.3403  
[www.co.tillamook.or.us](http://www.co.tillamook.or.us)

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## COMMUNITY UPDATE MEETING

**Tuesday, April 11, 2023 at 8:00 a.m.**  
*Teleconference and KTIL-FM at 95.9*

## BOARD MEETING

**Wednesday, April 12, 2023 at 9:00 a.m.**  
**Board of Commissioners' Meeting Room 106**  
*County Courthouse, Teleconference, and Live Video at [tctvonline.com](http://tctvonline.com)*

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## MEETING – 2023-04-12 BOCC MEETING AUDIO.MP4

CALL TO ORDER: Wednesday, April 12, 2023 9:00 a.m.

1. 01:56 Welcome & Request to Sign Guest List
2. 02:05 Pledge of Allegiance
3. 02:30 Public Comment: There were none.
4. 02:30 Non-Agenda Items: There were none.

### LEGISLATIVE – ADMINISTRATIVE

5. 02:35 Discussion and Consideration of a 23-25 Criminal Justice Specialty Court Preliminary Grant Application/Lieutenant Ahnie Seaholm, Sheriff's Office  
  
A motion was made by Commissioner Yamamoto and seconded by Vice-Chair Bell. The motion passed with three aye votes. The Board approved the preliminary grant application.
6. 07:23 Discussion and Consideration of a Memorandum of Understanding with Oregon Department of Human Services, the Port of Tillamook Bay, and Near Space Corporation for Placement and Maintenance of Conex Storage Containers for Housing Evacuation Equipment/Randy Thorpe, Director, Emergency Management Department  
  
A motion was made by Commissioner Yamamoto and seconded by Vice-Chair Bell. The motion passed with three aye votes. The Chair signed the memorandum of understanding.
7. 22:38 Discussion and Consideration of Change Order #5 to Contract #4900 Contract for General Services with Recology Western Oregon for the Hauling of Municipal Solid Waste, Yard Debris, and Other Materials from the Manzanita Transfer Station to the Tillamook Transfer Station Project/David McCall, Manager, Solid Waste Department, Public Works Department  
  
A motion was made by Commissioner Yamamoto and seconded by Vice-Chair Bell. The motion passed with three aye votes. The Board signed the change order.
8. 25:07 Discussion and Consideration of an Application for Eligibility with the State of Oregon Department of Administrative Services/Shawn Blanchard, Treasurer  
  
A motion was made by Commissioner Yamamoto and seconded by Vice-Chair Bell. The motion passed with three aye votes. The Chair signed the application.

9. 26:28 Discussion and Consideration of an Order in the Matter of the Appointment of a Member to the 4-H and Extension Service District Budget Committee/Shawn Blanchard, Treasurer
- A motion was made by Commissioner Yamamoto and seconded by Vice-Chair Bell. The motion passed with three aye votes. The Board signed Order #23-014, 4-H & Ext. #23-001.
10. 28:05 Discussion and Consideration of a County Assessment Function Funding Assistance Grant from the Oregon Department of Revenue/Denise Vandecoevering, Assessor & Tax Collector
- A motion was made by Commissioner Yamamoto and seconded by Vice-Chair Bell. The motion passed with three aye votes. The Chair signed the grant application.
11. 33:33 Discussion and Consideration of a Personal Services Agreement with Gallup, Inc. for Employee Engagement and Workplace Survey Services/Jodi Wilson, Human Resources Director
- A motion was made by Commissioner Yamamoto and seconded by Vice-Chair Bell. The motion passed with three aye votes. The Board signed the agreement.
12. 42:42 Discussion and Consideration of an Out-of-State Travel Request for David Yamamoto to attend the National Association of Counties Annual Conference in Austin, Texas, 7/20—7/25/2023/Commissioner David Yamamoto
- A motion was made by Commissioner Yamamoto and seconded by Vice-Chair Bell. The motion passed with three aye votes. The Chair signed the travel request.
13. 46:50 Discussion and Consideration of an Out-of-State Travel Request for Rachel Hagerty to attend the National Association of Counties Annual Conference in Austin, Texas, 7/20—7/24/2023/Commissioner David Yamamoto
- A motion was made by Commissioner Yamamoto and seconded by Vice-Chair Bell. The motion passed with three aye votes. The Chair signed the travel request.
14. 51:07 Discussion and Consideration of a Grant Application to Business Oregon for the Shilo Levee Rehabilitation Project/Rachel Hagerty, Chief of Staff
- A motion was made by Commissioner Yamamoto and seconded by Vice-Chair Bell. The motion passed with three aye votes. The Chair signed the grant application.
15. 55:48 Board Concerns:  
Budget Season/Commissioner Erin Skaar
16. 56:06 Board Announcements

**ADJOURN – 9:57 a.m.**

## AGENDAS

### **COMMUNITY UPDATE – 2023-04-11 COMMUNITY UPDATE AUDIO.MP4**

CALL TO ORDER: Tuesday, April 11, 2023 8:01 a.m.

- 01:13            **UNSCHEDULED:** Announcement Regarding Budget Meeting/Commissioner Erin Skaar
1.    01:35            Welcome and Board of Commissioners' Roll Call
2.    02:07            Tillamook County Community Health Center
3.    04:43            Nehalem Bay Health Center & Pharmacy
4.    12:44            Sheriff's Office

#### **AGENDA ITEM TAKEN OUT OF ORDER**

5.    07:48            Emergency Management
6.    09:28            Board of Commissioners
7.                    Cities
- 19:14            Manzanita
- 20:40            Rockaway Beach
- 22:03            Garibaldi
- 22:21            Bay City

**ADJOURN – 8:21 a.m.**

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## JOIN THE BOARD OF COMMISSIONERS' MEETINGS

The board is committed to community participation and provides opportunity for public attendance during meetings via in-person and teleconference.

- **Community Update Meetings: Tuesdays at 8:00 a.m.**
  - Teleconference: Dial 971-254-3149, Conference ID: 736 023 979#
  - Radio: KTIL-FM at 95.9
  
- **Board Meetings: Wednesdays at 9:00 a.m.**
  - County Courthouse: Board of Commissioners' Meeting Room 106, 201 Laurel Avenue, Tillamook
  - Teleconference: Dial 971-254-3149, Conference ID: 736 023 979#
  - Live Video: [tctvonline.com](http://tctvonline.com)

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## MEETING INFORMATION AND RULES

- Matters for discussion and consideration by the board shall be placed on an agenda prepared by the staff and approved by the board chair. Any commissioner may request items on the agenda.
- Public hearings are formal proceedings publicized through a special public notice issued to media and others. Public hearings held by the board are to provide the board an opportunity to hear from the public about a specific topic. Public hearings are therefore different regarding audience participation at board meetings.
- Commissioners shall be addressed by their title followed by their last name.
- Commissioners shall obtain approval from the chair before speaking or asking questions of staff, presenters, and public. As a courtesy, the chair shall allow an opportunity, by the commissioner who has the floor, to ask immediate follow-up questions.
- A majority of the board shall constitute a quorum and be necessary for the transaction of business.
- All board meeting notices are publicized in accordance with public meeting laws.
- All board meetings shall commence with the Pledge of Allegiance.
- The chair will utilize the gavel as needed to maintain order, commence and adjourn meetings, and signal approval of motions.
- The board reserves the right to recess to executive session as may be required at any time during these meetings, pursuant to ORS 192.660(1).
- The courthouse is accessible to persons with disabilities. If special accommodations are needed for persons with hearing visual, or manual impairments who wish to participate in the meeting, contact (503) 842-3403 at least 24 hours prior to the meeting so that the appropriate communications assistance can be arranged.

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## **PUBLIC COMMENT**

- Providing public comment is an opportunity for constituents to be heard and express their views to the board.
- The board allows public comment at board meetings during the public comment period designated on the agenda.
- Comments are limited to one per person and per agenda item.
- Comments must be related to the agenda item(s) previously registered to comment on.
- The allotted time for public comments is two minutes per person; this time may not be allotted to another speaker. The chair may, at their sole discretion, further limit or expand the amount of time.
- The public comment opportunity is not a discussion, debate, or dialogue between the speaker and the board, which may or may not respond.
- Members of the public do not have the right to disrupt the meeting; the board may prohibit demonstrations such as booing, hissing, or clapping.
- Remarks containing hate speech, profanity, obscenity, name calling or personal attacks, defamation to a person, people, or organization, or other remarks the board deems inappropriate will not be allowed.
- Failure to follow all rules and procedures may result in not being able to provide public comment and/or being removed from the meeting.

### **In-Person Procedures**

- Sign in before the meeting begins and indicate your desire to provide public comment and which agenda item you would like to comment on. When your name is announced, please come forward to the table placed in front of the dais and for the record, first identify yourself, area of residence, and organization represented, if any.

### **Virtual Procedures**

- Register by sending an email to [publiccomments@co.tillamook.or.us](mailto:publiccomments@co.tillamook.or.us) by 12:00 p.m. on the Tuesday prior to the board meeting. The email must contain all of the following information:
  - Full name, area of residence, and phone number.
  - Agenda item(s), you wish to comment on.
- Once registered, and before the start of the meeting, board staff will email a Microsoft Teams meeting link.
- When logged in to the meeting you must remain muted with your camera off until your name is called, then you unmute and turn on your camera.
- The chair may require those providing virtual comment to turn on their camera while providing comment or testimony.

### **Written Procedures**

- Written comments may be mailed to 201 Laurel Avenue, Tillamook, Oregon 97141 or emailed to: [publiccomments@co.tillamook.or.us](mailto:publiccomments@co.tillamook.or.us).
- Written comments received by 12:00 p.m. on the Tuesday prior to the board meeting will be distributed to the board and posted online. All written comments submitted become part of the permanent public meeting record.

## **AGENDAS**

### **COMMUNITY UPDATE**

CALL TO ORDER: Tuesday, April 11, 2023 8:00 a.m.

1. Welcome and Board of Commissioners' Roll Call
2. Adventist Health Tillamook
3. Coastal Caucus
4. Tillamook County Community Health Center
5. Nehalem Bay Health Center & Pharmacy
6. Tillamook Family Counseling Center
7. Sheriff's Office
8. Emergency Management
9. Board of Commissioners
10. Cities
  - a. Manzanita
  - b. Nehalem
  - c. Wheeler
  - d. Rockaway Beach
  - e. Garibaldi
  - f. Bay City
  - g. Tillamook
  - h. South County

### **ADJOURN**

## **MEETING**

CALL TO ORDER: Wednesday, April 12, 2023 9:00 a.m.

1. Welcome & Request to Sign Guest List
2. Pledge of Allegiance
3. Public Comment
4. Non-Agenda Items

## **LEGISLATIVE – ADMINISTRATIVE**

5. Discussion and Consideration of a 23-25 Criminal Justice Specialty Court Preliminary Grant Application/Lieutenant Ahnie Seaholm, Sheriff's Office
6. Discussion and Consideration of a Memorandum of Understanding with Oregon Department of Human Services, the Port of Tillamook Bay, and Near Space Corporation for Placement and Maintenance of Conex Storage Containers for Housing Evacuation Equipment/Randy Thorpe, Director, Emergency Management Department
7. Discussion and Consideration of Change Order #5 to Contract #4900 Contract for General Services with Recology Western Oregon for the Hauling of Municipal Solid Waste, Yard Debris, and Other Materials from the Manzanita Transfer Station to the Tillamook Transfer Station Project/David McCall, Manager, Solid Waste Department, Public Works Department
8. Discussion and Consideration of an Application for Eligibility with the State of Oregon Department of Administrative Services/Shawn Blanchard, Treasurer
9. Discussion and Consideration of an Order in the Matter of the Appointment of a Member to the 4-H and Extension Service District Budget Committee/Shawn Blanchard, Treasurer
10. Discussion and Consideration of a County Assessment Function Funding Assistance Grant from the Oregon Department of Revenue/Denise Vandecoevering, Assessor & Tax Collector
11. Discussion and Consideration of a Personal Services Agreement with Gallup, Inc. for Employee Engagement and Workplace Survey Services/Jodi Wilson, Human Resources Director
12. Discussion and Consideration of an Out-of-State Travel Request for David Yamamoto to attend the National Association of Counties Annual Conference in Austin, Texas, 7/20—7/25/2023/Commissioner David Yamamoto
13. Discussion and Consideration of an Out-of-State Travel Request for Rachel Hagerty to attend the National Association of Counties Annual Conference in Austin, Texas, 7/20—7/24/2023/Commissioner Yamamoto



14. Discussion and Consideration of a Grant Application to Business Oregon for the Shilo Levee Rehabilitation Project/Rachel Hagerty, Chief of Staff
15. Board Concerns
16. Board Announcements

**ADJOURN**

**OTHER MEETINGS AND ANNOUNCEMENTS**

A public workshop of the Tillamook County Budget Committee will be held on **Tuesday, April 11, 2023** at **9:00 a.m.** The workshop will be held in the Board of Commissioners' Meeting Room 106 in the Tillamook County Courthouse, 201 Laurel Avenue, Tillamook, Oregon. Additional meetings will be held on **Wednesday, April 12, 2023** at **1:00 p.m.** and **Thursday, April 13, 2023** at **9:00 a.m.** The teleconference number is 1-971-254-3149, Conference ID: 736 023 979#

The Board Briefing scheduled for **Wednesday, April 12, 2023** at **2:00 p.m.** has been **CANCELLED.**



# TILLAMOOK COUNTY BOARD OF COMMISSIONERS' MEETING

WEDNESDAY, APRIL 12, 2023

## PUBLIC COMMENT SIGN-IN SHEET

PLEASE PRINT

NAME	AREA OF RESIDENCE	NAME OF ORGANIZATION (IF ANY)	AGENDA ITEM
<i>There were no sign-ups</i>			

**GRANT WORKSHEET**

**FY 2023/2024 BUDGET**

Please check here if no salaries are funded by this grant. If the grant is funding all or part of an employees salary:  
**COMPLETE PAGE 2 OF THIS WORKSHEET**

Funding Source Code **114233264520**  
*For Accounting Department use only*

**County Fund & Dept Receiving Grant**  
**Community Corrections**

**Award Period:**  
 Begin: 7/1/2023

<b>GRANT Common Name</b> Specialty Court <i>Everyday name used within your department</i>	<b>GRANT Formal Name</b> CJC Specialty Court Grant <i>Complete formal name given to grant by funding source</i>
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**PLEASE ATTACH COPY OF GRANT AWARD**

**Source of Funds**

*Where did the funding come from?*  
 Did the funds come directly to the county from the federal government?  
 Did the funds pass through the State of Oregon or another organization before arriving at the county?

**Grant Number:**  
 If Federal Grant: CFDA Number  
 If State Grant: Number assigned by state funding source

- Direct, federal government, dept of \_\_\_\_\_ CFDA: \_\_\_\_\_
- ARRA, federal "Stimulus" \_\_\_\_\_ CFDA: \_\_\_\_\_
- Indirect, federal government, dept of \_\_\_\_\_ CFDA: \_\_\_\_\_  
 and State of Oregon, dept/division of \_\_\_\_\_
- Indirect, federal government, dept of \_\_\_\_\_ CFDA: \_\_\_\_\_  
 and another entity or organization \_\_\_\_\_
- Direct, State of Oregon, dept/division of Criminal Justice Commission \_\_\_\_\_
- Indirect, State of Oregon, dept/division of \_\_\_\_\_  
 via another entity or organization \_\_\_\_\_
- Other \_\_\_\_\_

**Total Amount of Award: \$**

<b>Is this a new grant?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Match Requirement Amount</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No How Much: \$ _____ <input type="checkbox"/> Hard Dollar Match <input type="checkbox"/> In-Kind (IDENTIFY below)	<b>Is this a multiyear grant?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>IF Yes:</b> Amount Applicable to Current Budget Year: \$ _____
<b>Payment Method:</b> <input type="checkbox"/> Advance <input checked="" type="checkbox"/> Reimbursement	Grant Administrator: <b>Ahnie Seaholm</b>	Accounting Contact: <b>Karen Kronoff</b>
<b>Reporting Cycle</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual		

# Application: Tillamook County Behavioral Health Court

Ahnie Seaholm - aseaholm@co.tillamook.or.us  
Specialty Court Grant Program 23 - 25

## Summary

ID: 0000000043

## Application Questions

In Progress - Last edited: Apr 7 2023

## Narrative Application Questions

### CJC's Comments Regarding Application Questions:

1. The broad principles of the Oregon Specialty Court Standards are defined through appropriate practices which provide guidance on how to operationalize these Standards. These narrative application questions focus on concepts within Best Practices in Treatment Court Evaluation, including how each court operationalizes the Standards to ensure best practices. Thus, responses should demonstrate how program operations meet best practices and/or make efforts to increase fidelity.
2. It is strongly recommended that applicants *first* read through all application questions and closely review the list of required documentation listed in the Grant Solicitation.
3. Regardless of the type of court, applicants must answer all questions and should read questions as they apply to their specific specialty court program.
4. Most, if not all, of these questions are best answered by the entirety of the Specialty Court team.

## Question 1

**Standards 1 and 2: Explain how the specialty court team integrates alcohol and other substance use disorder services and/or mental health services with justice system case processing. (300 word limit)**

Please include the following:

- a. How the defense and district attorney work together in a non-adversarial setting to reach a shared goal, promote public safety, and ensure due process

When a participant is in the evaluation phase there is closed staffing to complete a case review and discuss other pertinent information related to the appropriateness of that individual to become accepted as a participant. Any additional assessments will be conducted, and the potential candidate will discuss this program with their attorney to ensure this venture is something they would like to participate in.

Once a participant has been accepted into the program they are sentenced to probation and the terms and conditions are gone over in a Court Proceeding. The participant receives a participant handbook. Participant's clinical information is discussed in closed pre-court staff meetings only. The team discusses needs and recommendations to the support the individual's mental health and substance use disorders, so they are appropriately connected to resources. Review of the case and assessments are critical to ensure proper referrals and case plans. Referrals to various treatment services would be subject to change and modification during the Participant's time in the Court to address their current needs and risks. This will include counseling, substance use group therapy, mental health group therapy, linking to appropriate community partners for resources that will all wrap around to promote recovery and stability.

The team consists of participation from the Judge, Court Coordinator, District Attorney, Defense, Parole and Probation Deputy, substance use and mental health practitioners as well as a housing specialist from CARE. The team works together to ensure the Participant's needs and risks are addressed to reduce their likelihood of recidivism and success after supervision while holding Participants accountable to the program goals and positive behavior change.

## Question 2

**Standard 3: Explain the eligibility criteria for identifying and documenting potential participants. (400 word limit)**

Please include the following:

- a. Candidate identification, decision making, and acceptance process
- b. Communication process to potential referral sources

A potential candidate can be brought forward to the evaluation phase through several different channels/recommendations (Law enforcement, Parole and Probation, State, Defense, Court, etc), that eventually lands with the defense counsel that is on the team. The participant signs release of information, the Court Coordinator will enter them in the Specialty Court Management System (SCMS) and set a review hearing. The case and individual are discussed at closed staffing. All parties engage in consistent ongoing communication with each other either in person or through email about possible new BHC Participants.

Recommendations can be based on several factors; continued law enforcement contact for various crimes, repeat offenders through the Court system, on-going noncompliance with probation, etc. Assessments will be conducted which include assessing for mental health conditions as well as substance use disorders. Program policy dictates that the potential participant must have a primary mental health diagnosis that is severe and persistent as outlined in the Oregon Administrative Rules. A participant may also have a substance use disorder but it cannot be the primary diagnosis. A case review and any other pertinent information related to the appropriateness for that individual to become accepted as a participant. Once a participant has been identified and they are staffed with the team, a recommendation for acceptance is made, or a denial is made. Prior to acceptance there is a detailed conversation with the candidate and their attorney to ensure this venture is something they would like to participate in.

The Court accepts pre and post plea cases and in some circumstances post-conviction when an individual is on probation and continually has violations. Currently, our specialty court uses post-conviction risk assessments to include PSC, LS/CMI and WRNA. We have not used those tools as part of the review process to determine acceptance.

The Behavioral Health Court has a set capacity of 20 participants. We typically tread at half this. This tends to be a higher needs population; potential candidates, staffing, and docket time directly affects growing this number above that. The Behavioral Health Court team communicates frequently and enters case notes and updates in Specialty Court Management System (SCMS) for all team members to be up to date. In instances where its more urgent to notify team members of a development with a participant the team can send an email either securely or using the SCMS participant number.





### Question 3

**Standard 4: Describe the continuum of services through a partnership with a primary treatment provider and other community organizations serving program participants. (450 word limit)**

Please include the following:

- a. Explain your dosage of treatment and community supervision as it relates to the participant's risk level
- b. Describe the modality of treatment(s) and interventions offered to participants as it relates to their risk and need levels
- c. Other services offered, such as employment, childcare, housing, etc.
- d. Describe culturally responsive treatment services available such as gender specific care, language services, etc.
- e. If the program serves all risk levels, please describe how populations are kept separate and served accordingly

Each participant's case is handled differently regarding referrals to community organizations and partnering agencies. Tillamook Family Counseling handles all the treatment needs. The dosage of treatment with substance use disorders and mental health professionals is at a minimum, weekly contact for individual treatment, urinalyses, and at minimum one hour a week of case management needs. Participants also have access to peer support services and crisis intervention services 24/7. If an individual is involved in the MAT program, they may be utilizing those services through the Tillamook County Health Department. Community Corrections utilizes the PSC as well as the LS/CMI and WRNA. The risk level developed from these evidenced-based tools are not always utilized with the Court ordered, weekly participant plan, as needs may increase additional contact.

Treatment modalities are evidenced based, such as group therapy (EIMR Group, Relapse Prevention Group, Seeking Safety Group). Individual therapy includes CBT, DBT, Solution Focused, and Motivational Interviewing.

Based on probation case planning and team staffing an individual may also be referred to various community partners for further assistance or resources. This may include Job Connections, Workforce, Tillamook Bay Community College, CARE for housing supports tents and sleeping bags, transportation via bus passes, various other identified supported needs that the team purchases, transitional housing costs and much more.

The Behavioral Health Court team includes a Bi-lingual treatment provider and a Bi-lingual Probation Deputy. The Steering Committee has discussed in detail to implement the RED Tool and we will re-visit that in the near future to ensure we are meeting all needs.

The Behavioral Health Court does serve all risk levels. Currently, risk levels are not separated out for treatment or Court matters as we are too small to be able to create such groups. Probation office visits are individual and responses to violations are handled with risk levels and severity of violation in mind; not a blanket or one size fits all approach.



## Question 4

**Standard 5: Explain the implementation process of a standardized system of drug testing for participants. (300 word limit)**

Please include the following:

- a. Frequency of testing (including weekends and holidays)
- b. Primary method of drug testing
- c. Process of sample collection and results of the sample
- d. Graduation requirement (length of sobriety required)

Cost, staffing and not creating barriers for the participants have impacted our testing. We have recently worked to update urinalysis testing requirements. Not all participants have a co-occurring disorders and some have maintained sobriety for quite some time.

Phase 1 includes four weeks of continuous clean urinalysis. Tillamook Family Counseling Center (TFCC) conducts those urinalysis and bills insurance. TFCC does not conduct viewed urinalysis. Additionally, Parole and Probation will randomly direct a participant into the office to collect a viewed urinalysis to determine compliance or if there is suspicion of use.

Phase 2 includes four clean urinalyses for the duration. The participant will be in the determination stage of change and will have 1-2 urinalysis monthly. These urinalyses will be conducted by either TFCC or Community Corrections and will be based upon court staffing.

Phase 3 includes 90 days of continuous documented urinalysis for the duration. The Participant will have 1-2 urinalysis a month between TFCC and Community Corrections. The participant must be in the action stage of change or better.

Phase 4 is a continuation of Phase 3. Graduation of the program includes moving through phases demonstrates abstinence of controlled substances and alcohol. There is a minimum of 90 days of sobriety for graduation.

If there is a positive urinalysis submitted this can result in the participant being referred to Community Corrections for the random color code UA program for a set duration. We do not offer urinalysis testing on the weekends or holidays.

The primary method of drug testing is urine samples however on some occasions Community Corrections will utilize an oral saliva sample. Community Corrections uses Redwood Toxicology for lab testing. The urine sample is an instant field test with a laboratory confirmation, the oral sample is sent directly to the lab. TFCC uses RIZE laboratories.

## Question 5

**Standard 6: Explain the formal system of graduated responses to participant behavior regarding incentives/awards, sanctions, and therapeutic responses. (500 word limit)**

Please include the following:

- a. Incentives for productive behavior with a range of options for individualization
- b. Sanctions for undesirable behavior (e.g., non-compliance with proximal expectations with a range of options for individualization)
- c. Therapeutic response to lack of progress towards long-term goals with a range of options for individualization
- d. Use of jail and/or fees
- e. Expectations for graduation (job, school, sober housing, fees paid, etc.)

Tillamook Behavioral Health Court is still attempting to secure a non-profit to assist with incentives and supports. Productive behavior is recognized in various ways. This includes verbal recognition by the team during Court, reduced or modified attendance (Webex), certificates presented during Court, earned time off their probation, and a graduation gift and celebration. The Court has also provided all participants with gloves and hats.

Undesirable behavior is also addressed in various ways but very much tailored to that participant. Depending on the violations that are brought forward, one could be mandated to increase recovery meeting attendance, increased office visits with Probation Officer and/or treatment team professionals, additional group therapy interventions, increased urinalysis, community service work can also be utilized when appropriate. A participant could also be moved backward in phases when problems continue. Fees are not a typical response. Jail is utilized when other lower-level responses have not proven successful to change behavior, the violation is too severe, or there is a community safety concern. Additional therapeutic responses to lack of progress have included not only increased or additional treatment but also residential treatment. If a participant enters residential treatment the treatment agency works with the Court and team to have the participant continue appearances via Webex.

Expectations for graduation focus on stable clean and sober housing, to be in the Action Stage of Change or better, to complete Phase 4 paperwork and graduation survey, be employed or receiving disability benefits (secure monthly income), completion of GED or have a high school diploma or GED (unless team agrees it's not feasible). Further, if there is any restitution owed, the participant must have that paid or show that they have been on a payment plan agreement with a pattern of consistent payments.

## Question 6

**Standard 7: Explain the role of the specialty court judge in maintaining ongoing interaction with the court and participants. (300 word limit)**

Please include the following:

- a. Frequency, duration, and nature of judicial interactions with participants (in status hearings) across program phases
- b. Steps or practices undertaken by the judge to increase commitment to treatment and other program requirements among participants
- c. Describe opportunities for input from the other team members in judicial incentive and sanction decisions

The Behavioral Health Court meets weekly for staffing and Court hearings for the participants. There is one Judge assigned to this Court. The Judge has weekly interactions with the team and participants, the duration of the Court is one and a half hours. The Court talks through every participants treatment plan for the week and any participants request for additional services. The Judge spends more than three minutes with each participant at status hearings.

The Judge provides positive affirmations to participants and demonstrates an understanding about participant's personal struggles with mental health and substance use. The Judge provides encouragement to recovery, acknowledging the steps taken when participants make changes to their behaviors. There is also always a clear direction given on what is expected during the program.

The Court and BHC Team meet weekly to discuss the participants progress and any changes in treatment needs this is done prior to Court Proceedings during closed staffing. During this time there are opportunities and encouragement for the team members to provide input about the judicial incentive and sanction decisions. Any sanctions or incentives are discussed with all the team members during staffing or through emails if there is not enough time during staffing. All teams members have the opportunity for input on any action taken. The Judge evaluates and considers all shared information. The Judge imposes a weekly Court Order on what the participant is to do, this is to meet their needs. The Court walks through any issues and changes with the participant during Court.

## Question 7

**Standard 8: Explain how participant feedback is captured and what adjustments are made to processes based on that feedback. (300 word limit)**

Please include the following:

- a. How participant feedback, lived experiences, and community feedback is captured and incorporated into program operations
- b. How data is captured, evaluated, and shared
- c. How the use of SCMS and other electronic data systems are used to inform performance outcomes

The Behavioral Health Court's team utilizes the Specialty Court Management System (SCMS) on a regular basis. Specialty Court Management System keeps information for all team members in one place that is accessed to review participants weekly progress, treatment goals and attendance, Probation requirements, Court mandates, goals, and compliance issues. The team could use assistance on how to better pull data from this program. Currently, the Court Coordinator keeps track of the number of candidates in evaluation phase, those who are in the program, graduated successfully, terminated, out to abscond or in residential treatment. The Court Coordinator pulls weekly reports for the team to discuss at staffing.

All participants participate in a final survey that captures feedback. However, the team has had recent discussions about creating a quarterly, anonymous, survey for all participants so we can better determine areas to improve on throughout their phases. In addition, the team takes feedback from participants and lived experience or word of mouth and incorporates that into modifications when seen as a need. If there are modifications that are needed the team and steering committee discuss those as they come up and address.

The Court has recently just past three years since implementation and will need to discuss standard 8-4 pertaining to having an independent evaluator conduct a process and outcome evaluation.

## Question 8

**Standard 9: Explain the process for training new and current staff, as well as continuing education requirements. (350 word limit)**

Please include the following:

- a. Types of trainings
- b. Orientation training for new staff
- c. Attendance of comprehensive (state or national) trainings

All disciplines that are involved with the Behavioral Health Court Team have various trainings. The team has sent three members to the National Association of Drug Court Professional Conference each year and will continue to send team members. Mental Health and substance abuse professionals have yearly continuing education units (40) that are required for their license renewal. This includes ethics, substance use disorder trainings, mental health trainings such as CBT, DBT, MI, etc. Parole and Probation Deputies have on-going training as well that focus on many areas, such as mental health/crisis intervention, ethics, use of force, and equity training. The Parole and Probation Officer also have access to a mental health charter group.

As our Court is still fairly new (just passing three years since implementation) we have not had much turnover until recently with new team members. The steering committee and team is discussing a better approach to new staff training, this has already included shadowing in Court Sessions. We will be working to ensure training for SCMS to all team members is provided soon. This will be new to some and a refresh for others. The Steering committee is discussing developing an onboarding document regarding procedures and training for new team members. The Circuit Court is working on developing Desk Manuals for Court Staff this will directly assist those new to the BHC.

## Question 9

**Standard 10: Describe who comprises the policy committee that oversees the operations of the court. (400 word limit)**

Please include the following:

- a. How often the policy committee meets
- b. Partnerships with partner agencies
- c. Who is on the advisory committee and how often they meet
- d. Partnerships with community-based organizations
- e. Data sharing and resource development
- f. How the committee helps maintain fidelity to the treatment court model

The Behavioral Health Court (BHC) has a Steering Committee (policy committee) that meets quarterly or when a need surfaces for more immediate attention. This committee includes the team along with other agencies and representatives including the Court, Sheriff Office, TFCC, CARE, County Counsel, County Commissioner, Defense Bar, District Attorney, Tillamook County Health Department, and Adventist Health. There are also times when another community agency may be brought into the meeting for their expertise on a particular matter. There have always been strong partnerships amongst all the agencies that are involved with BHC and a common goal to ensure success of the participants and this program.

Sharing of general updates, which could include data of number of participants and successful graduations are often spoken about as well as capacity to build. The needs of the Court are reviewed and direction for development and the requirements for that. The Court, team and committee, staff areas of need or success while always maintaining confidentiality of the participants. At a minimum of twice a year the standards are reviewed when preparing the CJC semi-annual grant progress report which serves as a good review of standards we need to work towards to maintain fidelity of the treatment court model and best practices.

Tillamook County is a small county with limited resources. However, when there is a need the team and committee can find a solution working with various community-based organizations. We have a team member from CARE who can assist with housing needs; rent, utilities, etc or provide tents and sleeping bags. We work with the Wave Transportation to secure bus passes that are provided to the participants. We have the local community college that has partnered with Community Corrections to offer GED and a Career Guidance Course to all supervised Justice Involved Individuals which includes participants of this Court. The Health Department and Adventist Health offer support in a health care capacity and MAT when needed. There is DHS that assists with many areas like food stamps and we have also refer to the food banks. There are various Churches in the area that provide clothing and other supports. We work closely with Tides of Change a non-profit victims service, Veterans Services, and many more. The goal is to determine on an individual basis what a participant may need and the team will work on making appropriate connections.



## Question 10

What are the marginalized, underserved, and/or vulnerable populations within your community? How does the specialty court program ensure these populations have equitable access and support to be successful? (400 word limit)

Tillamook County spreads over 1102.4 square miles and has a population just over 27,000. Much of the population identifying as white at 83%. Approximately 11% of the total population are of Hispanic Ethnicity. According to the 2020 census Tillamook County's poverty is at 13.6% which is 10% higher than the State of Oregon Rate as well as the United States Rate. The majority of Tillamook County residents speak English. However, Spanish is the highest spoken non-English language which is spoken by 7.26% of the population. Tillamook County has a significant lack of housing across various social economic statuses. Even though there are low-income rental opportunities there are still many that are disadvantaged for finding stable housing.

The Tillamook County Behavioral Health Court serves all populations and reviews cases, assessments, and appropriateness for the Court regardless of one's status. However, the focus of the participants is the vulnerable population with a severe and persistent mental illness.

Research has shown that individuals who struggle with a severe and persistent mental illness are more likely to be a victim of crime as well as struggle with accessing treatment, medication management services, suitable safe and stable housing, accessing available community resources, and may have a higher rate of utilizing services like the emergency department or having ongoing contact with law enforcement. As noted above, poverty is also a major factor in underserved and marginalized individuals within our community. They are more likely to experience inequities in education, employment and health care. Having a substance use disorder as well as a severe mental illness increases the risk of becoming marginalized, disenfranchised, and seen as "the problem in today's society". The Behavioral Health Court provides access to needed services and provides structure with the emphasis being recovery, accountability, and working toward goals that will support the participants needs. We do not disqualify someone based on their substance use, housing needs, employment needs, and education needs.

The Behavioral Health Court also has a Bi-lingual Probation Officer and treatment provider on the team. Further when needed the Court has access to interpreters. This ensures that all participants, regardless of their language can participate and appropriately gain tools they need for success.

## Question 11

Reflect on the strengths, weaknesses, and challenges your court faces, as identified by the specialty court team. (500 word limit)

- a. Describe at least three specific strengths of your program
- b. Describe at least two barriers to implementation of best practices your court encounters and steps taken to mitigate the effect of these barriers
- c. Describe steps planned to mitigate or remove at least one barrier to implementation of best practices in the coming biennium.

The Behavioral Health Court can identify several program strengths. The most notable is the collaboration and communication amongst the Team. There is open dialogue and discussion about barriers, incentives, supports, needs and responses. Not only is the team communicating during Court Staffing and Court, they are communicating throughout the week to ensure participant's immediate needs are met with appropriate responses.

The team has common goals for the program. This creates a cohesive approach and benefits the participants. For example, the team works in a fashion that ensures all options have been exhausted to guarantee a participant has every opportunity to be successful, even when they continue to struggle with conformance issues. The team fosters success of a participant which directly impacts how their criminal history may be impacted by, having a reduction in crime class or a dismissal of crime for successful completion of the program.

Another strength would be that the program is focused on person-centered language, and acknowledgement of participants strengths and areas to improve. The program highly focuses on solution focused discussions in response to individual participant barriers. Support and supporting as much autonomy as possibly is provided to allow participants to make positive behavioral changes.

It is recognized that the Behavioral Health Court also has barriers. Two that are most notable would be, meeting standards for urinalysis collection and limited incentives and a non-profit to assist with that.

Per standard 5 there is to be a standardized system of drug testing that shall be randomly administered no less than twice per week including weekdays, weekends, and holidays. For mental Health Court that should be conducted with any individual entering with a positive drug screen or who has a co-occurring substance use disorder. Community Corrections is the only option for viewed urinalysis. There is not the staffing to complete 2 urinalysis per week, per participant if they fall into the above category. Additionally, this can be a large expense that can be past on to the participant as well as a barrier for the participant to report to community corrections twice in one week.

The Behavioral Health Court has struggled with securing a non-profit for assisting with needs of the Court. This has

resulted in the Court utilizing the Criminal Justice Commission Specialty Court Grant for incentives which is limited on what we can provide do to the non-allowable expenses.

Working towards removing these barriers; the Steering Committee and Team is reviewing phases and urinalysis requirements. We will address increased urinalysis with having some of those conducted at Tillamook Family Counseling Center in addition to the urinalysis collected at Community Corrections. This will provide a way to support increased urinalysis even though they are not viewed. Participant's insurance can also be billed at TFCC. We will explore if some costs can be offset by the Specialty Court Grant as well. We are also having additional conversations with some local non-profits to see their capacity for assisting with fund raising and supporting our Court.

## Question 12

Specific documents were requested as part of the application process. Please indicate whether any required documents are missing from this court's application and elaborate on the plans to generate these. (300 word limit)

We do not have a Memorandum of Understanding in place. However, the Behavioral Health Court Steering Committee is jointly working on development of an MOU that is acceptable to all agencies involved. Since there are multiple different entities, this MOU will have to go through all the various counsels before executed. Although the BHC does not have an MOU currently in place, we are actively, and all agree it's the intent to enter an MOU to satisfy the needs of the Court and Standards. We hope to have the opportunity to share this with the Criminal Justice Commission on our final application due in June 2023.

## Question 13

How does the specialty court program plans to utilize and maximize local, state, and federal funding to promote program sustainability? (400 word limit)

The Behavioral Health Court has had to utilize other funding sources for our Court to operate and be sustainable. The grant has only covered a small portion of the expenses it takes for the time, personnel, and resources needed for this. The grant has covered part time of a Probation Officer, a portion of a clinician, all of the participant manual documents, supports and incentives to an extent and training. Personnel needed and not at all or fully covered by the CJC grant include, the Judge, court coordinator and back up Judicial Support, District Attorney and two Deputy District Attorneys, treatment team members and additional treatment clinicians, Community Corrections Staff including a lead Probation Officer, backup Probation Officer, Lieutenant, and support staff. Being that Participants are on probation they also can benefit from other programs like food handlers card and courses like GED and Career Guidance through the Tillamook Bay Community College. These programs have been paid for using other funds like Justice Reinvestment Funds and Grant in Aid. Participants are subject to urinalysis which costs are initially covered by Measure 57 funds through Community Corrections. Tillamook Family Counseling additionally offers supports out of their budget to provide additional bus passes, cell phones and phone cards for data.

The Personnel Costs associated noted in question 14 are based on salaries that are directly related to time spent on the Specialty Court for the biennium. The Oregon Judicial Department includes the Judge and two staff assigned to this Court. Other non-CJC State Funds include the District Attorney, Defense Attorney and Community Corrections Staff. The Local Government funds cover the Deputy DDA's that assist with the Court who both work in a capacity to back up the District Attorney during staffing and Court. Other not identified funds include the Tillamook Family Counseling treatment providers and director's time as well as various supports that they provide to the Court.

If we are unable to offset some of these costs with the grant it would be difficult to continue. As the aforementioned shows, we have large investment in this Court buy the number of various team members and those that are in a supporting or back up role. This ensures the Court continues to operate each week.

## Question 14

Please indicate other funding sources, what budget category that funding is used for (e.g. personnel, contractual services, etc.), and the amount.

Examples of other Funding Sources:

- Justice Reinvestment Funds
- Oregon Judicial Department
- Other non-CJC State Funds
- Federal Funds: BJA
- Federal Funds: SAMSHA
- Private Foundation Grant
- Local Government (County or Municipal)
- Donations
- Other not-identified above

	Funding Source	Funding Category	Amount
1	Justice Reinvestment Funds	Education/Employment	7,880.00
2	Oregon Judicial Department	Personnel	180,000.00
3	Other non-CJC State Funds	Personnel	164,000.00
4	Other non-CJC State Funds	Drug Testing	\$9,600.00
5	Local Government	Personnel	\$8,800.00
6	other not-identified	Personnel	154,448.00
7	Other not-identified	Other Supports	7,200.00
8			
9			
10			
11			
12			

13

14

15

# Template for Recommended Information

## CCO Notice of Coverage for Tillamook County Specialty Court

1. CCO Information: Columbia Pacific, 309 E 2<sup>nd</sup> Street, Dalles, OR 97058  
1-800-273-0557
2. Table: Covered Services with Rate and Dosage

Covered Services	Rate per Dose	Dosage
<b>Alcohol and Substance Use Disorder</b>		
Assessment	\$361.00	
Individual counseling sessions	\$352.00	
Group sessions	\$71.00/hour	
Case management	\$46.00/hour	
Medication Assisted Treatment (MAT) admission and/or services	n/a	
Drug testing (collection and handling only)		
<b>Behavioral Health/Mental Health</b>		
Assessment	\$361.00	
Diagnosis	-	
Medication management	\$287.00	
Psychological testing	-	
Individual counseling sessions	\$352.00	
Group sessions	\$71.00/hour	
Case management	\$46.00/hour	
<b>Other Medical needs</b>		
Acupuncture	n/a	
Medically monitored detox	n/a	
Clinically managed detox	n/a	
Residential treatment (w/ room and board)	n/a	
Self-help/Peer services		
Prescriptions		
[open field]		
[open field]		

Under the Affordable Care Act, insurance plans are required to provide a one-page summary of benefits and therapies, along with their fees, per the U.S. Department of Health and Human Services.

# **Tillamook County Behavioral Health Court Program Description**

## **I. ELIGIBILITY**

**Residency requirements** – Participants must be Tillamook County residents and must continue residing in Tillamook County for the duration of their participation in Behavioral Health Court. Presently, transfers between other county specialty courts are not possible.

**Qualifying Mental Illness** – The participant must have a qualifying diagnosis of schizophrenia, schizoaffective disorder, bi-polar disorder, or major depression with psychosis. PTSD, the combination of a qualifying mental illness, and a serious substance abuse disorder will be taken on a case-by-case basis; as will traumatic brain injuries, and cognitive delays. When it is not possible to determine if the defendant's psychosis is a result of mental illness or simply substance abuse, a defendant may be allowed in during an 'opt in' period wherein he/she is required to drug test, engage in treatment, and take psychiatric medications if prescribed. Traumatic brain injuries and severe developmental delays, not accompanied by a mental illness, will not qualify for Behavioral Health Court.

The defendant must be in a position to make appointments in court, with treatment providers and to be eligible, or get eligible for treatment services.

The proposed participants qualifying diagnosis may be established in any of the following ways outlined through the referral process.

### **Eligible charges may include:**

The criminal conduct must have a nexus to the chronic mental disorder.

### **PRE-ADJUDICATION TRACK**

The District Attorney reserves the right to consult with any named victim prior to determining eligibility. The District Attorney reserves the right to exclude any participant from the program prior to adjudication.

In cases involving restitution, the participant must agree to pay restitution and make payment in full prior to completion of the program.

### **Misdemeanor Crimes**

ALL misdemeanor crimes appropriate for formal (or acceptable to Parole and Probation on a one-time basis) will be given consideration with the exception of:

1. All "person crimes" as designated under OAR 213-003-0001(15) will be a case-by-case determination.
2. Any crime involving a firearm or weapon will be a case-by-case determination.



## Felony Crimes

MOST felony crimes will be given consideration with the exception of:

1. Measure 11 Crimes (ORS 137.700), except for those covered by 137.712.
2. All "person crimes" as designated under OAR 213-003-0001(14) will be a case-by-case determination.
3. Any crime involving a firearm or weapon will be a case-by-case determination.

## POST-ADJUDICATION TRACK (PROBATION TRACK)

Upon recommendation of the probation officer or defense attorney during the pendency of a probation violation, the District Attorney will review the case file and may consult with any named victim prior to taking a position on the appropriateness of entry into the program. If a consensus of all Mental Health Court team members cannot be reached as to whether defendant should enter the program, the Court is the final arbiter. Conditions of probation may be altered to include participation in Mental Health Court over the objection of the District Attorney.

## CONSIDERATION FOR PARTICIPATION IN PROGRAM

### PRE-ADJUDICATION TRACK

Misdemeanor Charge(s):

- Charges to be dismissed upon successful completion of the program

Felony Charge(s):

- Charges to be reduced to misdemeanors upon successful completion of the program if allowed by law.

## POST ADJUDICATION TRACK (PROBATION TRACK)

When conditions of probation are altered to include entry into Mental Health Court, consideration for participation in the program may include:

- Avoidance of probation revocation
- Reduction in use of sanction units
- Possible early termination from probation

## **Referrals:**

A potential participant is referred to the TCBHC through a variety of resources. Referrals can be made by: Judge, Defense Counsel, Tillamook County District Attorney's Office, and/or Probation Officer.

1. If you believe your client is eligible for Tillamook County Behavioral Health Court, contact the Tillamook County Behavioral Health Court Defense Counsel assigned.
2. Provide the Tillamook County Behavioral Health Court Defense Counsel with current mental health assessments or psychological evaluations.
3. Tillamook County Behavioral Health Court Defense Counsel will contact the client and conduct an initial interview. If the defendant does not have a current evaluation or assessment, he will request that one be scheduled.
4. Tillamook County Behavioral Health Court Defense Counsel will present cases to the Deputy District Attorney for consideration. If approved, the DDA will inform the team.
5. The team will staff the case. If they believe the defendant meets criteria, the Tillamook County Behavioral Health Court Probation Officer will conduct a Level of Service Case Management Inventory Assessment (LSCMI) and provide the team with the results.

**Counsel:** Defense counsel will be made available if a Participant is charged with and is facing a formal probation violation for failure to comply with probation conditions or a violation of special conditions when placed in Tillamook County Behavioral Health Court.

## **II. SCREENING AND ASSESSMENT**

### **Screening and Assessment:**

The Tillamook County Behavioral Health Court Team will do an initial screening for eligible mental illness, disability, or other cognitive impairment. The District Attorney may participate in determining eligibility based on charges and community safety. Individuals referred to outpatient treatment shall be assessed and evaluated to determine if they meet the criteria for a mental disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V-TR).

Potential eligible candidates will be required to attend and participate in a state-certified intensive outpatient mental health treatment program as directed. Medium and high-risk offenders based upon the OCMS and LS/CMI risk assessment tool will be treated in the same setting. Low-risk offenders shall be treated separately from medium and high-risk offenders. After screening, the referral to treatment shall be made in conjunction by Community Corrections and the Behavioral Health Court Team. The Tillamook County Behavioral Health Court Judge will make the final eligibility decision for those determined eligible for the Behavioral Health Court Program.

**Chemical Dependency Treatment Screening:** Due to the high incidence of co-occurring mental illness and substance abuse, the Tillamook County Behavioral Health Court Participants may be tested for alcohol and non-prescribed drug use as a diagnostic rule-out and, when indicated, as a treatment issue. The Tillamook County Behavioral Health Court Team, the Treatment Provider and/or the Probation Officer will

determine the need for ongoing or random UAs. Offenders that meet the criteria for substance abuse or dependence shall be referred to a local alcohol and drug treatment facility for an assessment and recommendation for substance abuse treatment.

### **III. RIGHTS OF PARTICIPANT**

#### **Waiver of Legal Rights:**

1. Pre-Adjudication: Defendants considered for entry into the Tillamook County Behavioral Health Court must enter a Guilty or No Contest plea to a criminal charge. If Participant is revoked or removed from the program, the case will be set for a determination of whether their deferred sentence shall be revoked, and the matter set for sentencing. Defense counsel will be made available to Defendants.
2. Post Adjudication:

#### **Advice of Rights:**

1. I know that I am charged with a violation for which I could be put in jail.
2. I know that I am giving up the following important rights by admitting to a violation:
  - (a.) The right to have the State prove I have violated my probation by a preponderance of the evidence.
  - (b.) The right to call witnesses on my own.
  - (c.) The right to testify in my own defense.
  - (f.) The right to remain silent and not have that silence considered against me.
3. I certify that I have not been threatened or forced by anyone to enter this plea, and I am not under the influence of any drug, alcohol, or other intoxicant at this time.
4. I have had the opportunity to fully consider this decision, and I enter the admission freely and voluntarily.
5. I understand that consequences will be recommended by the Tillamook County Behavioral Health Court team and the Judge will make the final determination.
6. I am satisfied with the services of my lawyer.

**Right to Withdraw:** After judicial approval to enter the program, the defendant will have 14 days to withdraw without prejudice.

**Scope and Length of Judicial Supervision:** The Tillamook County Behavioral Health Court is an 18-month program but may be extended at the Court's discretion for good cause. Participant must demonstrate acceptable movement through the Stages of Change, protracted stability, and must complete program requirements.

### **IV. PROCESS**

#### **Process:**

When eligibility is determined, defendant will have the opportunity to observe TCBHC before deciding to enter the program.

Once defendant has made the decision to enter the program, Participant will report to the next regularly scheduled Tillamook County Behavioral Health Court hearing. The Behavioral Health

Court will be held every Monday in Courtroom 224, or such other times as the court may require. (Note, depending on the risk level of individual, staggered start times may apply.) The Behavioral Health Court Team will generally convene at 2:30pm.

If accepted into the Tillamook County Behavioral Health Court, an appointment will be set for Participant to work with the Probation Officer, Tillamook Family Counseling Center staff or other treatment provider to develop a treatment case plan. This plan will be based on needs identified by Participant and Participant's treatment provider and will cover mental and physical health care, Participant's goals, housing, employment, education, medication, chemical dependency treatment, psychosocial and case management needs as appropriate. This plan will be signed by Participant and approved by the Court.

Participant and Team members will receive a copy of the treatment case plan. The treatment case plan will be reviewed regularly and modified as needed.

The Court will be apprised of Participant's progress at regularly held Tillamook County Behavioral Health Court Team Meetings and Court hearings. Potential sanctions for non-compliance will be clearly written in the service and treatment case plan, detailing what action could be taken in response to the individual's failure to comply with conditions. At the same time, it must be recognized that psychiatric relapse or resistance to treatment can be a common occurrence for people with mental illness. Setbacks may have no relation to the individual's desire to comply with court orders or adherence to a treatment plan. When individuals run into difficulties while in Tillamook County Behavioral Health Court, causes will be explored. A determination will be made by the Behavioral Health Court Team in conjunction with the Participant's mental health Treatment Provider and Probation Officer as to whether any noncompliance was willful, criminal behavior, a symptom of the mental illness, or was an indication of the need to change the treatment plan.

Participant will report for the Tillamook County Behavioral Health Court as directed. If there is evidence of sufficient progress through the phases, court appearances may then decrease. Increasing time in court may be used as a sanction for non-compliance.

**Medical Privacy:** Participants will be advised that some medical information may be discussed on the record from time to time and appropriate waivers/consents shall be required to be executed by Participants as a condition of entry into the Tillamook County Behavioral Health Court. The Tillamook County Behavioral Health Court and treatment providers will make reasonable efforts to protect Participant's privacy interests and will remain in compliance with HIPAA.

**Positive Incentives:** Positive incentives will be given for successful progress in the treatment plan and for meeting specific assignments. Incentives may include such things as: praise and encouragement from the Judge and other team members, applause of the entire group, less frequent court appearances, tokens of appreciation, graduation from Behavioral Health Court, award of a certificate of completion, and, if charges are pending, dismissal of charges.

**Sanctions for Non-compliance:** Sanctions will be used in proportion to the gravity of the non-compliance with program requirements. Sanctions may include stern statements from the Judge, warnings, or designation of "no tolerance" status, required development of lists or other written plans to deal with treatment-interfering behavior, time required to sit in court, work crew, jail time, community service work and other appropriate sanctions. Non-compliance may

include, but is not limited to, missed treatment, missed court dates, positive urinalysis, dishonesty to the court and demonstrated poor attitude in treatment or in court.

**Supervision:** Tillamook County Behavioral Health Court team, Probation Officer, Tillamook Family Counseling Center supervisor and ultimately, the Judge will supervise all participants in the program. If a participant is on formal probation, a probation officer will also supervise. The Behavioral Health Court Team or the designated liaison from each participating agency will gather progress reports for the weekly case staffing from Participant's treatment providers and probation officer.

**Successful Completion of Behavioral Health Court:** To graduate from Behavioral Health Court, a Participant will: complete the treatment plan and successfully move through the phases of the program devise by the Behavioral Health Court Team and approved by the Court. Participant must obtain or already have obtained a high school diploma or GED prior to graduation unless the treatment team determines it's not feasible for the participant to obtain a high school diploma or GED. *Participant will participate in an exit interview with the judge.* The judge will determine if all qualifications for graduation have been met and make the final decision regarding graduation from Behavioral Health Court.

Upon successful completion of Behavioral Health Court, eligible charges may be dismissed for the diversionary or deferred sentencing Participant. Participant may petition to set aside the arrest, if allowed by law. *Treatment and case management services are generally continued by TFCC but without further court monitoring.*

**Termination from Behavioral Health Court or Modification of Probation:**

Upon motion and order to show cause initiated by the Court, the State, or the Defense, Participant may be terminated, or probation may be modified by the Court upon a showing of good cause. If Participant does not successfully complete Behavioral Health Court or is revoked from the program, the original charges may be referred to the criminal court for sentencing or disposition.

**V. STEERING COMMITTEE**

Steering Committee to meet quarterly. The Tillamook Circuit Court Behavioral Health Court Steering Committee will consist of:

- Tillamook County Circuit Court Judge
- Tillamook County Circuit Court Behavioral Health Court Coordinator/Judicial Assistant
- Tillamook Circuit Court Trial Court Administrator
- Tillamook County District Attorney or Deputy District Attorney
- Defense Attorney
- Tillamook Family Counseling Center Case Managers
- Tillamook Family Counseling Center Representative
- Tillamook County Community Corrections Lieutenant
- Tillamook County Sheriff
- Tillamook County Community Corrections Probation Officer
- Tillamook County Commissioner
- Tillamook County Counsel
- Tillamook Regional Medical Center Representative

## **VI. PROGRAM DESCRIPTION**

### **STAFFING TEAM:**

Circuit Court Judge  
Judicial Assistant/Behavioral Health Court Coordinator  
Probation Officer (Tillamook County Community Corrections)  
Treatment Provider (Tillamook Family Counseling Center)  
District Attorney  
Defense Attorney  
CARE

### **GOALS AND OBJECTIVES**

The primary goal is to reduce recidivism among adult probation and pre-adjudicated offenders with a present mental disorder as determined by the criteria of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V-TR). The program is meant to decrease the likelihood of offenders committing new crimes by addressing antisocial/pro-criminal attitudes, values, belief systems, pro-criminal associations, temperament, and personality factors in evidence-based treatment. The program is also intended to stabilize offenders in the community through effective case management.

The program shall serve up to 20 offenders at once that will benefit from evidence-based treatment.

The short-term outcome objectives are that offenders engaged in the Tillamook County Behavioral Health Court program will move through the therapeutic stages of change more quickly and decisively, and that as a result, the program shall retain more individuals and improve success rates.

*The long-term outcome objectives are to reduce recidivism and to increase successful Behavioral Health Court graduation rates from 48% successful to 60% successful after one year and up to 65% successful by year three.*

### **KEY COMPONENTS**

1. Behavioral Health Court integrates mental health treatment services with justice system case processing.
2. Use a non-adversarial approach, prosecution and defense counsel promote public safety while protecting Participants' due process rights.
3. Eligible Participants are identified early and promptly placed in the Behavioral Health Court Program.
4. Behavioral Health Courts and other Specialty Courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
5. Abstinence is monitored by frequent alcohol and other drug testing as determined by treatment needs and level of compliance.

6. A coordinated strategy governs Behavioral Health Court responses to Participants' compliance.
7. Ongoing judicial interaction with each Behavioral Health Court Participant is essential.
8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
9. Continuing interdisciplinary education promotes effective Behavioral Health Court planning, implementation, and operations.
10. Forging partnerships among Behavioral Health Courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

*\*\*Participants shall be given a Tillamook County Behavioral Health Court Rating Scale on a quarterly basis and each Participant will be encouraged to provide feedback to the Team about the program's effectiveness. Rating scales shall be reviewed on a quarterly basis.*

### **TREATMENT PROGRAM DESCRIPTION**

#### **Program Requirements:**

Treatment Planning - Upon admission to the program, the team shall determine what is expected of the participant. Expectations for participants will be determined based on their individual needs and levels of functioning. Specific requirements shall include :

1. Frequent Probation contacts
2. No intoxicants- Specific alcohol and drug testing requirements
3. No gambling, if applicable
4. Specific group participation at Options or other service providers
5. Housing requirements (foster care, independent living, etc)
6. Medication management plans
7. Supported employment plans
8. Case management services
9. Any other service, assistance, or requirement that is in the best interest of the client or required to safeguard public safety.
- 11 Making progress towards obtaining high school diploma or GED

The scope of services shall be governed by applicable State of Oregon Administrative Rules (OARs). Services shall include, though are not limited to, a mental health assessment, treatment plan, and ongoing treatment services as recommended by the assessing QMHP.





Mari Garric Trevino  
Circuit Judge



Jonathan R. Hill  
Circuit Judge

**CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF TILLAMOOK**

Tillamook County Courthouse  
201 Laurel Avenue  
Tillamook, OR 97141  
Trial Court Administrator (503) 842-2596 Ext. 2124  
Facsimile (503) 842-2597

April 6, 2023

Oregon Criminal Justice Commission  
885 Summer St. NE  
Salem, OR 97301

**RE: 23-25 Specialty Court Grant Program**

Tillamook Circuit Court has held a Behavioral Health court for three years. During this time the Court has helped many individuals in need of mental health support. The demonstrated success of our first specialty court has driven Tillamook Circuit Court to stand up two new specialty courts. We are currently convening a Community Restoration Court for Civil Commitments and are working to stand up a Family treatment Court. One thing is for certain, the need is great. Being a small court, staffing and resources are critical in addressing the needs of our community. We could not do this important work without the support of our community partners. It is this collective approach, that has benefitted so many over the last few years.

The Tillamook Circuit Court bench fully supports the Tillamook County Sheriff's Office-Parole and Probation Division's grant application. The funding from this grant will support and increase community partnerships and involvement.

If you have any questions, please feel free to contact either of us or both of us directly.

Sincerely,

Jonathan R. Hill  
Presiding Judge  
Tillamook Circuit Court

Mari Garric Trevino  
Circuit Court Judge  
Tillamook Circuit Court



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8. Please describe, in detail, two goals you will accomplish in the next 90 days.

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9. What part of the Behavioral Health Court Program would you change, improve or delete?

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10. Other comments.

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Thank you for taking the time to complete this survey. It was a pleasure to work with you in the program and we wish you continued success.

Kindra McKillip  
Behavioral Health Court Coordinator

**Part VI.** Please answer the remaining questions.

1. Have you been in trouble with the law before? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Have you been in substance/alcohol/mental health treatment before? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. How helpful was your lawyer in guiding you through the process and was there anything your lawyer could have done to make your progress easier?

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4. What did you like most about the Behavioral Health Court Program?

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5. What did you like least about the Behavioral Health Court Program?

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6. What do you think will make the Behavioral Health Court Program stronger?

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7. Did you feel the sanctions imposed were fair and consistent?

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4. Visits with the Treatment Staff helped me to stay drug/alcohol free and/or helped with mental health recovery	Strongly Agree	Agree	Disagree	Neutral	Strongly Disagree
5. The Treatment Staff expected too much of me.	Strongly Agree	Agree	Disagree	Neutral	Strongly Disagree

**Part IV. Circle the answer that best describes how you feel about the overall experience in Behavioral Health Court.**

1. It helped me to appear in Court on a regular basis.	Strongly Agree	Agree	Disagree	Neutral	Strongly Disagree
2. It helped me to report to my Probation Officer on a regular basis.	Strongly Agree	Agree	Disagree	Neutral	Strongly Disagree
3. It helped me to attend treatment on a regular basis.	Strongly Agree	Agree	Disagree	Neutral	Strongly Disagree
4. Treatment Court was easier than jail or prison.	Strongly Agree	Agree	Disagree	Neutral	Strongly Disagree
5. I think that my participation in the Treatment Court Program will help me avoid drug use in the future.	Strongly Agree	Agree	Disagree	Neutral	Strongly Disagree
6. In general, I am better off for participating in Treatment Court as opposed to other Court sanctions.	Strongly Agree	Agree	Disagree	Neutral	Strongly Disagree
7. I was personally helped through participation in Treatment Court.	Strongly Agree	Agree	Disagree	Neutral	Strongly Disagree

**Part V. Please rate each of the following programs by circling the answer that best describes your opinion.**

If you did not participate in the program as part of the Behavioral Health Court, circle did not participate.

1. Staying Quit Program	Poor	Good	Excellent	Did Not Participate
2. EIMR Program	Poor	Good	Excellent	Did Not Participate
3. Individual Counseling	Poor	Good	Excellent	Did Not Participate
4. DBT Program	Poor	Good	Excellent	Did Not Participate
5. Peer Support Services	Poor	Good	Excellent	Did Not Participate
6. Do you plan on continuing with outpatient mental health/drug/alcohol services?	Yes	No	Unsure	Did Not Participate

## TILLAMOOK COUNTY BEHAVIORAL HEALTH COURT PROGRAM GRADUATION SURVEY

Please complete all the following questions to the best of your ability.

**ALL RESPONSES ARE CONFIDENTIAL!**

**Part I.** Circle the answer that best describes how you feel about the **Judge** in your case.

1. The Judge treated me with respect.	Strongly Agree	Agree	Disagree	Neutral	Strongly Disagree
2. The Judge was fair.	Strongly Agree	Agree	Disagree	Neutral	Strongly Disagree
3. The Judge was concerned about me.	Strongly Agree	Agree	Disagree	Neutral	Strongly Disagree
4. Visits with the Judge helped me to stay drug/alcohol free and/or helped with mental health recovery.	Strongly Agree	Agree	Disagree	Neutral	Strongly Disagree
5. The Judge expected too much of me.	Strongly Agree	Agree	Disagree	Neutral	Strongly Disagree

**Part II.** Circle the answer that best describes how you feel about your **Probation Officer**.

1. My Probation Officer treated me with respect.	Strongly Agree	Agree	Disagree	Neutral	Strongly Disagree
2. My Probation Officer was fair.	Strongly Agree	Agree	Disagree	Neutral	Strongly Disagree
3. My Probation Officer was concerned about me.	Strongly Agree	Agree	Disagree	Neutral	Strongly Disagree
4. Visits with my Probation Officer helped me to stay drug/alcohol free and/or helped with mental health recovery.	Strongly Agree	Agree	Disagree	Neutral	Strongly Disagree
5. My Probation Officer expected too much of me.	Strongly Agree	Agree	Disagree	Neutral	Strongly Disagree

**Part III.** Circle the answer that best describes how you feel about the **Treatment Staff**.

1. The Treatment Staff treated me with respect.	Strongly Agree	Agree	Disagree	Neutral	Strongly Disagree
2. The Treatment Staff was fair.	Strongly Agree	Agree	Disagree	Neutral	Strongly Disagree
3. The Treatment Staff was concerned about me.	Strongly Agree	Agree	Disagree	Neutral	Strongly Disagree

Have I made all my appointments?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

What have you learned in Behavior Health Court?

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Have you found a mentor or sponsor? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who is that mentor or sponsor? \_\_\_\_\_

\*\*\*\*\*

List 5 reasons why you think you should graduate

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

\*\*\*\*\*

Suggestions to improve Behavioral Health Court program:

\_\_\_\_\_  
\_\_\_\_\_

SOME CHANGE (if so, please answer the following questions).

My health change is related to:

Physical Health: Doctor treating me: \_\_\_\_\_

Mental Health: Person treating me: \_\_\_\_\_

Dental Health: Dentist treating me: \_\_\_\_\_

Pregnancy: Doctor treating me: \_\_\_\_\_

Baby Born:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Hospital: \_\_\_\_\_

- ( ) Yes or ( ) No Drug affected  
( ) Yes or ( ) No Drug Free/ Healthy  
( ) Yes or ( ) No Drug Free with "Complications"  
( ) Yes or ( ) No Still Born/ Miscarriage

Prescription Medications that I am taking

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Prescription Medications that I am taking:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

SECTION D: EDUCATION

NO CHANGE since last court appearance (go to section E for "Treatment").

SOME CHANGE (if so, please answer the following questions).

I have started an Educational Program:

\_\_\_\_\_ College      \_\_\_\_\_ GED/High School Diploma      \_\_\_\_\_ Vocational

Location: \_\_\_\_\_

I have completed an Educational Program:

\_\_\_\_\_ College      \_\_\_\_\_ GED/High School Diploma      \_\_\_\_\_ Vocational

Location: \_\_\_\_\_

I have dropped out of an Educational Program:

\_\_\_\_\_ College      \_\_\_\_\_ GED/High School Diploma      \_\_\_\_\_ Vocational

Location: \_\_\_\_\_

SECTION E: TREATMENT

# FINAL QUARTERLY SURVEY TO GRADUATE

My clean date is: \_\_\_\_\_

## SECTION A: HOUSING

- NO CHANGE since last court appearance (go to section B for "Employment").
- SOME CHANGE (if so, please answer the following questions).

Change in type of housing:

- I am now homeless.
- I am no longer homeless.
- I now live in a safer place (residence, transitional, etc.)

New Address:

Street

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
\_\_\_\_\_

## SECTION B: EMPLOYMENT

- NO CHANGE since last court appearance (go to section C for "Health").
- SOME CHANGE (if so, please answer the following questions).

I became employed.

Employers Name:

\_\_\_\_\_  
May we contact your employer? Yes \_\_\_\_\_ No \_\_\_\_\_  
Employment is: Full-Time \_\_\_\_\_ Part Time \_\_\_\_\_

I became unemployed.

Source of Income/Financial Support:

\_\_\_\_\_

## SECTION C: HEALTH

- NO CHANGE since last court appearance (go to section D for "Education").



## HEALTH AND WELLNESS CALENDAR

Staying mentally and physically healthy are instrumental in your sobriety and/or mental wellbeing. During this phase designate a minimum of 2 consecutive weeks to engage in at least one healthy activity (walking, running, swimming, etc.). Using the calendar please record the activity and length of time which you participated in the activity.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

After completing two weeks of healthy activities, I felt :

## PHASE 4 QUESTIONS

Answer each question in writing with your supervising officer and treatment provider, and submit to the Court before program graduation.

1. Please create a safety plan with your treatment provider(s) reporting how you will maintain your mental wellbeing and/or sobriety.
2. Please complete the Health and Wellness Calendar.
3. What are you most proud of accomplishing in Phase 4?
4. Please complete the Phase Evaluation Form.

Name: \_\_\_\_\_

Treatment Court Begin Date: \_\_\_\_\_

**PHASE 4 REQUIREMENT  
(ESTIMATED COMPLETION IS 5 MONTHS)**

*Check off each item that is applicable, review with both your supervising officer and treatment provider and submit to the Court at least 1 week before advancement to the next phase.*

- Participant must tell the truth
- Participant must follow the Behavioral Health Court rules
- 90 days of continuous documented clean UA's
- Follow through with treatment recommendations and have eight weeks of continuous attendance in prescribed treatment programs
- Take all medications as prescribed for eight weeks
- Compliance with supervision conditions
- Complete the Tillamook County Behavioral Health Court Rating Scale
- Participate in updating treatment plan and case plan
- Action Stage of Change or better
- Making progress towards obtaining and/or maintaining safe housing.
- Making progress towards obtaining high school diploma or GED
- Write responses to Phase 4 questions.

\_\_\_\_\_  
Client Signature Date

\_\_\_\_\_  
Probation Officer Signature Date

\_\_\_\_\_  
Treatment Provider Signature Date

\_\_\_\_\_  
Circuit Court Judge Date

## Behavioral Health Court Phase 4

Successful completion of the Phase 3 will move the participant into Phase 4 of their treatment. During this phase, the participant will begin the transition from the Behavioral Health Court program to building his/her own unique recovery support system. The participant shall be encouraged and assisted in maintaining their relapse prevention plan, individualized treatment plan that will include but is not limited to a relapse prevention plan, family therapy goals, independent living goals (if applicable), and maintaining/ developing vocational and educational goals. Successful completion of phase 4 includes:

- Participant must tell the truth
- Participant must follow the Behavioral Health Court rules
- 90 days of continuous documented clean UA's
- Follow through with treatment recommendations and have eight weeks of continuous attendance in prescribed treatment programs
- Take all medications as prescribed for eight weeks
- Compliance with supervision conditions
- Complete the Tillamook County Behavioral Health Court Rating Scale
- Participate in updating treatment plan and case plan
- Action Stage of Change or better
- Making progress towards obtaining and/or maintaining safe housing
- Making progress towards obtaining high school diploma or GED
- Write responses to Phase 4 questions

To be eligible for graduation, participants must:

- Comply with all requirements in Phase 4
- Complete the graduation survey
- Approval by the Behavioral Health Court Staffing team to graduate
- Be in compliance with conditions of supervision
- Exhibit continuous maintenance of sobriety
- Be in compliance with all treatment providers
- Attend graduation

SECTION E: TREATMENT

Have I made all my appointments?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

What have you learned in Behavior Health Court?

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Have you found a mentor or sponsor? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who is that mentor or sponsor? \_\_\_\_\_

\*\*\*\*\*

List 5 reasons why you think you should advance to the next phase.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

\*\*\*\*\*

Suggestions to improve Behavioral Health Court program:

\_\_\_\_\_  
\_\_\_\_\_

SOME CHANGE (if so, please answer the following questions).

My health change is related to:

Physical Health: Doctor treating me: \_\_\_\_\_

Mental Health: Person treating me: \_\_\_\_\_

Dental Health: Dentist treating me: \_\_\_\_\_

Pregnancy: Doctor treating me: \_\_\_\_\_

Baby Born:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Hospital: \_\_\_\_\_

( ) Yes or ( ) No Drug affected

( ) Yes or ( ) No Drug Free/ Healthy

( ) Yes or ( ) No Drug Free with "Complications"

( ) Yes or ( ) No Still Born/ Miscarriage

Prescription Medications that I am taking

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Prescription Medications that I am taking:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

-

#### SECTION D: EDUCATION

NO CHANGE since last court appearance (go to section E for "Treatment").

SOME CHANGE (if so, please answer the following questions).

I have started an Educational Program:

\_\_\_\_\_ College      \_\_\_\_\_ GED/High School Diploma      \_\_\_\_\_ Vocational

Location: \_\_\_\_\_

I have completed an Educational Program:

\_\_\_\_\_ College      \_\_\_\_\_ GED/High School Diploma      \_\_\_\_\_ Vocational

Location: \_\_\_\_\_

I have dropped out of an Educational Program:

\_\_\_\_\_ College      \_\_\_\_\_ GED/High School Diploma      \_\_\_\_\_ Vocational

Location: \_\_\_\_\_

## QUARTERLY SURVEY TO ADVANCE TO PHASE 4

My clean date is: \_\_\_\_\_

### SECTION A: HOUSING

- NO CHANGE since last court appearance (go to section B for "Employment").
- SOME CHANGE (if so, please answer the following questions).

Change in type of housing:

- I am now homeless.
- I am no longer homeless.
- I now live in a safer place (residence, transitional, etc.)

New Address:

Street

\_\_\_\_\_  
City/State/Zip Code

### SECTION B: EMPLOYMENT

- NO CHANGE since last court appearance (go to section C for "Health").
- SOME CHANGE (if so, please answer the following questions).

I became employed.

Employers Name:

\_\_\_\_\_  
May we contact your employer? Yes \_\_\_\_\_ No \_\_\_\_\_  
Employment is: Full-Time \_\_\_\_\_ Part Time \_\_\_\_\_

I became unemployed.

Source of Income/Financial Support:

### SECTION C: HEALTH

- NO CHANGE since last court appearance (go to section D for "Education").

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY



## HEALTH AND WELLNESS CALENDAR

Staying mentally and physically healthy are instrumental in your sobriety and/or mental wellbeing. During this phase designate a minimum of 2 consecutive weeks to engage in at least one healthy activity (walking, running, swimming, etc.). Using the calendar please record the activity and length of time which you participated in the activity.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

After completing two weeks of healthy activities, I felt :

*Part D*

1. Review your calendar entries.

a. What activities do you feel helped? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. What activities do you feel did not help? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Make sure to include those activities that helped you the most or new activities you want to try.

*Part B*

1. Choose one idea that you listed in Part A and practice it with your corrections professional.

a. What went well in your practices? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. What would you still like to work on? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Once you're confident that you can use this strategy in real life, try it. Write about what happens. Did using this strategy help decrease your mental health symptoms? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Repeat Part B for other strategies you listed in the chart in Part A.

*Part C*

1. Think about the people, places and activities that decreases your mental health symptoms. Look at your answers to Question 2 in Phase 2 for ideas.

2. In the provided calendar, write an activity that you will do each day until your next meeting with your probation officer. You can choose different activities for different days.

3. At the end of each day, put a checkmark (✓) in the box beside the activity if it made you feel good. Put an X in the box beside the activity if it didn't really help you. If you did something else that made you feel good, add it to the calendar.

## Making a Plan

You know from phase 2 that different situations affect your mental health in different ways. This tool helps you find ways to deal with challenging situations, which will hopefully decrease your symptoms, and to incorporate into your daily life people, places and activities that make you feel good.

### Part A

1. Think about the people, places, or events that increase your mental health symptoms. You may want to review your answer to Question 1 in phase 2.
2. What situation has the greatest negative impact on you? This is the situation that you feel increases your mental health symptoms the most or that you experience the most frequently. Record it in the chart below, under Uncomfortable Situation.

Uncomfortable Situation	Ways to Deal with the Symptoms

3. It's important to find ways to deal with situations that increase your mental health symptoms. Consider ways to *think* about the situation that would reduce your symptoms, as well as things you could *do*. For example, if spending time with your brother, Joe, increases your symptoms, you could
  - Think, "Joe's not going to stress me out; I'm going to stay calm".
  - Talk to Joe about what he does and how it affects you.
  - Go for a walk to cool down after spending time with Joe; or Spend time with a friend instead of with Joe.

Record your ideas in the chart above. You can also include some of the ideas for reducing symptoms that you listed in Phase 2.

## PHASE 3 QUESTIONS

Answer each question in writing with your supervising officer and treatment provider and submit to the Court before advancement to Phase 4.

1. Please complete the Making a Plan assignment.
2. What did you learn Making a Plan assignment?
3. Please complete the Health and Wellness Calendar.
4. What are you most proud of accomplishing in Phase 3?
5. What steps have you used to maintain/increase your mental wellness?
6. What steps have you taken to maintain your sobriety?
7. Please complete the Phase Evaluation Survey.

Name: \_\_\_\_\_

Treatment Court Begin Date: \_\_\_\_\_

**PHASE 3 REQUIREMENT  
(ESTIMATED COMPLETION IS 5 MONTHS)**

*Check off each item that is applicable, review with both your supervising officer and treatment provider and submit to the Court at least 1 week before advancement to the next phase.*

- Participant must tell the truth
- Participant must follow the Behavioral Health Court rules
- 90 days of continuous documented clean UA's
- Follow through with treatment recommendations and have eight weeks of continuous attendance in prescribed treatment programs
- Take all medications as prescribed for eight weeks
- Compliance with supervision conditions
- Complete the Tillamook County Behavioral Health Court Rating Scale
- Participate in updating treatment plan and case plan
- Action Stage of Change or better
- Making progress towards obtaining and/or maintaining safe housing.
- Making progress towards obtaining high school diploma or GED
- Write responses to Phase 3 questions.

\_\_\_\_\_  
Client Signature Date

\_\_\_\_\_  
Probation Officer Signature Date

\_\_\_\_\_  
Treatment Provider Signature Date

\_\_\_\_\_  
Circuit Court Judge Date

## Behavioral Health Court Phase 3

Successful completion of the Phase 2 will move the participant into Phase 3 of their Behavioral Health Court program. During phase 3, the participant will demonstrate willingness to make specific behavior changes in their lifestyle. The Behavioral Health Court team will encourage participants self-sufficiency by helping the participant focus on successful progress and accomplishments. The participant and counselor will develop an individualized treatment plan that addresses the following action steps: social, living, vocational and educational skills, relapse prevention and family therapy goals. The Participant's treatment group attendance requirements may be decreased as well as attendance at community-based support activities. Successful completion of phase 3 will require the following requirements:

- Participant must tell the truth
- Participant must follow the Behavioral Health Court rules
- 90 days of continuous documented clean UA's
- Follow through with treatment recommendations and have eight weeks of continuous attendance in prescribed treatment programs
- Take all medications as prescribed for eight weeks
- Compliance with supervision conditions
- Complete the Tillamook County Behavioral Health Court Rating Scale
- Action Stage of Change or better
- Preparation/Determination Stage of Change or better
- Making progress towards obtaining and/or maintaining safe housing.
- Making progress towards obtaining high school diploma or GED
- Write responses to Phase 3 questions.

To be eligible for advancement to Phase 4, participants must:

- Comply with all requirements in Phase 3.
- Be recommended by the counselor and probation officer for phase advancement.
- Approval of advancement by the Behavioral Health Court staffing team.
- Complete phase 3 questions and assignments.

SECTION E: TREATMENT

Have I made all my appointments?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

What have you learned in Behavior Health Court?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Have you found a mentor or sponsor? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who is that mentor or sponsor? \_\_\_\_\_

\*\*\*\*\*

List 5 reasons why you think you should advance to the next phase.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

\*\*\*\*\*

Suggestions to improve Behavioral Health Court program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



SOME CHANGE (if so, please answer the following questions).

My health change is related to:

Physical Health: Doctor treating me:

Mental Health: Person treating me:

Dental Health: Dentist treating me:

Pregnancy: Doctor treating me:

Baby Born:

Name:

Date of Birth:

Hospital:

- ( ) Yes or ( ) No Drug affected  
( ) Yes or ( ) No Drug Free/ Healthy  
( ) Yes or ( ) No Drug Free with "Complications"  
( ) Yes or ( ) No Still Born/ Miscarriage

Prescription Medications that I am taking

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Prescription Medications that I am taking:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

SECTION D: EDUCATION

NO CHANGE since last court appearance (go to section E for "Treatment").

SOME CHANGE (if so, please answer the following questions).

I have started an Educational Program:

\_\_\_\_\_ College      \_\_\_\_\_ GED/High School Diploma      \_\_\_\_\_ Vocational

Location:

I have completed an Educational Program:

\_\_\_\_\_ College      \_\_\_\_\_ GED/High School Diploma      \_\_\_\_\_ Vocational

Location:

I have dropped out of an Educational Program:

\_\_\_\_\_ College      \_\_\_\_\_ GED/High School Diploma      \_\_\_\_\_ Vocational

Location:

## QUARTERLY SURVEY TO ADVANCE TO PHASE 3

My clean date is: \_\_\_\_\_

### SECTION A: HOUSING

- NO CHANGE since last court appearance (go to section B for "Employment").
- SOME CHANGE (if so, please answer the following questions).

Change in type of housing:

- I am now homeless.
- I am no longer homeless.
- I now live in a safer place (residence, transitional, etc.)

New Address:

Street

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_

\_\_\_\_\_

### SECTION B: EMPLOYMENT

- NO CHANGE since last court appearance (go to section C for "Health").
- SOME CHANGE (if so, please answer the following questions).

I became employed.

Employers Name:

\_\_\_\_\_  
May we contact your employer? Yes \_\_\_\_\_ No \_\_\_\_\_  
Employment is: Full-Time \_\_\_\_\_ Part Time \_\_\_\_\_

I became unemployed.

Source of Income/Financial Support:

\_\_\_\_\_

### SECTION C: HEALTH

- NO CHANGE since last court appearance (go to section D for "Education").

# HEALTH AND WELLNESS CALENDAR

Staying mentally and physically healthy are instrumental in your sobriety and/or mental wellbeing. During this phase designate a minimum of 2 consecutive weeks to engage in at least one healthy activity (walking, running, swimming, etc.). Using the calendar please record the activity and length of time which you participated in the activity.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

After completing two weeks of healthy activities, I felt :

2. Think about people, places, and activities that help you when you experience mental health symptoms. Record them in the chart below and describe how they make you feel.

<u>Situation</u>	<u>Description</u>	<u>How I Feel</u>
People	My therapist	Good. I got to talk about how my life is going and it's time for just me.
Places	Library	Peaceful. It's quiet and I get to read
Activities	Going for a walk	Calm and relaxed. I get to "walk off" my frustrations and I have time to myself

## How Do Different Situations Affect My Mental Health?

To help you learn to live with your mental health disorder, it's important to understand what situations make your symptoms worse and what situations make them better.

1. Think about times when you experience more mental health symptoms than usual.

- Who are you with?
- Where are you?
- What is happening?

Write about the situations in the table below and describe your symptom

<u>Situation</u>	<u>Description</u>	<u>Symptoms</u>
People	My brother Joe	Angry, stressed
Places	Being in a small space	Anxious, nervous
Events	Don't take my medications	Depressed



Name: \_\_\_\_\_

Treatment Court Start Date: \_\_\_\_\_

**PHASE 2 REQUIREMENT  
(ESTIMATED COMPLETION 5 MONTHS)**

*Check off each item that is applicable, review with both your supervising officer and treatment provider and submit to the Court at least 1 week before advancement to the next phase.*

- Participant must tell the truth
- Participant must follow the Behavioral Health Court rules
- Follow through with treatment recommendations and have continuous attendance in prescribed treatment programs
- Take all medications as prescribed for eight weeks
- Compliance with supervision conditions
- Complete the Tillamook County Behavioral Health Court Rating Scale
- Participate in updating treatment plan and case plan
- Preparation/Determination of change or better
- Making progress towards obtaining and/or maintaining safe and stable housing
- Making progress towards obtaining high school diploma or GED
- Write responses to Phase 2 questions

\_\_\_\_\_  
Client Signature Date

\_\_\_\_\_  
Probation Officer Signature Date

\_\_\_\_\_  
Treatment Provider Signature Date

\_\_\_\_\_  
Circuit Court Judge Date

## Behavioral Health Court Phase 2

Successful completion of the Phase 1 will move the participant into Phase 2 of their treatment. During this phase, the focus will be on getting the participant ready for action. This will involve not motivating the participant but matching them with realistic and obtainable goals. The participant will take steps over the next 5 months to begin making changes to deal with problem areas. The goal will be to help them anticipate pitfalls, barrier, and take small steps of action towards lifestyle changes. The participant and counselor will meet to develop an individualized treatment plan that addresses issues in the contemplation/preparation phases. This should include family therapy goals, relapse prevention planning, vocational, social, and living skills but is not limited to the following requirements:

- Participant must tell the truth
- Participant must follow the Behavioral Health Court rules
- Follow through with treatment recommendations and have of continuous attendance in prescribed treatment programs
- Take all medications as prescribed for eight weeks
- Compliance with supervision conditions
- Complete the Tillamook County Behavioral Health Court Rating Scale
- Participate in updating treatment plan and case plan
- Preparation/Determination Stage of Change or better
- Making progress towards obtaining and/or maintaining safe housing.
- Making progress towards obtaining high school diploma or GED
- Write responses to Phase 2 questions.

To be eligible for advancement to Phase 3, participants must:

- Comply with all requirements in Phase 2.
- Be recommended by the counselor and probation officer for phase advancement.
- Approval of advancement by the Behavioral Health Court staffing team.
- Complete phase 2 questions and assignments.



Have I made all my appointments?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

What have you learned in Behavior Health Court?

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Have you found a mentor or sponsor? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who is that mentor or sponsor? \_\_\_\_\_

\*\*\*\*\*

List 5 reasons why you think you should advance to the next phase.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

\*\*\*\*\*

Suggestions to improve Behavioral Health Court program:

\_\_\_\_\_  
\_\_\_\_\_

SOME CHANGE (if so, please answer the following questions).

My health change is related to:

Physical Health: Doctor treating me: \_\_\_\_\_

Mental Health: Person treating me: \_\_\_\_\_

Dental Health: Dentist treating me: \_\_\_\_\_

Pregnancy: Doctor treating me: \_\_\_\_\_

Baby Born:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Hospital: \_\_\_\_\_

- ( ) Yes or ( ) No Drug affected  
( ) Yes or ( ) No Drug Free/ Healthy  
( ) Yes or ( ) No Drug Free with "Complications"  
( ) Yes or ( ) No Still Born/ Miscarriage

Prescription Medications that I am taking

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Prescription Medications that I am taking:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

#### SECTION D: EDUCATION

NO CHANGE since last court appearance (go to section E for "Treatment").

SOME CHANGE (if so, please answer the following questions).

I have started an Educational Program:

\_\_\_\_\_ College      \_\_\_\_\_ GED/High School Diploma      \_\_\_\_\_ Vocational

Location: \_\_\_\_\_

I have completed an Educational Program:

\_\_\_\_\_ College      \_\_\_\_\_ GED/High School Diploma      \_\_\_\_\_ Vocational

Location: \_\_\_\_\_

I have dropped out of an Educational Program:

\_\_\_\_\_ College      \_\_\_\_\_ GED/High School Diploma      \_\_\_\_\_ Vocational

Location: \_\_\_\_\_

#### SECTION E: TREATMENT

## QUARTERLY SURVEY TO ADVANCE TO PHASE 2

My clean date is: \_\_\_\_\_

### SECTION A: HOUSING

- NO CHANGE since last court appearance (go to section B for "Employment").
- SOME CHANGE (if so, please answer the following questions).

Change in type of housing:

- I am now homeless.
- I am no longer homeless.
- I now live in a safer place (residence, transitional, etc.)

New Address:

Street

\_\_\_\_\_  
City/State/Zip Code

### SECTION B: EMPLOYMENT

- NO CHANGE since last court appearance (go to section C for "Health").
- SOME CHANGE (if so, please answer the following questions).

I became employed.

Employers Name:

\_\_\_\_\_  
May we contact your employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Employment is: Full-Time \_\_\_\_\_ Part Time \_\_\_\_\_

I became unemployed.

Source of Income/Financial Support:

\_\_\_\_\_

### SECTION C: HEALTH

- NO CHANGE since last court appearance (go to section D for "Education").

Part C

1. Talk with your friends or family members about your diagrams. Choose people who will be honest with you, but who are supportive of you. Ask them what other behaviors they see when you're doing well and what behaviors they see when you're not doing well. Add their ideas to the diagrams in Part B.
2. Write about your conversation. In the chart, put a checkmark (✓) to show whether you agree or disagree with each statement.

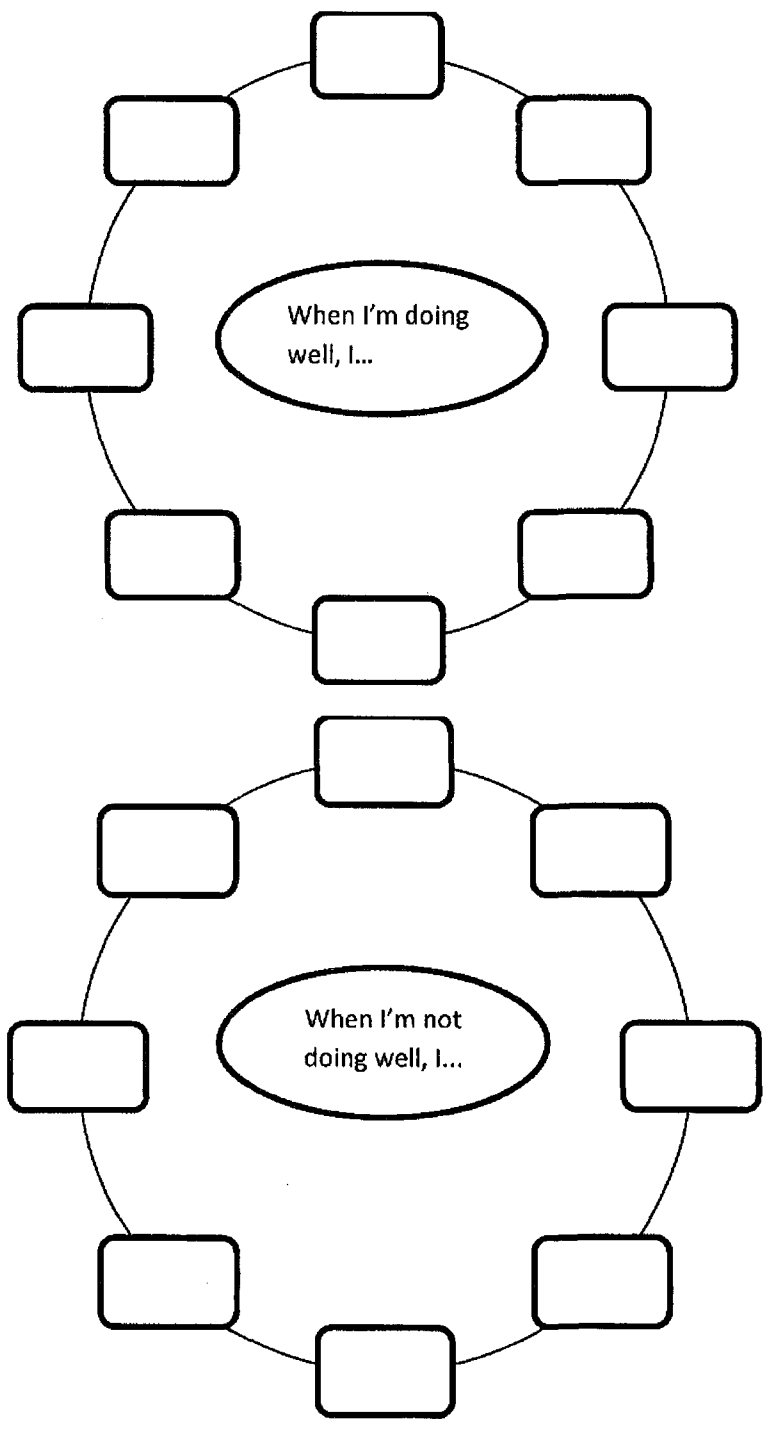
Date of the discussion: \_\_\_\_\_

Support person: \_\_\_\_\_

Relation to me (friend/family/teacher): \_\_\_\_\_

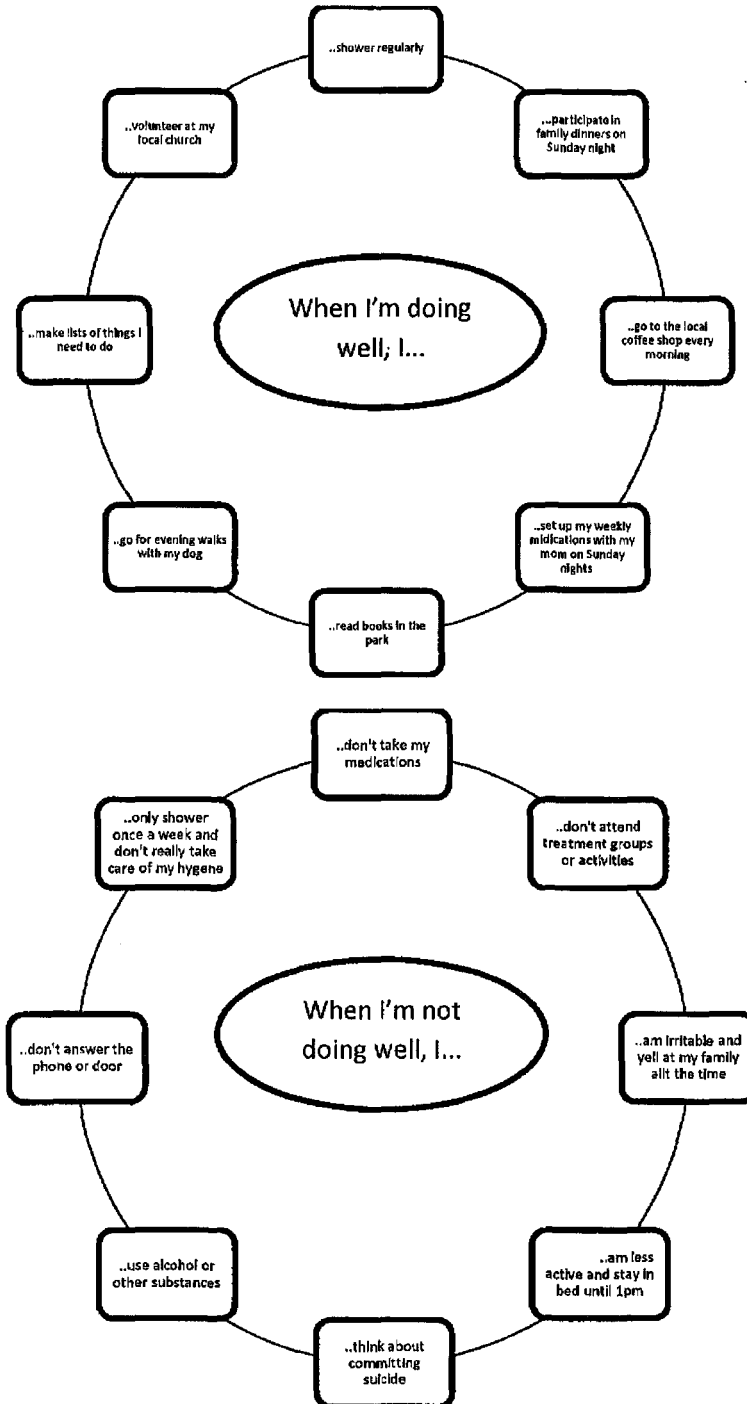
	Yes	No
1. The conversation about the diagrams was easy.		
2. My support person added things I hadn't thought of.		
3. My support person agreed with the things that I had written in the diagrams.		
4. During the conversation, we talked about other aspects of my mental health, not just the diagrams.		
5. It was helpful to talk about my mental health with someone who was supportive of me.		

2. Now, make diagrams that are specific to you. In the first diagram, write how you behave when you are doing well. In the second diagram, write how you behave when you are not doing well. You may experience some of the same behaviors as in the example diagrams. That's OK. You can put those behaviors in your diagrams too. Be sure to include behaviors that your family or friends have pointed out to you as well.



Part B

1. Review the two diagrams below. The first diagram gives examples of how one person with a mental health disorder behaves when he/she is doing well. The second diagram gives examples of how the same person behaves when he/she is not doing well.



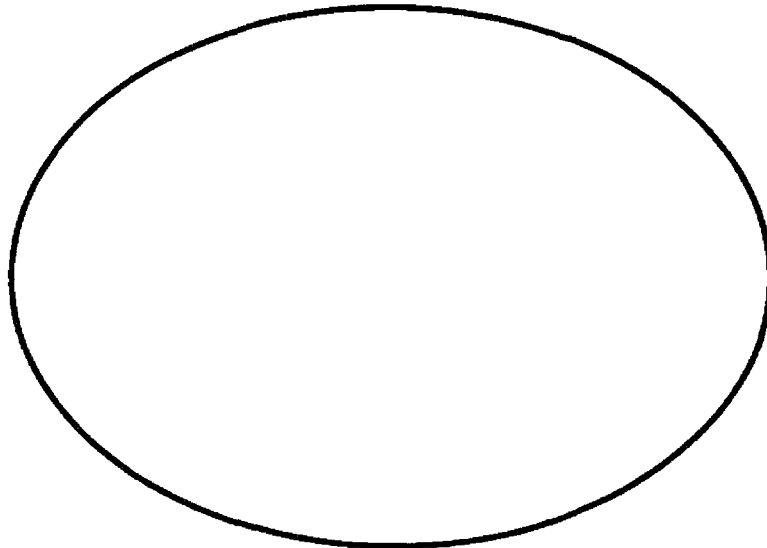
## Understanding My Symptoms

When someone is diagnosed with a mental health disorder, it can impact that person's life in many different ways. Even people diagnosed with the same mental health disorder sometimes have very different symptoms and experiences. This tool will help you understand *your* symptoms and experiences.

### Part A

In the circle below, list all the symptoms that you think are associated with your mental health disorder(s). The following questions might give you ideas of things to include:

- If you've been to a mental health professional before, what made you decide to go see him or her? For example, were you crying a lot? Were you getting angry frequently?
- Have any family members or friends told you that you were acting differently or that they were concerned about you? If so, what sorts of behaviors were they concerned about? For example, were they worried that you were doing risky things, sleeping a lot, or isolating yourself from others?
- If you've been hospitalized for mental health reasons, what were you experiencing before going to the hospital? For example, were you thinking about hurting yourself? Were you hearing voices?
- If you've taken medications for mental health reasons, why were you prescribed the medications? For example, were you having troubles sleeping? Did you have racing thoughts?



## HEALTH AND WELLNESS CALENDAR

Staying mentally and physically healthy are instrumental in your sobriety and/or mental wellbeing. During this phase designate a minimum of 2 consecutive weeks to engage in at least one healthy activity (walking, running, swimming, etc.). Using the calendar please record the activity and length of time which you participated in the activity.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

After completing two weeks of healthy activities, I felt :



## PHASE 1 QUESTIONS

Answer each question in writing with your supervising officer and treatment provider and submit to the Court before advancement to Phase 2.

1. Please complete the Understanding My Symptoms assignment.
2. What did you learn about yourself completing the Understanding My Symptoms assignment?
3. Please complete the Health and Wellness Calendar.
4. What are you most proud of accomplishing in Phase I?
5. What steps have you used to maintain/increase your mental wellness?
6. What steps have you taken to maintain your sobriety?
7. Please complete the Phase Evaluation Survey.

Name: \_\_\_\_\_

Treatment Court Start Date: \_\_\_\_\_

**PHASE 1 REQUIREMENT  
(ESTIMATED COMPLETION 0-3 Months)**

*Check off each item that is applicable, review with both your supervising officer and treatment provider and submit to the Court at least 1 week before advancement to the next phase.*

- Participant must tell the truth
- Participant must follow the Behavioral Health Court rules
- Four weeks of continuous documented UA's
- Complete assessments and treatment plans with all treatment providers
- Take all medications as prescribed for four weeks
- Complete LSCMI and case plan with probation officer
- Complete the Tillamook County Behavioral Health Court Rating Scale
- Contemplative stage of change or better
- Making progress towards obtaining and/or maintaining safe and stable housing
- Write responses to Phase 1 questions.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Probation Officer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Treatment Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Circuit Court Judge

\_\_\_\_\_  
Date

10. Making progress towards obtaining and/or maintaining safe housing.
11. Making progress towards obtaining high school diploma or GED
12. Write responses to Phase 4 questions.

Phases may be extended or repeated if Participant is not compliant with treatment, medication, action plan or probation requirements.

### **GRADUATION**

Participant must complete all four phases successfully, be in compliance with conditions of supervision, exhibit continuous maintenance of sobriety, be in the Action or Maintenance Stage of Change, and be in compliance with all treatment providers.

6. Complete the Tillamook County Behavioral Health Court Rating Scale
7. Participate in updating treatment plan and case plan
8. Preparation/Determination Stage of Change or better
9. Making progress towards obtaining and/or maintaining safe housing.
10. Making progress towards obtaining high school diploma or GED
11. Write responses to Phase 2 questions.

Phase III (Estimated Completion: 5 months) Focus on independent motivation to continue engagement in treatment, medication management, and complete action plan Team will monitor compliance regarding other aspects of probation. Team may modify Behavioral Health Court reporting requirements.

1. Participant must tell the truth
2. Participant must follow the Behavioral Health Court rules
3. 90 days of continuous documented clean UA's
4. Follow through with treatment recommendations and have eight weeks of continuous attendance in prescribed treatment programs
5. Take all medications as prescribed for eight weeks
6. Compliance with supervision conditions
7. Complete the Tillamook County Behavioral Health Court Rating Scale
8. Participate in updating treatment plan and case plan
9. Action Stage of Change or better
10. Making progress towards obtaining and/or maintaining safe housing.
11. Making progress towards obtaining high school diploma or GED
12. Write responses to Phase 3 questions.

Phase IV (Estimated Completion: 5 months) Participant in the Maintenance Stage of Change. Graduation

1. Participant must tell the truth
2. Participant must follow the Behavioral Health Court rules
3. 90 days of continuous documented clean UA's
4. Follow through with treatment recommendations and have eight weeks of continuous attendance in prescribed treatment programs
5. Take all medications as prescribed for eight weeks
6. Compliance with supervision conditions
7. Complete the Tillamook County Treatment (Mental Health) Court Rating Scale
8. Participate in updating treatment plan and case plan
9. Action Stage of Change or better

## **DRUG OR ALCOHOL TESTING POLICY**

The frequency of UA's will be determined by the probation officer, depending on the Participant's level of risk for illicit or non-prescribed use.

UAs shall be observed and completed at Tillamook County Community Corrections or Tillamook Family Counseling Center with an on-site test or as directed. If an individual tests positive on a presumptive field test, the UA shall be sent to a lab for confirmation.

## **PROGRAM PHASES**

The Stages of Change model shall be used to assess a Participant's progress through the program and the program phases. Stages of Change are described as:

- Precontemplative
- Contemplative
- Preparation/Determination
- Action
- Maintenance

Phase I (0-3 months) Intake, assessment, referral to treatment, medication review, complete action plans.

1. Participant must tell the truth
2. Participant must follow the Behavioral Health Court rules
3. Four weeks of continuous documented clean UA's
4. Complete assessments and treatment plans with all treatment providers
5. Take all medications as prescribed for four weeks consecutively
6. Complete LSCMI and case plan with PO
7. Complete Tillamook County Behavioral Health Court Rating Scale
8. Contemplative Stage of Change or better
9. Making progress towards obtaining and/or maintaining safe housing.
10. Making progress towards obtaining high school diploma or GED
11. Write responses to Phase 1 questions.

Phase II (Estimated Completion: 5 months) Stable involvement in appropriate treatment programs, medication taken as prescribed, and complete action plans.

1. Participant must tell the truth
2. Participant must follow the Behavioral Health Court rules
3. Follow through with treatment recommendations and have continuous attendance in prescribed treatment programs
4. Take all medications as prescribed for eight weeks
5. Compliance with supervision conditions



Oregon

Kate Brown, Governor

Department of Administrative Services

Enterprise Asset Management - Surplus Property Distribution Center

1655 Salem Industrial Drive NE

Salem, Oregon 97301

PHONE: 503-378-6020

FAX: 503-378-8558

APPLICATION FOR ELIGIBILITY

Section I

Legal Name of Applicant Organization: Tillamook County

Address (Street Address AND applicable P.O. Box): 201 Laurel Avenue

Street Address

Tillamook

OR

97141

Tillamook

93-6002312

P.O. Box

City

State

ZIP Code

County

EIN (Tax ID)

Accounts Payable

treasurergeneral@co.tillamook.or.us

Primary Contact

Title

Email

503-842-3425

https://www.co.tillamook.or.us

Phone number w/Area Code

FAX number w/Area Code

Website

Section II

Please choose one among the following (Public agency, nonprofit organization, SEA, VSO, VOSB, or SBA) which best describes your entity:

Public tax supported agencies: Click this link to view the list of public tax supported agencies.

City, county or state government

Fire dept./Rescue squads

Special district

Education: Pre-K, K-12, college/university

Nonprofit organizations: Click this link to view the list of nonprofit organizations.

Education: Pre-K, K-12, college/university, school for disabled persons, museum, library, radio stations.

Provider of assistance to the impoverished/homeless/or older Americans.

Public health: Medical clinic/hospital, alcohol/drug treatment center, child/adult daycare.

Other:

Small Business Administration (SBA) activity: Please see the webpage here for organizations that are designated by SBA as 8a Business Development (BD) activities.

Service Educational Activity (SEA): Please see the webpage here for a complete listing of qualified organizations.

Veteran Owned Small Business (VOSB): These are businesses that have been certified by the VA. Click on this link for more information.

Veteran Service Organization (VSO): Click on this link for a complete listing of Veteran Service Organizations.

### Section III: Authorized Signers

Send Invoices to (Name/Title): Account Payable Phone Number and email address: treasurergeneral@co.tillamook.or.us			I Authorize Purchases By Anyone In My Agency That Holds: <input type="checkbox"/> Business Credit Card or SPOTS card <input type="checkbox"/> Purchase Order <input checked="" type="checkbox"/> Either		
Name #1	Add	Keep	Delete	Email Address	
See attached list	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Title				Phone Number	
Name #2	Add	Keep	Delete	Email Address	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Title				Phone Number	
Name #3	Add	Keep	Delete	Email Address	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Title				Phone Number	
Name #4	Add	Keep	Delete	Email Address	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Title				Phone Number	
Name #5	Add	Keep	Delete	Email Address	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Title				Phone Number	

**Add additional signer sheets if needed, located here:**

<https://www.oregon.gov/das/Surplus/Documents/changeauthorized.pdf>

### Section IV: Terms and Conditions of Distribution

You AGREE to the following when signing your name to a Distribution Document / Invoice:

- To use the surplus property only in the official program you represent
- To use the surplus property for its intended purpose
- To put the surplus property into use within one year and to use it for at least one year
- To use certain items for 18 months or longer\*
- To not sell the property, lend it, trade it, or tear it down for parts unless given prior written permission
- To not permanently remove the property for use outside the state
- To not store property at a personal residence without prior written authorization
- To return property that is still under restriction but is no longer needed
- To pay the U.S. Government for the property if not used according to the terms and conditions specified on the distribution document.

In short, the surplus property must be used in an authorized program. Personal or non-use of surplus property is prohibited. Permission must be received before selling, trading or cannibalizing the property. Understand your obligations by reading the back of your Distribution Document/Invoice.

\*Property that has an original acquisition cost of \$5,000 or more and passenger motor vehicles regardless of acquisition cost are items that would fall under this restriction. Utilization reports will be mailed to you for completion every six months until the use requirement is met. Any authorized representative can complete this form if they have the necessary information. If you need assistance with these reports, contact the Federal Property Coordinator at 503-378-6051.

### Return Policy:

Property returned within 30 days from acquisition = Full Credit  
 Property returned 31-60 days from acquisition = Half Credit  
 No credit will be given for property returned after 60 days

## Compliance Periods

**12 Month-** Items with an original acquisition of \$5000 or less must be put into use within one year, and kept for one year. The latter begins when the property is put into use.

**18 Month-** Items with an original acquisition of \$5000 and over must be put into use within one year, and kept for 18 months. The latter begins when the property is put into use.

**60 Month-** For aircraft or vessels 50 feet or longer must be put into use within one year, and kept for 60 months. The latter begins when the property is put into use.

**Perpetuity-** Items must be put into use within 1 year, but cannot be owned. When usage is complete, it must be returned to the federal government (Example: Military aircraft on static display at an aviation museum).

To view the Code of Federal Regulations as it pertains to the Federal Donation Property, click on this link, or copy/paste the following web address <https://www.ecfr.gov/current/title-41/subtitle-C/chapter-102/subchapter-B/part-102-37#page-top> into your browser. This will take you to the federal government website, where they provide a "Frequently Asked Question" section that answers most any question one might have regarding this program.

## Section V: Nondiscrimination Assurance Statement

Assurance and compliance with GSA regulations under Title VI of the Civil Rights Act of 1964, Section 606 of Title VI of the Federal Property and Administrative Service Act of 1949, as amended, Section 504 of the Rehabilitation Act of 1973, as amended, and Section 303 of the Age Discrimination Act of 1975.

Hereinafter called the "Donee", agrees that the program for or in connection with which any property is donated to the Donee will be conducted in compliance with, and the Donee will comply with and will provide services or benefits under said program to comply with all requirements imposed by or pursuant to the regulation of the General Service Administration (41 CFR 101.6-2, PR 101-8) issued under the provisions of Title VI of the Civil Rights Act of Rehabilitation Act of 1973, as amended, Title IX of the Education Amendments of 1972, as amended, and Section 303 of the Age Discrimination Act of 1975. To the end that no person in the United States shall on the grounds of race, color, national origin, sex or age, or that no person with disabilities shall solely by reason of their disability, be excluded from participation in or be denied the benefits of, or be subject to discrimination under any program or activity for which the Donee receives Federal Assistance from the General Services Administration. The Donee hereby gives assurance that it will immediately take any measure necessary to effectuate this agreement.

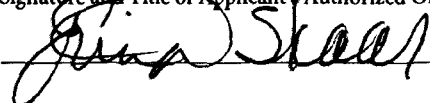
## Section VI: Certification Regarding Debarment, Suspension, and Other Responsibility Matters - Primary Covered Transactions

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
  - (a) Not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency
  - (b) Have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - (c) Are not presently indicted for or otherwise criminally or civilly charged by Governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and
  - (d) Have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, state, or local) terminated for cause of default.
- (2) Where the prospective prima participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

My signature below represents that I have read and understand all of the information contained in this application, including information contained by accessing web pages via links provided above. My signature below represents that I have accurately completed this form to the best of my ability and that my agency, organization, business and representatives will abide by the aforementioned agreements, certifications, assurances and statements, rules and laws.

Signature and Title of Applicant's Authorized Official (i.e., Mayor, Commissioner, Owner, Executive Director, etc.)

Date (MM/DD/YYYY)



04/12/2023

Print name of Applicant's Authorized Official (i.e., Mayor, Commissioner, Owner, Executive Director, etc.)

Erin Skaar, Chair, Board of County Commissioners

Note: To send this application by email/send as an attachment, press the "Print" button on your browser, and select "Adobe PDF" or "Microsoft Print to PDF" from the drop down menu to save a completed copy of this application to a file location on your computer.



**DONEE AUTHORIZED SIGNERS  
ATTACHMENT  
Tillamook County  
4/12/2023**

	Status	Name	Title	Phone	Email
1	Keep	Rachel Hagerty	Chief of Staff	503-842-3404	<a href="mailto:rhagerty@co.tillamook.or.us">rhagerty@co.tillamook.or.us</a>
2	Keep	Shawn Blanchard	Treasurer	503-842-3425	<a href="mailto:sblancha@co.tillamook.or.us">sblancha@co.tillamook.or.us</a>
3	Keep	JoAnn Woelfle	Parks Department Director	503-842-3477	<a href="mailto:jwoelfle@co.tillamook.or.us">jwoelfle@co.tillamook.or.us</a>
4	Keep	David Dimmitt	Maintenance Tech II	503-842-3477	<a href="mailto:ddimmitt@co.tillamook.or.us">ddimmitt@co.tillamook.or.us</a>
5	Keep	David McCall	Solid Waste Program Manager	503-815-3975	<a href="mailto:dmccall@co.tillamook.or.us">dmccall@co.tillamook.or.us</a>
6	Keep	Chris Laity	Public Works Director	503-842-3419	<a href="mailto:claity@co.tillamook.or.us">claity@co.tillamook.or.us</a>
7	Keep	Chris Loffelmacher	Operations Superintendent, Public Works	503-842-3419	<a href="mailto:cloffelm@co.tillamook.or.us">cloffelm@co.tillamook.or.us</a>
8	Keep	Tassi O'Neil	County Clerk	503-842-3402	<a href="mailto:toneil@co.tillamook.or.us">toneil@co.tillamook.or.us</a>
9	Keep	Matt Kelly	Undersheriff	503-815-3340	<a href="mailto:mkelly@co.tillamook.or.us">mkelly@co.tillamook.or.us</a>
10	Keep	Brenda Charter	Kitchen Supervisor, Sheriff's Office	503-815-3339	<a href="mailto:bcharter@co.tillamook.or.us">bcharter@co.tillamook.or.us</a>
11	Keep	Melissa Rondeau	Office Manager, Parks Department	503-322-8443	<a href="mailto:mrondeau@co.tillamook.or.us">mrondeau@co.tillamook.or.us</a>
12	Add	Josh Brown	Sheriff	503-815-3324	<a href="mailto:jbrown@co.tillamook.or.us">jbrown@co.tillamook.or.us</a>
13	Add	Jodi Wilson	Human Resource Director	503-842-3418	<a href="mailto:jlwilson@co.tillamook.or.us">jlwilson@co.tillamook.or.us</a>
14	Add	Marsha Hoogendijk	Accounting Tech, Treasurer's office	503-842-3425	<a href="mailto:mhoogend@co.tillamook.or.us">mhoogend@co.tillamook.or.us</a>
15	Add	Nicole Baldwin	Administrative Specialist, Public Works	503-842-3419	<a href="mailto:nbaldwin@co.tillamook.or.us">nbaldwin@co.tillamook.or.us</a>
16	Add	Randy Thorpe	Emergency Management Director	503-842-3412	<a href="mailto:rthorpe@co.tillamook.or.us">rthorpe@co.tillamook.or.us</a>
17	Add	Jeff Underwood	Information Services Director	503-842-3406	<a href="mailto:junderwo@co.tillamook.or.us">junderwo@co.tillamook.or.us</a>
18	Remove	Jim Horton	Sheriff	503-815-3324	<a href="mailto:jhorton@co.tillamook.or.us">jhorton@co.tillamook.or.us</a>
19	Remove	Diane Powers	Accounting Tech, Treasurer's office	503-842-3425	<a href="mailto:dpowers@co.tillamook.or.us">dpowers@co.tillamook.or.us</a>
20	Remove	Keith Bentley	Maintenance Tech II	503-322-3477	<a href="mailto:kbentley@co.tillamook.or.us">kbentley@co.tillamook.or.us</a>
21	Remove	Jeanette Steinbach	Administrative Specialist, Public Works	503-842-3419	<a href="mailto:isteinbac@co.tillamook.or.us">isteinbac@co.tillamook.or.us</a>
22	Remove	Gordon McCraw	Emergency Management Director	503-842-3412	<a href="mailto:gmccraw@co.tillamook.or.us">gmccraw@co.tillamook.or.us</a>
23	Remove	Naomi Roundtree	Human Resource Director	503-842-3418	<a href="mailto:nroundtr@co.tillamook.or.us">nroundtr@co.tillamook.or.us</a>
24	Remove	Damian Laviolette	Information Services Director	503-842-3406	<a href="mailto:dlaviole@co.tillamook.or.us">dlaviole@co.tillamook.or.us</a>



# Form 1 Grant Application Staffing

**2023-2024**

	<u>Column 1</u>	<u>Column 2</u>	<u>Column 3</u>
County <u>TILLAMOOK</u>	Approved FTE current year (2022-23)	Budgeted FTE coming year (2023-24)	Change (Column 2 less Column 1)
<b>A. Assessment administration</b>			
Assessor, deputy, etc. ....	1.25	1.25	0.00
Assmt. support staff, deed clerks and data entry staff	3.60	3.60	0.00
Total assessment administration staff .....	4.85	4.85	0.00
<b>B. Valuation and appraisal staff</b>			
Chief appraisers/appraiser supervisor .....	0.35	0.35	0.00
Lead appraisers .....	0.00	0.00	0.00
Residential appraisers .....	5.35	5.35	0.00
Commercial/industrial appraisers .....	0.55	0.55	0.00
Farm/forest/rural appraisers.....	0.60	0.60	0.00
Manufactured structure/floating structure appraisers	0.65	0.65	0.00
Personal property appraisers.....	0.15	0.15	0.00
Personal property clerks.....	0.25	0.25	0.00
Sales data analyst.....	0.45	0.45	0.00
Data gatherers and appraisal techs.....	0.00	0.00	0.00
Total valuation and appraisal staff .....	8.35	8.35	0.00
<b>C. Board of Property Tax Appeals (BoPTA)</b>	0.15	0.15	0.00
<b>D. Tax collection and distribution administration</b>			
Administration, deputy, etc.....	0.45	0.45	0.00
Support and collection .....	1.60	1.60	0.00
Tax distribution .....	1.15	1.15	0.00
Foreclosure and garnishment.....	0.35	0.35	0.00
Total tax collection and distribution .....	3.55	3.55	0.00
<b>E. Cartography and GIS administration</b>			
Cartographic/GIS supervisor.....	0.20	0.20	0.00
Leadcartographers .....	0.00	0.00	0.00
Cartographers.....	0.80	0.80	0.00
GIS specialists.....	0.40	0.40	0.00
Total cartographic and GIS staff .....	1.40	1.40	0.00
<b>F. Dedicated IT services for A&amp;T</b>	1.23	1.23	0.00
<b>G. Total assessment and taxation staffing</b>	19.53	19.53	0.00



## Form 2 Explanation of Staffing Issues

2023-2024

County TILLAMOOK

In this section, explain any difference between approved staffing for the current year and staffing for the budgeted year. Explain why any funded positions were unfilled for the current year. Use this form to describe the intended use of nonpermanent workers (temporary help, project temporaries, and contractors) by A&T function, along with their cost. Note any special or unique aspects regarding who accomplishes the work and how they accomplish it related to Forms 4, 5, and 6. For example, if you use staff to perform personal property functions, other than those reported on Form 1, Section B, note that here and include the FTE.

The Tillamook County Assessor is also the Property Tax Collector. The Assessor and Tax Collection functions are combined offices with Assessment staff and Tax Collection staff providing cross support. We are finally fully staffed and are doing a lot of training and cross training. Contracted Services include our Helion Software (ORCATS) which provides our A&T Software and development and has for many years. This cost had historically been budgeted for in the Information Services Intercounty Budget. This is the 3rd year it is budgeted for in the Assessor Budget. The Masters Touch provides printing and mailing services of our Tax Statements. JEL Property Research prepares our Tax Foreclosure Lien Reports.



# Form 3 General Comments

2023-2024

County TILLAMOOK

Use this form to describe any issue in your budget that needs further clarification. Examples include significant changes on Form 7, purchase of a new data processing system, salary increases, new car purchases, personnel services, costs for mapping, etc. You can also use this form to document any miscellaneous comments about this grant application.

N/A



# Form 4 Valuation and Appraisal Resources

**2023-2024**

County <u>TILLAMOOK</u>	Number of accounts by activity		Number of FTE by activity	
	Actual (2022-23)	Estimated (2023-24)	Actual (2022-23)	Estimated (2023-24)
<b>Activities</b>				
<b>1. Real property exceptions, special assessments and exemptions</b>				
New construction.....	2,099	2,200	4.50	4.50
Zone changes.....	2	5	0.05	0.05
Subdivisions, segregations, and consolidations ..	238	250	0.25	0.25
Omitted properties .....	4	5	0.05	0.05
Special assessment qualification and disqualification	34	40	0.60	0.60
Exemptions .....	12	20	0.05	0.05
Subtotal.....	2,389	2,520	5.50	5.50
<b>2. Appeals and assessor review</b>				
Assessor review and stipulations .....	209	200	0.35	0.35
BOPTA .....	9	20	0.10	0.10
Department of Revenue.....	0	0	0.05	0.05
Magistrate Division of the Oregon Tax Court.....	0	0	0.05	0.05
Regular Division of the Oregon Tax Court .....	0	0	0.05	0.05
Subtotal.....	218	220	0.60	0.60
<b>3. Real property valuation</b>				
Physical reappraisal.....	0	400	0.10	0.10
Recalculation only—no appraisal review .....	28,586	28,400	1.00	1.00
Subtotal.....	28,586	28,800	1.10	1.10
<b>4. Business personal property (returns mailed) .....</b>	1,094	1,100	0.40	0.40
<b>5. Ratio .....</b>			0.45	0.45
<b>6. Continuing education .....</b>			0.20	0.20
<b>7. Other valuation—appraisal activity .....</b>			0.10	0.10
<b>8. Total valuation and appraisal staff (FTE) .....</b>			8.35	8.35



# Form 5 Tax Collection and Distribution Work Activity

**2023-2024**

County TILLAMOOK

**Number of accounts  
by activity**

Actual (2022-23)	Estimated (2023-24)
---------------------	------------------------

**1. Number of accounts requiring roll corrections**

Business personal property .....	2	10
Personal property manufactured structures .....	5	5
Real property .....	45	50

**2. Number of accounts requiring a refund**

Business personal property .....	1	5
Personal property manufactured structures .....	1	5
Real property .....	21	40

**3. Number of delinquent tax notices sent**

Business personal property .....	48	50
Personal property manufactured structures .....	129	150
Real property .....	1,164	2,000

**4. Number of foreclosure accounts processed**

Real property only .....	22	50
--------------------------	----	----

**5. Number of accounts issued redemption notices**

Real property only .....	28	20
--------------------------	----	----

**6. Number of warrants .....**

	0	50
--	---	----

**7. Number of garnishments .....**

	0	0
--	---	---

**8. Number of seizures .....**

	0	0
--	---	---

**9. Number of bankruptcies .....**

	31	50
--	----	----

**10. Number of accounts with an address change processed .....**

	5,673	6,000
--	-------	-------

**11. How many second trimester statements do you mail? .....**

3,736

**12. How many third trimester statements do you mail? .....**

3,138

**13. Does the county contract for lock box service? .....**

Yes  No

**14. Does the county use in-house remittance processing? .....**

Yes  No

**15. Is tax collecting combined with another county function? .....**

Yes  No

If yes, describe that function on Form 2.



**Form 6**  
**Assessment and Administrative**  
**Support and Cartography**  
**Work Activity**

**2023-2024**

County TILLAMOOK

<b>Assessment and administrative support work activity</b>		
	<u>Numbers by activity</u>	
	Actual (2022-23)	Estimated (2023-24)
1. Number of deeds worked .....	3,956	4,000

<b>Cartography work activity</b>		
	<u>Numbers by activity</u>	
	Actual (2022-23)	Estimated (2023-24)
1. Number of new tax lots .....	102	100
2. Number of lot line adjustments .....	61	60
3. Number of consolidations .....	32	30
4. Number of new maps .....	1	1
5. Number of tax code boundary changes .....	0	10



# Form 7 Summary of Expenses

**2023-2024**

County TILLAMOOK

	A. Assessment Administration	B. Valuation	C. BOPTA	D. Tax Collection & Distribution	E. Cartography*	F. Dedicated IT services for A&T	Totals
<b>Current operating expenses</b>							
1. Personnel services	544,233	876,970	21,371	479,356	175,931	164,082	2,261,943
2. Materials and services	80,450	76,535	5,400	78,083	9,315	75,182	324,965
3. Transportation	1,137	10,003	0	113	114	0	11,367
4. Total current operating expenses (Total direct expenses)	625,820	963,508	26,771	557,552	185,360	239,264	2,598,275

\* Include approved grant funding for ORMAP

**Indirect expenses**

5. Total direct expenses (line 4) .....	2,598,275
6. If you use the 5 percent method to calculate your indirect expenses, enter 0.05 in this box. ....	0.05
<b>Total indirect expenses</b> (line 5 multiplied by line 6) .....	129,914
6A. If you use a percent amount approved by a federal granting agency to calculate your indirect expenses, enter that percentage in this box.....	0.00000
<b>Total indirect expenses</b> (line 6A multiplied by the direct expense amount for the category/categories that your certificate allows)	0
7. <b>Total indirect expenses</b> .....	129,914

**Capital outlay**

	Assessment Administration	Valuation	BOPTA	Tax Collection & Distribution	Cartography	Data Processing Support (IT, AT)	Total capital outlay without regard to limitation
8. Enter the actual capital outlay without regard to limitation.	0	0	0	0	0	24,585	24,585
9. Total direct and indirect expenses (sum of lines 4 and 7) .....							2,728,189
10. Direct and indirect expenses multiplied by 0.06 .....							163,691
11. The greater of line 10 or \$50,000.....							163,691
12. Capital outlay (the lesser of line 8 or line 11) .....							24,585
13. Total expenditures for CAFFA consideration (sum of lines 4, 7, and 12) .....							2,752,774



# Form 8

## Grant Application Resolution

TILLAMOOK County is applying to the Department of Revenue to participate in the County Assessment Function Funding Assessment Program.

This state grant provides funding for counties to help them come into compliance or remain in compliance with ORS 308.232, 308.234, Chapters 309, 310, 311, 312, and other laws requiring equity and uniformity in the system of property taxation.

TILLAMOOK County has undertaken a self-assessment of its compliance with the laws and rules that govern the Oregon property tax system. The County is generally in compliance with ORS 308.232, 308.234, Chapters 309, 310, 311, 312, and all requiring equity and uniformity in the system of property taxation.

TILLAMOOK County agrees to appropriate budgeted dollars based on 100 percent of the expenditures certified in the grant application. The total expenditure amount for consideration in the grant is \$2,752,774. If 100 percent isn't appropriated, no grant shall be made to the county for each quarter in which the county is out of compliance.


The County designates the following individual as the contact for this grant application.

<u>DENISE VANDECOEVERING</u>	<u>(503) 842-3400 x3312</u>	<u>dvandeco@co.tillamook.or.us</u>
Name	Phone	Email

### County Approval

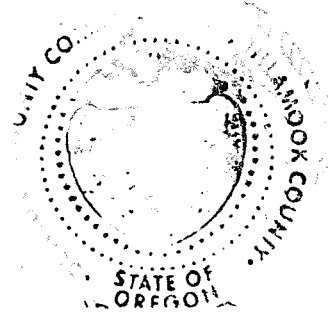
By selecting the "I Accept" checkbox, you are signing this Resolution electronically and certifying the Resolution has been approved by the board. You agree your electronic signature is the legal equivalent of your manual signature.

I Accept

  
Chair/Judge or Appointee

CHAIR-BOARD OF COUNTY COMMISSIONERS  
Title

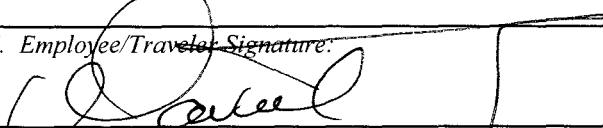

12-Apr-2023  
Sign Date



PLEASE COMPLETE ALL SECTIONS IN YELLOW. WHERE DOLLAR AMOUNT DOES NOT APPLY LEAVE AT \$0.00  
THIS FORM IS FILLABLE. AMOUNTS & TOTALS WILL CALCULATE AUTOMATICALLY

TILLAMOOK COUNTY TRAVEL AUTHORIZATION 01/01/2023-12/31/2023

Please complete this form and obtain required signatures **before** traveling.

1. Name of Employee/Traveler: DAVID YAMAMOTO			2. Date: 04/05/2023		
3. Training Related/Conference (if yes, attach Agenda): <input type="radio"/> Yes <input checked="" type="radio"/> No			4. Airfare/Railfare: <b>\$ 700.00</b> Confirmation Number: TBD		
5. Name of Conference or Training: NATIONAL ASSOC OF COUNTIES ANNUAL CONFERENCE			6. Conference/Training Cost: \$ 530.00		
7. Itinerary: Destination (City, State): <b>AUSTIN, TEXAS</b>			8. Lodging Reservation Information:		
Est. Departure Date: <u>7/20</u> Time: 5:00AM			Hotel Name: <u>Fairmont Austin</u>		
Est. Return Date: <u>7/25</u> Time: 10:00 PM			Address: <u>101 Red River Street</u>		
			Austin, TX 78701		
			Phone number: <u>512-482-8000</u>		
			Confirmation Number: <u>TBD</u>		
9. Miscellaneous Expenses: (Identify Specific Expenses: Taxis, Shuttles, Etc.)			10. Lodging Rate:		
a. AIRPORT PARKING \$ <u>90.00</u> c. _____			Amount per Night: \$ 245.00		
b. AUSTIN AIRPORT SHUTTLES \$ <u>100.00</u> d. _____			Tax per Night: \$ 43.37		
			Total per Night: \$ 288.37		
11. Meals: (Please CHECK which rate you are using in ONE box below)			Number of Nights: x <u>5</u>		
Daily Meal Rate without receipts (See policy): <input checked="" type="checkbox"/>			<b>Total Lodging:</b> \$ 1,441.85		
CONUS Rate with detailed receipts and accounting: <input type="checkbox"/>					
*Daily Rate: \$ <u>40.00</u> *(Standard rate or City Conus Rate)			12. Cost of Trip:		
			Airfare/Railfare: \$ 700.00		
			Lodging: \$ 1,441.85		
			Meal Per Diem: \$ 228.00		
			Personal Car Miles: \$ 111.09		
			Training/Conference Cost: \$ 530.00		
			Miscellaneous: \$ 190.00		
			<b>Total Not To Exceed:</b> \$ 3,200.94		
13. Personal Car Miles			IRS Rate Total		
Total miles round trip: 169.6 x 0.655 \$ 111.09					
14. Purpose of Trip (Be Specific):  ATTEND NATIONAL ASSOCIATION OF OREGON COUNTIES ANNUAL CONFERENCE IN AUSTIN, TEXAS ESTIMATED TRAVEL COSTS - HOTEL SUBJECT TO AVAILABILITY					
15. Approved for Payment:					
Meal Per Diem: \$ 228.00		Transportation: \$ 700.00			
Personal Car Miles: \$ 111.09		Training/Conference: \$ 530.00			
Misc: \$ 190.00		<b>Total</b> \$ 3,200.94			
Lodging: \$ 1,441.85					
16. Employee/Traveler Signature: 				Date: <u>4/12/2023</u>	
17. Department Head/Designee Signature: 				Date: <u>4/12/2023</u>	
18. Board of Commissioner's Signature (Required for Out-Of-State)				Date:	



# Join NACo for the 2023 Annual Conference July 21-24 in Travis County, Texas

The National Association of Counties (NACo) Annual Conference & Expo is the largest meeting of county elected and appointed officials from across the country. Participants from counties of all sizes come together to shape NACo's federal policy agenda, share proven practices and strengthen knowledge networks to help improve residents' lives and the efficiency of county government.

# REGISTRATION

Register through our registration portal here <<https://member.naco.org/Events/Register/507e8e71-ff9b-ed11-aad1-000d3a346885>> . For questions, contact us via email or phone at 202.942.4292 or [nacomeetings@naco.org](mailto:nacomeetings@naco.org) and indicate "Annual Conference 2023" in the subject line.

**REGISTER TODAY <[HTTPS://MEMBER.NACO.ORG/EVENTS/REGISTER/507E8E71-F9B-ED11-AAD1-000D3A346885](https://member.naco.org/Events/Register/507E8E71-F9B-ED11-AAD1-000D3A346885)>**

## Registration Rates

**EARLY BIRD**

ADVANCED

ON-SITE

**Early bird rates are valid until April 17**

NACo Member County	\$530
Non-Member County	\$750
State Associations	\$530
NACo Corporate Member	\$560
Corporate Non-Member	\$850
Government Federal or state employees only	\$570
CIO Forum Registration	\$100
Spouse / Guest Travel companions only. Not valid for colleagues and those with related job functions. Includes access to the exhibit hall and conference-wide receptions.	\$165

# Registration Policies

## CANCELLATIONS, TRANSFERS & SUBSTITUTIONS

Registration fees include all sessions and functions that are part of the official program. Registration fees do not include transportation or hotel accommodations. Registrations cancelled by June 14 will be refunded less a \$50 administration fee. Cancellation requests made after June 14 and before July 11 will be subject to an administrative fee equal to one-half of the registration fee (this applies to all registration types including guest and spouse fees). After July 11, requests for refunds will not be honored. Unused registrations or "no-shows" will not be refunded. All cancellations must be made in writing by emailing [nacomeetings@naco.org](mailto:nacomeetings@naco.org). Telephone cancellations are not accepted.

To transfer a registration, please contact [nacomeetings@naco.org](mailto:nacomeetings@naco.org) and provide the name and email of the person whose registration you are transferring and the name and email address of the person to whom the registration should be reassigned.

## PRESS REGISTRATION

Press registration is available for approved news outlets that submit requests for press credentials using this form. Approved credentials will be confirmed via email. For questions about press participation email [nweissman@naco.org](mailto:nweissman@naco.org).

# VOTING CREDENTIALS

In order to participate in the Annual Business Meeting during the conference, NACo members must appoint one primary voting delegate or proxy voter. Please appoint your primary or proxy delegate by Monday, July 17 at 5:00 p.m. EDT by using this link <<http://www.naco.org/votingcredentials>> to access the online voting credentials portal.

**Learn more about the credentials process by visiting [NACo.org/VotingCredentials](http://www.naco.org/VotingCredentials) <<https://www.naco.org/resources/featured/voting-credentials>> or by emailing [credentials@naco.org](mailto:credentials@naco.org).**



# EXPLORE THE SCHEDULE

Explore the preliminary schedule and begin planning your conference experience. More details to come.

**VIEW THE SCHEDULE <[HTTPS://WWW.NACO.ORG/EVENTS/SCHEDULE/246526](https://www.naco.org/events/schedule/246526)>**

**PRINT THE SCHEDULE <[HTTPS://WWW.NACO.ORG/PRINT-SCHEDULE/246526](https://www.naco.org/print-schedule/246526)>**

**THU, JUL 20****11:00 am to 7:30 pm**Pre-conference CIO Forum & Reception  
EXTRA REGISTRATION REQUIRED**4:00 pm to 5:00 pm**

NACo Ambassadors Meeting

**FRI, JUL 21****8:00 am to 9:15 am**First-Time Attendee Orientation  
INVITATION ONLY**8:30 am to 9:15 am**

Policy Coordinating Committee Meeting #1

**9:30 am to 4:30 pm**

Policy Steering Committee Meetings

**4:30 pm to 6:30 pm**

Exhibit Hall Opening Reception

**5:00 pm to 5:45 pm**

Policy Coordinating Committee Meeting #2

**5:00 pm to 6:30 pm**

Affiliates &amp; State Association Meetings

**6:30 pm to 8:00 pm**

Affiliates &amp; State Association Receptions

**SAT, JUL 22****6:30 am to 8:00 am**

Bike Ride

**8:30 am to 9:45 am**

Caucuses, Standing Committees and Task Forces

**9:00 am to 3:00 pm**

Exhibit Hall Open

**10:00 am to 12:00 pm**

Large Urban County Caucus and Rural Action Caucus Meetings

**1:30 pm to 3:00 pm**

Caucuses, Standing Committees and Task Forces

**1:45 pm to 3:00 pm**

NACo Board Forum



3:15 pm to 4:30 pm

General Session

4:30 pm to 5:00 pm

NACo 2nd Vice President Candidates Forum

6:30 pm to 8:30 pm

NACo Board of Directors Reception

INVITATION ONLY

**SUN, JUL 23**

7:45 am to 8:30 am

Non-Denominational Worship Service

8:45 am to 10:00 am

Educational Workshops

9:00 am to 12:00 pm

Exhibit Hall Open

NACo Board of Directors Meeting

10:30 am to 11:45 am

Educational Workshops

12:00 pm to 2:00 pm

NACo Achievement Awards Lunch & General Session

2:30 pm to 5:00 pm

Educational Summits

2:30 pm to 5:30 pm

Mobile Workshops

7:00 pm to 9:00 pm

Large Urban County Caucus and Rural Action Caucus Reception

INVITATION ONLY

**MON, JUL 24**

9:30 am to 11:45 am

NACo Annual Business Meeting

2:00 pm to 2:45 pm

Regional Caucus Meetings

TENTATIVE

3:00 pm to 4:15 pm

Educational Workshops

4:30 pm to 5:00 pm

NACo New Board of Directors Organizational Meeting

6:00 pm to 9:30 pm

NACo Closing Reception

## HOUSING & TRAVEL

All conference activities (except for off-site evening receptions and mobile tours) are taking place at the Austin Convention Center. Discounted housing rates have been established at the eleven hotels closest to the convention center and rooms will fill up quickly. Instructions and access to book housing will be included in your registration confirmation email.

Austin-Bergstrom International Airport (AUS) is located just 15 minutes from downtown and the convention center.

Click here <<https://share.threshold360.com/map/jwk57c>> to explore a full map of all of the various hotel options for the conference.

## FIRST-TIME ATTENDEES

5 tips to make the most of your first in-person NACo conference.

### Pre-Conference

1. RSVP to the invitation you should receive for NACo's First-Time Attendee Orientation on Friday, July 21, 8:00 a.m. – 9:15 a.m.
  - NACo President Denise Winfrey, Executive Director Matt Chase and Membership Committee Chair Matthew Prochaska will welcome you to the conference and first-timers will have a chance to connect with NACo Ambassadors in a roundtable discussion.
2. Review the Conference Schedule <<https://www.naco.org/events/schedule/246526>> and select committee meetings and educational sessions of interest.
  - Committee meetings are open to all attendees unless otherwise noted
  - Committee meetings, workshops and educational sessions take place during the day and social events are planned in the evening.
  - Attend your region's Caucus meeting, tentatively scheduled on Monday, July 24 from 2:00 – 2:45 p.m. Check here <<https://www.naco.org/about/executive-committee>> to find your state's region.

3. Download the NACo Conference app. The app allows you to create your own schedule, access meeting content, view other attendees, send messages and more.
  - The app will be available for download on apple and android devices prior to the conference.
4. The dress code for the conference is business; however, we recommend that you pack comfortable walking shoes and an extra layer for chilly conference rooms.
  - For evening social events, the dress code is business casual.
5. Check in with your state association to find out who else is attending from your state and to learn about any events they may have planned.

Look out for the “What to Know Before You Go” email sent to registrants in early July with information about the conference and the conference app. We look forward to seeing you in Travis County, Texas.

Have questions? Please reach out to the Membership Team at [membership@naco.org](mailto:membership@naco.org).

## **TRAVIS COUNTY HIGHLIGHTS**

Explore the travel guide <<https://www.austintexas.org/attendee-guide/>> from Visit Austin and access a searchable database for food, activities and more!

## **QUESTIONS?**

We are here to help! Email [nacomeetings@naco.org](mailto:nacomeetings@naco.org) with any questions or concerns.

TILLAMOOK COUNTY

REQUEST APPROVAL FORM TO UTILIZE EMPLOYEE/AGENT  
PRIVATE VEHICLE FOR COUNTY BUSINESS  
APPROVAL REQUIRED PRIOR TO USAGE OF PRIVATE VEHICLE

Destinations:

TO: Portland FROM: Tillamook

I request approval to use my private vehicle on 7/20—7/25/2023 for Tillamook County business purpose of:

Attend Association of Oregon Counties Annual meeting in Austin Texas

Reason for using private vs. County owned vehicle is:

No County owned vehicle available

I am (  ) am not (  ) requesting mileage reimbursement. Insurance terms remain the same whether or not mileage payment is requested. This form must accompany the reimbursement request.

**Personal or Private Vehicle Liability.** If you authorize your employees/agents to use a personal or private vehicle on County business, he/she is responsible to carry the minimum liability insurance required by law (must provide proof before department head/designee approval). If employees operate a personal or private vehicle on County business, their personal liability insurance policy is primary and County coverage is excess. If the amount of liability to third parties exceeds their private policy limits, the County will provide excess liability coverage.

The County does not cover collision or comprehensive insurance for personal vehicles. When utilizing a personal vehicle for County purposes, the employee/agent is 100% responsible for collision or comprehensive damage incurred to the vehicle.

The rationale of having County employees/agents complete a vehicle usage form is for their own knowledge pertaining to County vehicle coverage, and liability protection from the County. Plus, the signed form may give their department head/designee a heads up as to who will be using their own vehicle on County business and committing department funds when claiming reimbursement for personal vehicle mileage. The signing of the personal vehicle usage document will inform the County employee/agent that their insurance is the first to be used in the event of a vehicle accident. Each department should keep a copy of the signed form on file.

If involved in an accident while on official County business, I will advise the Human Resources Department within twenty-four (24) hours by calling 503-842-3418.

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head/Designee \_\_\_\_\_ Date: \_\_\_\_\_

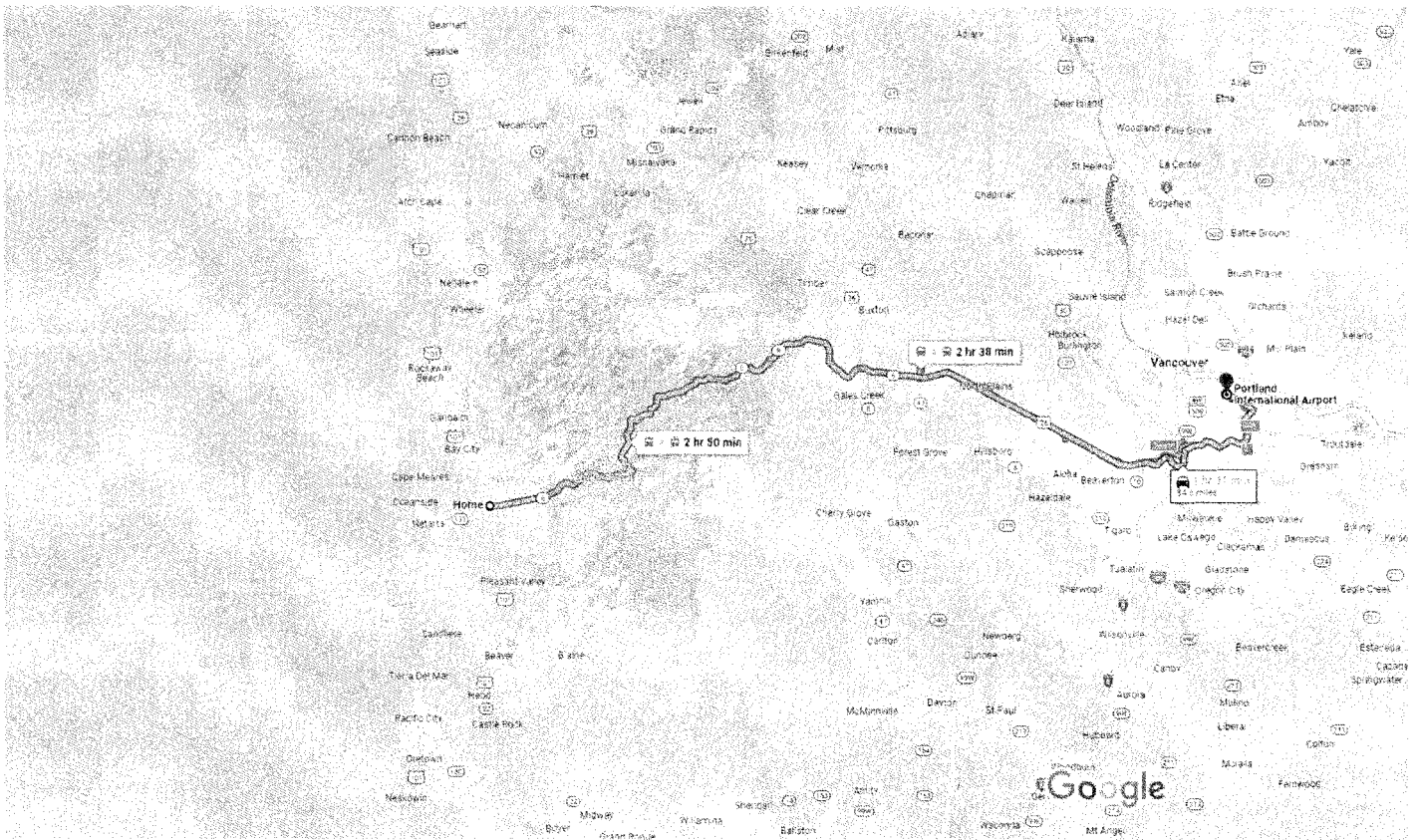


PER DIEM FOR NACO ANNUAL CONFERENCE: AUSTIN, TX: DAVID YAMAMOTO

Thursday - 7/20	Breakfast	Lunch	Dinner
Friday - 7/21	Breakfast	Lunch	Dinner
Saturday - 7/22	Breakfast	Lunch	Dinner
Sunday - 7/23	Breakfast		Dinner
Monday - 7/24	Breakfast	Lunch	Dinner
Tuesday - 7/25	Breakfast	Lunch	Dinner



# Home (201 Laurel Ave) to Portland International Airport Drive 84.8 miles, 1 hr 31 min Airport



Map data ©2022 Google 5 mi

**201 Laurel Ave**  
Tillamook, OR 97141

↑ 1. Head south on Laurel Ave toward 3rd St  
10 sec (131 ft)

**Continue on OR-6 E to your destination in Portland. Take exit 24A from I-205 N**

1 hr 30 min (83.0 mi)

↩ 2. Turn left at the 1st cross street onto OR-6 E/3rd St  
1.7 mi

↑ 3. Continue onto OR-6 E  
49.3 mi

⤴ 4. Merge onto US-26 E  
19.8 mi

↘ 5. Take exit Salem to merge onto I-405 S  
1.4 mi

↘ 6. Take the exit toward Seattle/The Dalles/Interstate 84 E/Interstate 5 N  
0.5 mi

- 7. Merge onto I-5 N  
0.4 mi
- 8. Use the right 2 lanes to take exit 300 for I-84 E/US-30 E toward Portland Arpt/The Dalles  
1.1 mi
- 9. Continue onto I-84 E/US-30 E  
5.8 mi
- 10. Take exit 8 to merge onto I-205 N toward Seattle/Portland Arpt  
2.2 mi
- 11. Take exit 24A toward Airport Way W/Portland Arpt  
0.8 mi
- 12. Merge onto NE Airport Way  
3 min (1.7 mi)

**Portland International Airport**

7000 NE Airport Way, Portland, OR 97218



# Your cart

[Sign in](#)
[Passengers](#)
[Seats](#)
[Payment](#)
[Confirmation](#)

## Flight summary [Change](#) | [Remove](#)

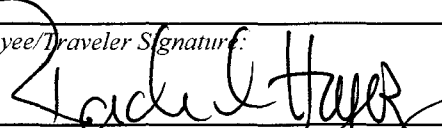
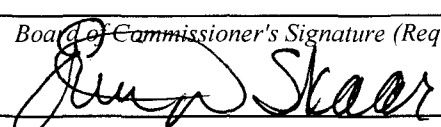
Flight	Departs	Arrives	Price for 1 passenger
<p><b>Main (L)</b>   Nonstop                      Distance: 569 mi   Duration: 1h 48m  <a href="#">Details</a>                      Operated by SkyWest Airlines as AlaskaSkyWest                      Check in with Alaska Airlines</p>	Portland, OR (PDX) Thu, Jul 20 2:30 pm	San Jose, CA (SJC) Thu, Jul 20 4:18 pm	<p><b>\$709.41</b></p> <p><a href="#">View taxes, fees, and charges</a></p> <p><a href="#">View price guarantee</a></p> <p>Shop again using a <a href="#">discount or companion fare code</a>.</p>
<p><b>Main (Q)</b>   Nonstop                      Distance: 1,472 mi   Duration: 3h 40m   <a href="#">Details</a>                      Operated by SkyWest Airlines as AlaskaSkyWest                      Check in with Alaska Airlines</p>	San Jose, CA (SJC) Thu, Jul 20 6:50 pm	Austin (AUS) + Fri, Jul 21 12:30 am	
<p><b>Main (Q)</b>   Nonstop                      Distance: 1,768 mi   Duration: 4h 21m   <a href="#">Details</a></p>	Austin (AUS) Tue, Jul 25 6:39 pm	Seattle (SEA) Tue, Jul 25 9:00 pm	
<p><b>Main (Q)</b>   Nonstop                      Distance: 129 mi   Duration: 0h 54m   <a href="#">Details</a></p>	Seattle (SEA) Tue, Jul 25 10:45 pm	Portland, OR (PDX) Tue, Jul 25 11:39 pm	

Legend [v](#)

PLEASE COMPLETE ALL SECTIONS IN YELLOW. WHERE DOLLAR AMOUNT DOES NOT APPLY LEAVE AT \$0.00  
THIS FORM IS FILLABLE. AMOUNTS & TOTALS WILL CALCULATE AUTOMATICALLY

TILLAMOOK COUNTY TRAVEL AUTHORIZATION 01/01/2023-12/31/2023

Please complete this form and obtain required signatures *before* traveling.

1. Name of Employee/Traveler: RACHEL HAGERTY		2. Date: 04/05/2023																
3. Training Related/Conference (if yes, attach Agenda): <input type="radio"/> Yes <input checked="" type="radio"/> No		4. Airfare/Railfare: \$ 700.00 Confirmation Number: TBD																
5. Name of Conference or Training: NATIONAL ASSOC OF COUNTIES ANNUAL CONFERENCE		6. Conference/Training Cost: \$ 530.00																
7. Itinerary: Destination (City, State): AUSTIN, TEXAS  Est. Departure Date: 7/20 Time: 5:00AM  Est. Return Date: 7/24 Time: 10:00 PM		8. Lodging Reservation Information: Hotel Name: HAMPTON INN Address: 200 SAN JAXCINTO BLVD AUSTIN, TX 78701  Phone number: Confirmation Number: TBD																
9. Miscellaneous Expenses: (Identify Specific Expenses: Taxis, Shuttles, Etc.) a. AIRPORT PARKING \$ 100.00 c. BAGGAGE FEES \$ 60.00 b. AIRPORT SHUTTLES \$ 100.00 d.		10. Lodging Rate: Amount per Night: \$ 229.00 Tax per Night: \$ 39.09 Total per Night: \$ 268.09																
11. Meals: (Please CHECK which rate you are using in ONE box below) Daily Meal Rate without receipts (See policy): <input checked="" type="checkbox"/> CONUS Rate with detailed receipts and accounting: <input type="checkbox"/>  *Daily Rate: \$ 40.00 *(Standard rate or City Conus Rate)		Number of Nights: x 4 Total Lodging: \$ 1,072.36																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th># of Meals</th> <th>x Rate</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Breakfast: 4</td> <td>\$ 8.00</td> <td>\$ 32.00</td> </tr> <tr> <td>Lunch: 4</td> <td>\$ 12.00</td> <td>\$ 48.00</td> </tr> <tr> <td>Dinner: 5</td> <td>\$ 20.00</td> <td>\$ 100.00</td> </tr> <tr> <td colspan="2">Total Meals:</td> <td>\$ 180.00</td> </tr> </tbody> </table>		# of Meals	x Rate	Total	Breakfast: 4	\$ 8.00	\$ 32.00	Lunch: 4	\$ 12.00	\$ 48.00	Dinner: 5	\$ 20.00	\$ 100.00	Total Meals:		\$ 180.00	12. Cost of Trip: Airfare/Railfare: \$ 700.00 Lodging: \$ 1,072.36 Meal Per Diem: \$ 180.00 Personal Car Miles: \$ 111.09 Training/Conference Cost: \$ 530.00 Miscellaneous: \$ 260.00 Total Not To Exceed: \$ 2,853.45	
# of Meals	x Rate	Total																
Breakfast: 4	\$ 8.00	\$ 32.00																
Lunch: 4	\$ 12.00	\$ 48.00																
Dinner: 5	\$ 20.00	\$ 100.00																
Total Meals:		\$ 180.00																
13. Personal Car Miles Total miles round trip: 169.6 x IRS Rate 0.655 \$ Total \$ 111.09																		
14. Purpose of Trip (Be Specific): ATTEND NATIONAL ASSOCIATION OF OREGON COUNTIES ANNUAL CONFERENCE IN AUSTIN, TEXAS  ESTIMATED TRAVEL EXPENSES - HOTEL SUBJECT TO AVAILABILITY																		
15. Approved for Payment:																		
Meal Per Diem: \$ 180.00		Transportation: \$ 700.00																
Personal Car Miles: \$ 111.09		Training/Conference: \$ 530.00																
Misc: \$ 260.00		Total: \$ 2,853.45																
Lodging: \$ 1,072.36																		
16. Employee/Traveler Signature: 		Date: 4/12/2023																
17. Department Head/Designee Signature:		Date:																
18. Board of Commissioner's Signature (Required for Out-Of-State) 		Date: 4/12/2023 <small>Rev. 1/17/23</small>																



# Join NACo for the 2023 Annual Conference July 21-24 in Travis County, Texas

The National Association of Counties (NACo) Annual Conference & Expo is the largest meeting of county elected and appointed officials from across the country. Participants from counties of all sizes come together to shape NACo's federal policy agenda, share proven practices and strengthen knowledge networks to help improve residents' lives and the efficiency of county government.

# REGISTRATION

Register through our registration portal here <<https://member.naco.org/Events/Register/507e8e71-ff9b-ed11-aad1-000d3a346885>> . For questions, contact us via email or phone at 202.942.4292 or [nacomeetings@naco.org](mailto:nacomeetings@naco.org) and indicate "Annual Conference 2023" in the subject line.

**REGISTER TODAY <[HTTPS://MEMBER.NACO.ORG/EVENTS/REGISTER/507E8E71-F9B-ED11-AAD1-000D3A346885](https://member.naco.org/Events/Register/507E8E71-F9B-ED11-AAD1-000D3A346885)>**

## Registration Rates



**Early bird rates are valid until April 17**

NACo Member County	\$530
Non-Member County	\$750
State Associations	\$530
NACo Corporate Member	\$560
Corporate Non-Member	\$850
Government Federal or state employees only	\$570
CIO Forum Registration	\$100
Spouse / Guest Travel companions only. Not valid for colleagues and those with related job functions. Includes access to the exhibit hall and conference-wide receptions.	\$165

# Registration Policies

## CANCELLATIONS, TRANSFERS & SUBSTITUTIONS

Registration fees include all sessions and functions that are part of the official program. Registration fees do not include transportation or hotel accommodations. Registrations cancelled by June 14 will be refunded less a \$50 administration fee. Cancellation requests made after June 14 and before July 11 will be subject to an administrative fee equal to one-half of the registration fee (this applies to all registration types including guest and spouse fees). After July 11, requests for refunds will not be honored. Unused registrations or "no-shows" will not be refunded. All cancellations must be made in writing by emailing [nacomeetings@naco.org](mailto:nacomeetings@naco.org). Telephone cancellations are not accepted.

To transfer a registration, please contact [nacomeetings@naco.org](mailto:nacomeetings@naco.org) and provide the name and email of the person whose registration you are transferring and the name and email address of the person to whom the registration should be reassigned.

## PRESS REGISTRATION

Press registration is available for approved news outlets that submit requests for press credentials using this form. Approved credentials will be confirmed via email. For questions about press participation email [nweissman@naco.org](mailto:nweissman@naco.org).

# VOTING CREDENTIALS

In order to participate in the Annual Business Meeting during the conference, NACo members must appoint one primary voting delegate or proxy voter. Please appoint your primary or proxy delegate by Monday, July 17 at 5:00 p.m. EDT by using this link <<http://www.naco.org/votingcredentials>> to access the online voting credentials portal.

**Learn more about the credentials process by visiting [NACo.org/VotingCredentials](http://www.naco.org/VotingCredentials) <<https://www.naco.org/resources/featured/voting-credentials>> or by emailing [credentials@naco.org](mailto:credentials@naco.org).**



# EXPLORE THE SCHEDULE

Explore the preliminary schedule and begin planning your conference experience. More details to come.

**VIEW THE SCHEDULE <[HTTPS://WWW.NACO.ORG/EVENTS/SCHEDULE/246526](https://www.naco.org/events/schedule/246526)>**

**PRINT THE SCHEDULE <[HTTPS://WWW.NACO.ORG/PRINT-SCHEDULE/246526](https://www.naco.org/print-schedule/246526)>**

## THU, JUL 20

11:00 am to 7:30 pm

Pre-conference CIO Forum & Reception  
EXTRA REGISTRATION REQUIRED

4:00 pm to 5:00 pm

NACo Ambassadors Meeting

## FRI, JUL 21

8:00 am to 9:15 am

First-Time Attendee Orientation  
INVITATION ONLY

8:30 am to 9:15 am

Policy Coordinating Committee Meeting #1

9:30 am to 4:30 pm

Policy Steering Committee Meetings

4:30 pm to 6:30 pm

Exhibit Hall Opening Reception

5:00 pm to 5:45 pm

Policy Coordinating Committee Meeting #2

5:00 pm to 6:30 pm

Affiliates & State Association Meetings

6:30 pm to 8:00 pm

Affiliates & State Association Receptions

## SAT, JUL 22

6:30 am to 8:00 am

Bike Ride

8:30 am to 9:45 am

Caucuses, Standing Committees and Task Forces

9:00 am to 3:00 pm

Exhibit Hall Open

10:00 am to 12:00 pm

Large Urban County Caucus and Rural Action Caucus Meetings

1:30 pm to 3:00 pm

Caucuses, Standing Committees and Task Forces

1:45 pm to 3:00 pm

NACo Board Forum



**3:15 pm to 4:30 pm**

General Session

**4:30 pm to 5:00 pm**

NACo 2nd Vice President Candidates Forum

**6:30 pm to 8:30 pm**

NACo Board of Directors Reception

INVITATION ONLY

**SUN, JUL 23****7:45 am to 8:30 am**

Non-Denominational Worship Service

**8:45 am to 10:00 am**

Educational Workshops

**9:00 am to 12:00 pm**

Exhibit Hall Open

NACo Board of Directors Meeting

**10:30 am to 11:45 am**

Educational Workshops

**12:00 pm to 2:00 pm**

NACo Achievement Awards Lunch &amp; General Session

**2:30 pm to 5:00 pm**

Educational Summits

**2:30 pm to 5:30 pm**

Mobile Workshops

**7:00 pm to 9:00 pm**

Large Urban County Caucus and Rural Action Caucus Reception

INVITATION ONLY

**MON, JUL 24****9:30 am to 11:45 am**

NACo Annual Business Meeting

**2:00 pm to 2:45 pm**

Regional Caucus Meetings

TENTATIVE

**3:00 pm to 4:15 pm**

Educational Workshops

**4:30 pm to 5:00 pm**

NACo New Board of Directors Organizational Meeting

6:00 pm to 9:30 pm

NACo Closing Reception

## HOUSING & TRAVEL

All conference activities (except for off-site evening receptions and mobile tours) are taking place at the Austin Convention Center. Discounted housing rates have been established at the eleven hotels closest to the convention center and rooms will fill up quickly. Instructions and access to book housing will be included in your registration confirmation email.

Austin-Bergstrom International Airport (AUS) is located just 15 minutes from downtown and the convention center.

Click here <<https://share.threshold360.com/map/jwk57c>> to explore a full map of all of the various hotel options for the conference.

## FIRST-TIME ATTENDEES

5 tips to make the most of your first in-person NACo conference.

### Pre-Conference

1. RSVP to the invitation you should receive for NACo's First-Time Attendee Orientation on Friday, July 21, 8:00 a.m. – 9:15 a.m.
  - NACo President Denise Winfrey, Executive Director Matt Chase and Membership Committee Chair Matthew Prochaska will welcome you to the conference and first-timers will have a chance to connect with NACo Ambassadors in a roundtable discussion.
2. Review the Conference Schedule <<https://www.naco.org/events/schedule/246526>> and select committee meetings and educational sessions of interest.
  - Committee meetings are open to all attendees unless otherwise noted
  - Committee meetings, workshops and educational sessions take place during the day and social events are planned in the evening.
  - Attend your region's Caucus meeting, tentatively scheduled on Monday, July 24 from 2:00 – 2:45 p.m. Check here <<https://www.naco.org/about/executive-committee>> to find your state's region.

3. Download the NACo Conference app. The app allows you to create your own schedule, access meeting content, view other attendees, send messages and more.
  - The app will be available for download on apple and android devices prior to the conference.
4. The dress code for the conference is business; however, we recommend that you pack comfortable walking shoes and an extra layer for chilly conference rooms.
  - For evening social events, the dress code is business casual.
5. Check in with your state association to find out who else is attending from your state and to learn about any events they may have planned.

Look out for the "What to Know Before You Go" email sent to registrants in early July with information about the conference and the conference app. We look forward to seeing you in Travis County, Texas.

Have questions? Please reach out to the Membership Team at [membership@naco.org](mailto:membership@naco.org).

## **TRAVIS COUNTY HIGHLIGHTS**

Explore the travel guide <<https://www.austintexas.org/attendee-guide/>> from Visit Austin and access a searchable database for food, activities and more!

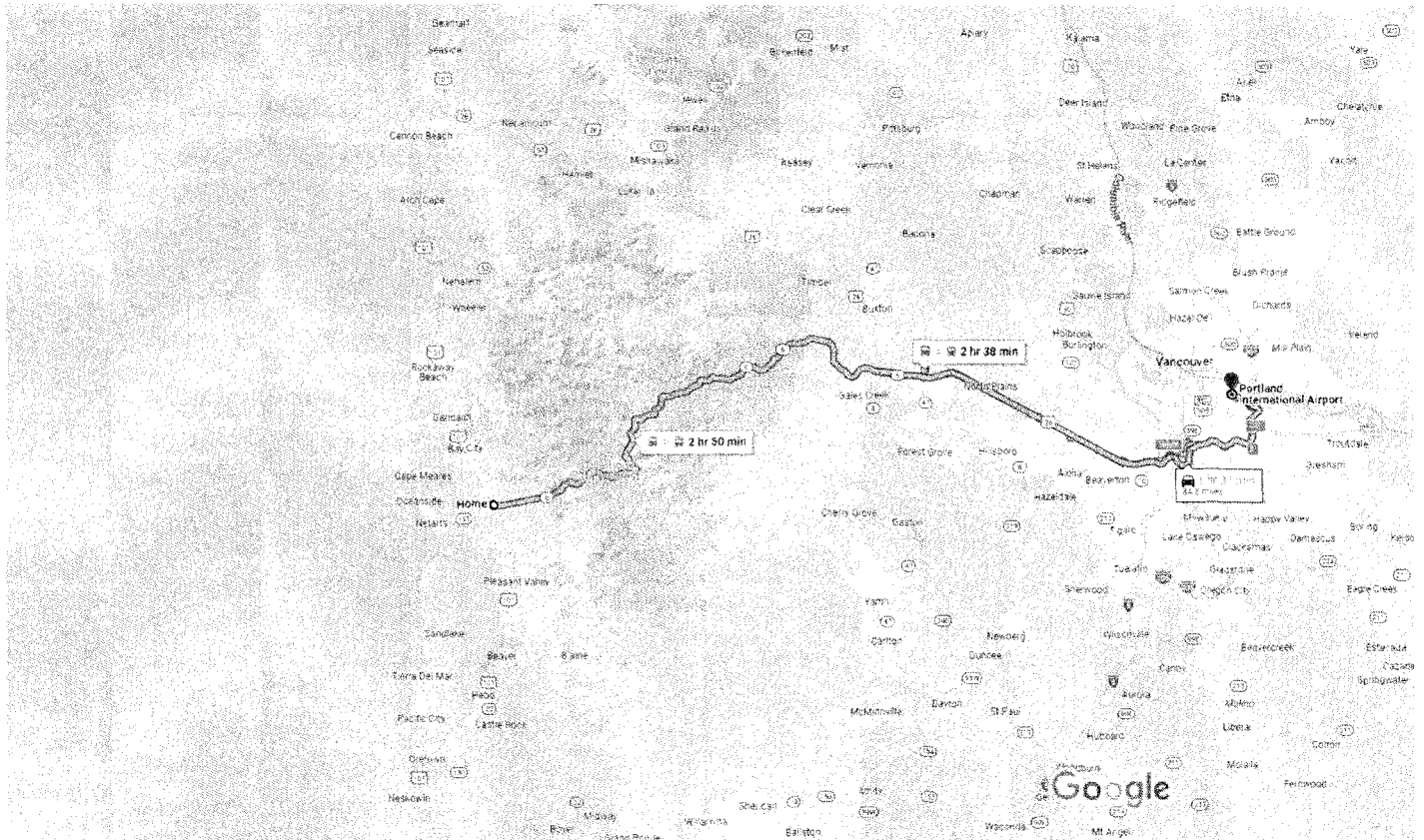
## **QUESTIONS?**

We are here to help! Email [nacomeetings@naco.org](mailto:nacomeetings@naco.org) with any questions or concerns.

PER DIEM FOR NACO ANNUAL CONFERENCE: AUSTIN, TX: RACHEL HAGERTY

Thursday - 7/20	Breakfast	Lunch	Dinner
Friday - 7/21		Lunch	Dinner
Saturday - 7/22	Breakfast	Lunch	Dinner
Sunday - 7/23	Breakfast		Dinner
Monday - 7/24	Breakfast	Lunch	Dinner

# Google Maps Home (201 Laurel Ave) to Portland International Airport Drive 84.8 miles, 1 hr 31 min



Map data ©2022 Google 5 mi

201 Laurel Ave  
Tillamook, OR 97141

↑ 1. Head south on Laurel Ave toward 3rd St  
 10 sec (131 ft)

Continue on OR-6 E to your destination in Portland. Take exit 24A from I-205 N

↩ 2. Turn left at the 1st cross street onto OR-6 E/3rd St  
 1 hr 30 min (83.0 mi)

↩ 2. Turn left at the 1st cross street onto OR-6 E/3rd St  
 1.7 mi

↑ 3. Continue onto OR-6 E  
 49.3 mi

↗ 4. Merge onto US-26 E  
 19.8 mi

↘ 5. Take exit Salem to merge onto I-405 S  
 1.4 mi

↘ 6. Take the exit toward Seattle/The Dalles/Interstate 84 E/Interstate 5 N  
 0.5 mi

- 7. Merge onto I-5 N  
0.4 mi
- 8. Use the right 2 lanes to take exit 300 for I-84 E/US-30 E toward Portland Arpt/The Dalles  
1.1 mi
- 9. Continue onto I-84 E/US-30 E  
5.8 mi
- 10. Take exit 8 to merge onto I-205 N toward Seattle/Portland Arpt  
2.2 mi
- 11. Take exit 24A toward Airport Way W/Portland Arpt  
0.8 mi
- 12. Merge onto NE Airport Way  
3 min (1.7 mi)

**Portland International Airport**  
7000 NE Airport Way, Portland, OR 97218





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Sign in

Passengers

Seats

Payment

Confirmation

## Flight summary [Change](#) | [Remove](#)

### Flight

Alaska 1049

**Main (N)** | Nonstop

Distance: 834 mi | Duration: 2h 34m  
| [Details](#)

American 2780 (Alaska 6896)

**Coach (N)** | Nonstop

Distance: 1,238 mi | Duration: 3h 5m  
| [Details](#)

Operated by American Airlines  
Check in with American Airlines

Alaska 513

**Main (S)** | Nonstop

Distance: 1,501 mi | Duration: 3h  
40m | [Details](#)

Alaska 1045

**Main (S)** | Nonstop

Distance: 550 mi | Duration: 1h 42m  
| [Details](#)

### Departs

Portland, OR (PDX)  
Thu, Jul 20  
9:25 am

Los Angeles, CA (LAX)  
Thu, Jul 20  
2:26 pm

Austin (AUS)  
Mon, Jul 24  
8:00 am

San Francisco (SFO)  
Mon, Jul 24  
11:00 am

### Arrives

Los Angeles, CA (LAX)  
Thu, Jul 20  
11:59 am

Austin (AUS)  
Thu, Jul 20  
7:31 pm

San Francisco (SFO)  
Mon, Jul 24  
9:40 am

Portland, OR (PDX)  
Mon, Jul 24  
12:42 pm

Price for 1 passenger  
**\$685.50**

[View taxes, fees, and charges](#)

Shop again using a [discount or companion fare code](#).





**Response to Opportunity/Problem**

Briefly describe the major alternatives considered to address this opportunity or problem:

- 1. Do nothing alternative. This alternative is not a viable solution as the failure of the Shilo Levee will no longer protect Highway 101, surrounding infrastructure, commercial and residential properties.
- 2. Install sheetpiles. This alternative was not selected due to the volume of previously installed riprap and the likely damage that the sheetpiles would sustain. This location is near the head of tide and saltwater is a concern with sheetpile walls.
- 3. Rehabilitate the levee revetment. This alternative was selected to advance.

**Detailed Project Description**

Clearly describe the proposed project work to be accomplished:

Rehabilitating the Shilo Levee, which is approximately 1,200 linear feet, will generally consist of the following during the in-water work window of July 15 to September 15, 2024:

- Install a cofferdam to isolate the downstream left bank in order to perform work “in the dry”. This isolation prevents turbidity in the water and reduces the concern for environmental degradation. The Wilson River will be channeled between the cofferdam and the right bank.
- Install keyed riprap below the scour depth and reconstruct the face of the revetment with riprap along the existing bank.
- Evaluate the top of the levee with current FEMA mapping and adjust accordingly.
- Infill cracks that are present along the perimeter of the levee.
- Size and depth of riprap to be determined. It is anticipated that existing riprap may be reused.
- Vegetate as permitted by ACOE.

**Project Work Plan**

List project activity milestones with estimated start and completion dates. Identify estimated date of first cash draw:

Activity	Estimated Date	
	Start	Completion
Design	Aug 1, 2023	Feb 28, 2024
Permitting	Dec 1, 2023	Apr 1, 2024
Bidding	Apr 1, 2024	May 30, 2024
Construction	Jul 15, 2024	Sep 15, 2024

**Estimated First Draw Date:** October 2, 2023

**Project Budget**

List individual project budget line items with requested budgeted amounts by IFA and non-IFA funding sources. Change budget column labels to identify the specific requested IFA funding sources. Non-IFA sources are those funds other than those requested from IFA.

**Please be aware that the award loan amount will be subject to a less than 1% issuance fee if the loan is included in the Oregon Bond Bank. Please contact Business Oregon for additional information.**

Budget Line Item (Adjust budget items to suit the project) <i>Below are general items most used</i>	IFA Funding		Non-IFA	Total
	Source 1	Source 2	Funds	
Engineering/Architecture	\$299,000	\$0	\$0	\$299,000
Construction	401,000		2,059,000	2,460,000
Construction Contingency	100,000		909,000	1,009,000
Land Acquisition	0		0	0
Legal	0		0	0
Construction Management	0		370,000	370,000
Other Permitting	200,000			200,000
Other				0
Other				0
Other				0
<b>Totals</b>	<b>1,000,000</b>	<b>0</b>	<b>3,338,000</b>	<b>4,338,000</b>

**Details of Non-IFA Funds**

Source of Non-IFA Funds	Amount	Status: C-Committed, A-Application S-Submitted, AI-Application Invited, PS-Potential Source	Dates Required Funds will be Committed and Available
State of Oregon Capital Funding	\$1,267,500	Submitted	1-Aug-23
U.S. Senate – Congressionally Directed Spending	1,500,000	Submitted	1-Jul-24
Tillamook County	25,000	Committed	1-Aug-23
To be Determined	545,500	Potential Source	1-Jul-24
<b>Totals</b>	<b>3,338,000</b>		

**If "Non-IFA funds" include USDA Rural Development funding that will require interim financing, please indicate the source of the interim financing. NA**

**General Certification**

I certify to the best of my knowledge all information, contained in this document and any attached supplements, is valid and accurate. I further certify that, to the best of my knowledge:

1. The application has been approved by the governing body or is otherwise being submitted using the governing body's lawful process, and
2. Signature authority is verified.

**Check one:**

- Yes, I am the highest elected official. (e.g., Mayor, Chair or President)
- No, I am not the highest elected official so I have attached documentation that verifies my authority to sign on behalf of the applicant. (Document such as charter, resolution, ordinance or governing body meeting minutes must be attached.)

**The department will only accept applications with proper signature authority documentation.**

Signature

Erin D. Skaar

Printed Name

Date

Chair, Board of County Commissioners

Printed Title

**FOR BUSINESS OREGON USE ONLY**

Concept Number

Intake Approval Date

**Project Type:**

- Planning
- Construction
- Other:
- Design
- Design & Construction



**Application Supplement  
for Special Public Works Fund  
Development Project**

Applicant: **Tillamook County**

Project Name: **Shilo Levee Rehabilitation Project, Tillamook County**

**Section I: Property Acquisition / Ownership / Operation**

- A. Is the project a "Development Project" for the acquisition, improvement, construction, demolition or redevelopment of municipally owned utilities, buildings, land, transportation facilities, or other facilities that assist the economic and community development of the municipality?  Yes  No

*If yes, answer questions B. through E. of this section. If no, please contact your Regional Development Officer.*

- B. What is the physical location of the project?

**Along the Wilson River, between the Wilson River Bridge at U.S. Highway 101 and the Shilo Inn (Township 1S Range 9W Section 19B Taxlot 503)**

- C. Will the applicant own the facility / improvements once constructed?  Yes  No

*If no, explain: **The levee is located on a private property and property owned by the Oregon Department of Transportation. A 1952 agreement describes the ACOE's responsibility of constructing the levee and Tillamook County's indefinite responsibility of structure maintenance and integrity.***

- D. Will the applicant operate and maintain the facility / improvements once constructed?  Yes  No

*If no, describe:*

- E. Does the project include any acquisition of real property, including permanent easements and rights-of-way, which are directly related to or necessary for the project?  Yes  No

*If yes, describe:*

- F. Does the project include the purchase of motor vehicle(s)?  Yes  No

*If yes, describe:*

- G. Does the project include the purchase of any other equipment which is not directly related to or necessary for the project?  Yes  No

*If yes, describe:*

- H. Will a private entity or business have a special legal entitlement to the project? (e.g., through either a transfer of, or partnership in ownership, a lease, management contract, special user rates or development fees, or priority for use)  Yes  No

*If yes, describe:*

**Section II: Project Results**

Please answer each of the following items and provide a brief explanation below for each item marked "Yes."

- A. Will the project result in direct job creation or retention of permanent industrial or commercial jobs within two years of completion of the project?  Yes  No  
*Skip to question B.*
1. Is the project a "firm business commitment" project in response to a specific business development, expansion or retention proposal where assistance is necessary to enable the proposal to proceed?  Yes  No  
*If yes, describe:*
2. Does the "firm business commitment" project include industrial or commercial jobs for traded sector businesses, e.g., those selling goods or services in markets for which national or international competition exists?  Yes  No  
*If yes, describe:*
3. Will the identified business be relocating from another part of the state?  Yes  No  
*If yes, describe:*
- B. Will the project result in business growth or expansion that would not occur in Oregon without an investment from the Special Public Works Fund?  Yes  No  
*If yes, describe:*
- C. Will the project include improvement, expansion or new construction of **infrastructure** systems necessary to maintain usable industrial and commercial lands?  Yes  No  
*If yes, explain: Failure to repair the levee puts Highway 101 at risk of failure. A levee failure directly impacts regional commercial traffic along the coast and several commercial properties in the city's business district.*
- D. Will the project support future industrial growth and commercial enterprise to create or retain employment opportunities with **buildings, land or other facilities**?  Yes  No  
*If yes, explain: Failure to repair the levee puts Highway 101 at risk of failure. A levee failure directly impacts the Tillamook Creamery, the logging industry, the city's business district, and tourism.*
- E. Is the project necessary to encourage **economic revitalization** in an urban or rural area where economic growth is prevented by existing conditions, such as an absence of community facilities, developable industrial or commercial land, or lack of capacity in infrastructure systems?  Yes  No  
*If yes, explain:*

- F. Will the project promote or contribute to the economic and community development goals of the municipality?  Yes  No

*If yes, explain: Failure to repair the levee puts Highway 101 at risk of failure. Failure of the levee may impede community development goals and economic metrics for the county and city.*

- G. Will the project provide the local match for an emergency project receiving federal disaster relief?  Yes  No

*If yes, briefly describe the emergency project activities:*

**Note: Attach copies of the FEMA approved "Project Worksheets" as Attachment Q.**

- H. Will the project result in the restoration, rehabilitation or new construction of essential community facilities that provide support services to public health and safety, including but limited to police and fire protection, medical treatment, public utilities, transportation and auxiliary shelter facilities?  Yes  No

*If yes, explain:*

- I. Is the project one of the special types of development projects listed in OAR 123-042-0038 - land acquisition only; a privately owned railroad; telecommunication system; energy system; marine facility; or a utility system connected to another municipality's utility system?  Yes  No

*If yes, explain:*

**Section III: Additional Project Information**

- A. What is the estimated useful life of the improvements included in the project?

**75 years**

- B. Is there documentation of substantial local commitment to the project's success?  Yes  No

*If yes, describe (public hearings held; project is included entity's adopted budget, CIP, master plan; private partnership or foundations are involved in funding project, et cetera):*

**Local community support is strong as demonstrated in the attached letters submitted to the U.S. Senate for its Congressionally Directed Spending request. The project is included in the Tillamook County budget.**

- C. Please list the permits and regulatory authorizations needed for the project to be ready to proceed with construction and indicate whether they have been obtained or not.

Permit Type	Review Agency	Status of Approval	If pending, anticipated approval date
-------------	---------------	--------------------	---------------------------------------

<b>Joint Permit Application and 401 Certification</b>	<b>US Army Corps of Engineers, Oregon Department of State Lands, Oregon Department of Environmental Quality, Tillamook County</b>	<input type="checkbox"/> Obtained <input checked="" type="checkbox"/> Pending	<b>Apr 1, 2024</b>
<b>Floodplain Development Permit</b>	<b>City of Tillamook</b>	<input type="checkbox"/> Obtained <input checked="" type="checkbox"/> Pending	<b>Apr 1, 2024</b>
<b>Zoning Clearance Review Permit</b>	<b>City of Tillamook</b>	<input type="checkbox"/> Obtained <input checked="" type="checkbox"/> Pending	<b>Apr 1, 2024</b>
<b>1200-C Permit</b>	<b>Oregon Department of Environmental Quality</b>	<input type="checkbox"/> Obtained <input checked="" type="checkbox"/> Pending	<b>Apr 1, 2024</b>

**For Drinking Water System Improvement Projects Only**

D. Water system identification number: **NA**

E. Are all service connections to your drinking water system metered?  Yes  No

*If yes, skip to question "F" below.*

*If no, has a plan been adopted to install the meters?*

Yes  No

F. If a plan has been adopted, describe:

**NA**

**Section IV: Financial Information**

A. Are user rates for the project-funded utility system(s) expected to change in the next five years?  Yes  No

*If yes, describe:* **NA**



B. What sources of revenue are being pledged to repay a loan?

NA

C. Is other debt serviced or secured by those revenues?

Yes  No

*If yes, is the other debt described in the applicant's audit reports?*

Yes  No

**If the other debt is not described in the audit report, refer to the specific authorization, such as an ordinance or resolution. List below and attach a copy as Attachment N.**

Lender	Amount of Note	Year Incurred
NA		

D. Has the applicant ever defaulted on a debt?

Yes  No

*If yes, provide a complete summary of the circumstances related to the default:*

NA

E. Is there actual/pending litigation that could impair the applicant's ability to repay debt?

Yes  No

*If yes, describe:* NA

**Section V: Budget Information**

A. Does the project budget (as included on the General Application) propose direct project management expenses?  Yes  No

*(Direct project management is defined as expenses that will be incurred that are directly related to and necessary solely to support or manage project activities and are not routine or ongoing expenses of the municipality or expenses for current staff that are already included in the municipality's adopted budget.)*

*If yes, describe how the direct project management services will be provided:*

B. A current engineer's cost estimate must be included as **Attachment U**. Who prepared the cost estimates for the project?

*Note: To be considered current, the cost estimate must have been completed within the past 6 months.*

Name: **Brian Meunier**  
Title: **Water Resources Project Manager**  
Company: **DOWL, LLC**  
Phone Number: **971-634-2015**  
Date of project cost estimate: **2/21/2023**

- C. Will reimbursement be requested from the IFA for any directly related project expenses that have been, or will be, incurred **prior to an award**?  Yes  No

*If yes, identify and describe the amount and type of pre-award expenses below:*

**Note:** Pre-award expenses must be included as a separate line-item in the project budget in the General Application Form.

1. Preliminary design or engineering incurred within the past 12 months?  Yes  No

*If yes, describe:*

2. Construction activities, including land acquisition, site preparation, mobilization and similar costs incident to commencement of construction?  Yes  No

*If yes, describe:*

3. Other activities necessary to allow the project to proceed?  Yes  No

*If yes, describe:*

4. Are pre-award expenses **less than 20%** of the total cost of the project?  Yes  No

*If no, describe:*

## Attachments

	Attachment Description	For IFA Use (X Attached?)
<b>Required with all applications</b>	<b>A</b> Documentation from the appropriate entity (city or county planning department) that indicates that the project is consistent with the acknowledged local comprehensive plan.	<input type="checkbox"/>
	<b>B</b> Map(s) showing the location of the project, including tax lots / parcels and road widths, etc.	<input type="checkbox"/>
	<b>C</b> The preliminary architectural / engineering / planning work or study conducted to determine the feasibility of the proposed building, utility system or other improvements. The documents must be certified by a professional architect / registered engineer licensed in Oregon.	<input type="checkbox"/>
	<b>D</b> Applicant's adopted budget.	<input type="checkbox"/>
	<b>E</b> Applicant's last three audit reports (if not available at the Secretary of State website: <a href="http://www.sos.state.or.us">http://www.sos.state.or.us</a> )	<input type="checkbox"/>
	<b>F</b> List the ten largest property tax payers in the applicant's jurisdiction, their type of business, local taxes and current assessed value. If net revenues from your drinking water and/or sewer system will be pledged to repay the loan, also complete the "Summary of Users, Consumption and Rates" and "System's Ten Largest Customers" tables for the applicable system(s) (see Attachment F).	<input type="checkbox"/>
	<b>G</b> A Schedule of Pro Forma Revenues and Expenditures for the applicable fund(s) that will be pledged to repay the loan for each of the next five years and any underlying assumptions used in the Applicant's adopted budget (see Attachment G).	<input type="checkbox"/>
	<b>U</b> Current engineer's cost estimate (see Section 5 B).	<input type="checkbox"/>
<b>Check If Applicable</b>	<b>Check box at left and include any of the following attachments that are applicable to the project proposal</b>	
<input type="checkbox"/>	<b>H</b> If the project is for improvement or expansion of a drinking water and/or sewer system, submit a copy of the Water System Master Plan or Wastewater Facilities Plan for the system(s).	<input type="checkbox"/>
<input type="checkbox"/>	<b>I</b> If the project is for improvement or expansion of a drinking water system and/or sewer system, attach a copy of the current rate schedule, including rates for System Development Charges (SDCs).	<input type="checkbox"/>
<input type="checkbox"/>	<b>J</b> If the project is for improvement or expansion of a drinking water and/or sewer system, attach a copy of the most recent resolution or ordinance that adopts the current rate schedule.	<input type="checkbox"/>
<input type="checkbox"/>	<b>K</b> If the project overlaps municipal boundaries, attach an executed copy of an intergovernmental cooperation agreement that sets out the duties and obligations of each entity.	<input type="checkbox"/>
<input type="checkbox"/>	<b>L</b> If project includes a firm business commitment where permanent jobs will be created or retained, submit the "Job Creation and Retention and Average Wages" form completed by the business (see Attachment L).	<input type="checkbox"/>
<input type="checkbox"/>	<b>M</b> If available, the plans and specifications for the project.	<input type="checkbox"/>

<input type="checkbox"/>	<b>N</b>	Copies of all ordinances/resolutions that authorize <b>debt that is supported by the source of repayment for this financing</b> ( <i>refer to the Section IV: Financial Information, Item B.</i> )	<input type="checkbox"/>
<input type="checkbox"/>	<b>O</b>	If the applicant will own the facility and another entity will operate the facility, attach an executed copy of the operating agreement between the parties.	<input type="checkbox"/>
<input type="checkbox"/>	<b>P</b>	If the project is for downtown revitalization, attach a copy of the downtown revitalization plan.	<input type="checkbox"/>
<input type="checkbox"/>	<b>Q</b>	If the project is an <b>emergency project with the commitment of federal disaster relief assistance</b> , attach a copy of the FEMA approved "Project Worksheet(s)" that are the basis for this funding request.	<input type="checkbox"/>
<b>If a Telecommunications Project</b>			
<input type="checkbox"/>	<b>R</b>	If the project is for telecommunications infrastructure, attach a resolution that includes findings and states that project is necessary and would not otherwise be provided by a for-profit entity within a reasonable time/for a reasonable cost.	<input type="checkbox"/>
<input type="checkbox"/>	<b>S</b>	If the project is for telecommunications infrastructure, attach a copy of the notice and minutes of the public hearing at which the above resolution was adopted.	<input type="checkbox"/>
<b>If a grant is likely and it is possible the grant could exceed the property value</b>			
<input type="checkbox"/>	<b>T</b>	One of the following: 1) real market value (obtained from the county tax assessor) of the property and improvements that will be put on the tax assessment roll, <u>after</u> the project improvements have been completed; or 2) an appraisal (conducted by an independent appraiser) of the future fair market value of the subject property <u>after</u> the project improvements have been completed.	<input type="checkbox"/>

Information for the following tables should be the most current available and may be found from these sources:

**Ten largest taxpayers:** Comprehensive Annual Financial Report (CAFR), County Assessor, Financial Audit Report

**Summary of users:** billing records

**Populations served:** your system's service area information; 2010 Census, [Portland State University](#)

**System's ten largest customers:** billing records

**Ten Largest Property Taxpayers (in applicant's jurisdiction)**

Taxpayer	Type of Business	Total Taxes	Current Assessed Value
Tillamook County Creamery	Co-Op	\$1,098,347.19	\$114,343,244
Tillamook PUD	Power Utility	\$1,046,179.84	\$95,483,000
Stimson Lumber Company	Timber Industry	\$927,631.59	\$82,450,528
Lumen Technologies Inc	Telephone Company	\$362,159.57	\$33,840,000
Store Capital Acquisitions		\$282,105.57	\$24,192,950
Charter Communications	Utility	\$271,862.37	\$24,063,000
Hampton Lumber Mills Co	Timber Industry	\$257,758.33	\$21,681,950
Fred Meyer Stores Inc	Grocery Store	\$226,624.48	\$19,059,900
Pelican Brewing Company	Restaurant	\$216,105.63	\$17,570,700
Kiwanda Lodge LLC	Hospitality Industry	\$145,099.64	\$11,862,740

**If Water or Sewer Project, also Complete These Tables**

**Summary of Users, Consumption and Populations Served**

User	Connections		Equivalent Dwelling Units**		Annual Water Consumption (in gallons)
	Current	Future*	Current	Future	Current
Residential	0				
Commercial					
Industrial					
Other					
<b>Totals</b>	0	0	0	0	0

\*20-year project life

\*\*1 EDU = 7,500 gallons of water consumption per month per residential user

**Populations Served**

	All Residents	Permanent Residents*
Number served by system	NA	
Number served by this project		

\*Excludes transient and part-time residents

**System's 10 Largest Customers**

Customer	Annual Water Consumption (in gallons)	% Total Water Consumption for System	Annual Revenue Received by System	% Total Annual Revenue Received by System
NA				

**Schedule of Pro Forma Revenues and Expenditures**

**Attachment G**

	Pro Forma	Current FY					
<b>1</b>	<b>Year (ending June 30)</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>
<b>2</b>	<b>Beginning Fund Balance</b>	13,100,600	7,827,100	6,460,317	5,231,263	4,703,465	4,406,471
<b>Operating Revenues</b>							
<b>3</b>	<b>Primary Revenue Source</b>	3,291,850	3,426,815	3,563,888	3,706,444	3,854,701	4,008,889
<b>4</b>	<b>Other Revenue Source 1</b>	13,569,100	14,125,433	14,690,450	15,278,068	15,889,191	16,524,758
<b>5</b>	<b>Other Revenue Source 2</b>	2,022,390	2,105,307	2,189,520	2,277,101	2,368,185	2,462,912
	<b>Total Operating Revenues</b>	<b>18,883,340</b>	<b>19,657,555</b>	<b>20,443,858</b>	<b>21,261,613</b>	<b>22,112,077</b>	<b>22,996,559</b>
<b>Operation, Maintenance &amp; Replacement (OM&amp;R) Expenses</b>							
<b>6</b>	<b>Personal Services</b>	16,887,570	15,587,570	16,055,197	16,296,025	16,784,905	17,036,679
<b>7</b>	<b>Materials &amp; Services</b>	5,278,750	4,700,000	4,841,000	4,913,615	5,061,023	5,136,938
<b>8</b>	<b>Other Operating Expenses</b>						
	<b>Total Operating Expenses</b>	<b>22,166,320</b>	<b>20,287,570</b>	<b>20,896,197</b>	<b>21,209,640</b>	<b>21,845,928</b>	<b>22,173,617</b>
<b>Debt Services</b>							
	<b>Funds Avail for Debt Service</b>	<b>(3,282,980)</b>	<b>(630,015)</b>	<b>(452,339)</b>	<b>51,973</b>	<b>266,149</b>	<b>822,942</b>
<b>9</b>	<b>Existing Debt 1</b>	285,000	283,390	287,090	285,538	283,860	287,056
<b>10</b>	<b>Existing Debt 2</b>						
<b>11</b>	<b>Other Proposed Debt</b>						
	<b>Total Debt Service</b>	<b>285,000</b>	<b>283,390</b>	<b>287,090</b>	<b>285,538</b>	<b>283,860</b>	<b>287,056</b>
<b>Other Activities</b>							
	<b>Cash Avail After Debt Service</b>	<b>(3,567,980)</b>	<b>(913,405)</b>	<b>(739,429)</b>	<b>(233,565)</b>	<b>(17,711)</b>	<b>535,886</b>
<b>12</b>	<b>Loan Proceeds / Drawdowns</b>						
<b>13</b>	<b>Capital Outlay</b>	-66,950	-68,958	-71,027	-72,092	-74,255	-75,369
<b>14</b>	<b>System Replacement Reserves</b>						
<b>15</b>	<b>Other Non-Operating Activity</b>	70,000	72,870	75,784	78,816	81,968	85,247
	<b>Net Other Activity</b>	<b>3,050</b>	<b>3,912</b>	<b>4,757</b>	<b>6,724</b>	<b>7,713</b>	<b>9,878</b>
<b>16</b>	<b>Net Transfers IN (OUT)</b>	(1,708,570)	(457,290)	(494,382)	(300,957)	(286,996)	(272,475)
<b>17</b>	<b>Adjustments</b>						
	<b>Net Transfers &amp; Adjustment</b>	<b>(1,708,570)</b>	<b>(457,290)</b>	<b>(494,382)</b>	<b>(300,957)</b>	<b>(286,996)</b>	<b>(272,475)</b>
	<b>Ending Fund Balance</b>	<b>7,827,100</b>	<b>6,460,317</b>	<b>5,231,263</b>	<b>4,703,465</b>	<b>4,406,471</b>	<b>4,679,760</b>
<b>18</b>	<b>Connections</b>						
<b>19</b>	<b>EDUs</b>						
<b>20</b>	<b>Monthly Rate per EDU</b>						

Please contact your RDO if you have questions completing this form.

Primary revenue source (e.g., user charges). Include, on lines 4 or 5, revenues such as taxes, hook-up fees and rent/lease income. Do not include interest, SDCs, etc., in this section; rather, enter these revenues on line 15.

Include short-lived asset replacement with a useful life of 15 years or less. Do not include capital outlay, transfers, depreciation, etc; rather, enter these revenues to lines 12–17.

Enter and specify annual debt service amounts for existing and proposed debt support by this fund, including any proposed non-IFA debt for this project, e.g., USDA, DEQ, etc.

Anticipated drawdown schedule for requested loans. Include capital outlay in brackets (negative amount) for this project. Anticipated contributions for system replacement. Asset sales, SDCs, interest income (specify†).

Include transfers to reserve accounts (specify†). Explain any adjustments

†Describe any assumptions used in calculating above figures, such as changes in user rates, EDU/connection growth, loan repayments, operating expenses, transfers, adjustments:

**Job Creation / Retention and Average Wages**

**Attachment L**

Business Name & Address of Project Business Site:  
(street address, city, zip code):  
NA

**Contact Person:**  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Federal Tax Identification Number (EIN): \_\_\_\_\_

Oregon Business Identification Number (BIN): \_\_\_\_\_

Product(s) produced: \_\_\_\_\_

**A. Current number of Full-Time Equivalent (FTE) jobs:**

1. Total number of Hours Worked\* to Employees\*\* during the previous 12 months:  
Divided by 1,820 hours per year = **Current FTE** = \_\_\_\_\_ **0.00**
2. Of the current FTE, how many do you estimate would no longer exist if the proposed project is not completed? \_\_\_\_\_
3. By what date do you estimate the FTE jobs in 2. (above) would no longer exist if the proposed project is not completed? \_\_\_\_\_
4. What 12-month period was used for 1. (above)? \_\_\_\_\_ to \_\_\_\_\_

\* "Hours worked" for an hourly Employee means all hours the Employee performed work on the job. It does not include sick leave, vacation time or other paid time where no work is performed. This definition was developed to be consistent with the data collected by the Oregon Employment Department for the Oregon Quarterly Reports and Form 132 (for Unemployment Insurance Tax). The 1820 figure represents 35 hours per week and was developed in coordination with the Oregon Employment Department. The 1820 figure assumes 6.5 weeks (260 hours) of paid and unpaid leave each year out of a total 2080 hours (40 hours x 52 weeks) per year. The 6.5 weeks of paid and unpaid leave consists of: 2.5 weeks of vacation, 1.5 weeks of sick leave, 1.5 weeks of holidays and 1 week of other leave (such as family leave). All jobs that are covered under unemployment compensation shall be counted. Contract labor also may be included if the jobs are expected to be permanent, but hired through a third party contract agency.

- \*\* "Employee" means:
- A. A person who is paid through a business's normal payroll system;
  - B. A person for whom FICA and state and federal income taxes are deducted from gross wages, which are then forwarded to the appropriate agencies by the business on behalf of the person;
  - C. A person for whom the business pays state and federal unemployment insurance; and
  - D. A person for whom the business contributes to FICA.

An exception to the above is allowed if the business uses a leasing agent for its Employees and the terms of the leasing agreement are such that hiring decisions are made by the business and for all intents and purposes the "Employees" are working for the business. The fees paid by the business to the leasing agent should not be considered as part of the Employees' salary / wages.

An "Employee" is not:

- A. A person hired through a temporary agency; or
- B. A person acting as an independent contractor.

**B. Average annual wage of current FTE jobs:**

- 1. Total wages / salaries paid to Employee during previous 12 months: \_\_\_\_\_
- Total number of Hours Worked\* to Employees\*\* during the previous 12 months: \_\_\_\_\_
- Divided by 1,820 hours per year = **Current FTE** = \_\_\_\_\_ **0.00**
- Wage divided by current FTE** = \_\_\_\_\_

**C. Estimated number of new FTE job that will be created as a result of this project by the end of the *second year* after beginning operations:**

(These jobs must then be maintained for a minimum of four consecutive calendar quarters.)

- 1. Estimated date operations resulting from the proposed project will begin: \_\_\_\_\_
- 2. Estimated annual average wage of these new FTE jobs: \_\_\_\_\_
- 3. How many new FTE jobs do you estimate will be created as a result of this project by the end of the *fifth year* after beginning operations? \_\_\_\_\_

**D. First Source Hiring Agreement**

- 1. I acknowledge that execution of a First Source Hiring Agreement between this business and a publicly funded job training provider will be a condition of the potential funding award the municipality is applying for.  Yes  No

**I certify and affirm that all statements and information contained herein are true and complete to the best of my knowledge.**

\_\_\_\_\_  
Business Representative / Preparer's Signature

\_\_\_\_\_  
Typed Name and Title

\_\_\_\_\_  
Date

**For IFA Use Only**

Does this business already exist in Oregon?  Yes  No

**If yes**, has program staff requested a report from the Employment Department for the previous four quarters to establish the business's Base FTE Jobs?  Yes  No

**If no**, list other documentation that will be used to establish Base FTE Jobs, or provide the date when a report from the Employment Department will be requested.

\_\_\_\_\_  
Signature of Project Coordinator

\_\_\_\_\_  
Date







## MEMORANDUM

TO: Chris Laity, PE – Tillamook County Public Works

FROM: Jason Kelly, PE – DOWL  
Ben Wewerka, PE – DOWL  
Brian Meunier, PE, CFM – DOWL

DATE: August 26, 2022

SUBJECT: Shilo Training Structure  
Site Assessment

---

The Shilo Training Structure has experienced erosion along the riverward side of the structure at a meander bend in Wilson River, just upstream of US Highway 101. A 2018 US Army Corps of Engineers (USACE) inspection identified deficiencies in riverward slope stability and erosion of the embankment toe, among other more minor deficiencies. The local cooperation agreement requires that Tillamook County operate and maintain the structure following the original construction, which was federally funded. Tillamook County intends to repair the scoured areas, slope failures, and other deficiencies noted in the bank protection inspection report.

DOWL completed a visual site assessment of the training structure on August 8, 2022, to achieve the following objectives:

- Complete a visual inspection of the riverward toe of the training structure.
- Evaluate features or conditions that provide information concerning the cause of the erosion and embankment instability as well as the potential for continued erosion.
- Evaluate site constraints that could affect the design or construction of potential improvements.
- Discuss potential improvements with stakeholders.

### **Relevant Background Information**

The training structure is an embankment constructed out of soil and riprap approximately 20 feet tall from the river's edge. The riprap material appears to be a Class 400. Some pieces of Class 1000 were visible but are mostly located in the water near the toe of the slope.

Most of the structure was recently mowed. The cut grasses covered most of the ground obscuring much of the details of the soil slopes. Since the 2018 inspection, small woody vegetation, mostly willows, has established itself along most of the length of the training structure at the ordinary high-water mark. Red Alder and other trees exist at the far west and east termini of the structure. The mowed extent of the structure was approximately 1,100 feet in length, but structure appears to extend at least 100 feet to the north/west. The 2018 inspection report does not expressly indicate which direction stationing begins and ends; however, one can ascertain from the photograph descriptions that the previously used stationing ran from east to west (i.e. in the downstream direction).

There are four survey points on top of the training structure surrounded by 24-inch PVC pipe. The structure is located in T01S R09W Sec 19; a cursory review of the County survey records online did not find reference to the monuments located on the structure. It is presumed these points were set to monitor the horizontal and/or vertical position of the structure.

## Condition and Severity of Damage

The middle two-thirds of the structure has slope failures throughout, with hummocky ground and longitudinal tension cracks up to 18 inches wide and approximately two feet deep. Previously failed slopes have re-established annual vegetation indicating that the damage to the structure and resulting slope stability is likely caused by larger infrequent events rather than small regularly occurring events. Probing of the areas found voids up to three feet deep into the structure, including locations where rodents (moles) have created burrows. Areas of escarpment also exist approximately ten feet high and 150 feet long. A photo log has been attached to provide documentation of the conditions during site visit.

Portions of the structure that were once armored with riprap have experienced slope failures where the riprap has slumped into the river. The riprap slope within the water appears to be approximately a 2H:1V slope, which is shallower than the side slope of the training structure at approximately 1H:1V. The training structure is almost straight between stations 0+00 and 6+00 preventing the river from curving as it would naturally. In the resulting erosive forces along this bank are at work on the training structure removing the earthen cover and destabilizing some of the riprap.

Evidence of prior erosion repairs was also found near the east end in the forms of sandbags along the ordinary high-water mark. The sandbags were placed immediately upstream of the visible riprap bank protection.

On-site discussions with the Tillamook County indicated that the structure has overtopped in the past in the location reported in Figure 1; however, no indication of damage due to overtopping was observed.

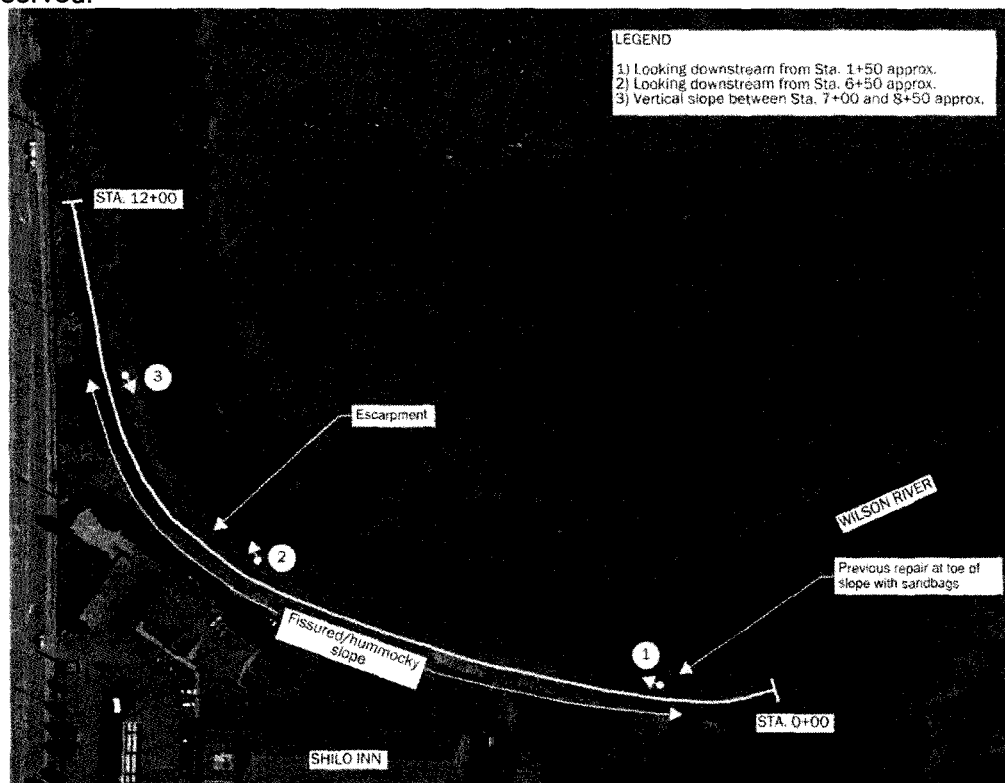


Figure 1: Vicinity Map

## **Future Design Considerations**

The presence of intermittent slope failures throughout the length of the training structure will require improvements along the majority of the training structure, approximately from station 0+50 to 11+00. The repairs should be made in a continuous fashion, given the frequency of the deficiencies and the high likelihood for failure of a piece-meal approach. Improvements to the training structure will require work in the water to re-establish the toe of the riprap and earthen slopes. A significant isolation effort will be required to excavate and appropriately install repairs.

Additional curvature could be provided between stations 1+00 to 7+50 to reduce the erosive force of the river along the training structure; however, this would impinge on the Shilo Inn property south of the training structure. Alignment improvements should be investigated with consideration of easement and adjacent property constraints.

## **Conclusion**

Based on USACE, the condition of slope stability, erosion, and settlement are appropriately categorized as "unacceptable". The deficiencies do not appear to be critical or pose an immediate threat; however, the deterioration far exceeds what could be considered "minor" given the scale of defects. The defects appear to be significant and/or large-scale. An intense flood event would likely cause severe damage to the structure given its compromised state. Continued degradation of the embankment and an absence of significant repairs would likely result in the defects being deemed critical.



# PHOTO LOG

PROJECT NAME: Shilo Training Structure

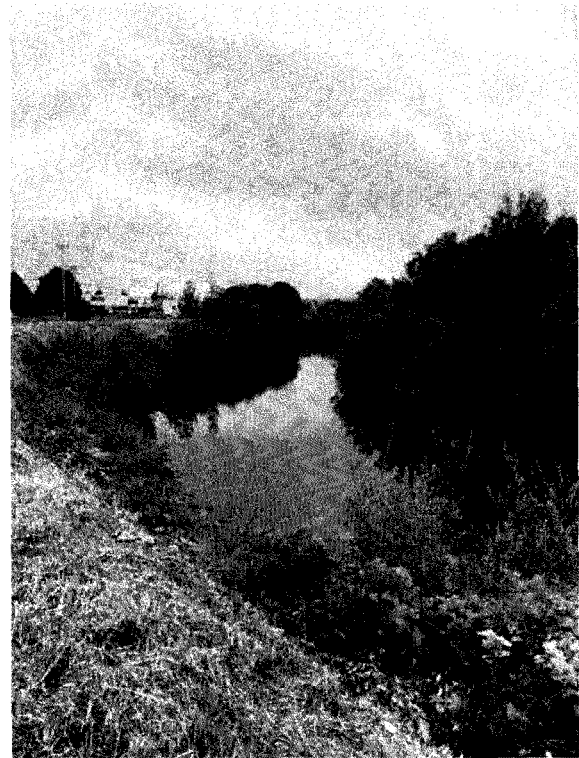
PROJECT NUMBER: 2636.80389.01

DATE: 8/24/2022

NOTES: August 8, 2022 Site Assessment Photos



LOOKING DOWNSTREAM FROM STA. 1+50 APPROX.



LOOKING DOWNSTREAM FROM STA. 6+50 APPROX.





VERTICAL SLOPE BETWEEN STA. 7+00 AND 8+50  
APPROX.



RODENT HOLE WITH PROBE PENETRATION 2.5-3  
FEET



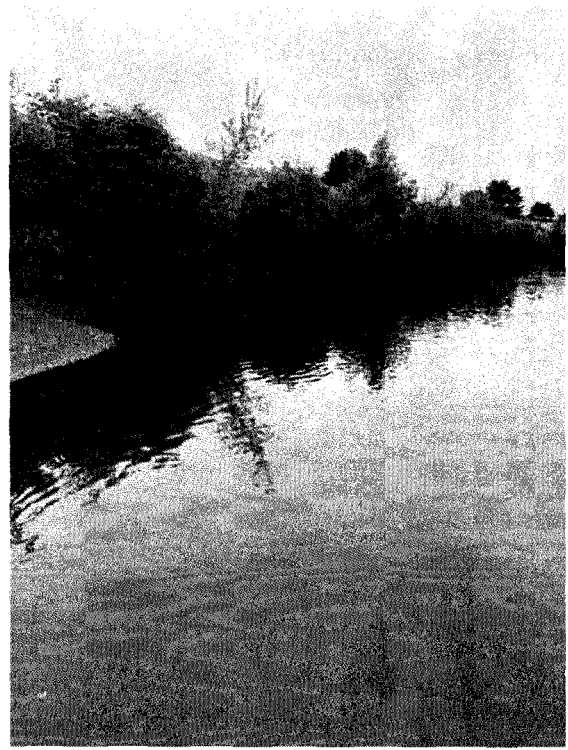
SURVEY MARKER STA. 6+50 APPROX.



UNDERCUT SLOPE STA. 8+40



VERTICAL SLOPE STA. 8+25



SANDBAGS AT BEGINNING OF THE TRAINING  
STRUCTURE STA. 1+50



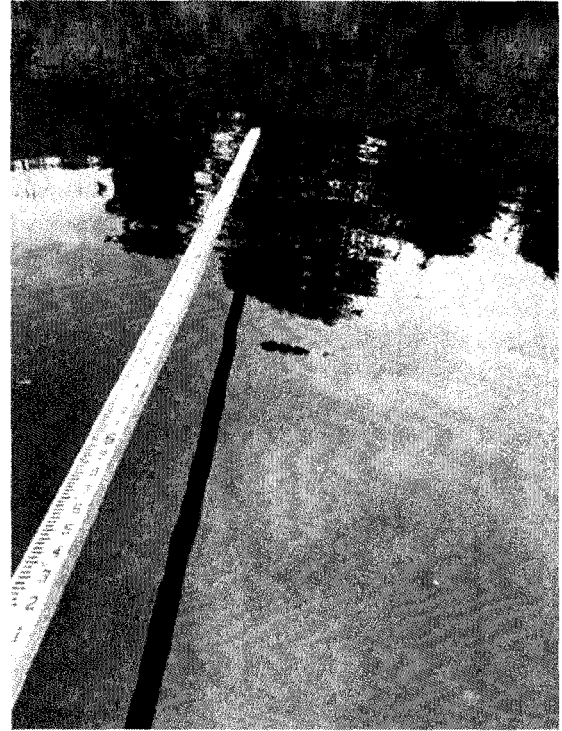
BANK FAILURE ABOVE SANDBAGS STA. 1+50



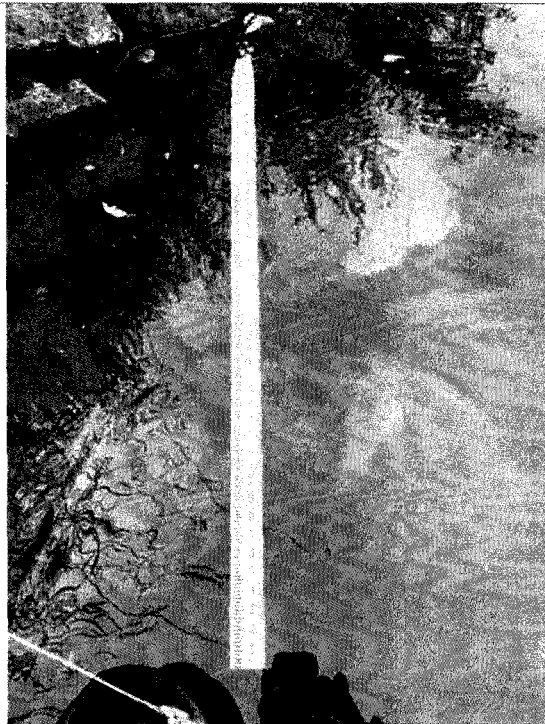
RIPRAP AND BANK FAILURE STA. 2+00 APPROX.



UNDER CUT BANK STA 6+00



RIPRAP EXTEND 12 FEET INTO RIVER FROM  
ORDINARY HIGH WATER



RIPRAP SIZES NEAR TOE OF SLOPE



**Engineer's Cost Estimate**  
Date 2/21/2023

Spec. No.	Item No.	Item	Bid Unit	Est. Unit	Quantity	2023 Unit Price	Total Price
<b>TEMPORARY FEATURES AND APPURTENANCES</b>							
00210	10	Mobilization	Lump Sum	Lump Sum	1	\$ 209,000.00	\$ 209,000
00225	20	Temporary Work Zone Traffic Control, Complete	Lump Sum	Lump Sum	1	\$ 5,800.00	\$ 5,800
00245	30	Temporary Water Management	Lump Sum	Lump Sum	1	\$ 57,300.00	\$ 57,300
00280	40	Erosion Control	Lump Sum	Lump Sum	1	\$ 5,800.00	\$ 5,800
00290	50	Pollution Control Plan	Lump Sum	Lump Sum	1	\$ 5,800.00	\$ 5,800
00290	60	Turbidity Monitoring	Lump Sum	Lump Sum	1	\$ 2,900.00	\$ 2,900
00290	70	Work Containment Plan	Lump Sum	Lump Sum	1	\$ 1,200.00	\$ 1,200
00294	80	Health and Safety Plan	Lump Sum	Lump Sum	1	\$ 1,200.00	\$ 1,200

<b>TRAINING STRUCTURE WORK</b>							
00305	90	Construction Survey Work	Lump Sum	Lump Sum	1	\$ 5,800.00	\$ 5,800
00310	100	Removal of Structures and Obstructions	Lump Sum	Lump Sum	1	\$ 2,900.00	\$ 2,900
00320	110	Clearing and Grubbing	Lump Sum	Lump Sum	1	\$ 11,500.00	\$ 11,500
00330	120	General Excavation	Cu Yd	Cu Yd	7,700	\$ 40.00	\$ 308,000
00330	130	Loose Riprap, Class 100	Cu Yd	Cu Yd	2,100	\$ 130.00	\$ 273,000
00390	140	Rip Rap Geotextile	Sq Yd	Sq Yd	3,800	\$ 10.00	\$ 38,000
00510	150	Shoring, Cribbing, and Cofferdams	Lump Sum	Sq Yd	4,000	\$ 340.00	\$ 1,360,000

<b>RIGHT OF WAY COSTS</b>							
01000	160	Seeding Mobilization	Lump Sum	Lump Sum	1	\$ 1,200.00	\$ 1,200
01000	170	Permanent Seeding	Acre	Acre	1.1	\$ 8,600.00	\$ 9,500

SUBTOTAL OF BIDDABLE ITEMS	\$ 2,298,900
Design Engineering (includes permitting)	\$ 498,800
Construction Engineering (15%)	\$ 344,900
<b>SUBTOTAL</b>	<b>\$ 3,142,600</b>
Contingencies: 30%	\$ 942,800
<b>PROJECT TOTAL</b>	<b>\$ 4,085,400</b>

<b>ESCALATION SUMMARY</b>	
Year	Estimated Total Project Cost*
2023	\$4,085,400
2024	\$4,372,000
2025	\$4,679,000

\* Assumes 7% inflation starting in 2023 and continuing through 2025, rounded to the nearest thousand.



## Tillamook County Board of Commissioners

201 Laurel Avenue, Tillamook, OR 97141

Phone: 503-842-3403

Erin D. Skaar, Chair  
Mary Faith Bell, Vice-Chair  
David Yamamoto, Commissioner

March 1, 2023

U.S. Senator Jeff Merkley  
U.S. Senator Ron Wyden

RE: "Shilo Levee Rehabilitation Project" Request for Funding

Greetings Senator Merkley and Senator Wyden:

Thank you for your consideration of funding the Shilo Levee Rehabilitation Project in Tillamook County, Oregon through the Homeland Security's FEMA Pre-Disaster Mitigation Grant Program.

The structure is vital for the protection of US Highway 101, Fred Meyer, Goodwill, Ashley Inn, acres of farmland, and numerous local residences. US Highway 101 is the primary route along the north Oregon coast that carries all traffic that services local, regional, and national interests including milk trucks from farms to the Tillamook Creamery and log trucks from forests to lumber mills. These commercial enterprises serve as the economic backbone for Tillamook County.

Inspection reports from the US Army Corps of Engineers (ACOE) and an independent engineering firm cite the Shilo levee as "unacceptable" or "minimally acceptable" in many categories. The levee was built in 1952 by the ACOE and the county is responsible for all maintenance, as set forth in a cooperative agreement.

The county does not have the funds needed to perform the critical rehabilitation work. The last inspection report recommended that the Levee Safety Manager for the ACOE, Portland attend the next inspection. Tillamook County Public Works Director states:

*"US 101 is listed by the Oregon Department of Transportation as a Tier 1 – Critical Seismic Route. Failure of the Shilo Levee will destroy the highway and the bridge over the Wilson River. It will take years to design and construct a new bridge. Diverting the traffic onto local roads that do not have the capacity to carry highway traffic will immediately impact emergency response at a time when it is needed most."*

Thank you again for your consideration.

Sincerely,

BOARD OF COMMISSIONERS FOR TILLAMOOK COUNTY, OREGON

Handwritten signature of Erin D. Skaar in black ink.

Erin D. Skaar, Chair

Handwritten signature of Mary Faith Bell in black ink.

Mary Faith Bell, Vice-Chair

Handwritten signature of David Yamamoto in black ink.

David Yamamoto, Commissioner



210 Laurel Avenue • Tillamook, OR 97141  
phone 503-842-2472 • fax 503-842-3445

February 27, 2023

*RE: Letter of Support to repair the levee located on the Wilson River near U.S. Route 101 on the northside of the City of Tillamook*

To Whom It May Concern,

Tillamook County and the City of Tillamook are subject to frequent and excessive flooding during rain events, much of which comes from a system of five major rivers that flow into our community along with other creeks, streams, sloughs, etc.

On the north side of the City of Tillamook, the Wilson River runs along the north side of the Silo Inns Hotel and traverses under U.S. Route 101 via the Historic Wilson River Bridge. At this location there is a deteriorating and dated levee that is in dire need of repair. The City and County are requesting your assistance to fund this project.

This levee has been a subject of much concern and discussion for our community. Should the levee have a breach, it could devastate public and private infrastructure in the City of Tillamook's north business district, which includes many small businesses as well as the following larger businesses: the Fred Meyer Hyperstore, Shilo Inns Hotel, Goodwill Industries, and Ashley Inn.

In addition to the many businesses in this area, there are also residential and agricultural properties that could be severely affected. Also, both U.S. Route 101 and the Historic Wilson River Bridge over the Wilson River in that area are at a high risk of damage.

Tillamook County has done their due diligence to obtain structural engineering expertise on this issue, as illustrated in the following to examples:

- The US Army Corps of Engineers (USACE) regularly inspects the levee. In its 2018 Bank Protection Project Inspection Report, the USACE rated the structure's status as "minimally acceptable". That report is over five years old, which only means the structure is getting worse.
- The DOWL, LLC Construction Engineering Company, recently undertook an inspection of the levee and found structural deficiencies in the riverward slope stability and erosion of the embankment toe.

**City Manager**  
(503) 374-1829

**Planning/Urban Renewal**  
(503) 374-1836

**Public Works / Utilities**  
(503) 842-2343

**City Recorder**  
(503) 374-1821

**Police**  
(503) 842-2522

**Finance / HR**  
(503) 374-1828



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phone 503-842-2472 • fax 503-842-3445

Tillamook County is working to collaborate with others and is seeking funding to fully repair the levee. The City of Tillamook fully supports this effort and asks that your organization do anything and everything you can to assist.

Please do not hesitate to contact me if I can be of further assistance on this important matter.

Sincerely,

Nathan George, MPA  
City Manager  
[ngeorge@tillamookor.gov](mailto:ngeorge@tillamookor.gov)



# Oregon

Lina Koteck, Governor

Department of Transportation  
Delivery and Operations Division – Region 2  
455 Airport Road SE, Building B  
Salem, OR 97301-5395  
Phone: 503-986-2600

3/2/2023

TO: Congressionally Directed Spending

The Honorable Ron Wyden  
United States Senator  
221 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Jeff Merkley  
United States Senator  
531 Hart Senate Office Building  
Washington, DC 20510

Dear CDS Program:

The Oregon Department of Transportation is pleased to support Tillamook County's application for congressionally directed spending funding for the Shilo Levee project.

The Shilo Levee protects the local businesses, U.S. 101, and the City of Tillamook from flood damage. The structural state of the levee is compromised, and investigations show that an intense flood will likely cause severe damage to the levee, including possible failure. The Oregon Department of Transportation estimates that nearly \$10 million of damage would occur to U.S. 101 in the event of a Shilo Levee failure.

This project will design and construct a repair to stabilize the levee. If funded, the project would provide economic stability for transportation and commerce to continue to move on U.S. 101, and protect necessary transportation infrastructure for Oregon.

Bill Jablonski, ODOT Area 1 Manager works closely with Tillamook County to meet the transportation needs of the community, and we are pleased to support this effort and grant application.

Thank you for your consideration,

*Sonny P.A. Chickering*

Sonny P.A. Chickering, PE  
Interim Northwest (Region 2) Manager  
Delivery and Operations Division

**CC:**

**Chris Laity, Tillamook County Public Works**

**Trevor Sleeman, Federal Affairs Advisor and Tribal Liaison**

**Lindsay Baker, Assistant Director Government and External Relations**



**TILLAMOOK BAY FLOOD IMPROVEMENT DISTRICT**

Post Office Box 806 • Tillamook, Oregon 97141

503-815-8164 • TBFID@tillamookoffice.com

**Date: March 1, 2023**

**To: Tillamook Board of County Commissioners (BOCC)**  
**From: Tillamook Bay Flood Improvement District (TBFID)**  
**Re: "Shilo Wilson River Training Levee" Grant**

For two decades the Tillamook Bay Flood Improvement District (TBFID), a special district, has requested the Tillamook Board of County Commissioners (BOCC) replace the "Shilo Wilson River Training Levee." The project has been at the top of the BOCC funding priority list all these years as a public safety need. Tillamook County consulting engineer Jason Kelly, DOWL company, in an August 8, 2022, Site Assessment Report states, "An intense flood event would likely cause severe damage to the structure given its compromised state." Engineer Kelly estimated \$3.2M+ cost for rebuilding the "Shilo Wilson River Training Levee." Engineer Kelly states in a levee repair bid, "In the worst case, ...the toe of slope has been virtually eroded(d) along with a portion of the side slope necessitating 20,000 CY of typical section rebuilt over 1,200-feet."

The 1952 levee protects millions of dollars of public and private property infrastructure in the highly developed and economically viable area of central Tillamook County and north City of Tillamook. The U.S. Corps of Engineers 2016 "Bank Protection" report rates the structure as "minimally acceptable."

TBFID members and associates, in partnership with the county, have spent \$8,900 in maintenance and reconstruction repairs of the structure since 2002.

Sincerely,

David Glenger  
TBFID President

Fred Myer,

~~Manager Kevin Merrill~~

Don Forrest, Real Estate & Asset Mgr.

Shilo Inn, General Manager, Tony Perez

Ashley Inn Manager

**TILLAMOOK BAY FLOOD IMPROVEMENT DISTRICT BOARD**

Don Aufdermauer 503-812-1042 • Toni Perez 503-801-0328 • Kathleen Didler 503-812-5124 • David Glenger 503-801-3334  
Rita Hogan 503-842-4230 • Barry Mammano 503-812-0247 • Denny Pastega 503-801-8000 Staff: Tilda Jones