

**DRAFT**

**Parent Mentor Contract  
Eastern Oregon Alcoholism Foundation  
Oregon Department of Human Services**

**State of Oregon  
Personal/ Professional Services Contract**

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audiotape, oral presentation, and electronic format. To request an alternate format call the State of Oregon, Department of Human Services, Office of Forms and Document Management at (503) 373-0333, Fax (503) 373-7690, or TTY (503) 947-5330.

This Contract is between the State of Oregon, acting by and through its Department of Human Services, hereinafter referred to as "DHS," and

**Eastern Oregon Alcoholism Foundation  
216 SW Hailey Avenue  
Pendleton Oregon 97801  
Tele: 541-276-35128**

**I. EFFECTIVE DATE AND DURATION**

This Contract shall become effective on the date this Contract has been fully executed by every party and, when required, approved by Department of Administrative Services and Department of Justice. Unless extended or terminated earlier in accordance with its terms, this Contract shall terminate when DHS accepts Contractor's completed performance or on September 30, 2008, whichever date occurs first. Contract termination shall not extinguish or prejudice DHS' right to enforce this Contract with respect to any default by Contractor that has not been cured.

**II. STATEMENT OF WORK**

Contractor shall perform the required services (the “Work”) as set forth in the Statement of Work, which includes the delivery schedule for such work, that is attached hereto as Exhibit A. Contractor shall perform the Work in accordance with the terms and conditions of this Contract.

### **III. CONSIDERATION**

- A. The maximum, not-to-exceed compensation payable to Contractor under this Contract, which includes any allowable expenses, is \$58,738.00  
DHS will not pay Contractor any amount in excess of the not-to-exceed compensation of this Contract for completing the Work, and will not pay for Work performed before the date this Contract becomes effective or after the termination or expiration of this Contract. If the maximum compensation is increased by amendment of this Contract, the amendment must be fully effective before Contractor performs Work subject to the amendment.
- B. Interim payments to Contractor shall be subject to ORS 293.462, and shall be made in accordance with the payment schedule and requirements in Exhibit A.
- C. DHS will pay only for completed Work under this contract.
- D. Contractor shall submit monthly invoices to DHS’s contact for Work performed. The invoices shall describe all Work performed with particularity and by whom it was performed and shall itemize and explain all expenses that this Contract requires DHS to pay and for which Contractor claims reimbursement. Each invoice also shall include the total amount invoiced to date by Contractor prior to the current invoice. Contractor will specifically note in the appropriate invoice when it has requested payment for one-third and two-thirds of the maximum, not-to-exceed compensation. Contractor shall send invoices to DHS’s contact person.

### **IV. CONTRACT DOCUMENTS**

A. This Contract consists of this document and includes the following listed exhibits which are incorporated into this Contract:

1. Exhibit A: Statement of Work
2. Exhibit B: Standard Terms and Conditions
3. Exhibit C: Insurance
4. Exhibit D: Independent Contractor Certification Statement
5. Exhibit E: Required Federal Terms and Conditions
6. Exhibit F: Line item Budget

There are no other contract documents unless specifically referenced and incorporated in this Contract.

B. This Contract and the documents listed in section IV.A. shall be in the following descending order of precedence: this Contract less all exhibits, exhibits A, F, B, E, C, and D.

**V. MERGER CLAUSE; WAIVER**

This Contract and attached exhibits constitute the entire agreement between the parties on the subject matter hereof. There are no understandings, agreements, or representations, oral or written, not specified herein regarding this Contract. No waiver, consent, modification or change of terms of this Contract shall bind all parties unless in writing and signed by both parties and all necessary State approvals have been obtained. Such waiver, consent, modification or change, if made, shall be effective only in the specific instance and for the specific purpose given. The failure of DEPARTMENT to enforce any provision of this Contract shall not constitute a waiver by DEPARTMENT of that or any other provision.

**VI. CONTRACTOR DATA AND CERTIFICATION**

Contractor Tax Identification and Insurance Information. Contractor shall provide Contractor’s Social Security number or Contractor’s federal tax ID number and the additional information set forth below. This information is requested pursuant to ORS 305.385 and OAR 125-020-0410(3). Social Security Numbers provided pursuant to this Section will be used for the administration of state, federal and local tax laws.

Please print and/or type the following information:

Name (exactly as filed with the IRS)\_\_\_\_\_

Address\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Facsimile: ( ) \_\_\_\_\_ - \_\_\_\_\_

Citizenship (check one): Nonresident alien [ ] YES [ ] No

Proof of Insurance: Insurance

Company\_\_\_\_\_

Policy #\_\_\_\_\_ Expiration Date:

\_\_\_\_\_  
Auto Insurance Company

∴  
Policy #\_\_\_\_\_ Expiration Date:

\_\_\_\_\_  
Business Designation (check one):  
[ ] Professional Corporation [ ] Partnership [ ] Limited Partnership  
[ ] Limited Liability Company [ ] Limited Liability Partnership  
[ ] Corporation [ ] Sole Proprietorship [ ] Other

\_\_\_\_\_  
Social Security # or Federal Tax I.D.#

Above Payment and Insurance information must be provided prior to contract approval. Contractor shall provide proof of Insurance upon request by DEPARTMENT or DEPARTMENT designee. DEPARTMENT may report the information set forth above to the Internal Revenue Service (IRS)

under the name and social security number or taxpayer identification number provided.

**b. Certification:** The individual signing on behalf of Contractor hereby certifies and swears under penalty of perjury that: (a) the number shown on this form is Contractor's correct taxpayer identification; (b) Contractor is not subject to backup withholding because (i) Contractor is exempt from backup withholding, (ii) Contractor has not been notified by the IRS that Contractor is subject to backup withholding as a result of a failure to report all interest or dividends, or (iii) the IRS has notified Contractor that Contractor is no longer subject to backup withholding; (c) s/he is authorized to act on behalf of Contractor, s/he has authority and knowledge regarding Contractor's payment of taxes, and to the best of her/his knowledge, Contractor is not in violation of any Oregon tax laws named in ORS 305.380(4), including without limitation the state inheritance tax, gift tax, personal income tax, withholding tax, corporation income and excise taxes, amusement device tax, timber taxes, cigarette tax, other tobacco tax, 9-1-1 emergency communications tax, the homeowners and renters property tax relief program and local taxes administered by the Department of Revenue, including the Multnomah County Business Income Tax, Lane Transit District Tax, Tri-Metropolitan Transit District Employer Payroll Tax, and Tri-Metropolitan District Self-Employment Tax; (d) Contractor is an independent contractor as defined in ORS 670.600; and (e) the supplied Contractor data is true and accurate.

CONTRACTOR, BY EXECUTION OF THIS CONTRACT, HEREBY ACKNOWLEDGES THAT CONTRACTOR HAS READ THIS CONTRACT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

**CONTRACTORS: YOU WILL NOT BE PAID FOR SERVICES RENDERED PRIOR TO NECESSARY STATE APPROVALS**  
**Approved By CONTRACTOR**

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**Approved By Department of Human Services**

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**Approved by the Department of Administrative Services: not required.**

\_\_\_\_\_  
NA  
\_\_\_\_\_

**Approved for Legal Sufficiency:**

\_\_\_\_\_

\_\_\_\_\_  
Assistant Attorney General

Date

**Reviewed by DEPARTMENT Contract Coordinator:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Date

## **EXHIBIT A**

### **Part 1 Statement of Work**

#### **I. Overview**

DHS Child Welfare Program seeks to increase the proportion of successful reunifications of children, who have been taken into care because of abuse and neglect with their parents. Concurrently, DHS Child Welfare Program seeks to reduce the number of failed reunifications (situations in which DHS must take back into custody children who had previously been returned to their parents). DHS Child Welfare expects providing client parents with peer mentors, who would be former clients who have successfully been reunited with their children, will help achieve the above-noted goals. DHS Child Welfare also believes clients who have been assigned peer mentors will engage in mandated services earlier, and will be more likely to sustain benefits gained from these services so that re-abuse and neglect when children are returned does not recur.

#### **II. Purpose of Contract**

The purpose of this service is to reduce the number of months children spend in foster care, and hasten their return to the care of their families. This service is intended to achieve these goals by providing parent mentors who would assist child welfare-involved parents to engage in services earlier, enter into substance abuse treatment, and help with after-care plans. There will be two (2) targeted populations:

- A. “Front-end” families in which children have recently been removed because, at least in part of parental substance abuse; and
  - B. “Back-end” child welfare-involved families in which parents have completed Alcohol and Drug Treatment but need assistance from mentors to help with post treatment support.
- This service will target both families in which the children recently have been removed or with families in which the children have been returned.

The families to be served typically have substance abuse issues as well as deficits in parenting skills. Service plans for the parents of these families typically would include provisions for completion of both substance abuse treatment and parenting classes. It is expected that parents new to the child welfare system and who are being provided mentors will engage in services earlier and more readily. These parents will more likely complete service agreements and have their children returned to them more quickly. It is also expected that parents whose children are returned to them will less likely re-abuse their children and have their children return to foster care.

### **III. Work to be Performed**

#### **A. Recruitment and on-going matching of parent mentor:**

The Contractor shall:

1. Accept referrals for families to be mentored from DHS
2. In conjunction with the Department of Human Services (DHS), recruit and screen mentors that includes criminal records checks. Prepare individuals to act as mentors for the target families;
3. Match mentors with families;
4. Provide ongoing educational and professional support to mentors;
5. In collaboration with DHS, make presentations to community service organizations to raise community awareness of the positive impact of parent mentoring on reducing the impact and incidence of child abuse and neglect;
6. Conduct ongoing quantitative and qualitative program evaluation; utilizing DHS evaluation tools.
7. Provide monthly progress reports with invoices for work performed.



#### **IV. Desired Outcomes**

The specific goals of the program are:

- A. Reduce the length of time children are placed in substitute care; and
- B. Reduce to 10% the incidence of re-abuse of children who have been returned to the care of parents who have completed parenting classes.

#### **V. Delivery Schedule**

- A. Contractor shall coordinate the provision of concurrent mentoring services to 12 families.
- B. Contractor shall match client parents with a mentor. In conjunction with DHS, Parent mentors shall be recruited by Contractor as needed to provide sufficient services and Contractor shall provide training to mentors upon recruitment.
- C. Contractor shall facilitate weekly meetings with mentors and monthly staffing sessions. Contractor shall identify training needs of mentors and provide/ facilitate ongoing coaching and training.
- D. Contractor will meet, at a minimum, monthly with project clinical supervisor to provide consultation and administrative supervision of Parent Mentors assigned to project.
- E. Contractor will conduct monthly project oversight meetings to review progress, identify and address project barriers and support project activities.

#### **VI. Reporting Requirements**

- A. Contractor shall submit monthly activity reports, attached as Attachment 1, with its monthly invoice to DHS Contract Administrator.

- B. Contractor shall provide quarterly reports and a final project report to the DHS Contract Administrator that shows qualitative results and quantitative program evaluations.” The final project report is due by October 31, 2008.

## **VII. Performance Measures**

- A. Family-mentor contact shall average 15 hours a month per family. An average of 4 families will be served by each mentor.
- B. Increase the percentage or number of children returned to their parents, who have been mentored compared to the DHS/ SDA 12 statistical average of children returned to parents, who have not received any mentoring services.
- C. Shorten the length of out of home placement for children of mentored parents, compared to the DHS/SDA 12 statistical average of children returned to parents, who have not received mentoring services.
- D. Decrease the percentage of mentored parents who re-abuse or neglect their children following reunification compared to the DHS/ SDA 12 statistical average of parents without mentoring services who re-abuse or neglect their children.

## **EXHIBIT A**

### **Part 2 Consideration**

#### **II. PROCEDURES**

- A. Contractor shall submit invoices for reimbursement and service rendered with required monthly reports and separate line item for work performed to DHS Contract Administrator.
- B. Payment will be made by DHS to the Contractor monthly, on or after the first of each month following the month in which the services were performed, subject to receipt and approval by DHS of Contractor's report and billing.
- C. Contractor shall not submit billings for, and DHS will not pay, any amount in excess of the not-to-exceed compensation as stated in the Section IV CONSIDERATION, subsection A. If the maximum compensation amount is increased by amendment of this Contract, the amendment must be fully effective before Contractor performs work subject to the amendment. No payment will be made for any services performed after the expiration date of this Contract. This Contract will not be amended after the expiration date.

#### **III. TRAVEL and OTHER EXPENSES**

DHS shall not reimburse Contractor for any travel or additional expenses under this Contract.

