North Central Public Health District
"Caring For Our Communities"

North Central Public Health District Board of Health Meeting

April 11, 2017
3:00 PM
Meeting Room @ NCPHD

AGENDA -

1. **Minutes**
   a. Approve from 3-14-2017 meeting.
   b. Set Next Meeting Date (5/9/2017)

2. **Additions to the Agenda**

3. **Public Comment**

4. **Unfinished Business**
   a. 3rd Qtr Fiscal Report
   b. 2017-18 Budget
   c. Triennial Review Update

5. **New Business**
   a. Strategic Plan Approval
   b. Salary Survey Results
   c. Environmental Health:
      i. Proposed 2017 Licensed Facility Fee Schedule
      ii. Proposed 2017 Septic Fee Schedule
   d. Approval of A/P Check Report (March 2017)
   e. Contracts
      i. HR Answers Agreement
      ii. Lane Co IGA
      iii. OHA Agreement 148025 – 11th Amendment
      iv. OHA Agreement 148025 – 12th Amendment
      v. Palmer Services Contract
      vi. Sherman Co. Medical Center Immunization Program
   f. Director's Report

Note: This agenda is subject to last minute changes.

Meetings are ADA accessible. If special accommodations are needed please contact NCPHD in advance at (541) 506-2626. TDD 1-800-735-2900. NCPHD does not discriminate against individuals with disabilities.

If necessary, an Executive Session may be held in accordance with: ORS 192.660 (2) (d) Labor Negotiations; ORS 192.660 (2) (h) Legal Rights; ORS 192.660 (2) (e) Property; ORS 192.660 (2) (i) Personnel

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

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North Central Public Health District
Board of Health Executive Committee
Meeting Minutes
March 14, 2017

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In Attendance: Commissioner Scott Hege – Wasco County; Commissioner Tom McCoy – Sherman County; and Judge Steve Shaffer – Gilliam County

Staff Present: Teri Thalhofer, RN/BSN – Director NCPHD; Kathi Hall – Finance Manager NCPHD

Minutes taken by Gloria Perry

Meeting called to order at 9:16AM by Chair Scott Hege

SUMMARY OF ACTIONS TAKEN

Commissioner Tom McCoy motioned to accept the 2/14/17 executive committee meeting minutes as presented; Judge Steve Shaffer seconded.

Vote: 3-0
Yes: Commissioner Tom McCoy, Judge Steve Shaffer, Commissioner Scott Hege
No: 0
Abstain: 0
Motion Carried

Commissioner Tom McCoy motioned to accept the A/P Checks Issued report for February 2017 as presented; Judge Steve Shaffer seconded.

Vote: 3-0
Yes: Commissioner Tom McCoy, Judge Steve Shaffer, Commissioner Scott Hege
No: 0
Abstain: 0
Motion Carried

WELCOME AND INTRODUCTIONS

MINUTES / NEXT MEETING DATE

1. Approval of past meeting minutes.
    1. The 2/14/2017 executive committee meeting minutes were approved as presented.
2. Set next meeting date.
    1. The next full board of health meeting was scheduled for Tuesday, April 11, 2017 at 3:00PM. Meeting location will be at the North Central Public Health District office located at 419 E. 7th St., The Dalles, OR.
    2. Commissioner Hege will not be available to attend the April meeting. Teri Thalhofer will contact Vice-chair Fred Schubert to see if he will be available to Chair the April meeting.

ADDITIONS TO THE AGENDA

1. None

PUBLIC COMMENT

1. None

UNFINISHED BUSINESS

1. 2017-18 Budget
    1. Budget Meeting Date / Time / Place
        a. Discussed possible dates of May 22nd, May 30th & May 31st. These dates work with Judge Shaffer and Commissioner's Hege and McCoy's schedules.
        b. Gloria Perry will contact Angie Wilson and Leah Watkins (the public members from Wasco and Gilliam) to check on their availability on these dates.
        c. Meeting time will be at 9:00AM and location will be in Moro at the Steve Burnet Extension building.
        d. We are still waiting to hear from Sherman County regarding if they have found a public member to sit on the budget committee.

    2. 2017 YE Recap (see attached) – Kathi reviewed all divisions
        a. The review of division 201.23.7144 Reproductive Health sparked a conversation regarding care capacity at local care providers, vulnerable population, CCO recognition for public health and how to move forward.

        Comments:

        - For this fiscal year, the clinic has been open more than last budget year; however it's amazing how devastating a year of having your service hours reduced has impacted the knowledge that the clinic is here. We have been doing significantly more outreach to the school nursing staff at D21 and the clinic nurses at Columbia River Women's Clinic. Unfortunately, there has been a lot of staff turnover at these entities so referrals were not happening.
        - With the Affordable Care Act, more women are seeking services at their primary care provider which is what we hoped would happen; however there is still a segment of population that doesn't have access or doesn't choose to get their reproductive health services at their primary care provider.
        - The CCO's need to recognize that public health is providing the same types of services as the primary care providers. By having a walk-in clinic and the flexibility that we have, we can maintain a level of access that primary case providers can't maintain; and that doesn't get recognized by the CCO's.
        - Commissioner Hege commented that this is a pretty significant negative balance in this line item. He asked, going forward, how or what will we do to try to get this in a better balance.
        - Teri commented that we are doing a lot of outreach to providers trying to bring clients in, as well as trying to keep our clinic costs down. She is concerned about conversations to reduce clinic hours again.

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- Commissioner Hege commented that the system is set up for people to go to their primary care provider and lots of people have done that. However, there is still a smaller population that can't or won't, so we are basically still trying to do the same thing but we're serving such a small population. Is there some other way we can do that so we don't have to have all of the expenses just waiting for that small population.
- Teri has had conversations with One Community Health and the local out-patient clinics for OHSU about increasing their clinic availability and the possibility of offering walk-in services. At this time, neither of these entities are able to provide this type of accessibility to clients.
- Teri commented that reproductive health is where we made our money for years and years. Generally speaking, we mainly service undocumented women with Title X. When the CCO's came into being, we fully supported the model; however it has financially killed us because we are not seeing a large number of clients anymore. The CCO's are getting money to provide capacity to communities and their money is going to the primary care providers and to the system.
- Commissioner Hege commented that we should be able to come up with an argument to our CCO's about the role of public health and why we should be part of that and make sure they are aware of the very issue Teri is talking about. However, we still have a responsibility to operate in a fiscally responsible way, which means we can't just keep doing what we're doing when most people are going somewhere else for services. We've got to figure out a different way to get these people served that's not draining us dry and we also need to have a strategic plan on how we're going to move forward so that we can get to a system that is going to be more effective and serve these populations efficiently and effectively in the future.

b. 201.23.7148 Perinatal Health
- Received a Schwab Grant from a private citizen in the amount of $45,600.00. 2 more years to go on this grant.

c. 201.23.7152 Health Promotion
- Shows a negative balance but some of the funds were received last year. We received the revenue in last fiscal year and we are spending it this fiscal year.
- Health Promotion's focus in on population health promotion outside of the siloed funding stream.
- For 17-18 FY, the revenue is budgeted for $25,700 which is the CCO QIM money we are expecting.

<u>Summary</u>
Kathi estimated that there will be a deficit at the end of the year that would come out of the beginning balance. The total amount of the actual deficit will depend on actual amount of fees that come in and total amount of expenditures. Some grants may not be totally spent out by June 30th.

3. Proposed County Budget Amounts (see attachment)
    a. Kathi reviewed the history that the three counties have contributed since NCPHD became its own entity.
    b. Reviewed request for a 5% increase to all three counties based on the 15-16 budget requested amounts.
        - Based on current service level:
            a. Zero percent COLA
            b. 9% increase in health insurance
            c. 2% increase in dental insurance
            d. 3% net increase in liability insurance
            e. PERS increase

f. .80 FTE EH Specialist Trainee
g. 1 FTE Community Health Specialist; .80 FTE Office Specialist

- Major changes to the budget:
  a. CCARE and OHP will be coming in less than budgeted in 2017
  b. Reduction of $8,800 for CCN services and funding for the CCN Provider
  c. Reduction of CGCCO funding from $90,000 to $25,700
  d. Increased revenue opportunity, Bridges to Health .50 Community Health Worker $22,000
  e. Increased revenue opportunity, Perinatal Targeted Case Management (BUD Rev. $35,500 with local match of $12,600)

- Possible enhancements with additional funding:
  a. Part time nurse for succession planning
  b. Employ compensation survey or include a COLA for 2018 (2% COLA would be approximately an additional $31,000). Salary survey is almost complete. Should have a report to share with the board in approximately 30 days. As soon as the report is received it will be sent to the board for review.
  c. Supervisor, $76,128: Comparing our admin staff to other county health departments, we are unique because we provide all of our own HR and fiscal, etc. We have not added admin staff since we became our own entity. Gloria, Kathi and Teri's jobs have changed significantly since then. Shellie Campbell currently supervises 16 people all of which have different jobs except a couple of the public health nurses. The rest of leadership is pretty close to the 5 to 6 span of control that is recommended when you look at the research. John Zalaznik only supervisors 3 people but half of his time is dedicated to field work.
  d. An additional item not on this report is that Dr. McDonell would like the board to consider funding a VISTA volunteer for next year. Last year we were able to obtain a $16,000 grant to get a VISA volunteer to work on health promotion and activities.

Comments:
- Commissioner Hege commented that it's not a good idea to go forward with the proposed amount of $414,000 from Wasco County because it may create a situation that there is an expectation.
- Kathi asked Commissioner Hege for his input on what number to give to Wasco County's budget committee as she has received a request for a number.
- Commissioner Hege commented the simple answer would be 5% from the 16-17 budgeted amount. He will get back to Kathi regarding a number he believes he can push through the Wasco County budget.
- Teri commented that Wasco County's in-kind support to NCPHD has significantly decreased over time and we have had to pick that up. She suggested that there needs to be a conversation about 'fairness' for the services.
- Commissioner McCoy commented that he had previously asked what the funding formula was and was told there isn't one. He also commented that when you look at these numbers they do not match services provided or population.
- Judge Shaffer and Commissioner McCoy advised Kathi to move forward with the proposed 5% increase and they will try to push that through their respective budget committees. However, they will have to justify the increase to their budget committees which will probably come back at 1) all the jobs are sitting in Wasco County, 2) people are coming to Wasco County, 3) we're getting nothing back out of this, and 4 why are we increasing. It's definitely going to be a sell.
- Commissioner McCoy commented that one of the ways, when you talk about fairness, the little counties ought to set a percentage of the budget they are willing to fund. He wants Wasco

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County to know that if they dramatically reduce their funding that the little counties are not going to carry the load.

- Commissioner Hege commented that Commissioner McCoy should continue processing that thought and the three counties can have more discussions later.

4. COLA History (see attachment)
    a. Last year all staff received a 1.5% COLA and the nursing staff including the Director all received an additional 5% pay increase.

Next step in the budget process:

- Kathi will be sending the budget request amounts to Sherman and Gilliam counties. She will wait to hear back from Commissioner Hege regarding the number to provide to Wasco County.
- Sherman County's budget meeting is April 12th & 13th
- Gilliam County's budget meeting is May 3rd
- Wasco County's budget meeting is May 16th & 17th
- Commissioner Hege commented that as Kathi and Teri go forward with the budget he would like to see some of the problem areas so that maybe he and the other counties can provide input.
- The next board meeting in April will be a full board meeting and Commissioner Hege would like to give the other board members a heads-up as to where we are at with the budget.
- If Wasco County approves only a 5% increase instead of the 22% being asked, Tom McCoy said Wasco's budget committee needs to know what would be cut.

2. Triennial Review Update
    1. Currently we are in the midst of triennial review. This is the review from the State. The State comes out every 3 years to make sure we are complying with our contracts which are sub-contracts with the Feds.
    2. There will probably be a presentation to the board at the June meeting about what our compliance findings were and where we are at with that.

NEW BUSINESS

1. Environmental Health Licensing and Sub-surface Fees
    1. Teri advised the board that there is a planned fee increase which will be presented to the board in April. This is for information only. Approving the fee increases will be done at a public meeting in either May or June.
2. Approval of A/P Check Report (February 2017)
    1. Report was approved as presented.
3. Contracts Reviewed with the Board – By Teri Thalhofer
    1. OHA 148025-10
    2. LCAC Amendment
    3. MOU EOCCO-GOBHI Drink Fit Program
4. Director's Report – By Teri Thalhofer
    1. Report presented to the board.

Meeting adjourned at 11:10AM

____ __________________

Signature Date

____

Printed Name

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{Copy of 2/14/2017 Executive Committee Meeting Minutes, Estimated 2017 YE Recap Report, 2017-18 Proposed County Budget Amounts, County Funding Analysis, COLA History Report, A/P Check Report for February 2017, OHA 148025-10 Agreement, LCAC Amendment, EOCCO-GOBHI Drink Fit Program Agreement and March 2017 Director's Report attached and made part of this record.}

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Recap Report
7/1/2016 to 3/31/2017

Account Number			Adjusted Appropriation	YTD EXP	YTD REV	Balance	Prct
201	PUBLIC HEALTH FUND						
201.23.7141	NON-DEPARTMENTAL	REV	1,500.00		4,754.25		**1.35**
		REV	637,643.00		488,345.27		**76.59**
201.23.7141	PUBLIC HEALTH	EXP	517,281.00	401,260.45		87,084.82	**78.00**
		REV	170,602.00		130,604.70		**76.56**
201.23.7142	WIC	EXP	186,385.00	136,863.61		-6,258.91	**73.43**
		REV	23,386.00		21,196.89		**90.64**
201.23.7143	MCH - CAH	EXP	79,206.00	68,335.31		-47,138.42	**86.28**
		REV	254,541.00		116,745.78		**45.87**
201.23.7144	REPRODUCTIVE HEALTH	EXP	322,549.00	206,069.56		-89,323.78	**63.89**
		REV	41,564.00		27,112.38		**65.23**
201.23.7145	STATE SUPPORT	EXP	40,657.00	27,497.29		-384.91	**67.63**
		REV	95,200.00		90,063.10		**94.60**
201.23.7146	ENVIRONMENTAL HEALTH	EXP	90,339.00	72,823.52		17,239.58	**80.61**
		REV	105,182.00		99,818.93		**94.90**
201.23.7148	PERINATAL HEALTH	EXP	75,736.00	108,857.19		-9,038.26	**143.73**
		REV	180,201.00		124,544.64		**69.11**
201.23.7149	PHEP	EXP	180,149.00	123,469.29		1,075.35	**68.91**
		REV	76,918.00		54,000.00		**70.20**
201.23.7152	HEALTH PROMOTION	EXP	163,938.00	85,865.16		-31,865.16	**52.38**
		REV	17,744.00		14,109.00		**79.51**
201.23.7153	IMMUNIZATION SPECIAL PAYM	EXP	18,264.00	12,752.14		1,356.86	**69.82**
		REV	51,758.00		34,151.42		**65.98**
201.23.7154	CACOON & CCN	EXP	66,223.00	26,285.25		7,866.17	**39.69**
		REV	93,619.00		70,218.00		**75.00**
201.23.7155	TOBACCO PREV & ED	EXP	93,619.00	72,808.56		-2,590.56	**77.77**
		REV	42,184.00		33,510.00		**79.44**
201.23.7156	WATER	EXP	42,179.00	32,114.79		1,395.21	**76.14**
		REV	214,951.00		158,175.00		**73.59**
201.23.7158	BABIES FIRST	EXP	232,167.00	156,275.96		1,899.04	**67.31**
		REV	7,124.00		5,436.00		**76.31**
201.23.7159	OREGON MOTHERS CARE	EXP	13,925.00	10,360.84		-4,924.84	**74.40**
		REV	10,000.00		9,600.00		**96.00**
201.23.7500	PASS THROUGH	EXP	10,000.00	10,200.00		-600.00	**102.00**
		REV			0.00		**0.00**
201.23.7999	NON-DEPARTMENTAL	EXP	241,500.00	0.00		0.00	**0.00**
	TOTAL REVENUE		2,374,117.00		1,482,385.36		**62.44**
	TOTAL EXP		2,374,117.00	1,551,838.92		-69,453.56	**65.49**

201 PUBLIC HEALTH FUND

Account Number		2015 Actuals	2016 Actuals	2017 Adopted	2017 Yr. End Est	2018 Dept Request	
Total	BEGINNING FUND BALANCE	0.00	0.00	350,000.00 379,585.00 (audited)	241,500.00 **138,085.00**	241,500.00	
Total	INTEREST EARNED	1,201.01	2,089.12	1,500.00	3,500.00	3,000.00	
201.00.1201.421	MISCELLANEOUS						
201.00.1201.421.250	SAIF DIVIDEND	0.00	934.00	0.00	2,261.00	0.00	
Total	MISCELLANEOUS	0.00	934.00	0.00	**5,761.00**	0.00	
Total	PUBLIC HEALTH RESOURCE:	1,201.01	3,023.12	351,500.00	0.00	244,500.00	
Total	NON-DEPARTMENTAL RESOI	1,201.01	3,023.12	351,500.00	**143,846.00**	244,500.00	
Total	PUBLIC HEALTH	673,089.83	630,749.84	637,643.00	634,442.00	679,925.00	Co. funding
Total	WIC	167,558.68	159,357.03	170,602.00	175,688.00	171,693.00	
Total	MCH - CAH	54,136.82	64,220.69	23,386.00	25,812.00	25,786.00	
Total	REPRODUCTIVE HEALTH	300,134.02	153,038.48	254,541.00	162,802.00	192,002.00	
Total	STATE SUPPORT	43,778.88	36,497.79	41,564.00	38,378.00	36,478.00	
Total	ENVIRONMENTAL HEALTH	103,228.00	104,014.50	95,200.00	98,700.00	99,700.00	
Total	PERINATAL HEALTH	116,511.38	75,769.04	105,182.00	123,782.00	194,282.00	Private grant MCM chg
Total	PHEP	160,022.00	185,362.25	180,201.00	191,187.00	161,190.00	grants in 2017
Total	HEALTH PROMOTION	36,147.11	101,179.34	76,918.00	58,000.00	33,700.00	CGCCO & LCAC only
Total	IMMUNIZATION SPECIAL PAY	17,941.00	17,744.00	17,744.00	18,006.00	18,006.00	
Total	CACOON & CCN	54,541.42	42,283.90	51,758.00	52,758.00	42,958.00	Red. of CCN
Total	TOBACCO PREV & ED	93,666.00	93,746.00	93,619.00	93,619.00	93,619.00	
Total	WATER	42,183.00	42,183.00	42,184.00	42,184.00	44,326.00	
Total	BABIES FIRST	194,577.00	173,636.00	214,951.00	214,940.00	214,939.00	
Total	OREGON MOTHERS CARE	6,104.00	7,124.00	7,124.00	7,248.00	7,248.00	
Total	PASS THROUGH	12,000.00	10,800.00	10,000.00	15,000.00	15,000.00	
Total	NON-DEPARTMENTAL	0.00	0.00	0.00	0.00	0.00	
Total	PUBLIC HEALTH FUND	2,076,820.15	1,900,728.98	2,374,117.00	1,958,307.00	2,275,352.00	

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Expenditures

04/05/2017 12:14: PM **NORTH CENTRAL PUBLIC HEALTH DISTRICT**

201 **PUBLIC HEALTH FUND**

Account Number		2015 Actuals	2016 Actuals	2017 Adopted	2017 Yr. End Est (Est. as of 2/28/17)	2018 Dept Request	
Total	PUBLIC HEALTH	479,878.36	504,097.54	517,281.00	527,812.00	538,427.00	
Total	WIC	187,299.64	182,870.95	186,385.00	182,200.00	187,404.00	
Total	MCH - CAH (Immunizati	113,187.04	67,678.51	79,206.00	119,778.00	87,523.00	Title V priority changes
Total	REPRODUCTIVE HEAL	379,826.52	277,442.79	322,549.00	300,256.00	292,115.00	Some FTE to HV Prog.
Total	STATE SUPPORT	47,019.16	40,136.71	40,657.00	41,512.00	41,839.00	
Total	ENVIRONMENTAL HEA	96,980.52	81,935.06	90,339.00	97,881.00	119,325.00	EH Spec. Trainee
Total	PERINATAL HEALTH	82,485.25	69,427.84	75,736.00	105,296.00	192,064.00	Grant & MCM funding chg
Total	PHEP	160,288.90	169,908.87	180,149.00	166,748.00	167,927.00	2017 Homeland Sec grant
Total	HEALTH PROMOTION	46,368.23	16,351.40	163,938.00	123,340.00	93,637.00	Knight Grant ending
Total	IMMUNIZATION SPECI/	18,000.49	17,739.50	18,264.00	19,000.00	18,009.00	
Total	CACOON & CCN	30,342.80	39,913.81	66,223.00	33,500.00	49,515.00	2017 PHN overestimated
Total	TOBACCO PREV & ED	93,732.48	93,797.60	93,619.00	93,590.00	93,836.00	
Total	WATER	40,730.10	45,595.51	42,179.00	42,184.00	45,068.00	Domestic Wells
Total	BABIES FIRST	181,178.26	231,913.51	232,167.00	214,371.00	247,543.00	
Total	OREGON MOTHERS C/	13,288.97	13,841.38	13,925.00	13,875.00	14,702.00	
Total	PASS THROUGH	12,000.00	11,258.00	10,000.00	15,000.00	15,000.00	
Total	CONTINGENCY	0.00	0.00	61,500.00	0.00	0.00	
201.23.7999.59201	UNAPPROPRIAT	0.00	0.00	160,000.00	0.00	160,000.00	
201.23.7999.59299	RESERVE FOR '	0.00	0.00	20,000.00	0.00	0.00	
Total	NON-DEPARTMENTAL	0.00	0.00	241,500.00	0.00	160,000.00	
Total	PUBLIC HEALTH EXP	1,982,606.72	1,863,908.98	2,374,117.00	2,096,343.00	2,363,934.00	
	PUBLIC HEALTH REV				1,958,307.00	2,275,352.00	
					138,036.00-	-88,582.00	

Recap Report	2017				2018 Dept. Req.		
	Adj. Est.	EST YE	Balance	Prct Rcvd	Revenue	Expenditure	Balance
201 PUBLIC HEALTH FUND							
201.00.1201 BEG FUND BALANCE							
BUD	350,000.00				241,500.00		
ACT		379,585.00		1.08			
BUD CONTINGENCY;							
UNAPPROP; RESERVE FOR		241,500.00	138,085.00				
201.00 INTEREST EARNED & SA	1500	5,761.00			3,000.00		
	351,500.00						
					244,500.00		244,500.00
201.23.7141 PUBLIC HEALTH							
REV	637,643.00	634,442.00	3,201.00	99.50%	679,925.00		
EXP	517,281.00	527,812.00	-10,531.00	102.04		538,427.00	
BALANCE	120,362.00	106,630.00					141,498.00
201.23.7142 WIC							
REV	170,602.00	175,688.00	-5,086.00	102.98%	171,693.00		
EXP	186,385.00	182,200.00	4,185.00	97.75		187,404.00	
BALANCE	-15,783.00	-6,512.00					-15,711.00
201.23.7143 MCH - CAH							
REV	23,386.00	25,812.00	-2,426.00	110.37%	25,786.00		
EXP	79,206.00	119,778.00	-40,572.00	151.22		87,523.00	
BALANCE	-55,820.00	-93,966.00					-61,737.00
201.23.7144 REPRODUCTIVE HEALTH							
REV	254,541.00	162,802.00	91,739.00	63.96%	192,002.00		
EXP	322,549.00	300,256.00	22,293.00	93.09		292,115.00	
BALANCE	-68,008.00	-137,454.00					-100,113.00
201.23.7145 STATE SUPPORT							
REV	41,564.00	38,378.00	3,186.00	92.33%	36,478.00		
EXP	40,657.00	41,512.00	-855.00	102.10		41,839.00	
BALANCE	907.00	-3,134.00					-5,361.00
201.23.7146 ENVIRONMENTAL HEALTH							
REV	95,200.00	98,700.00	-3,500.00	103.68%	99,700.00		
EXP	90,339.00	97,881.00	-7,542.00	108.35		119,325.00	
BALANCE	4,861.00	819.00					-19,625.00
201.23.7148 PERINATAL HEALTH							
REV	105,182.00	123,782.00	-18,600.00	117.68%	194,282.00		
EXP	75,736.00	105,296.00	-29,560.00	139.03		192,064.00	
BALANCE	29,446.00	18,486.00					2,218.00
201.23.7149 PHEP							
REV	180,201.00	191,187.00	-10,986.00	106.10%	161,190.00		
EXP	180,149.00	166,748.00	13,401.00	92.56		167,927.00	
BALANCE	52.00	24,439.00					-6,737.00
		Climate change & grants balance					

S:\Meeting Minutes & Agendas\Board of Health Meetings\BOARD PACKETS\Board Packets 2017\April 2017\3 - EST 2017 YE recap with 2018 Dept. Request

	Adj. Est.	EST YE	Balance	Prct Rcvd	Revenue	Expenditure	Balance
201.23.7152 HEALTH PROMOTION							
REV	76,918.00	58,000.00	18,918.00	75.40%	33,700.00		
EXP	163,938.00	123,340.00	40,598.00	75.24		93,637.00	
BALANCE	-87,020.00	-65,340.00					-59,937.00
201.23.7153 IMMUNIZATION SPECIAL PAYMENTS							
REV	17,744.00	18,006.00	-262.00	101.48%	18,006.00		
EXP	18,264.00	19,000.00	-736.00	104.03		18,009.00	
BALANCE	-520.00	-994.00					-3.00
201.23.7154 CACOON & CCN							
REV	51,758.00	52,758.00	-1,000.00	101.93%	42,958.00		
EXP	66,223.00	33,500.00	32,723.00	50.59		49,515.00	
BALANCE	-14,465.00	19,258.00					-6,557.00
							(co. match)
201.23.7155 TOBACCO PREV & ED							
REV	93,619.00	93,619.00	0.00	100.00%	93,619.00		
EXP	93,619.00	93,590.00	29.00	99.97		93,836.00	
BALANCE	0.00	29.00					-217.00
201.23.7156 WATER							
REV	42,184.00	42,184.00	0.00	100.00%	44,326.00		
EXP	42,179.00	42,184.00	-5.00	100.01		45,068.00	
BALANCE	5.00	0.00					-742.00
201.23.7158 BABIES FIRST							
REV	214,951.00	214,940.00	11.00	99.99%	214,939.00		
EXP	232,167.00	214,371.00	17,796.00	92.33		247,543.00	
BALANCE	-17,216.00	569.00					-32,604.00
							(co. match)
201.23.7159 OREGON MOTHERS CARE							
REV	7,124.00	7,248.00	-124.00	101.74%	7,248.00		
EXP	13,925.00	13,875.00	50.00	99.64		14,702.00	
BALANCE	-6,801.00	-6,627.00					-7,454.00
201.23.7500 PASS THROUGH							
REV	10,000.00	15,000.00	-5,000.00	150.00%	15,000.00		
EXP	10,000.00	15,000.00	-5,000.00	150.00		15,000.00	
BALANCE	0.00	0.00					0.00
201.23.7999 NON-DEPARTMENTAL							
EXP	241,500.00					160,000.00	
Grand Total REVENUE	2,374,117.00	1,958,307.00	415,810.00	82.49%			-160,000.00
Grand Total EXP	2,374,117.00	2,096,343.00	277,774.00	88.30	2,275,352.00	2,363,934.00	
		-138,036					-88,582.00

County	14-15	BUD REQ **5% incr.** 15-16	prop. incr.	15-16 Actual	16-17	BUD REQ 17-18	est	Amt. of incr.
Sherman Co.	**97,194**	**102,054**	4,860	**102,054**	**102,054**	**107,157**		5,103
Gilliam Co	**98,656**	**103,589**	4,933	**103,589**	**103,589**	**108,768**		5,179
Wasco Co	**376,222**		18,578	**314,000**	**340,000**	**414,540**	357000	17,000
		394,800				**414,540**		27,282

(5% incr. of 2015-16 bud. Req.)

This increase represents NCPHD operating at current service level:

	Estimate
0% COLA	
9% increase in Health insurance	$30,000 increase from 2017 Bud. Amt.
2% increase in Dental insurance	minor increase from 2017 Bud. Amt.
3 % net increase in liab. insurance	$500 increase
PERS increase	$50,000 increase from 2017 Bud. Amt.
.80 FTE EH Specialist Trainee	$60,000 (HRHD reimb. for .20 FTE)

Major changes to the budget:

CCARE and OHP will be coming in less than budgeted in 2017.
There will be a reduction of $8800 for CCN services and for the CCN Provider.
Pacific Source CCO reduction from 2017 amt. of $90,000 to $25,700.
CGHC - Bridges 2 Health .50 FTE Community Health Worker

Possible opportunities for increased Revenue:

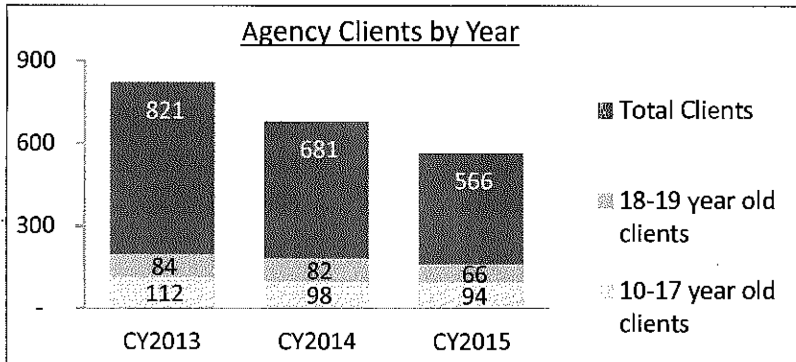
Promotion of reproductive health clinic (flyers, informing community partners, Health Officer at CCO
Pacific Source
Early Learning Hub
EOCCO

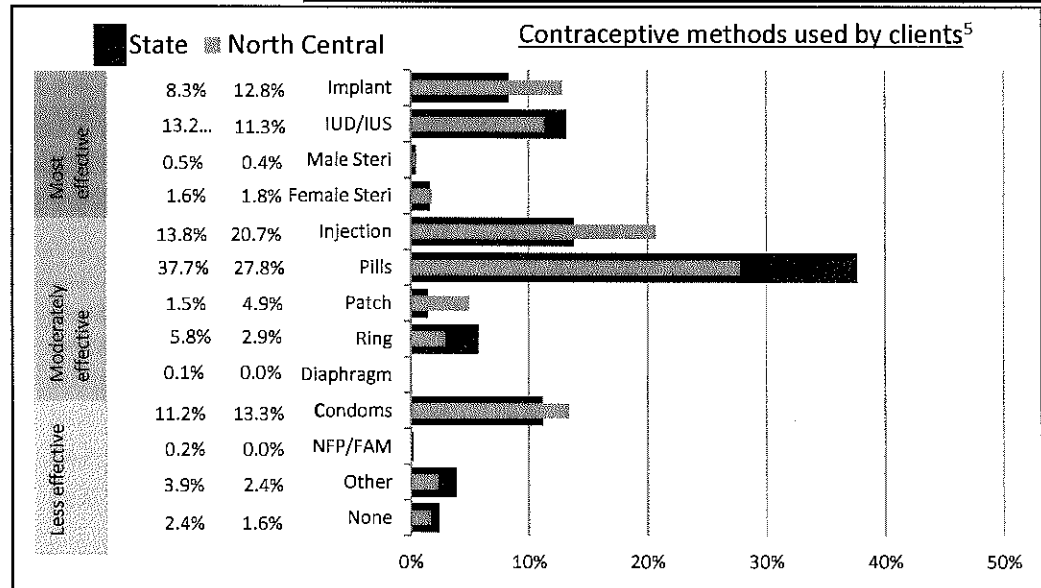
Possible enhancements with additional funding:

Part time nurse for succession planning
Making a decsion of what to do with the salary survey or include a COLA for 2018
Supervisor

Oregon Reproductive Health Program - Agency Data Review

North Central Public Health District 2015





Effective Contraceptive Use among Women at Risk of Unintended Pregnancy:

% of female clients using most or moderately effective methods:
(excludes those pregnant, seeking pregnancy or not sexually active)

	Agency	Statewide
• Age 18-50	82.7%	85.1%
• Age 15-17	85.9%	87.5%
% of Clients not Using a Method because:		
• Pregnant	3.0%	5.1%
• Seeking pregnancy	1.2%	1.7%

Teen Pregnancy Rate and Adolescents Served

Teen Pregnancy Rate and Adolescents Served	2004	2014	change
• 10-17 year old pregnancy rate (per 1,000) in service area[1]	8.5	12.5	47%
• 10-17 year old pregnancy rate (per 1,000), statewide[1]	9.5	4.9	-48%

	Agency	Statewide
• Est. % 15-17 year olds in service area who have ever had sex[2]	56.8%	41.1%
• Number of 15-17 year old females served	85	6,409
• Approx. % sexually active 15-17 year old females served[3]	27.9%	21.7%
• Number of 15-17 year old males served	0	230
• Approx. % sexually active 15-17 year old males served[3]	0.0%	0.3%
• Total clients age 11-21 (adolescents) served	224	23,235

Women In Need (WIN) of Publicly-Funded Family Planning Services:[4]

(WIN are age 13-44, income<250% FPL, not sterilized, not pregnant or seeking pregnancy)

	Agency	Statewide
• Number of WIN in service area[4]	1,873	274,253
• Number of WIN who received family planning svcs	529	62,432
• Estimated % WIN served	28.2%	22.8%

Unintended Pregnancies Averted:

Your agency averted	143	unintended pregnancies, including:
	34	Teen pregnancies (under age 20)
	109	Adult pregnancies (20+)

% of female clients with an unintended pregnancy averted:
25.3% (vs. 13.6% statewide)

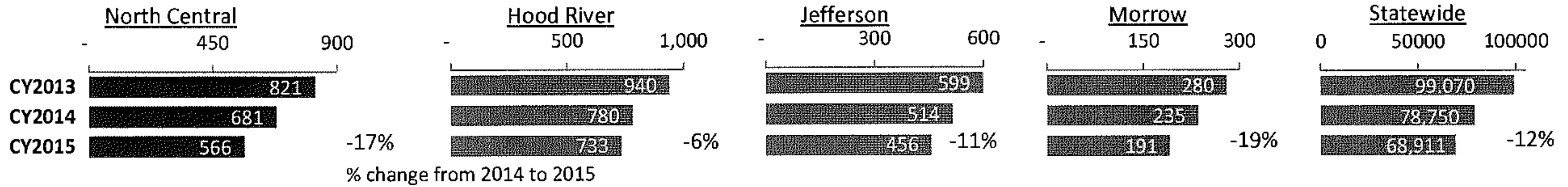
- In 2015, the average cost of an OHP delivery and the first year of infant healthcare costs was $16,801. Nationally, approximately 42% of unintended pregnancies result in birth.[7]

- This means that approximately 60 unintended births were averted among your clients, resulting in taxpayer savings of $1,008,060

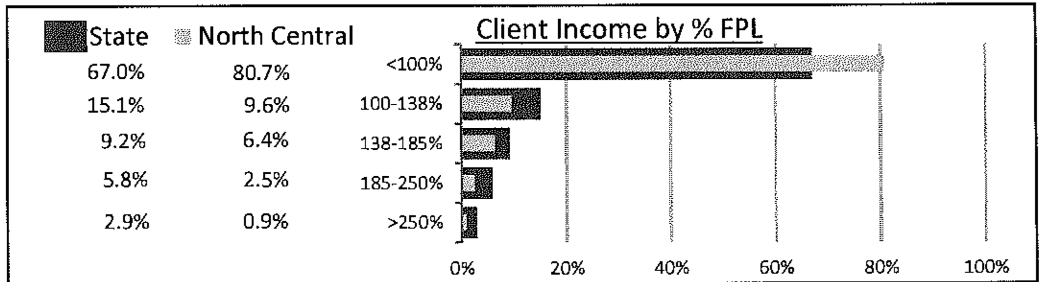
- Nationally, approx. 58% of unintended pregnancies result in abortion.[7]
- This means that approximately 73 abortions were averted among your clients.

Unintended pregnancies averted are calculated by comparing the effectiveness of the birth control method used by a client before her first visit and the method used at the end of her most recent visit.

Agency Total Client Comparisons by Year (comparison agencies are located in the same county or region, and comparisons are not to scale)



Race and Ethnicity:	Agency Clients	Area pop.[8]
• Hispanic or Latino, any race	37.8%	9.6%
• Black, non-Hispanic	0.5%	0.4%
• American Indian, non-Hispanic	1.2%	2.3% (AI + AN)
• Alaska Native, non-Hispanic	0.0%	
• Asian, non-Hispanic	0.2%	0.4%
• Native Hawaiian/Pacific Islander	0.9%	0.2%
• Other, non-Hispanic	0.0%	0.0%
• White, non-Hispanic	58.3%	85.0%
• More than one race, non-Hispanic	1.1%	2.0%
	Agency	Statewide
• FP clients -- Unknown race	0.0%	4.7%
• FP clients w/ Limited English Proficiency	97	7,182



	State	North Central
<100%	67.0%	80.7%
100-138%	15.1%	9.6%
138-185%	9.2%	6.4%
185-250%	5.8%	2.5%
>250%	2.9%	0.9%

Client Insurance Coverage:

	Public	Private	Uninsured	Unknown
Agency	39.2%	18.0%	42.8%	0.0%
Statewide	29.2%	22.7%	40.6%	7.4%

Assigned Source of Payment for FP visits:

	OHP	Private	CCare	Supported by Title X
Agency	40.5%	9.8%	32.2%	16.8%
Statewide	30.9%	4.8%	42.1%	19.1%

Title X Grant Amount & Clients

Amount (FY15): $56,135 Clients (No Fee/Partial Fee, FY15): 117

Avg. amount per Title X sponsored client: $480 Statewide average: $226

	Agency	Statewide
• Total new clients during CY15[9]	193	19,783
• New clients seen for medical svcs (excludes initial visits w/ counseling only)	186	19,567
• New clients who had 1st visit with NP/PA/MD **OR** 1st visit with RN and any follow-up visit:[9] (follow-up visits were counted through June 2016)	137 (73.7%)	13,764 (70.3%)
• % of new clients who had a visit with NP, PA or MD:		
At initial visit or within **3** months of initial visit:[9]	58.1%	59.0%
At initial visit or within **6** months of initial visit:[9]	62.4%	61.9%

Average Monthly CCare Revenue (at all clinic sites) *3-yr Average:*

CY13: $14,311 CY14: $8,549 CY15: $6,147 $9,669

For questions, please contact the Oregon Reproductive Health Program at **971-673-0355**. You can also visit our website at http://www.healthoregon.org/rh.

October 2016

Oregon Reproductive Health Program - Agency Data Review

North Central Public Health District 2015

Medical, Laboratory and Referral Services:

Number of visits in which each service was provided.

Contraception Services

Service	Number	Service	Number
Hormonal implant insertions	51	Implant removals	26
IUD insertions	32	IUD removals	28
Diaphragm fittings	0	Sterilization referral	3
EC dispensed for immediate use	111	NFP/FAM referral	0
EC dispensed for future use	229		

Pregnancy-Related Services

Service	Number	Service	Number
Total pregnancy tests	382	Adoption referral	9
Positive pregnancy tests	17	Abortion referral	13
Post pregnancy exams	0	Prenatal care referral	16
Infertility screening	0	Infertility referral	1

General Medical Services

Service	Number	Service	Number
Blood pressure	896	Pelvic exams	209
HGB/HCT	13	Standard Pap tests	95
Urinalyses	22	Liquid Pap tests	24
Colorectal cancer screening	0	Colposcopies	0
Immunizations	0	Colposcopy referral	0
Breast exam	242	Nutrition referral	12
Breast evaluation referral	1	Substance Abuse referral	2
Mammography or ultrasound referral	11	Abuse/Violence referral	48
		Social Services referrral	13

STI-Related Services

Service	Number	Service	Number
Wet mounts	35	VDRL tests	12
Gonorrhea tests	263	HPV tests	14
Vaginitis/Urethritis Eval/Dx	6	HIV tests	13
Vaginitis/Urethritis Eval/Rx	6	STD referral	0

Counseling Services:

Percent of visits in which each service was provided.

Contraception	Agency	Statewide
Contraception counseling	97.2%	89.1%
Sterilization (male and female)	0.4%	1.0%
Fertility Awareness Method	0.3%	0.2%

Pregnancy-Related	Agency	Statewide
Pregnancy options counseling	1.7%	4.7%
Preconception counseling	7.3%	2.9%
Infertility counseling	0.0%	0.1%
Pregnancy intention (total screened)	450	35,800
Responses: Yes, near future	4.2%	5.6%
Responses: No, maybe later	74.0%	70.4%
Responses: Unsure	1.6%	7.6%
Responses: Never	20.2%	16.4%

General Medical	Agency	Statewide
Abnormal Pap test counseling	0.7%	2.2%
Nutrition counseling	50.7%	24.3%
Tobacco counseling	67.3%	11.1%
Substance Abuse Prevention	59.5%	3.9%
Crisis counseling	0.3%	0.6%
Relationship safety (all clients)	77.7%	45.6%
Priority counseling services for teens (19 and younger):		
Relationship safety	83.4%	46.0%
Abstinence discussion	22.3%	14.6%
Encourage parental/family involvement	22.0%	25.9%

STI-Related	Agency	Statewide
STD/HIV Prevention counseling	67.7%	52.1%
HIV Pre & Post counseling	0.3%	1.8%

Additional Medical Services:

Chlamydia Screening and Oregon State Public Health Laboratory data

Includes testing conducted at family planning clinic only

- CT tests marked on Clinic Visit Records (CVR): 263
- # Males tested on CVR: 0

	Agency	Statewide
• # of Female clients 24 and younger	288	33,683
• % with at least 1 CT test marked on CVR	61.5%	54.5%
• % who had CT test date within 1 year of visit	53.1%	56.0%
• # of Female clients <25 with 'Never' or 'Unknown' previous CT test date*	177	22,035
• % of those who had CT test marked on CVR	39.0%	16.1%

* Please note that this field defaulted to 'Unknown' if left blank during CY15.

- # clients with CT treatment on CVR: 5
- % of clients treated for CT who had followup screening within:
  3 months: 20% 6 months: 40%

Data below includes all specimens from your agency that were sent to OSPHL.[9]

	Agency	Statewide
• CT tests submitted to OSPHL:	372	56,115
• % CT tests with positive results, OSPHL only	9.9%	6.6%

CT specimen collection site, for specimens sent to OSPHL only:

Site	%	Site	%
• Endocervical swab	0%	• Urine	12%
• Vaginal swab - patient collected	57%	• Rectal	0%
• Vaginal swab - clinician collected	30%	• Pharyngeal	1%

Male Clients and Male-Specific Services	Agency	Statewide
• Males as % of total clients	0.2%	3.6%
• Male genitalia exam	0	647
• TSE counseling	0	310
• Vasectomy procedures	1	605

Cervical Cancer Screening	Agency	Statewide
• # of Female clients 21-29	200	28,867
• % who had Pap test date within 3 years	57.0%	33.3%
• # of Female clients 30-65	174	18,247
• % who had Pap test date within 5 years	72.4%	51.4%

For questions, please contact the Oregon Reproductive Health Program at **971-673-0355**.
You can also visit our website at http://www.healthoregon.org/rh.

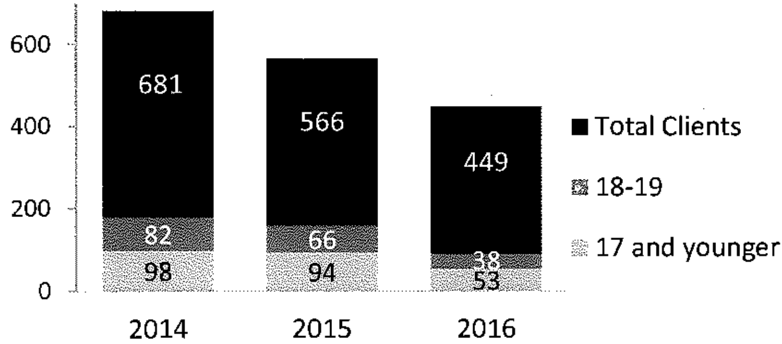
October 2016

Note: Unless specified below, data come from Clinic Visit Records (CVRs) submitted for visits during 2015. Agency-specific data may differ from standard reports available on Ahlers Report Viewer (www.secure.ahlerssoftware.com) due to differences in timing of data analysis.

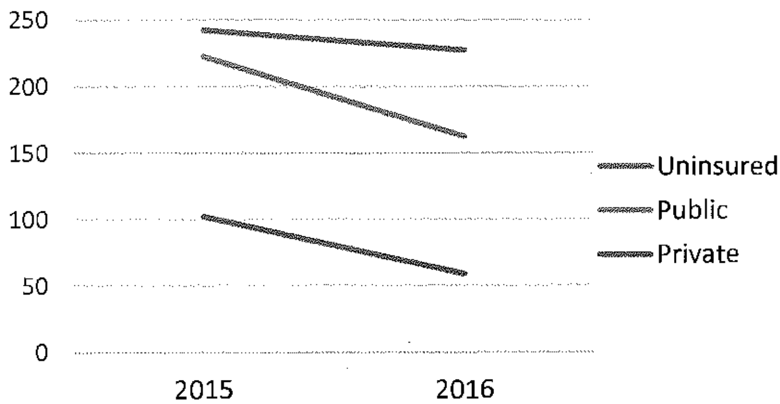
Data Sources: **1**-Center for Health Statistics; **2**-2015 Oregon Healthy Teens Survey; **3**-Determined by dividing the number of 15-17 year old teens served by the number of sexually active 15-17 year olds in service area; **4**-Guttmacher Institute Women In Need (WIN) figures, updated for 2015 (WIN are between 13 & 44 years of age, fertile, sexually active, neither intentionally pregnant nor trying to become pregnant, & at an income of <250% FPL); **5**-Excludes clients who are currently pregnant, seeking pregnancy or not sexually active; **6**-Office of Health Analytics; **7**-Guttmacher Institute; **8**-Population data from U.S. Census Bureau (American Community Survey); **9**-Oregon State Public Health Laboratory

North Central Public Health District

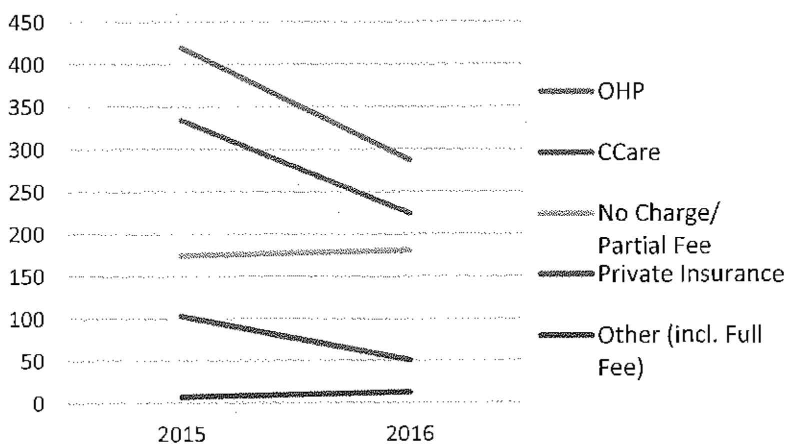
March 2017 Triennial Review -- Reproductive Health 2016 preliminary data



% of clients age 19 and younger: 20.3%



% of clients by insurance status		
	2015	2016
Public	39.2%	36.1%
Private	18.0%	13.1%
Uninsured	42.8%	50.6%
Unknown	0.0%	0.2%



% of visits by payment source		
	2015	2016
OHP	40.5%	38.1%
CCare	32.2%	29.7%
No Charge / Partial Fee	16.8%	23.9%
Private Insurance	9.8%	6.6%
Other (incl. Full Fee)	0.7%	1.6%

DRAFT BUDGET CALENDAR FOR 2017/2018 BUDGET

1. Budget meetings with program managers – **Jan – Feb 2017**

2. Executive Committee reviews and makes recommendations to budget **– 2/14 & 3/14**

3. First draft of budget will be put together between **3/1 - 3/7** by Kathi.

4. Budget Team (Teri & Kathi) will meet as needed to balance budget.

5. Complete second draft done **3/20**

6. Send draft budget request amounts to Counties – **3/20**

7. Sherman County Budget Committee meeting **4/12 – 4/13**

8. Gilliam County Budget Committee meeting **5/3**

9. 1st notice of NCPHD Budget Committee Meeting to paper by Mon. **5/1** for publication Thurs. **5/4** (17 days prior to budget committee meeting)

10. 2nd notice of NCPHD Budget Committee Meeting to paper by Mon. **5/8** for publication Thurs. **5/11** (10 days prior to budget committee meeting)

11. Wasco County Budget Committee meeting **5/16 - 17**

12. Complete final Proposed Budget Document (week prior to Budget Distribution)

13. Compile Budget Document for distribution (week prior to Budget Distribution)

14. Budget Document to be distributed to Budget Committee week of **5/16**.

15. Budget Committee Session – **5/22**
    Receive Budget Message
    Review Proposed Budget
    Approve Budget

16. Legal Notice of Budget Hearing to paper by **5/22** for publication **5/25**.

    (18 days prior to Budget Hearing)

17. Hold Budget Hearing (Governing Body) and Adopt Budget at **June 13** board meeting.

NORTH CENTRAL PUBLIC HEALTH DISTRICT
"Caring For Our Communities"
419 East Seventh Street, The Dalles, OR 97058
Phone: 541-506-2600 Fax: 541-506-2601
Website: www.ncphd.org

North Central Public Health District Strategic Plan 2017-2019

Table of Contents

Executive Summary…………………………………………………………………………3

Vision, Mission, & Values……………………………………………………………….4

Organization Description…………………………………………………………………4

Public Health Modernization…………………………………………………………..5

Core Public Health Functions……………………………………………………………6

Results o 2017 SWOT Analysis………………………………………………………..7

SMART Objectives……………………………………………………………………….8

Action Plan Worksheet…………………………………………………………..…..9

State & Regional Health Improvement Plan Priorities……………………………..…11

Appendix 1: Community Coalitions…………………………………………………..13

Appendix 2: Community Health Improvement Plan Alignment Crosswalk……………….14

References………………………………………………………………………………17

Executive Summary

North Central Public Health District (NCPHD) is working hard to continue to serve our communities in the rapidly changing environment at the local, state, and federal levels.

Locally we continue to work to serve three diverse Counties with diverse needs and opportunities.

We are participating in the implementation of the Coordinated Care Organizations in our region that are necessary following Oregon's new health care transformation initiative. Staff participates in key committees for both the Eastern Oregon CCO, serving Gilliam and Sherman Counties, and Columbia Gorge CCO, serving Wasco County. We remain committed to the mission of medical homes and integrated care for Oregonians on the Oregon Health Plan. In addition, we are working with partners to see the value of integrating population health initiatives and core public health services to improving the health of their members.

We are also very interested in the work around Early Learning in Oregon. Teri Thalhofer, RN, BSN, Director of NCPHD serves on the Oregon Early Learning Council. In addition, she serves as the health services representative for the Four Rivers Early Learning HUB, servicing Hood River, Gilliam Sherman, Wasco and Wheeler Counties. There are challenges and opportunities ahead when striving to improve developmental outcomes and educational achievement among such a diverse group of learners.

Nationally, the landscape is ever changing. To adapt to such changes, we continue with our efforts toward National Public Health Accreditation. In Oregon, the Legislature has supported efforts to modernize Oregon's public health system. Work has been done on a plan to implement recommended changes by the Public Health Advisory Board. Teri Thalhofer, RN, BSN, Director, has been appointed to that body to represent Oregon's smallest Counties.

We continue to work with our partners in all three Counties to maintain and improve the health of the communities.

PublicHealth
Prevent. Promote. Protect.

NORTH CENTRAL PUBLIC HEALTH DISTRICT

Vision
We are a trusted and innovative public health district committed to working for a safer and healthier North Central Public Health District.

Mission
To prevent disease, injury and disability to promote health and well being; and to protect our communities by preparing for and responding to public health threats.

Values
We hold ourselves to the highest level of honesty, transparency, and ethical conduct in all relations and dealings.

As individuals and an entity we:

- Relate to all with honesty, respect, and integrity.
- Communicate openly and with clarity.
- Serve our communities with compassion, understanding and empathy.

Organizational Description
North Central Public Health District currently provides the following basic public health services:

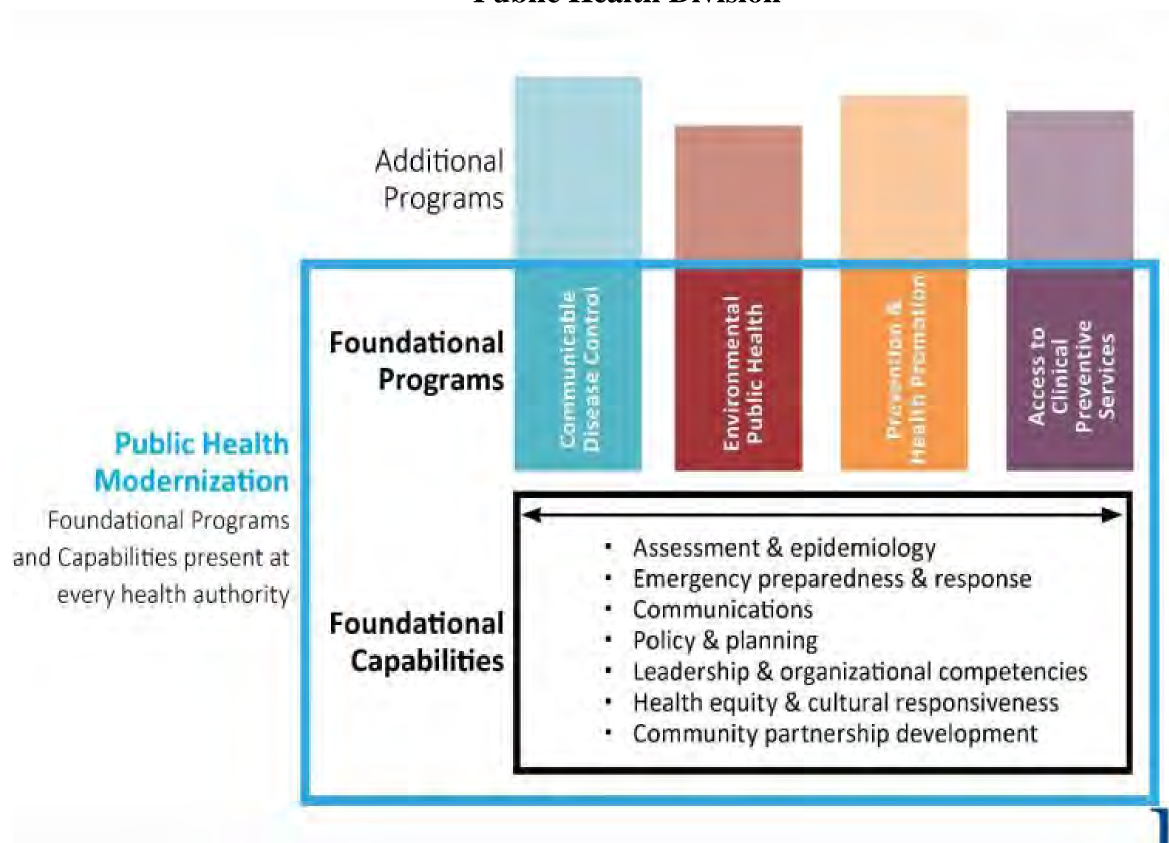
- Prevention and control of communicable diseases
- Parent-child health services including Family Planning
- Environmental Health services
- Public Health Emergency Preparedness
- Collection and reporting of health status, health information, and referral to other community agencies and clinical service providers

Public Health Modernization

In June 2015, the Oregon State legislature passed House Bill 3100, which guides Oregon's public health system toward Public Health Modernization. This incorporates the idea that "our health happens outside the doctor's office" and acknowledges the social, environmental, and economic conditions that affect health outcomes.

The Public Health Modernization Framework overlays Foundational Programs with Foundational Capabilities:

Public Health Modernization Framework, Oregon Health Authority Public Health Division[1]



North Central Public Health District is working actively toward implementing this model, which has also informed our Strategic Planning Process.

Core Public Health Functions

Key to developing the Strategic Plan were the three **Core Public Health Functions** and **10 Essential Public Health Services**. The Center for Disease Control and Prevention describes the Essential Services as providing "a working definition of public health and a guiding framework for the responsibilities of local public health systems."[2]

Core Public Health Functions: Assessment, Policy Development, Assurance

10 Essential Public Health Services:

1. Monitor health status to identify and solve community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure a competent public and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative and solutions to health problems

This infographic shows an overlay of the Core Public Health Functions and the 10 Essential Services.[3]

Results of 2017 SWOT Analysis

On February 7, 2017, NCPHD staff completed a Strength/Weakness/Opportunities/Threats (SWOT) Analysis, which is shared below. The results were used to help us identify our Goals and SMART objectives.

Internal Strengths	Internal Weaknesses
Striving for cross-system integration	Limited staff
Knowledgeable staff	Limited ability to do outreach
Workforce development	Old/inconsistent technology
Cultural competency	Siloed funding driving activities

External Opportunities	External Threats/Challenges
External outreach	Funding cuts
Program integration	Potential large outbreaks
Positive collaboration with community partners	Political climate
Expanded focus on primary prevention	Public and partner perception

S. M. A. R. T. Objectives

(Specific, Measurable, Agreed Upon, Realistic, Time-based)

Goal 1: Support wellness at every age, size, and ability.

Objectives:

1.1. Increase the number of self-identified tobacco users using the Tobacco Quit Line by 10% at the 2019 measure.

1.2. Prevent an increase in the BMI of elementary school-aged students at the 2019 measure.

1.3 Increase influenza vaccination rates among healthcare providers by 2019.

1.4 Work with CGCCO and EOCCO to increase up-to-date vaccination rates by age two.

1.5 Increase the number of Reproductive Health clients being asked the 1 Key Question to 100% at the 2019 measure.

1.6 Increase the number of women using Long Acting Reversible Contraceptives (LARC) by 10% at the 2019 measure.

Goal 2: Align with and actively participate in systems transformation.

Objectives:

2.1. Maintain active participation in community partnerships and coalitions through the 2019 measure.

2.2. Explore alternative payment methodologies with health systems partners through the 2019 measure.

Goal 3: Focus on strategies having the greatest impact to improve health.

Objectives:

3.1. Increase the number of participants in the Domestic Well testing program by August 2017.

3.2. Increase the number of bilingual Community Health Workers completing the Interpreter training by 100% at the 2019 measure.

3.3. Track staff compliance with the Workforce Development plan via effective documentation by September 2017

Action Plan Worksheet

Objectives	Lead	Progress Report Dates
Goal 1: Support wellness at every age, size, and ability		
Increase the number of self-identified tobacco users using the Tobacco Quit Line by 10 % at the 2019 measure.	Hayli Eiesland, TPEP Coordinator	
Prevent an increase in the BMI of elementary school-aged students at the 2019 measure.	Mimi McDonell, Health Officer	
Increase influenza vaccination rates among healthcare providers by 2019.	Teri Thalhofer, Director	
Work with CGCCO and EOCCO to increase up-to-date vaccination rates by age two.	Mimi McDonell, Health Officer	
Increase the number of Reproductive Health clients being asked the 1 Key Question to 100% at the 2019 measure.	Kathi Hall, Finance Manager	
Increase the number of women using Long Acting Reversible Contraceptives (LARC) by ___% at the 2019 measure.	Kathi Hall, Finance Manager	
Goal 2: Align with and actively participate in systems transformation.		
Maintain active participation in community partnerships and coalitions through the 2019 measure.	TBD	
Explore alternative payment methodologies with health systems partners through the 2019 measure.	Teri Thalhofer, Director	
Goal 3: Focus on strategies having the greatest impact to improve health.		
Increase the number of participants in the Domestic Well testing program by August 2017.	Jeremy Hawkins, Communicable Disease Investigator	

Increase the number of bilingual Community Health Workers completing the Interpreter training by 100% at the 2019 measure.	Shellie Campbell, Clinical Program Supervisor	
Track staff compliance with the Workforce Development plan via effective documentation by September 2017.	Leadership Team	

Regional, State, & National Health Improvement Plan Priorities

Oregon State:
- Prevent and reduce tobacco use
- Slow the increase of obesity
- Improve oral health
- Reduce harms associated with alcohol and substance use
- Prevent deaths from suicide
- Improve immunization rates

Eastern Oregon Coordinated Care Organization (EOCCO), Gilliam County:
- Mental health
- Oral health education/promotion
- Patient centered primary care home
- Incentive measures

EOCCO, Sherman County:
- Clinicians and access
- Mental health
- Incentive measures
- Children's health promotion
- Oral health

Columbia Gorge Coordinated Care Organization (CGCCO), Wasco County:
- Housing and food
- Dental access for adults
- Physical and mental health together
- Coordination across all healthcare service providers
- Coordination across healthcare and social services; healthcare insurance re-enrollment

Healthy People 2020
- Access to health services
- Clinical preventive services
- Environmental Quality
- Injury and violence

- Maternal, infant, and child health
- Mental health
- Nutrition, physical activity, and obesity
- Oral health
- Reproductive and sexual health
- Social determinants
- Substance abuse
- Tobacco

Robert Wood Johnson Culture of Health Action Framework

- Action Area 1: Making health a shared value
- Action Area 2: Fostering cross-sector collaboration to improve well-being
- Action Area 3: Creating healthier, more equitable communities
- Action Area 4: Strengthening integration of health services and systems
- Outcome: Improved population health, well-being, and equity

For a full alignment crosswalk, please see Appendix 2 on page 13.

Appendix 1: Community Coalitions

As a health department, our staff is involved in numerous community coalitions and collaborative groups. The following is a list of the coalitions in which we participate.

- Food Security Coalition
- East Gorge Breastfeeding Coalition
- Regional Health Equity Coalition (RHEC)
- Columbia River Inter Tribal Fish Coalition – Multi-Disciplinary Team (CRITFC-MDT)
- Prevention and Treatment Advisory Board (PTAB)
- School Nurses/Health Dept/Haven Community Coalition
- Early Childhood Coalition (ECC)
- Regional Prevention Coalition (Hood River, Wasco, Sherman Counties)
- Columbia Gorge CCO Systems Integration Team (SIT)
- Columbia Gorge CCO Community Advisory Council (CAC)
- Columbia Gorge CCO Clinical Advisory Panel (CAP)
- Fit in Wasco Coalition
- RelianceHIE
- Community Learning Collaborative – Sanctuary Model
- Eastern Oregon CCO Local Community Advisory Council
- Region 6 ESF8 (regional healthcare preparedness)
- Home Visiting Connection (HVC)
- Coalition of Local Health Officials (CLHO) – Communicable Disease Subcommittee
- Oregon Climate and Health Collaborative
- Gorge Nutrition Education Network
- Child Abuse Review – Multi-Disciplinary Team

Appendix 2: Community Health Improvement Plan Alignment Crosswalk

This crosswalk is organized by Action Area according to the Robert Wood Johnson Culture of Health Action Plan Framework.[4]

TOPIC	IMPROVEMENT MEASURE	NCPHD	Gilliam Co	Sherman Co.	OR State	HP 2020
ACTION AREA 1: MAKING HEALTH A SHARED VALUE						
1.1 Mindset & Expectations	**OR** - Slow the increase of obesity **HP** - Reduce proportion of adults, children & adolescents who are obese				x	x
1.2 Sense of Community	**NCPHD** - Enhance Systems to support "Workplace Wellness" programs **HP -** Increase the proportion of worksites that offer employee health promotion program	X				X

ACTION AREA 2: FOSTERING CROSS-SECTOR COLLABORATION TO IMPROVE WELL-BEING						
2.1 Local HD collaboration	**NCPHD** - Coordinate effective communication of tailored, accurate & actionable helath information across the lifespan **HP** - Increase messages intented to protect the public's health & demonstrate best practices	X				x
2.2 Policies that support collaboration	**S. Co**. - Coordinate w/ FREL Hub.			x		

TOPIC	IMPROVEMENT MEASURE	NCPHD	Gilliam Co.	Sherman Co.	OR State	HP 2020
ACTION AREA 3: CREATING HEALTHEIR, MORE EQUITABLE COMMUNITIES						
3.2 Economic/Social Environment	**NCPHD** - Increase access to & consuption of fresh fruits & vegetables **HP** - Increase the contribution of total vegetables to diets	X				x

ACTION AREA 4: STRENTHENING INTEGRATION OF HEALTH SERVICES AND SYSTEMS						
4.1 Access to Care	**S. Co**. -Moro Clinic attains PCPCH status **G.Co.** - Increase PCPCH for EOCCO participants **HP** -Increae th prportion of children who have access to a medical home		x	x		x
4.2 Routine dental care	**OR** - Improve oral health **G.Co.** - Improve child and adult oral health **S.Co**. - Increase services & employ evidence based prevention **HP** - Reduce dental caries in children, adolescents & untreated adults		x	x		x
4.3a Contraceptive Services	**NCPHD** - Decrease unintended pregnancy & improve customer service **HP** - Increase # pregnancies that are intended	x				x
4.4b Pediatric Care	**S. Co**. - Coordinate ASQ 0-36 months **S.Co**. - EOCCO Members 0-6 assigned to PCPCH **G.Co.** - Adolescent well care & Developmental Screening **HP** - Increase the proportion of children who are screened, evaluated & enrolled in services		x	x		x

TOPIC	IMPROVEMENT MEASURE	NCPHD	Gilliam Co	Sherman Co.	OR State	HP 2020
OUTCOME: IMPROVED POPULATION HEALTH, WELL-BEING AND EQUITY						
5.2 Enhanced individual well-being	**G.C0.**- Immunization Rates **S. Co.** - Immunization Rates **OR**-Prevent deaths from suicide **OR** - Improve immunization rates **OR**- Protect the population from communicable diseases **HP**- Reduce suicide rate		x	x	x	x
5.3 CCO Incentive Measures	**S. & G.Co.** - Improve on each EOCCO performance measures		x	x		

References

1. Public Health Modernization. Oregon Health Authority, Public Health Division, 2016. https://public.health.oregon.gov/About/TaskForce/Documents/PublicHealthModernization.pdf

2. Core Functions of Public Health and How They Relate to the 10 Essential Services. Center for Disease Control and Prevention, 2011. https://www.cdc.gov/nceh/ehs/ephli/core_ess.htm

3. The 10 Essential Public Health Services: An Overview. Center for Disease Control and Prevention, 2014. https://www.cdc.gov/nphpsp/documents/essential-phs.pdf

4. Measuring What Matters: Introducing a New Action Framework. Robert Wood Johnson Foundation, 2015. http://www.rwjf.org/en/culture-of-health/2015/11/measuring_what_matte.html

NORTH CENTRAL PUBLIC HEALTH DISTRICT

"Caring For Our Communities"

S.M.A.R.T. Objective	Indicators	Data collection strategy	When data will be collected	Staff Lead	When reported
1.1. Increase the number of self-identified tobacco users using the Tobacco Quit Line by 10% at the 2019 measure.	- Number of self-identified tobacco users using the Quit Line	Collected by State of Oregon & published on Health Promotion and Chronic Disease Prevention (HPCDP) website	Twice a year	Hayli Eiesland, TPEP coordinator	
1.2. Prevent an increase in the BMI of elementary school-aged students at the 2019 measure.	- BMI measures of elementary school-aged students	BMI testing in three public elementary schools in District 21	Annually	Mimi McDonell, Health Officer	
1.3. Increase influenza vaccination rates among health care providers by the 2019 measure.	- Numbers of influenza vaccinations given to health care providers	Flu vaccine data from community health care providers	Annually (after flu season)	Teri Thalhofer, Director	
1.4. Work with CGCCO and EOCCO to increase up-to-date vaccination rates by age two.	- Number of immunizations given to children before age two	CCO report on Quality Improvement Measures (QIMs)	Annually	Mimi McDonell, Health Officer	
1.5 Increase the number of Reproductive Health clients being asked the 1 Key Question to 100% at the 2019 measure.	- Number of women being asked the 1 Key Question	Ahler's Client Visit Record (CVR)	Ongoing	Kathi Hall, Finance Manager	Twice Annually

S.M.A.R.T. Objective	Indicators	Data collection strategy	When data will be collected	Who will collect/analyze	When reported
1.6. Increase the number of women using Long Acting Reversible Contraceptives (LARC) by 10 % at the 2019 measure.	- Number of women using LARC	Ahler's Client Visit Record (CVR)	Ongoing	Kathi Hall, Finance Manager	Twice Annually
2.1. Maintain active participation in community partnerships and coalitions through the 2019 measure.	- Number of coalitional meetings attended by staff - Number of coalitional events participated in by staff	Attendance sheets at coalitional meetings and events	Ongoing	TBD	
2.2. Explore alternative payment methodologies with health systems partners through the 2019 measure.	- Number of meetings attended re: alternative payment methods - Number of strategies adopted re: alternative payment methods	Attendance sheets and meeting minutes	Ongoing	Teri Thalhofer, Director & Kathi Hall, Finance Manager	
3.1. Increase the number of participants in the Domestic Well testing program by August 2017.	- Number of participants	Results from domestic well tests	Ongoing	Jeremy Hawkins, Communicable Disease Investigator	
3.2. Increase the number of bilingual Community Health Workers completing the Interpreter training by 2019.	- Number of certified Community Health Workers	Attendance from Interpreter training	Annually	Shellie Campbell, Clinical Program Supervisor	
3.3. Track staff compliance with the Workforce Development plan via effective documentation by September 2017	- Number of staff completing Training Log - Number of staff in compliance with their Training Plans	Reports from Training Log	Annually	Leadership Team	

North Central Public Health District Compensation Survey Results, March 2017

		NCPHD Current Pay Range			Market Average Pay Ranges					NCHPD Difference to Market		
Class	**NCHPD Position Title**	**Minimum**	**Midpoint**	**Maximum**	**#Emp**	**Avg. Curr. Pay**	**Minimum**	**Midpoint**	**Maximum**	**Minimum**	**Midpoint**	**Maximum**
		Current Pay Range			**Salary Survey Data**					**Difference Compared to External Data**		
M	Accounting Clerk	$38,995.68	$43,177.68	$47,359.68	2,623	$38,593.00	$34,688.00	$40,223.00	$46,024.00	11.05%	6.84%	2.82%
S	Clinical Program Supervisor	$52,237.44	$57,878.70	$63,519.96	567	$88,651.00	$58,696.00	$69,550.00	$81,582.00	-12.36%	-20.17%	-28.44%
P	Comm Disease Control Investigator	$45,116.64	$49,994.52	$54,872.40	87	$86,014.00	$62,052.00	$76,200.00	$90,349.00	-37.54%	-52.42%	-64.65%
L	Community Health Specialist	$37,117.44	$41,117.04	$45,116.64	460	$50,441.00	$47,863.00	$58,375.00	$68,892.00	-28.95%	-41.97%	-52.70%
H	Community Health Worker	$30,550.68	$33,834.06	$37,117.44	540	$37,913.00	$33,261.00	$41,752.00	$56,019.00	-8.87%	-23.40%	-50.92%
P	Emergency Preparedness Coordinator	$45,116.64	$49,994.52	$54,872.40	42	$66,464.00	$53,176.00	$63,973.00	$74,769.00	-17.86%	-27.96%	-36.26%
H	Environ Health Program Technician	$30,550.68	$33,834.06	$37,117.44	7,113	$37,843.00	$34,038.00	$40,248.00	$46,530.00	-11.41%	-18.96%	-25.36%
Q	Environmental Health Specialist	$47,359.68	$52,480.74	$57,601.80	103	$61,208.00	$48,265.00	$57,195.00	$66,425.00	-1.91%	-8.98%	-15.32%
S	Environmental Health Specialist Spvsr	$52,237.44	$57,878.70	$63,519.96	na	na	$62,466.00	$74,359.00	$86,252.00	-19.58%	-28.47%	-35.79%
P	Environmental Health Specialist Trainee	$45,116.64	$49,994.52	$54,872.40	57	$57,776.00	$42,933.00	$50,815.00	$58,702.00	4.84%	-1.64%	-6.98%
L	Executive Assistant	$37,117.44	$41,117.04	$45,116.64	2,741	$55,862.00	$42,295.00	$50,510.00	$58,211.00	-13.95%	-22.84%	-29.02%
D	Family Planning Aide	$25,105.32	$27,828.00	$30,550.68	19,154	$38,753.00	$30,743.00	$37,249.00	$44,091.00	-22.46%	-33.85%	-44.32%
S	Finance Manager	$52,237.44	$57,878.70	$63,519.96	544	$92,260.00	$67,251.00	$80,543.00	$94,218.00	-28.74%	-39.16%	-48.33%
NP	Nurse Practitioner/Physician Assistant*	$107,140.80	$107,140.80	$107,140.80	1,326	$102,067.00	$75,896.00	$90,891.00	$108,231.00	29.16%	15.17%	-1.02%
F	Nutrition Program Technician	$27,686.04	$30,672.24	$33,658.44	4,686	$36,634.00	$34,135.00	$40,069.00	$46,159.00	-23.29%	-30.64%	-37.14%
F	Office Specialist II	$27,686.04	$30,672.24	$33,658.44	7,113	$37,843.00	$33,683.00	$40,272.00	$46,933.00	-21.66%	-31.30%	-39.44%
H	Program Secretary	$30,550.68	$33,834.06	$37,117.44	7,954	$37,326.00	$31,697.00	$37,748.00	$43,895.00	-3.75%	-11.57%	-18.26%
DIR	Public Health Administrator - Director*	$79,425.60	$79,425.60	$79,425.60	84	$88,234.00	$76,659.00	$92,153.00	$109,044.00	3.48%	-16.02%	-37.29%
R	Public Health Nurse II (new class)	$49,751.28	$55,122.30	$60,493.32	495	$77,262.00	$60,999.00	$72,359.00	$84,260.00	-22.61%	-31.27%	-39.29%
HO1	Public Health Officer *	$133,931.20	$133,931.20	$133,931.20	9	$197,166.00	$125,524.00	$178,640.00	$246,977.00	6.28%	-33.38%	-84.41%
P	TPEP Coord. (Comm Hlth Prmtr/Educ)	$45,116.64	$49,994.52	$54,872.40	1,477	$51,548.00	$46,634.00	$55,866.00	$65,098.00	-3.36%	-11.74%	-18.64%

This chart provides a cumulative look at the results found on the Salary Survey Summary sheets. Each Salary Survey Summary sheet represents one NCPHD position. There are twenty one in all.

We took the **Total Averages,** which represents the cumulation of market data for a given position, from each Salary Survey Summary sheet, and included it in the yellow portion of this chart.

We took the **NCPHD Salary Matrix** and included it in the blue portion of this chart.

The green portion of this chart represents the difference between each of the three data points (minimum, midpoint, maximum) when comparing NCPHD to the market.

While reviewing this chart keep in mind that salary represents only one aspect of an organization's total compensation program.

* These positions at NCPHD use a flat rate.

3% fee increase in red rounded down to nearest 5th / Under $170 rounded up to nearest 5th or unchanged

Draft

North Central Public Health District Licensed Facility Fee Schedule

FOOD SERVICE FEES:

Full service restaurant fees based on seating criteria:

0 - 15 Seats	$512	$525
16 - 50 Seats	$575	$590
51 - 150 Seats	$656	$675
> 150 Seats	$732	$750
Not for Profit Restaurant	$150	same
Bed & Breakfast	$222	$225
Commissary	$366	$375
Mobile unit	$347	$355
Warehouse	$146	$150

Drink Fit Fees:

$460.80	$472.50
$517.50	$531
$590.40	$607.50
$658.80	$675
$135.00	same
$199.80	$202.50

10% discount of Fee will be given to restaurants that qualify for NCPHD's Fit in Beverage program.

*A license expires annually on Dec. 31. To reinstate a license after the Dec. 31 expiration, the applicant must pay a reinstatement fee of $100 in addition to the license fee required. The reinstatement fee shall increase by an additional $100 on the first day of each succeeding month until the license is reinstated.

TEMPORARY RESTAURANT LICENSES:

One Day Events… $54 $55 Two or More Days Events…$76 $80

If **NOT** received at least four days prior to event-

One Day Events… $76 $80 Two or More Days Events… $130 same

Seasonal/Intermittent:

Seasonal - A food operation at a specific location in connection to an event arranged by one oversight organization.

Intermittent - A food operation at a specific location in connection with multiple public events having different oversight organizations.

Seasonal/Intermittent License Fee	$ 75	same
Seasonal/Intermittent Plan Review Fee	$ 75	same
Seasonal/Intermittent Reinspection Fee	$ 50	same
Benevolent Application Fee	$20	same

PLAN REVIEW FEES FOR FOOD SERVICE:

For Initial Construction:

Full Service Restaurant	$353	$360
Bed & Breakfast	$105	same
Commissary	$177	$200
Mobile Unit	$122	$125
Warehouse	$72	$75

For Remodeling:

Full Service Restaurant $141 $145

All Other food Facilities $76 $80

(explain commissary difference)

Vending Machines (by # of machines):

1 - 10	$41	$45
11 - 20	$75	same
21 - 30	$111	$115
31 - 40	$145	same
41 - 50	$180	$185
51 - 75	$221	$225
76 - 100	$291	$295
101 - 250	$511	$525
251 - 500	$808	$830
501 - 750	$1098	$1130
751 - 1000	$1347	$1385
1001 - 1500	$1755	$1805
1500	$2196	$2260

OTHER FOOD SERVICE FEES:

Mobile Inspection Fee -
(For units licensed through other jurisdictions) …….$ 25 per inspection

Quarterly Inspection Fee - (A result of getting a score of less than 70 on 2 consecutive, unannounced semi-annual inspections) ……………………………………………..$222 per inspection $225

Hard Copy of Food Sanitation Rules ………………...………$ 10 per copy

TOURIST FACILITY FEES:**

Bed & Breakfast	$ 92	$95
Travelers Accommodation	$ 98	$100
Organizational Camp 0 to 300 campers	$325	$330
301 to 600 campers	$434	$445
601 + campers	$1844	$1895
Picnic Park	$92	$95

Recreation Park:

Base Fee……..$98 plus $100

$3	per space for 1 - 50 RV spaces, plus	same
$2.50	per space for 51 - 100 RV spaces, plus	same
$2	per space for >100 RV spaces	same

**Facilities that renew later than January 15 will be assessed a penalty fee of 50% of the original fee, and another 50% on the first day of each successive month of delinquency.

SWIMMING POOL & SPA FEES:

First Pool/Spa	$212	$215
Additional Pool/Spa	$127	$130
Plan Review Fees for Pools & Spas	$421	$430

UNLICENSED FACILITIES:

School (food service inspection)	$ 150 (per inspection)	same
Daycare Inspection	$ 150 (per inspection)	same
Institutional Inspection (Jail, Nursing Home, etc.)	$ 200 (per inspection)	same

ALL FACILITIES:

A $100 (same) fee will be charged per inspection for any facility requiring more than two resinspections per year.

North Central Public Health District Environmental Health Section Fee Schedule DRAFT

ON-SITE SEWAGE DISPOSAL SYSTEMS

A. New Site Evaluation:		3% rounded down / under $100 rounded up to next 5th
Single Family Dwelling	$536	**$550**
Authorized by DEQ to Contract County:		
1) For first one thousand (1,000) gallons projected daily flow	$562	**$575**
2) For each five hundred (500) gallons or part thereof above 1,000 gallons but less than 2,500 gallons	$223	**$225**
B. Construction-Installation Permit:		
a. For first 1,000 gallon projected daily sewage flow:		
Standard On-Site System	$557	**$570**
New System with Holding Tank	$557	**$570**
Alternative System:		
Aerobic System	$1,098	**$1,130**
Capping Fill	$958	**$985**
Disposal Trenches in Saprolite	$573	**$590**
Gray Water Waste Disposal Sump	$336	**$345**
Pressure Distribution	$947	**$975**
Redundant	$683	**$700**
Sand Filter	$1,098	**$1,130**
Seepage Trench	$625	**$640**
Steep Slope	$625	**$640**
Tile Dewatering	$1,098	**$1,130**
Alternative Treat Technologies	$1,098	**$1,130**
With the exception of sand filters and pressure distribution systems, a $42 fee may be added to all permits that specifty the use of a pump or dosing siphon		
Permit Transfer, Reinstatement or Renewal:		
If Field Visit Required	$305	**$310**
No Field Visit Required	$144	**$145**
b. For systems with projected daily sewage flow greater than 1,000 gallons, the construction installation permit fee shall be equal to the fee required in (B) (a) plus $60 for each 500 gallons or part thereof above 1,000 gallons.		
Alteration Permit:		
Major	$447	**$460**
Minor	$226	**$230**
Repair Permit (single family dwelling):		
Major	$450	**$460**
Minor	$300	**$305**
Authorization Notice		
If Field Visit Required	$400	**$410**
No Field Visit Required	$200	**$205**
Hardship Authorization	$336	**$345**
Renewal of Hardship Authorization for Temporary Dwelling		
If Field Visit Required	$326	**$335**
No Field Visit Required	$231	**$235**
Annual Evaluation of Alternative System (where required)	$326	**$335**
Existing System Evaluation Report	$336	**$345**

Site Evaluation or permitting of any commercial facility system delegated to county shall follow same fee schedule as the Department of Environmental Quality.		
Plan Review fee for commercial facility systems greater than 600gpd would be $418 up to 1,000gpd then an extra $63 for each 500 gallons or part thereof above 1,000gpd up to 2,500 gallons.		
Refunds:		
A refund may be maded of all or a portion of a fee accompanying an application if the applicant withdraws the application before any field work or other substantial review of the application has been done.		
Each of the above fees includes a $100 DEQ surcharge that will be forwarded to the State Department of Environmental Quality.		
Annual Report Evaluation Fee Holding Tank	$63	**$65**
Record Search, if not part of an onsite application (half hour minimum)	$40 (first hour) $60 (additional hours)	**same**
Field Consultation Fee	$63/hr (1hr min)	**$65**
Annual Maintenance Report Fee (ATT & Holding Tanks)	$50	**same**
Reinspection Fee	$100	**same**
Pumper Truck Inspections		
First Vehicle, Each Inspection	$113	**$115**
Each Additional Vehicle, Each Inspection	$76	**$80**

NCPHD
Accounts Payable Checks
Issued - March 2017

Check Date	Check Number	Vendor Name	Amount	
3/10/2017	343	IRS	$10,654.71	PAYROLL A/P (EFT)
3/10/2017	344	ASIFLEX	$445.00	
3/10/2017	345	P E R S	$7,631.34	
3/10/2017	346	OREGON STATE, DEPT OF REVENUE	$2,466.09	
3/24/2017	347	IRS	$11,888.27	
3/24/2017	348	ASIFLEX	$445.00	
Reserved in Que	349	P E R S	$9,862.64	
3/24/2017	350	OREGON STATE, DEPT OF REVENUE	$2,722.14	
3/2/2017	11715	CA STATE DISPURSEMENT UNIT	$231.50	PAYROLL A/P
3/2/2017	11716	NATIONWIDE RETIREMENT SOLUTION	$1,125.00	
3/2/2017	11717	OREGON STATE, DEPT HUMAN SERVICES-OFS	$240.00	
3/2/2017	11718	OREGON STATE, DEPT OF HUMAN SERVICES	$4,000.00	
3/2/2017	11719	GORGE UROLOGY	$794.00	
3/2/2017	11720	HENRY SCHEIN	$170.29	
3/2/2017	11721	OPTIMIST PRINTERS	$56.25	
3/2/2017	11722	OREGON BOARD OF PHARMACY	$75.00	
3/2/2017	11723	OREGON STATE, DEPT HUMAN SERVICES-OFS	$2,551.58	
3/2/2017	11724	OREGON STATE, DEPT OF ENVIRONMENTAL QUA	$300.00	
3/2/2017	11725	OREGON STATE, DEPT OF HUMAN SERVICES	$8,050.67	
3/2/2017	11726	QWIK CHANGE LUBE CENTER INC.	$169.43	
3/2/2017	11727	STAEHNKE, DAVID	$93.82	
3/2/2017	11728	STAPLES ADVANTAGE	$286.97	
3/2/2017	11729	TOTAL ACCESS GROUP INC	$314.36	
3/2/2017	11730	UPS	$103.20	
3/6/2017	11731	BICOASTAL MEDIA LLC, BICOASTAL COLUMBIA RIVER	$720.00	
3/6/2017	11732	CIS TRUST	$29,021.37	
3/6/2017	11733	DELL MARKETING L.P	$4,999.98	
3/6/2017	11734	OREGON STATE, DEPT HUMAN SERVICES-OFS	$2,804.28	
3/6/2017	11735	RICOH USA INC.	$152.23	
3/6/2017	11736	SATCOM GLOBAL INC.	$59.74	
3/6/2017	11737	SPARKLE CAR WASH, LLC	$32.40	
3/6/2017	11738	THE DALLES CHRONICLE	$180.00	
3/6/2017	11739	WASCO COUNTY	$320.67	
3/9/2017	11740	US BANK	$3,081.13	
3/17/2017	11741	AHLERS & ASSOCIATES	$860.00	
3/17/2017	11742	BEERY ELSNER & HAMMOND LLP	$405.00	
3/17/2017	11743	CYTOCHECK LABORATORY LLC	$107.50	
3/17/2017	11744	DEVIN OIL CO INC.	$93.72	
3/17/2017	11745	ESSENTIAL PACKS LLC DBA, EMERGENCYKITS.COM	$1,031.88	
3/17/2017	11746	H2OREGON BOTTLED WATER INC.	$33.50	
3/17/2017	11747	HENRY SCHEIN	$37.79	
3/17/2017	11748	MID-COLUMBIA MEDICAL CENTER	$123.75	
3/17/2017	11749	SAIF CORPORATION	$567.40	
3/17/2017	11750	SHRED-IT USA	$90.00	
3/17/2017	11751	SMITH MEDICAL PARTNERS LLC	$56.00	
3/17/2017	11752	STERICYCLE INC.	$510.30	

3/17/2017	11753	U.S. CELLULAR	$386.23	
3/17/2017	11754	WASCO COUNTY	$156.85	
3/13/2017	11755	CA STATE DISPURSEMENT UNIT	$231.50	
3/13/2017	11756	NATIONWIDE RETIREMENT SOLUTION	$1,125.00	
3/22/2017	11757	CIS TRUST	$175.00	
3/22/2017	11758	COLUMBIA GORGE COMM. COLLEGE	$79.95	
3/22/2017	11759	HENRY SCHEIN	$110.82	
3/22/2017	11760	HR ANSWERS INC.	$6,800.00	
3/22/2017	11761	INTERPATH LABORATORY INC.	$52.82	
3/22/2017	11762	OPTIMAL PHONE INTERPRETERS	$136.62	
3/22/2017	11763	OPTIMIST PRINTERS	$134.86	
3/22/2017	11764	OREGON STATE, DEPT HUMAN SERVICES-OFS	$260.00	
3/22/2017	11765	OREGON STATE, DEPT OF HUMAN SERVICES	$800.00	
3/22/2017	11766	PHYSIO-CONTROL, INC.	$73.10	
3/22/2017	11767	UPS	$103.20	
3/22/2017	11768	WASCO COUNTY	$412.09	
3/27/2017	11769	CA STATE DISPURSEMENT UNIT	$231.50	PAYROLL A/P
3/27/2017	11770	NATIONWIDE RETIREMENT SOLUTION	$1,125.00	
3/28/2017	11771	FRIENDS OF CROSS, COUNTRY	$300.00	
3/28/2017	11772	NELSON TIRE FACTORY DBA, GILL'S POINT S	$223.28	
3/28/2017	11773	OREGON STATE, DEPT OF HUMAN SERVICES	$4,000.00	
3/28/2017	11774	SMITH MEDICAL PARTNERS LLC	$173.16	
3/28/2017	11775	STAPLES ADVANTAGE	$805.73	
3/28/2017	11776	THE MILK MOB INC	$600.00	
		TOTAL:	**$128,462.61**	

NCPHD Board of Health authorizes check numbers 11715 - 11776 and payroll EFT numbers 343 - 350 totalling $128,462.61.

Signature ______________________________ Date:____________

Printed Name ______________________________

ANSWERS, Inc.

"Whatever the question..."

PORTLAND METRO

7650 SW Beveland St.

Suite 130

Tigard, OR 97223

(503) 885-9815 Phone

(503) 352-5582 Fax

WILLAMETTE VALLEY

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Suite 101

Keizer, OR 97303

(503) 463-7269

www.hranswers.com

877-287-4476

March 13, 2017

Teri Thalhofer
Director
North Central Public Health District

CONFIDENTIAL

Proposal emailed to: Teri Thalhofer: terit@co.wasco.or.us

Dear Teri,

Thank you for asking HR Answers to conduct salary surveys for North Central Public Health District of Wasco County.

After reviewing the job descriptions, you provided and confirming some details with you via email, we have outlined our proposal below:

- HR Answers, Inc. will produce salary surveys for 21 job descriptions (excluding the Nutrition Assistant position as you requested) provided by North Central Public Health District of Wasco County.
- For the majority of jobs, including the nursing positions (if you have other sources you would like us to utilize for the nursing positions as alluded to in your email, please discuss this with us as it may impact this proposal), we will review 12 survey data sources (combination of published and direct market) using the same that were used in the Wasco County salary surveys in 2016. These include the following:
  - Direct Market Survey Counties: Polk, Klickitat, Deschutes, Union and Columbia.
  - Published Surveys: Milliman: Oregon Public Employers, Washington Public Employers, Portland Area Cross Industry, & NW Management and Professional along with Wage Access, Economic Research Institute, and Compdata.
- For the registered environmental health specialist (REHS) positions we can refer to the Oregon Department of Agriculture and Oregon Department of Environmental Quality for job matches as you requested. However, following a conversation with our Sr. Consultant, we suggest you not utilize these as a comparison for the reason that these two organizations review information that the County provides to them for compliance with Statewide requirements. While they perform work around the same topic as your REHS's it is a more difficult level of work. If you are represented by a bargaining unit, it is possible that comparisons outside the county level are frowned upon. With that said, and following an email exchange with you on February 7th, we will move forward and seek data from these two sources.

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- Each salary survey will include as many matches that exist from the 12 sources, which means any given job (other than the REHS positions) may have between zero and twelve matches.
- We will utilize the salary survey data form that was used in the Wasco County 2016 project.

We estimate this project to take about 3 hours per survey with a range of $10,000 to $12,540. This range of cost is based upon the requirement that we review every survey source for each of the 21 jobs to provide as many matches as possible, up to 12. We typically provide between 3 and 4 matches and stop reviewing survey sources when we meet this number.

We will also produce a summary report as you requested, similar to the one provided to Wasco County and which you have been provided a sample, at an additional cost of $700.

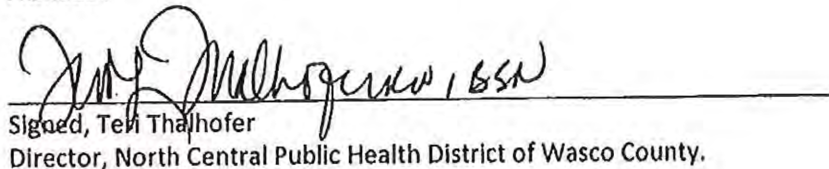
We commenced work on January 31, 2017 with the understanding that you had prior conversation with Judy Clark, HR Answer's President, to begin. We expect the project to take approximately four to eight weeks. It is our policy and practice to work as expediently as possible.

With your signature at the bottom of this document, we will continue to move forward.

Please let me know if you have any questions or would like more information about the proposal.

Sincerely,
Diana Creitz
Diana Creitz
Human Resource Consultant

AGREED:



Signed, Teri Thalhofer
Director, North Central Public Health District of Wasco County.

3/17/2017
Date

* Items highlighted in green ink have been modified from the draft agreement dated February 16, 2107.

53140

Lane County Intergovernmental Agreement

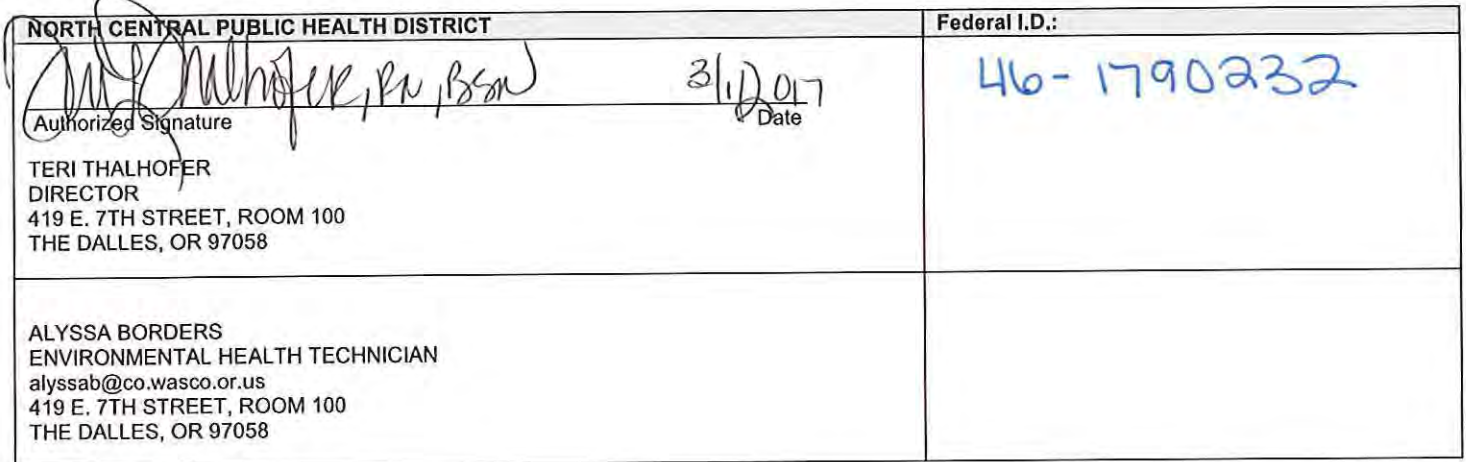
THIS Intergovernmental Agreement is entered into by Lane County, a political subdivision of the State of Oregon, hereinafter referred to as COUNTY, and NORTH CENTRAL PUBLIC HEALTH DISTRICT, hereinafter referred to as AGENCY, for the period commencing January 01, 2017 to and including December 31, 2019.

WHEREAS, COUNTY and AGENCY are agreeable to the terms and conditions hereinafter set forth governing the provision of specified services;

The terms of this Intergovernmental Agreement are contained in this document and the following documents which are included by reference as if incorporated herein:

BOILERPLATE dated 09-07-2016
EXHIBIT A dated 09-01-2016
EXHIBIT B dated 09-01-2016
EXHIBIT C dated 01-01-2017
EXHIBIT E dated 09-01-2016

Regardless of any statement to the contrary in this Intergovernmental Agreement, EXHIBIT D are not relevant to this Intergovernmental Agreement



NORTH CENTRAL PUBLIC HEALTH DISTRICT	Federal I.D.:
[signature], RN, BSN 3/1/2017 Authorized Signature Date TERI THALHOFER DIRECTOR 419 E. 7TH STREET, ROOM 100 THE DALLES, OR 97058	46-1790232
ALYSSA BORDERS ENVIRONMENTAL HEALTH TECHNICIAN alyssab@co.wasco.or.us 419 E. 7TH STREET, ROOM 100 THE DALLES, OR 97058	

Lane County, Oregon	
County: [signature] Digitally signed by Alicia Hays DN: cn=Alicia Hays, o=Lane County, ou=Health & Human Services, email=alicia.hays@co.lane.or.us, c=US Date: 2017.03.07 17:51:01 -08'00' Alicia A. Hays Date Health & Human Svcs Director	Originator: Collette M. Christian Program Services Coord 2 Collette.Christian@co.lane.or.us 151 WEST 7TH AVE S-520 EUGENE, OR 97401

Insurance Reviewed:

LANE COUNTY INTERGOVERNMENTAL AGREEMENT (Boilerplate)

NOW, THEREFORE, in consideration of the mutual promises and covenants hereinafter contained, and payment to COUNTY by AGENCY as noted on the previous pages, for the period of this agreement as previously designated, it is mutually agreed as follows:

1. Services. COUNTY shall perform as an independent contractor, and not as an agent of the AGENCY the necessary services to conduct the specific programs described in Exhibit B – Program Plan by this reference made a part hereof at a funding level described in Exhibit C – Budget Plan by this reference made a part hereof.

2. Client Confidentiality: No information contained in a client record shall be disclosed if such disclosure is prohibited by ORS 179.505 to 179.507, 45 CFR section 205.5 or 42 CFR Part 2, any administrative rule adopted by Division implementing the foregoing laws, or any other applicable federal or state confidentiality law.

3. Labor Laws. AGENCY agrees to comply with all federal, state and local labor laws which are applicable to the execution of this contract. AGENCY agrees that all subject employers working under this agreement are either employers that will comply with ORS 656.107 or are employers that are exempt under ORS 656.126.

4 Tax Laws. By execution of this agreement, AGENCY certifies, under penalty of perjury, that, to the best of AGENCY's knowledge, AGENCY is not in violation of any tax laws described in ORS 305.380(4).

5 Settlement of Disputes. Differences between AGENCY and COUNTY, or between agencies, which do not involve grounds for termination, will be resolved when possible at appropriate levels, followed by consultation between boards if necessary.

6. Indemnity/Hold Harmless. Each of the parties agrees to indemnify and save the other harmless from and against all claims, suits, actions, losses, damages, liabilities, costs and expenses of any nature whatsoever and to defend all claims, proceedings, lawsuits, and judgments resulting from, arising out of, or relating to the operations of its responsibilities under this agreement. The parties' indemnity and hold harmless obligations are subject to the limitations of the Oregon Tort Claims Act and the Oregon Constitution.

7. Amendments. No waiver, consent, modification or change of terms of this contract shall bind either party unless in writing and signed by both parties. Such waiver, consent, modification or change, if made, shall be effective only in the specific instance and for the specific purpose given. AGENCY, by signature of its authorized representative, hereby acknowledges that it has read this contract, understands it, and agrees to be bound by its terms and conditions.

8. No Third Party Beneficiaries: COUNTY and AGENCY are the only parties to this contract and are the only parties entitled to enforce its terms. Nothing in this contract gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly or otherwise, to third persons any greater than the rights and benefits enjoyed by the general public unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of the terms of this contract.

9. Severability: The parties agree that, if any term or provision of this contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the

parties shall be construed and enforced as if the contract did not contain the particular term or provision held to be invalid.

10. Exhibits: This contract consists of the following exhibits by this reference made a part hereof:

a. Exhibit A – Additional Terms and Conditions
b. Exhibit B – Program Plan
c. Exhibit C – Budget
d. Exhibit D – Match
e. Exhibit E – Special Reporting Requirements

Exhibit A

Additional Terms and Conditions

EXHIBIT A
ADDITIONAL TERMS AND CONDITIONS
STATEWIDE HEALTHSPACE RESTAURANT INSPECTION SOFTWARE

In the execution of this Contract Agreement, Agency is subject to the Terms and Conditions of this Exhibit and the attached HealthSpace Support Plan and Change Management Procedures**.** Lane County has executed a contract with HealthSpace to provide for the purchase of licenses for all Oregon Counties, wishing to utilize the HealthSpace Environmental Health Software (EHS) for the purpose of licensing food services establishments in Agency's County.

Oregon Health Authority (OHA) :
Please note that, for the purposes of this Exhibit and the Attached HealthSpace Support Plan (HSP) and Change Management Procedures**, neither County nor Agency fulfill the support role with HealthSpace. The OHA** will provide staff to fulfill role of the Primary Administrative Contact (PAC), as required in the attached HSP.

County will be responsible for paying to HealthSpace the License Fee and the Annual support/Maintenance Fee and hosting for the EHS licenses required by Agency.

Agency is granted a limited, non-perpetual license (the "**License**") to use the EHS for the duration of this Contract Agreement.

Agency acknowledges and agrees to the following limitations on its license for the EHS:

i) *No Modification or Reverse Engineering*—Agency will not directly or indirectly modify, or in any way alter (excluding configuration expressly permitted by the OHA) the whole or any part of the HealthSpace Software, nor will Agency translate, decompile, disassemble, reconstruct, decrypt, or reverse engineer the whole or any part of the HealthSpace Software.

ii) *No Rental or Timeshare Use*—Agency will not directly or indirectly license, sublicense, sell, resell, transfer, assign, distribute, rent, lease, or otherwise commercially exploit the HealthSpace Software in any way, nor will Agency use of the HealthSpace Software in a computer service business, service bureau, hosting or timesharing arrangement.

iii) *Unauthorized Equipment*—Agency will only use the HealthSpace Software on computing devices which are supplied by HealthSpace or which meet certain minimum system requirements as provided by HealthSpace from time to time.

iv) *Proprietary Notices*—Agency will not directly or indirectly remove any proprietary notices, labels or marks from the HealthSpace Software or other materials, including those indicating any intellectual property rights of HealthSpace or any third party unless otherwise agreed between the parties in writing.

Dated 9/1/2016

HealthSpace Support Plan and Change Management Procedures

This Addendum to Exhibit A has been adapted from the Lane County contract with HealthSpace*, to ensure that the requirements for Agency participation are properly represented, as well as the responsibilities of County and the Oregon Health Authority (OHA). This information is contained in Exhibit B of the Contract between Lane County and HealthSpace.

*Lane County contract Number 52116, 9/1/2015 - 8/31/2018, renewable.

Overview

The purpose of this document is to specify support procedures for the HealthSpace Software for the County, Agency and OHA (collectively "The Parties"). The goal of these procedures is to ensure high quality and efficient utilization of this resource.

Roles

1. *HealthSpace Client Representative*

The HealthSpace Client Representative will be the primary point of contact for management of service requests from the Parties. The HealthSpace Client Representative will meet via teleconference with the OHA PAC to coordinate the processing of service requests. The HealthSpace Client Representative will bring in other HealthSpace resources as required, and will provide input on the classification of service requests by type, priority, level of effort and business impact.

2. *Department Primary Administrative Contact (PAC)*

The OHA PAC will be the primary point of contact for management of service requests for the Parties. The OHA PAC will meet via teleconference with the HealthSpace Client Representative to coordinate the processing of service requests. The OHA PAC will be responsible for setting type, priority, level of effort and business impact of all service requests.

3. *Program area User contacts*

Each participating County/Agency program will have one or more User contacts. These individuals will have the following responsibilities:

- Participate regularly in the HealthSpace Support Forum
- Participate as required in the service conference calls with HealthSpace
- Advise the OHA PAC in assessing and classifying service requests
- Communicate with particular Agency/County/OHA program staff on changes and issues as required
- Develop implementation plans for service requests with a business process impact

4. *Program area directors*
   - Sign-off on any change request with a business process impact
   - Sign-off on any CRITICAL service requests (sign-off may be after the fact)
   - Sign off on business requirements for high effort service requests
   - Participate with the service manager in service planning meeting at least once a quarter
5. *County Manager*
   1. Negotiate service and maintenance contract
   2. Provide a point of escalation for the service manager and program directors
   3. Participate with the OHA PAC and HealthSpace in quarterly service reviews
6. *Stakeholder*
   1. An user of the system or any HealthSpace employee who is directly involved in the servicing, maintaining or deployment of the HealthSpace on behalf of the County/ Agency/OHA

Service Requests

Service requests for changes to EHS will be classified as either a system upgrade, bug fix or major/new. These parameters will determine how requests will be handled and tracked.

Service request have three status conditions. These will be used as follows:

- **New:** All service requests will be submitted to the Support Forum as new.

- **Review:** Service requests will have the status of Review after the OHA PAC has read them. They will stay in this status until they are closed or transferred to and accepted by the HealthSpace Client Representative for action by HealthSpace. While under review, the service request will be given a type, a priority and a level of effort, and the business impact will be assessed.
- **Active:** Service requests with and active status will be those which are being addressed by HealthSpace.

Types

Service requests will be classified as either Suggestions or Problems.

Problems/Bug Fixes/System Upgrades: These will include HealthSpace functions that do not work properly or change or enhancements required to the system. Unresolved problems will be tracked in the Unresolved Problems folder in the HealthSpace Support Forum. This folder will contain all service requests that HealthSpace is required to address, and only service requests which HealthSpace can address.

Suggestions: Suggestions will include all issues and changes that meet one of the follow criteria:

- Changes that do not involve changes to EHS such as changes to or a clarification of business processes.
- Changes which require and have not received management review and approval prior to being forwarded to HealthSpace
- Changes which require clarification or analysis before they are well enough understood to be assessed.

Suggestions will be tracked in the Unresolved Suggestions folder in the HealthSpace **Support Forum.**

For service requests:

An item is placed in the Support Forum. It is analyzed by OHA PAC and HealthSpace. If there is agreement the request should be acted upon, a project is developed with a schedule. Tasks are then created and moved to HealthSpace Development.

Development is done in a Development Database/Template. There may be more than one task being worked on at a time. Each task changes 'Elements' of the program. An element is 'Checked Out' of the template when a developer is modifying it, to prevent changes over-lapping or conflicting. If two tasks require the same element, one will wait until the other task is complete. Development does rudimentary testing, and then moves the tasks on to HealthSpace Quality Assurance/internal testing.

Internal testing is done in a 'clean database' and may involve a pre-test review by the OHA PAC or designate. The elements that are indicated in each completed development task are moved to the testing database. If a completed task shares an element with an incomplete task, no elements from either task are moved to the testing database. When both are complete, they are tested together. All elements that have been modified in a task, or tasks, stay in the testing database and are refreshed to Testing & Training and Live databases at the same time; right now, each Friday evening, so that modifications to the database are available first thing Monday morning.

For bug fixes:

An item is placed in the Design Forum, or is telephoned in to the office Support Desk. A task is created immediately, and development begins to fix the problem. The 'offending' Element is checked out of the template to be modified. Development does rudimentary testing, and then moves the tasks on to Quality Assurance/Testing.

HealthSpace operations will test the change, and if necessary, the modification will be refreshed immediately. However, all elements that have been modified in a task, or tasks, stay in the testing

database and are refreshed to Testing & Training and Live databases at the same time, meaning, that everything that has been previously tested, will be refreshed with the bug fix.

For Major/New Development:
When a decision has been made and authorization is granted to make major changes to an existing module, or a new module added to EHS, discussion will happen in Support Forum, with a user group defining the changes needed. Once there is consensus between the user group, OHA PAC and HealthSpace a project(s) is created from the discussion forum outlining the tasks and schedule to complete the upgrade or addition.

Development is done in a Development Database/Template. There may be more than one task being worked on at a time. Development does rudimentary testing, and then moves the tasks to a testing database.

Testing is done by the Program Area User Contacts as changes happen, in a testing copy for that particular module. No other work that will affect the changes will be refreshed to this testing database (bug fixes or service requests that have to do with the existing modules). When there is a consensus from the user group that a certain portion of the program is to their satisfaction, it is signed off, and the next phase begins, until the new development is complete. Now the tasks move to internal and user testing.

Testing is done in a 'clean database'. The elements that are indicated in each completed development task are moved to the testing database. When the new development has been thoroughly tested, it is rolled out to Testing & Training database, and Live.

Processing Service Requests: When the OHA PAC sets the Priority and Business Impact, it should be done in a response document to the original post, to keep the actual posting titles free of clutter, and postings easy to find

The Parties must indicate their priority in the Support Forum if there is work that needs to be done in a certain order. If there is no priority list, HealthSpace will analyze the requests and do them in the most logical order for development - usually in order that they are posted.

HealthSpace only can set the level of effort, and is usually be done by staff developer and communicated to the OHA PAC by the HealthSpace Client Representative.

Processing service requests will be done when the OHA PAC has enough information from all interested parties, from Management to Program Users, and in all three HSDA's.

When tasks are complete, and ready for refresh, notification will be sent to the OHA PAC, as well as posted in the design forum, recent changes area of the Welcome Page, and an email to the initiator of the request. The OHA PAC must ensure that this information is distributed and easily available to those particular people who 'need to know' and are affected.

Priority

Every service requests will be given a priority by the OHA PAC, in consultation with users and HealthSpace. By convention, priority will be indicated at the beginning of a service request title.

Priorities will be assigned by the following criteria:

Critical: These will include emergency services requests. They must be addressed immediately within one hour in order for the OHA PAC to continue to perform critical functions. Addressing these services requests will involve, if necessary, emergency changes to the software and will override the normal change control process.

Service requests of this priority should be very infrequent.

Non Critical: Services requests having a direct impact on productivity and service levels and will be responded to within four hours. These will be addressed within the standard change control procedures as quickly as possible.

Level of Effort

In general, the level of effort required on any task will be set by HealthSpace Client Representative. This will be communicated to the OHA PAC by HealthSpace. Level of Effort does not indicate a timeline for the task to be complete.

Levels of effort will correlate with the complexity of the service request, so the level of documentation and sign-off required will increase with level of effort. Medium service requests will require, as a minimum, a written specification that have been reviewed and agreed to by the OHA PAC and HealthSpace.

High levels of effort requests will require a written specification signed off by the Program Area Director and formally accepted by HealthSpace. Consensus must be gained by the COUNTY between the Program Area Director, the OHA PAC, Program Area User Contacts and HealthSpace as to the exact parameters of the request in terms of desired results, functionality and business impact. HealthSpace's acceptance will signify that the requirement is specified in adequate detail and that they have no concerns regarding the feasibility or reasonableness of the request.

Business impact

Service requests to HealthSpace of any type, priority or level of effort may involve changes to the Parties' business processes. Whenever this is the case, there must be an action plan to coordinate the implementation of the software changes with changes in business processes in program areas.

System Releases

Changes to EHS are not bundled into periodic releases like new versions of software. System upgrades and newly developed elements are released into the live system as they are tested and signed off by the Parties. It is good practice to have the system locked down after a period of changes where no new development takes place except for minor maintenance and bug fixes. A constantly changing system can cause confusion among users. New requirements and changes are then catalogue and acted upon when the system is reopened for upgrades and development. This provides for system stability and familiarity of user interfaces thereby increasing productivity. It further provides management an opportunity to control the intervals of when and what where changes are implemented. The objective of any initiative to upgrade or add new development is to bring the system to a period of lockdown or stasis.

The major steps in a system release will be as follows:

- Development of the release test plan

  This document must specify what testing needs to be done prior to promotion of the release into production, and who will do the testing. As software changes can have unpredictable consequences, the scope of testing will include confirming both that scheduled changes have occurred, and that there are no unintended consequences. Program Area Contacts will normally participate in testing and will need to review and sign-off on the plan as well as the OHA PAC.

- Develop a communication and training plan

  Users of HealthSpace will need to be informed of changes to HealthSpace prior to implementation. Typically some level of refresher training and updates to documentation will be required. This amount of effort required for this will vary depending on the nature of the changes.

- Development of system changes

  Development is done in a Development Database/Template. QA testing is done in a QA database. All elements that have been modified in a task, or tasks, are refreshed to Testing & Training databases.

- Testing
  The new release will be tested by the OHA PAC and Program Area Contacts, as per the test plan.
- Promotion of new release into production
- Settling in period and follow-up

Communication

The principle mechanism for creating, and tracking service requests is the HealthSpace Support Forum. Active participants in the Support Forum will be HealthSpace Client Representative, OHA PAC and Program Area User Contacts. As much as possible, the Support Forum will be used as a repository of design information and implementation plans related to service requests.

The Support Forum is not an appropriate mechanism for discussion and resolution of design or business process issues, or for recording and responding to service complaints. Communications of this type will be handled via email, telephone contact, design workshops and/or weekly or monthly meetings.

Escalation

Any stakeholder in the Parties'/HealthSpace implementation, including HealthSpace staff, can escalate service issues or problems to the Department Manager or the HealthSpace President. Normally this escalation will go through the OHA PAC or the HealthSpace Client Representative who also serves as the Project Manager.

An issue or problem can be escalated if the stakeholder cannot resolve an issue or problem using the Support Forum or interacting with the Department or HealthSpace staff as outlined herein. A notice of escalation will be sent to the OHA PAC or Client Representative prior to action and all correspondence resulting from the escalation must be copied to the OHA PAC and Client Representative.

Exhibit B

Program Plan

EXHIBIT B
PROGRAM PLAN

AGENCY AND COUNTY WILL:

Maintain local public health authority as provided for under ORS 431.003 and, by means of an Intergovernmental Agreement with the State of Oregon Health Authority (OHA), will be granted the powers, duties and functions enumerated in ORS 624.510, providing for the collection of fees for the services described herein (food handler training/testing/completion and certificate/card issuance).

AGENCY WILL:

1. Provide local, in-person food handler training programs and shall issue food handlers' permits/cards to those who successfully complete the in-person food handler training program at Agency's place of operation.

2. Authorize Lane County, by means of this Contract, to provide on-line food handler training, testing and completion certificate/card issuance for residents of Agency's County as its "Designated Agent", as permitted under OAR 333-175-0031.

3. Agree to not hold Lane County liable for any purported loss of on-line food handler certificate income during times of unavoidable lack of access to the Lane County training/testing web site (orfoodhandlers.com).

4. Recognize that, if AGENCY authorizes other entities, including components of Agency's County government, to provide on-line training, testing and foodhandler completion certificate issuance for residents of Agency's County, in competition with COUNTY's on-line foodhandler service (orfoodhandlers.com), which provides the basis for the revenue-sharing outlined in this Intergovernmental Agreement, AGENCY will be responsible for, at a minimum paying for participation in the COUNTY-funded, statewide HealthSpace Environmental Health Software inspection system, referenced in Exhibit A, Additional Terms and Conditions. Please note that, as outlined in Item 11, below, COUNTY seeks to limit on-line competition with COUNTY'S program/website **solely** to protect the revenue stream that permits COUNTY to fund the statewide HealthSpace Environmental Health Software inspection system.

COUNTY WILL:

1. Provide an on-line testing food handlers' service, as an agent of the Oregon Health Authority (OHA) and a designated agent of AGENCY, that meets OHA requirements under the authority granted To establish those standards (ORS 624.570(4), as enumerated in OARs 333-150-0000, 333-157-0000, 333-158-0000 and 333-175-0051.

2. Provide AGENCY with the location of a website, to be specified in Exhibit C, to which residents of AGENCY's County may be directed for on-line training/testing. Lane

County may change the website, but must provide re-direction to a new site with a minimum of 30 days' advance notice to AGENCY.

3. Issue a food handlers' completion certificate with the Lane County logo that shall be valid throughout the State of Oregon for a period of three years from the date of issuance.

4. On behalf of its Environmental Health program will maintain a Merchant ID account that will at least permit on-line payment services via Visa and MasterCard.

5. Provide for on-line payment for these services at a secure website (provided under contract between Lane County and an on-line payment gateway and service) at the rate established by the OHA under ORS 624.570(5), via triple-encryption or other secure technology.

6. Maintain all financial records relating to this Intergovernmental Contract in accordance with generally accepted accounting principles.

7. Provide access to all financial records to AGENCY, the OHA and the Oregon Secretary of State's Office, during regular County working hours.

8. Maintain transaction records and all other financial records related to this Contract for the period of time specified in OAR Chapter 166.

9. Reimburse AGENCY 80% of the proceeds of all on-line testing for residents of AGENCY's County that enter the orfoodhandlers.com testing website (or a successor site) by means of Contracting county's weblink on its county website, a related County webpage or the State of Oregon Agency County link (http://public.health.oregon.gov/Healthy Environments/FoodSafety/Pages/cert.aspx), or successor sites. According to the schedule provided in Exhibit C, 80% of the proceeds is currently set at $8 per transaction by OAR 333-175.0101.

10. COUNTY guarantees a minimum payment of $5 per Agency county resident using the orfoodhandlers.com website, who do not enter that website, as defined in the preceding paragraph. COUNTY may reimburse AGENCY up to 80% of the proceeds for all on-line testing for residents of AGENCY's County, who do not enter the orfoodhandlers.com testing website as defined in the preceding paragraph, if funding permits.

11. COUNTY guarantees it will use a portion of the fees earned under this Intergovernmental Agreement, but not remitted to AGENCY, to pay for AGENCY'S license to use the HealthSpace Environmental Health Software, contracted for by COUNTY under County Contract 52116. COUNTY will purchase a sufficient number of licenses for AGENCY's sanitarians and/or office staff and will remit to HealthSpace all required support/maintenance and related fees. A copy of the COUNTY-HealthSpace contract will be provided AGENCY, upon request. COUNTY will further pay for all custom developments to the

standard HealthSpace modules required for AGENCY's use of the HealthSpace Environmental Health Software, if approved by the OHA for development for AGENCY. This provision is subject to the limitations outlined above in Item 3 under "AGENCY WILL".

12. Provide AGENCY with a report of income, similar or identical to the report represented under Exhibit E in the original agreement, when requested.

13. Provide support and service to AGENCY during normal COUNTY operating hours to ensure AGENCY's ability to respond to queries from residents of its County.

14. Ensure its best-faith effort to maintain a training/testing site that functions and is accessible to residents of AGENCY's County.

Dated: 9/1/2016

Exhibit C

Budget

EXHIBIT C
BUDGET/REIMBURSEMENT RATES

Agency will receive payment on a quarterly basis from Lane County.

Agency will be paid up to $8 for every resident of Agency County that pays for an online food handlers' test at this url: http://www.orfoodhandlers.com, per the specific guidelines established in Exhibit B.

Agency will be paid $1 for every duplicate certificate of program completion issued.

These rates are based on the maximum fees established under OAR 333-175-0101.

The estimated value of the this contract for the period January 1, 2017 through December 31, 2019 is: $19,000.

Dated 1/1/2017

Exhibit D

Match

Not Applicable

Exhibit E

Special Reporting Requirements

EXHIBIT E
Special Reporting

Lane County directly reports each participating county's required data on food handler card issuance via the orfoodhandlers.com website to the State, at the request of the Oregon Health Authority (OHA).
The following represents a sample of the reporting issued.
Agency may request a copy of any reporting by contacting: cindy.reynoso@co.lane.or.us

Report #1: EXAMPLE

NAME	ADDRESS	CITY	STATE	ZIP	AUTH CODE CC Number
Jane Doe	999 Foodhandlers Ln	Salem	OR	97310	85968 7795
John Q. Public	777 Clean Hands Dr	Portland	OR	97210	86822 7635

Report #2: EXAMPLE

Language	# of Tests	# of Test Passed	Average Score	Test Version
English	526	489	90	1,2,3,4
Spanish	35	32	86	1,2

Dated 9/1/2016

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to *dhs-oha.publicationrequest@state.or.us* or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

Agreement #148025

ELEVENTH AMENDMENT TO OREGON HEALTH AUTHORITY 2015-2017 INTERGOVERNMENTAL AGREEMENT FOR THE FINANCING OF PUBLIC HEALTH SERVICES

This Eleventh Amendment to Oregon Health Authority 2015-2017 Intergovernmental Agreement for the Financing of Public Health Services, effective July 1, 2015 (as amended the "Agreement"), is between the State of Oregon acting by and through its Oregon Health Authority ("OHA") and Gilliam, Wasco, and Sherman Counties, acting by and through its North Central Public Health District ("LPHA"), the entity designated, pursuant to ORS 431.375(2), as the Local Public Health Authority for Gilliam, Wasco, and Sherman Counties.

RECITALS

WHEREAS, OHA, County and LPHA wish to modify certain Program Element Descriptions set forth in Exhibit B of the Agreement;

NOW, THEREFORE, in consideration of the premises, covenants and agreements contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

AGREEMENT

1. The Agreement is amended as follows:

Program Element #03 "Tuberculosis Services" is hereby superseded and replaced in its entirety per Attachment A, attached hereto and incorporated herein by this reference.

2. LPHA represents and warrants to OHA that the representations and warranties of LPHA set forth in Section 2 of Exhibit E of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.

3. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.

4. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect. The parties expressly agree to and ratify the Agreement as herein amended.

5. This Amendment may be executed in any number of counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of this Amendment so executed shall constitute an original.

6. This Amendment becomes effective on the date of the last signature below.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment as of the dates set forth below their respective signatures.

APPROVED:

STATE OF OREGON ACTING BY AND THROUGH ITS OREGON HEALTH AUTHORITY (OHA)

By: Lillian Shirley
Name: /for/ Lillian Shirley, BSN, MPH, MPA
Title: Public Health Director
Date: 2/28/17

GILLIAM, WASCO, AND SHERMAN COUNTIES ACTING BY AND THROUGH ITS NORTH CENTRAL PUBLIC HEALTH DISTRICT (LPHA)

By: [signature] RN, BSN
Name: Teri L. Thalhofer, RN, BSN
Title: [illegible] Director
Date: 2/21/2017

DEPARTMENT OF JUSTICE – APPROVED FOR LEGAL SUFFICIENCY

Amendment form group-approved by D. Kevin Carlson, Senior Assistant Attorney General, by email on June 30, 2016. A copy of the emailed approval is on file at OCP.

OHA PUBLIC HEALTH ADMINISTRATION

Reviewed by: Karen Slothower
Name: Karen Slothower *(or designee)*
Title: Program Support Manager
Date: 2/24/17

OFFICE OF CONTRACTS & PROCUREMENT (OCP)

By: Tammy L. Hurst
Name: Tammy L. Hurst, OPBC, OCAC
Title: Contract Specialist
Date: 3/7/2017

ATTACHMENT A

Program Element #03 - Tuberculosis Services

1. **Description.**

ORS 433.006 and Oregon Administrative Rule 333-019-0000 assign responsibility to LPHA for Tuberculosis ("TB") investigations and implementation of TB control measures within LPHA's service area. The funds provided under this agreement for this Program Element may only be used, in accordance with and subject to the requirements and limitations set forth below, as supplemental funds to support LPHA's TB investigation and control efforts. The funds provided under this agreement for this Program Element are not intended to be the sole funding for LPHA's TB investigation and control program.

2. **Definitions Specific to TB Services.**

a. **Active TB Disease:** TB disease in an individual whose immune system has failed to control his or her TB infection and who has become ill with active TB disease, as determined in accordance with the Centers for Disease Control and Prevention's (CDC) laboratory or clinical criteria for active TB and based on a diagnostic evaluation of the individual.

b. **Appropriate Therapy:** Current TB treatment regimens recommended by the CDC, the American Thoracic Society, the Academy of Pediatrics, and the Infectious Diseases Society of America.

c. **Associated Cases:** Additional cases of TB disease discovered while performing a contact investigation.

d. **B-waiver Immigrants:** Immigrants or refugees screened for TB prior to entry to the U.S. and found to have TB disease or latent TB infection.

e. **Case:** A case is an individual who has been diagnosed by a health care provider, as defined in OAR 333-017-0000, as having a reportable disease, infection, or condition**,** as described in OAR 333-018-0015, or whose illness meets defining criteria published in the Department's Investigative Guidelines.

f. **Cohort Review:** A systematic review of the management of patients with TB disease and their contacts. The "cohort" is a group of TB cases counted (confirmed as cases) over 3 months. The cases are reviewed 6-9 months after being counted to ensure they have completed treatment or are nearing the end. Details of the management and outcomes of TB cases are reviewed in a group with the information presented by the case manager.

g. **Contact:** An individual who was significantly exposed to an infectious case of active TB disease.

h. **Directly Observed Therapy (DOT):** LPHA staff (or other person appropriately designated by the county) observes an individual with TB disease swallowing each dose of TB medication to assure adequate treatment and prevent the development of drug resistant TB.

i. **Evaluated (in context of contact investigation):** A contact received a complete TB symptom review and tests as described in the Department's Investigative Guidelines.

j. **Interjurisdictional Transfer**: A suspected TB case, TB case or contact transferred for follow-up evaluation and care from another jurisdiction either within or outside of Oregon.

k. **Investigative Guidelines:** Department guidelines, dated as of August 2010, which are incorporated herein by this reference are available for review at: http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/Tuberculosis/Documents/investigativeguide.pdf.

l. **Latent TB Infection (LTBI):** TB disease in a person whose immune system is keeping the TB infection under control. LTBI is also referred to as TB in a dormant stage.

m. **Medical Evaluation:** A complete medical examination of an individual for tuberculosis including a medical history, physical examination, TB skin test or interferon gamma release assay, chest x-ray, and any appropriate molecular, bacteriologic, histologic examinations.

n. **Suspected Case:** A suspected case is an individual whose illness is thought by a health care provider, as defined in OAR 333-017-0000, to be likely due to a reportable disease, infection, or condition, as described in OAR 333-018-0015, or whose illness meets defining criteria published in the Department's Investigative Guidelines. This suspicion may be based on signs, symptoms, or laboratory findings.

o. **TB Case Management:** Dynamic and systematic management of a case of TB where a person, known as a case manager, is assigned responsibility for the management of an individual TB case to ensure completion of treatment. TB Case Management requires a collaborative approach to providing and coordinating health care services for the individual. The case manager is responsible for ensuring adequate TB treatment, coordinating care as needed, providing patient education and counseling, performing contact investigations and following infected contacts through completion of treatment, identifying barriers to care and implementing strategies to remove those barriers.

3. Procedural and Operational Requirements.

a. LPHA must include the following minimum TB services in its TB investigation and control program if that program is supported in whole or in part with funds provided under this agreement: Tuberculosis Case Management Services, as defined above and further described below and in the Department's Investigative Guidelines.

b. **Tuberculosis Case Management Services.** LPHA's TB Case Management Services must include the following minimum components:

(1) LPHA must investigate and monitor treatment for each case and suspected case of active TB disease identified by or reported to LPHA whose residence is in LPHA's jurisdiction, to confirm the diagnosis of TB and ensure completion of adequate therapy.

(2) LPHA must require individuals who reside in LPHA's jurisdiction and who LPHA suspects of having active TB disease, to receive appropriate medical examinations and laboratory testing to confirm the diagnosis of TB and response to therapy, through the completion of treatment. LPHA must assist in arranging the laboratory testing and medical examination, as necessary.

(3) LPHA must provide medication for the treatment of TB to all individuals who reside in LPHA's jurisdiction and who have TB but who do not have the means to purchase TB medications or for whom obtaining or using identified means is a barrier to TB treatment compliance. LPHA must monitor, at least monthly and in person, individuals receiving medication(s) for adherence to treatment guidelines, medication side effects, and clinical response to treatment.

(4) DOT is the standard of care for the treatment of TB. Cases of TB disease should be treated via DOT. If DOT is not utilized, The Department's TB Program must be consulted.

(5) The Department's TB Program must be consulted prior to initiation of any TB treatment regimen which is not recommended by the most current CDC, American Thoracic Society and Infectious Diseases Society of America TB treatment guideline.

(6) LPHA may assist the patient in completion of treatment by utilizing the below methods. Methods to ensure adherence should be documented.

(a) Proposed interventions for assisting the individual to overcome obstacles to treatment adherence (e.g. assistance with transportation).

(b) Proposed use of incentives and enablers to encourage the individual's compliance with the treatment plan.

(7) With respect to each case of TB within LPHA's jurisdiction that is identified by or reported to LPHA, LPHA shall perform a contact investigation to identify contacts, associated cases and source of infection. The LPHA must evaluate all located contacts, or confirm that all located contacts were advised of their risk for TB infection and disease.

(8) The LPHA must offer or advise each located contact identified with TB infection or disease, or confirm that all located contacts were offered or advised, to take appropriate therapy and shall monitor each contact who starts treatment through the completion of treatment (or discontinuation of treatment).

c. If LPHA receives in-kind resources under this agreement in the form of medications for treating TB, LPHA shall use those medications to treat individuals for TB. In the event of a non-TB related emergency (i.e. meningococcal contacts), with notification to TB Program, the LPHA may use these medications to address the emergent situation.

d. The LPHA will present TB cases through participation in the quarterly cohort review. If the LPHA is unable to present the TB case at the designated time, other arrangements shall be made in collaboration with the Department.

e. The LPHA will accept Class B waivers and interjurisdictional transfers for evaluation and follow-up, as appropriate for LPHA capabilities.

4. **Reporting Obligations and Periodic Reporting Requirements.** LPHA shall prepare and submit the following reports to the Department:

a. LPHA shall notify the Department's TB Program of each case or suspected case of active TB disease identified by or reported to LPHA no later than 5 business days within receipt of the report (OR – within 5 business days of the initial case report), in accordance with the standards established pursuant to OAR 333-018-0020. In addition, LPHA shall, within 5 business days of a status change of a suspected case of TB disease previously reported to the Department, notify the Department of the change. A change in status occurs when a suspected case is either confirmed to have TB disease or determined not to have TB Disease. The LPHA shall utilize the Department's "TB Disease Case Report Form" and ORPHEUS for this purpose. After a case of TB disease has concluded treatment, case completion information shall be sent to the Department's TB Program utilizing the "TB Disease Case Report Form" and ORPHEUS within 5 business days of conclusion of treatment.

b. LPHA shall submit data regarding contact investigation via ORPHEUS or other mechanism deemed acceptable. Contact investigations are not required for strictly extrapulmonary cases. Consult with local medical support as needed.

5. **Performance Measures.** If LPHA uses funds provided under this agreement to support its TB investigation and control program, LPHA shall operate its program in a manner designed to achieve the following national TB performance goals:

   a. For patients with newly diagnosed TB for whom 12 months or less of treatment is indicated, **93.0% will complete treatment within 12 months**.

   b. For TB patients with positive acid-fast bacillus (AFB) sputum-smear results, **100.0% (of patients) will be elicited for contacts.**

   c. For contacts of sputum AFB smear-positive TB cases, **93.0% will be evaluated for infection and disease.**

   d. For contacts of sputum AFB smear-positive TB cases with newly diagnosed latent TB infection (LTBI), **88.0% will start treatment.**

   e. For contacts of sputum AFB smear-positive TB cases that have started treatment for newly diagnosed LTBI, **79.0% will complete treatment**.

   f. For TB cases in patients ages 12 years or older with a pleural or respiratory site of disease, **95% will have a sputum culture result reported.**

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to *dhs-oha.publicationrequest@state.or.us* or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

Agreement #148025

TWELFTH AMENDMENT TO OREGON HEALTH AUTHORITY 2015-2017 INTERGOVERNMENTAL AGREEMENT FOR THE FINANCING OF PUBLIC HEALTH SERVICES

This Twelfth Amendment to Oregon Health Authority 2015-2017 Intergovernmental Agreement for the Financing of Public Health Services, effective July 1, 2015 (as amended the "Agreement"), is between the State of Oregon acting by and through its Oregon Health Authority ("OHA") and Gilliam, Wasco, and Sherman Counties, acting by and through its Gilliam, Wasco, and Sherman Counties North Central Public Health District ("LPHA"), the entity designated, pursuant to ORS 431.375(2), as the Local Public Health Authority for Gilliam, Wasco, and Sherman Counties.

RECITALS

WHEREAS, OHA, County and LPHA wish to modify certain Program Element Descriptions set forth in Exhibit B of the Agreement;

WHEREAS, OHA and LPHA wish to modify the financial assistance award for fiscal year 2016-2017 set forth in Exhibit C of the Agreement;

WHEREAS, OHA and LPHA wish to modify the Exhibit J information required by 2 CFR Subtitle B with guidance at 2 CFR Part 200;

NOW, THEREFORE, in consideration of the premises, covenants and agreements contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

AGREEMENT

1. The Agreement is amended as follows:

a. Exhibit A "Definitions", Section 16 "Program Element" is amended to add Program Element titles and funding source identifiers as follows:

PE Number and Title	Fund Type	Federal Agency/ Grant Title	CFDA#	Sub-Recipient (Y/N)
PE 49 Private Domestic Wells and Public Health: Building Capacity in Local Public Health Authorities (LPHA)	FF	Environmental Health Services Support for Public Health Drinking Water Program to Reduce Drinking Water Exposures	93.070	Y

b. Exhibit B "Program Element Descriptions" is amended to add Program Element #49 Private Domestic Wells and Public Health: Building Capacity in Local Public Health Authorities (LPHA), per Attachment A, attached hereto and incorporated herein by this reference

c. Exhibit C "Financial Assistance Award", Section 1 only is amended to modify the Financial Assistance Award for the period July 1, 2016 through June 30, 2017 as set forth in Attachment B attached hereto and incorporated herein by this reference. Attachment B must be read in conjunction with Section 4 of Exhibit C, entitled "Explanation of Financial Assistance Award" of the Agreement.

d. Exhibit J "Information required by 2 CFR Subtitle B with guidance at 2 CFR Part 200" is amended to add to the federal award information datasheet as set forth in Attachment C, attached hereto and incorporated herein by this reference.

2. LPHA represents and warrants to OHA that the representations and warranties of LPHA set forth in Section 2 of Exhibit E of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.

3. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.

4. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect. The parties expressly agree to and ratify the Agreement as herein amended.

5. This Amendment may be executed in any number of counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of this Amendment so executed shall constitute an original.

6. This Amendment becomes effective on the date of the last signature below.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment as of the dates set forth below their respective signatures.

APPROVED:

STATE OF OREGON ACTING BY AND THROUGH ITS OREGON HEALTH AUTHORITY (OHA)

By: Lillian Shirley
Name: /for/ Lillian Shirley, BSN, MPH, MPA
Title: Public Health Director
Date: 3/7/17

GILLIAM, WASCO, AND SHERMAN COUNTIES ACTING BY AND THROUGH ITS GILLIAM, WASCO, AND SHERMAN COUNTIES NORTH CENTRAL PUBLIC HEALTH DISTRICT (LPHA)

By: Teri Thalhofer, RN, BSN
Name: Teri Thalhofer
Title: Director
Date: 2/27/2017

DEPARTMENT OF JUSTICE – APPROVED FOR LEGAL SUFFICIENCY

Amendment form group-approved by D. Kevin Carlson, Senior Assistant Attorney General, by email on June 30, 2016. A copy of the emailed approval is on file at OCP.

OHA PUBLIC HEALTH ADMINISTRATION

Reviewed by: Karen Slothower
Name: Karen Slothower *(or designee)*
Title: Program Support Manager

Date: 3/7/17

OFFICE OF CONTRACTS & PROCUREMENT (OCP)

By: Tammy L. Hurst
Name: Tammy L. Hurst, OPBC, OCAC
Title: Contract Specialist
Date: 3/8/2017

ATTACHMENT A

<u>Program Element #49: Private Domestic Wells and Public Health: Building Capacity in Local Public Health Authorities (LPHA)</u>

1. **Description.** Funds provided under the Oregon Health Authority's (OHA) Financial Assistance Agreement (FAA) for this Program Element (PE) may only be used, in accordance with and subject to the requirements and limitations set forth below, to increase the capacity of Oregon Local Public Health Authorities (LPHAs) and tribal public health authorities, particularly those that have identified domestic wells and water security as local priorities through county hazard assessments, to help plan and conduct outreach efforts.

2. **Local Activities in Support of Building Public Health Capacity in Domestic Well Stewardship and Projects.** To comply with performance standards of this PE, LPHAs must engage in activities as described in subsections 2.a. through 2.e. below and their local program plan and budget as set forth in Attachments 1 and 2 to this PE. The purpose of these activities is to support local interventions and outreach efforts as identified and determined by LPHA and the Oregon Domestic Well Safety Program (DWSP) as being most effective in reaching communities of concern. Collaborative community outreach efforts to enhance domestic well stewardship will be planned and delivered during the period of this Agreement. NOTE: LPHA must complete its planned activities before August 31, 2017 to retain eligibility to receive funding under this PE if future funding is made available.

   Activities include:

   a. <u>Engaging local residents</u>. Engage populations, identified by the Centers for Disease Control and Prevention (CDC) as vulnerable (e.g. race/ethnicity, socio-economic status, geography, gender, age, disability status, risk status related to sex and gender, and other populations identified as at-risk for health disparities).

   b. <u>Fostering collaborations among diverse stakeholders</u>. Collaborate, convene, and facilitate partnerships with traditional domestic well stakeholders (e.g. extension services, watermasters, environmental laboratories, realtor associations and other water-related information providers) to plan outreach activities that enhance local domestic well stewardship.

   c. <u>Develop and provide education and recommendations to residents, partners and stake-holders</u>. Use input from residents, partners, and stakeholders as well as existing data and literature to develop recommendations that address public health concerns and maximize the benefits that result from proper well stewardship.

   d. <u>Share any materials developed and data collected to the DWSP</u>. Materials and data should be relevant to identified target audience and partners. Examples of materials and data may include, but are not limited to:

   (1) Web content,

   (2) A formal written report or memo,

   (3) A letter to the decision making body,

   (4) A fact sheet,

   (5) Well test results, and

   (6) Maps depicting well data or presentations.

   e. <u>Prepare a final written report to OHA.</u> Final products are to be submitted with final report as described in paragraph 4.a. of this Program Element.

3. Procedural and Operational Requirements. By accepting and using the financial assistance funding provided by OHA under the FAA and this PE, LPHA agrees to conduct domestic well stewardship-related activities in accordance with the following requirements:

a. LPHA will conduct project activities as described in this PE.

b. LPHA will assure that its local program is staffed at the appropriate level to address subsections 2.a. through 2.e. of this PE. Funds for this PE must be directed in support of personnel and other expenses in support of subsections 2.a. through 2.e.

c. LPHA will provide documentation of activities and outcomes as described in Section 4.a.

d. LPHA shall participate in monthly calls (approximately five, 45 minute calls), a site visit from DWSP, to address LPHA needs as completion of project activities.

4. Reporting Requirements. LPHA must submit the result of the domestic well stewardship-related project to OHA and post information about the project on the LPHA's website by August 31, 2017.

a. Preparing a final written report to OHA. LPHAs shall provide a written final report to OHA that includes a summary of the project goals, objectives, activities, and outcomes; and an evaluation of the project goals, including lessons learned, challenges and success stories within the context of your project. This written report must identify stakeholders and collaborations; and recommendations to improve future funding opportunities from OHA-DWSP.

Attachment 1 to Program Element #49

Local Program Plan

The goal of this project is to help cultivate well stewardship by increasing the number of private well owners in our jurisdiction (Wasco, Sherman, and Gilliam counties) who are aware of the quality of their drinking water. In addition, we will work to increase drought resiliency in the region, especially in vulnerable populations. This project will be done in conjunction with the Oregon Climate and Health Collaborative (OCHC), of which North Central Public Health District (NCPHD) is a member. NCPHD's focus for the OCHC is on drought preparedness and developing drought mitigation strategies.

Project Objectives

We will meet the goals of this project by taking a comprehensive approach. We will use the majority of the funding to help provide low cost well water quality testing to private well owners in our jurisdiction, particularly vulnerable populations. As we reach out to well owners regarding the water testing opportunity, we will also offer educational materials regarding drought, specifically regarding strategies for mitigating damage and hardship caused by drought.

The City of The Dalles Water Quality Laboratory is an accredited lab that is housed at the Wicks Water Treatment Plant. NCPHD's Environmental Health department already has a relationship with the lab, which supplies NCPHD with kits that include containers for collecting samples, collection instructions, and lab information to hand out to our clients who are interested in testing. Currently, The Dalles Water Quality Lab charges $30 for nitrate testing, and $30 for microbiological testing. Should NCPHD be selected for this grant project, the first objective will include contacting the lab to work out a partnership to expand water quality testing access to vulnerable populations by reducing barriers such as cost. Along with this objective, we will also compile a list of private well owners in our jurisdiction.

The next objective will be to develop educational materials that cover both the benefits of well water testing and drought preparedness and mitigation strategies as part of our OCHC project that is in conjunction with this initiative. Ideally, these educational materials will be included in a mailer with well testing vouchers and instructions on how to get testing done to domestic well owners.

After mailing out the materials, we will evaluate the results by following up with the lab to see how many people have responded to the well water testing vouchers. If possible, we can also reach out directly to a subset of the recipients to gauge their response to the materials that we mailed.

Project Activities and Timeline

We selected subsidizing water quality testing as our outreach activity based on several factors. Serving one rural and two "frontier" counties that cover over 4,400 square miles of land, we have significant proportion of our roughly 28,000 residents that rely on wells as a source of drinking water. NCPHD's counties have a higher than average burden of individuals living below the poverty level. Our counties also have lower than average rates of high school graduation and attainment of a bachelor's degree. These factors favor a multi-faceted approach including a direct intervention (subsidizing water quality testing), and educational outreach (materials to be included in the mailer). By increasing our residents' knowledge of not only their own water system quality, but also of the benefits and reasoning behind regular water quality testing, we can enhance well stewardship.

The targeted population for this project is low income rural households that get their drinking water from a private well. This project would increase well stewardship by reducing the cost barrier that may deter low income families from getting water quality testing done. A secondary emphasis will be on agricultural households, as they are already a key target population for the OCHC drought project. We will define this population more specifically by using DWSP data and well logs, combined with county level socioeconomic

data. According to census data, per capita income across all three counties is 83% of the state average. Us Census data indicates the percentage of citizens in Oregon living below the poverty level is about 15%. In NCPHD's jurisdiction that percentage is closer to 19%. More broadly, NCPHD will focus on households that would be disproportionately affected by well water quality or quantity issues, be it in terms of overall health or economic hardship. Based on the budget breakdown (detailed on last page), we would be able to offer no-cost water quality testing for roughly 70 wells, $15 testing for 93 wells, or half-price ($30) testing for 140 wells. Based on how we frame the population parameters, we can adjust to any of these strategies, or blend them together.

NCPHD will require some technical assistance from DWSP if selected for this grant:

- Being relatively new to this subject area, we will need DWSP's expertise to help us select the best way to implement our intervention.
- Any data that DWSP is able to provide that is specific to our counties would help us make informed decisions.
  - Information on past projects that DWSP has funded (and what worked/did not work for them).
- Educational materials and information that we can use regarding water quality, testing, and treatment options.

One reason that this opportunity aligns so well with the OCHC project is that the project and funding period for the DWSP is largely the same as the timeline of the OCHC project. Due to the significant amount of overlap, we will be able to spend the majority of the funding from this grant directly on services, allowing us to reach out to a greater number of well owners. The closely aligned objectives of the projects will allow us to split costs on personnel, supplies, and printing. This convenience would allow us to efficiently intertwine the two programs' objectives, implementation, and evaluation phases. As such, the proposed timeline would look something like this:

January-February: Research and outreach to key stakeholders

- Stakeholders would include the two watermasters that cover the watersheds in our jurisdiction, the water quality lab, Soil and Water Conservation Districts, DWSP and NCPHD's Environmental Health department.
- Research includes reviewing and selecting information to be included in the educational materials, deciding which specific tests that we want to subsidize and calculating how many wells we can support testing for, and by defining our vulnerable population in a way that comes as close as possible to matching the number of wells that we can provide testing for.

March-April: Design and print educational materials

- Materials in the mailer will include a voucher for well water testing, a letter explaining the benefits of well water testing, and a brochure that addresses the hazards associated with drought and strategies for mitigating them.

May-July: Mail materials and gauge response

- Materials will be sent out to addresses obtained from well logs to the defined population.
  - If the initial response is poor (gauged by following up with the lab on how many people have presented with vouchers), we can consider expanding our population to include more well owners that did not fit the original parameters.

July-August: Evaluation and final report

- Evaluation will include compiling and analyzing data, and getting input from stakeholders about the outcomes of the project. If time/funding permits, follow up with some of the target population can be done to assess why individuals did or did not seek out well water testing, and if they thought the materials were helpful or not.
- The main way of evaluating our outreach activity will be to compare the number of people who sought out well water testing with our vouchers against the number of vouchers that were mailed out. This will be gauged on a regular basis by corresponding with the lab, and if it seems like the response has been low after the first month we may be able to expand our targeted population and mail out additional vouchers. We may also be able to conduct additional outreach to targeted households as a form of follow up on how impactful the educational materials were.

In addition to this initial outreach, we will have follow up activities that can extend past the project funding period. While we do not have the expertise or funding to provide water treatment, we can compile resources of information on treatment options available for those who get the testing done and find out that their water is in fact contaminated with bacteria or nitrates.

Attachment 2 to Program Element #49

Budget

ITEM	DESCRIPTION OF ITEM	COST
Personnel	1 employee 2 hr/wk (in conjunction with OCHC project) Administrative (grant management, tracking, reporting)	$2800.00
Supplies	Envelopes and stamps (shared w/ OCHC project)	$400.00
Services	Providing vouchers for low cost water quality testing.	$4200.00
Marketing	N/A	
Printing	Well water testing information sheet and vouchers.	$100
Travel	N/A	
Other	N/A	
TOTAL		$ 7,500.00

ATTACHMENT B
FINANCIAL ASSISTANCE AWARD
Award Period July 1, 2016 through June 30, 2017

State of Oregon
Oregon Health Authority
Public Health Division

1) Grantee	**2) Issue Date**	**This Action**
Name: North Central Public Health District	January 18, 2016	AMENDMENT FY2017
Street: 419 E. 7th Street, Room 100 City: The Dalles State: OR Zip Code: 97058-2676	**3) Award Period** From July 1, 2016 Through June 30, 2017	

4) OHA Public Health Funds Approved

Program	Previous Award	Increase/ (Decrease)	Grant Award
PE 01 State Support for Public Health	33,130	0	33,130
PE 03 TB Case Management	647	0	647 (e)
PE 09 PHEP -- EBOLA	2,043	0	2,043
PE 11 Oregon Climate and Health Collaborative	28,500	0	28,500
PE 12 Public Health Emergency Preparedness	141,644	0	141,644
PE 13 Tobacco Prevention & Education	93,619	0	93,619
PE 40 Women, Infants and Children FAMILY HEALTH SERVICES	156,895	0	156,895 (b,c,f,g,h)
PE 40 WIC -- Texting Breastfeeding Support FAMILY HEALTH SERVICES	3,995	0	3,995 (i)
PE 41 Reproductive Health Program FAMILY HEALTH SERVICES	32,977	0	32,977 (a)
PE 42 MCH/Child & Adolescent Health -- General Fund FAMILY HEALTH SERVICES	8,786	0	8,786
PE 42 MCH-TitleV -- Child & Adolescent Health FAMILY HEALTH SERVICES	14,798	0	14,798
PE 42 MCH-TitleV -- Flexible Funds FAMILY HEALTH SERVICES	34,525	0	34,525

5) FOOTNOTES:

a) The Title X funding may change due to availability of funds and funding formula calculation based on clients served in Fiscal Year 2015.
b) The July-September 2016 grant is $41,776 and includes $8,355 of minimum Nutrition Education. $1,920 is for Breastfeeding Promotion.
c) The October-June 2017 grant is $115,119 and includes $23,024 of minimum Nutrition Education $5,760 is for Breastfeeding Promotion.
d) Immunization Special Payments is funded by State General Funds and is matched dollar for dollar with Federal Medicaid Match.
e) $70 needs to be expended by 12/31/16
f) $284 represents the Fresh Fruit and Veggies funds.
g) $3,468 represents one-time funding amount. Funding rate is $4 per assigned caseload.
h) $1,047 increase represents reimbursement to local agencies for iPad purchase for WIC business operations.

6) Capital Outlay Requested in This Action:

Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of $5,000 and a life expectancy greater than one year.

PROGRAM	ITEM DESCRIPTION	COST	PROG. APPROV

State of Oregon
Oregon Health Authority
Public Health Division

1) Grantee	**2) Issue Date**	**This Action**
Name: North Central Public Health District	January 18, 2016	AMENDMENT FY2017
Street: 419 E. 7th Street, Room 100 City: The Dalles State: OR Zip Code: 97058-2676	**3) Award Period** From July 1, 2016 Through June 30, 2017	

4) OHA Public Health Funds Approved

Program	Previous Award	Increase/ (Decrease)	Grant Award
PE 42 MCH/Perinatal Health -- General Fund FAMILY HEALTH SERVICES	4,682	0	4,682
PE 42 Babies First FAMILY HEALTH SERVICES	14,939	0	14,939
PE 42 Oregon MothersCare FAMILY HEALTH SERVICES	7,248	0	7,248
PE 43 Immunization Special Payments	18,007	0	18,007 (d)
PE 49 Private Domestic Wells & Public Health	0	7,500	7,500
PE 50 Safe Drinking Water Program	42,184	0	42,184
TOTAL	638,619	7,500	646,119

5) FOOTNOTES:

i) $3,995 represents additional funding to local agencies for testing breastfeeding support message services.

6) Capital Outlay Requested in This Action:

Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of $5,000 and a life expectancy greater than one year.

PROGRAM	ITEM DESCRIPTION	COST	PROG. APPROV

ATTACHMENT C
Information required by 2 CFR Subtitle B with guidance at 2 CFR Part 200

PE 49: Private Domestic Wells and Public Health: Building Capacity in Local Public Health Authorities (LPHA)	
FY16 07/01/15-06/30/16 and FY17 07/01/2016-06/30/2017	
Federal Award Identification Number(FAIN):	5NUE2EH001330-02-00
Federal Award Date:	8/26/2016
Performance Period:	9/30/2015 - 9/29/2020
Federal Awarding	CDC
CFDA Number:	93.070
CFDA Name:	Environmental Health Services Support for Public Health Drinking Water Programs to Reduce Drinking Water Exposures
Total Federal Award:	$134,000
Project Description:	Decrease hazards that threaten private water systems, reduce exposures to waterborne contaminants and decrease the number of people drinking contaminated water, leading to improved health of
Awarding Official:	
Indirect Cost Rate:	17.45%
Research And Development(Y/N):	N

Agency Name	DUNS	Award Amount
North Central Public Health District	032640580	$ 7,500.00

AGREEMENT for PROFESSIONAL SERVICES
BUSINESS ASSOCIATE CONTRACT

PARTIES: This Agreement, made this 15th day of February, 2017, by and between North Central Public Health District (NCPHD), hereinafter called "NCPHD" and, Jane Palmer for consultation regarding completion of the NCPHD Accreditation Board Accreditation work plan, hereinafter called "CONTRACTOR"

Contractor is willing to provide services to NCPHD and therefore is retained to provide services in accordance with the following terms and conditions.

SECTION 1. DESCRIPTION OF SERVICES
Contractor will provide consultation and project management services on an as needed basis.

SECTION 2. PERFORMANCE OF SERVICES
Contractor shall coordinate with Teri Thalhofer and/or Judy Bankman to determine the manner in which the services are to be performed.

Specific services will include the following:

a. Regular meetings with the NCPHD Accreditation Coordinator (Judy Bankman) and negotiation of project involvement.

SECTION 3. PERIOD OF AGREEMENT AND TERMINATION.
The period of this Agreement shall be from February 15, 2017 and shall expire, unless terminated or extended on June 30, 2017. Either party may terminate this agreement upon thirty day written notice to the other.

SECTION 4. COMPENSATION
Contractor will be paid $35.00 per hour for services described above not to exceed $5,000.00. Additional work requested from the Contractor will require an amendment to this contract.

SECTION 5. PAYMENT
Invoices may be submitted when desired by the Contractor, but no more frequently than monthly. Payment is due upon receipt of invoice. If NCPHD objects to any billings submitted by Contractor, NCPHD shall so advise Contractor in writing giving reasons therefore within fourteen (14) days of receipt of such bill.

SECTION 6. RELATIONSHIP OF PARTIES

It is understood by the parties that Contractor is an independent contractor with respect to NCPHD, and not an employee or agent of NCPHD, and will be so deemed for purposes of the following:

a. Contractor shall comply with the applicable provisions of ORS Chapters 316 (Personal Income Tax), 656 (Workers' Compensation), 657(Unemployment Insurance and 670.60 (Independent contractor; standards).
b. Contractor will be solely responsible for payment of any Federal or State taxes required as a result of this Agreement.
c. NCPHD will not provide fringe benefits, including health insurance benefits, paid vacation, or any other employee benefit, for the benefit of Contractor.
d. Contractor agrees to satisfy all federal and state contract requirements concerning the provision of liability insurance coverage. Contractor agrees to hold NCPHD harmless from and all losses, claims, actions, costs, expenses, judgments, subrogation or other damages resulting from injury to any person (including injury resulting in death), or damage (including loss or destruction) to property, arising or resulting from the fault, negligence, wrongful act or wrongful omission of Contractor.
e. Contractor is responsible for obtaining all assumed business registrations or professional occupation licenses required.
f. Contractor furnishes the tools or equipment necessary for performance of services including, but not limited to office space, office supplies, computer or vehicle.
g. Contractor represents and warrants that it not delinquent in the filing or payment of any Oregon income taxes, Oregon personal property taxes, Oregon municipal taxes, or Oregon real property taxes and that it has otherwise complied with all Oregon tax laws and all tax laws of those Oregon municipalities to which Contractor is subject.

SECTION 7. ASSIGNMENT

Contractor's obligations under this Agreement may not be assigned or transferred to any other individual or group without the prior written consent of NCPHD.

SECTION 8. NOTICES

All notices required or permitted under this Agreement shall be in writing and shall be deemed delivered when delivered in person or deposited in the United States mail, postage prepaid, addressed as follows:

Contractor:
Jane Palmer
PO Box 831

NCPHD:
North Central Public Health District
419 E. 7th Street

White Salmon, WA 98672 The Dalles, OR 97058
Taxpayer ID #544-54-3602

Such addresses may be changed from time to time by either party by providing a written notice to the other in the manner set forth above.

SECTION 9. AMENDMENT
This Agreement may be modified or amended if the amendment is made in writing and is signed by both parties.

SECTION 10. SEVERABILITY
If any provision of the Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this Agreement is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.

SECTION 11. WAIVER OF CONTRACTUAL RIGHT
The failure of either party to enforce any provision of this Agreement shall not be construed as waiver of limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this Agreement.

SECTION 12. APPLICABLE LAW
The laws of the State of Oregon shall govern this Agreement. It is mutually agreed that both parties comply with all federal, state, county and local laws, ordinances, and regulations applicable to this Agreement. They further agree to comply with Title VI of the Civil Rights Acts of 1964, and with Section V of the Rehabilitation Act of 1973.

CONFIDENTIALTY:

As a Business Associate of NCPHD, Contractor agrees to not use or disclose any information concerning an NCPHD client for a purpose not directly connected with the administration of its responsibilities under this Agreement, except on written consent of NCPHD client, his or her legally responsible parent or guardian, or if appropriate, his or her attorney.

Use and Disclosure of Protected Health Information. Contractor may use and disclose Protected Health Information only as required to satisfy its obligations under this Agreement, as permitted herein, but shall not otherwise use or disclose any Protected Health Information. Protected Health Information includes information contained in a patient's medical records and billing records. Contractor shall ensure

that it will not use or disclose Protected Health Information received from NCPHD in any manner that would constitute a violation of the Health Insurance Privacy and Accountability Act Standards. Contractor acknowledges that, as between Contractor and NCPHD, all Protected Health Information shall be and remain the sole property of NCPHD. Contractor further represents that, to the extent Contractor requests that NCPHD disclose Protected Health Information to Contractor, such a request is only for the minimum necessary Protected Health Information for the accomplishment of Contractor's contracted purpose.

Safeguards Against Misuse of Information Contractor shall use all appropriate safeguards to prevent the use of disclosure of Protected Health Information.

Reporting of Disclosure of Protected Health Information. Contractor shall, as soon as practicable, but in no event later than within two (2) days of becoming aware of any use or disclosure of Protected Health Information in violation of the Agreement by Contractor, report any such disclosure to NCPHD. In such event, Contractor shall, in consultation with NCPHD, mitigate, to the extent practicable, any harmful effect that is known to Contractor of such improper use or disclosure.

Accounting of Disclosures. Within ten (10) days of notice by NCPHD to the Contractor that it has received a request for an accounting of disclosures of Protected Health Information (other than disclosures to which an exception to the accounting requirement applies, including, but not limited to, the exceptions for a disclosure that is related to the treatment of the patient, the processing of payments related to such treatment, or the health care operations of a NCPHD or its business associate) the Contractor shall make available to NCPHD such information as is in the Contractor's possession and is required for NCPHD to make the accounting required by 45 C.F.R. §164.528. At a minimum, the Contractor shall provide NCPHD with the following information: (i) the date of the disclosure, (ii) the name of the entity or person who received the Protected Health Information, and if known, the address of such entity or person, (iii) a brief description of the Protected Health Information disclosed, and (iv) a brief statement of the purpose of such disclosure which includes an explanation of the basis for such disclosure. In the event the request for an accounting is delivered directly to the Contractor, the contractor shall within two (2) days forward such request to NCPHD. The Contractor shall implement an appropriate record keeping process to enable it to comply with the requirements of this Section.

ACCESS TO RECORDS

During the term of this Agreement and for the period of five (5) years after the termination of this Agreement, Contractor shall make available to the Health Care Financing Administration, the Comptroller General of the United States and their duly

authorized representatives, all documents and records necessary to certify the nature and extent of the costs of those services and records relating to the use and disclosure of Protected Health Information received from, or created and received by NCPHD.

Notice of Request for Data. The Contractor agrees to notify NCPHD within five (5) business days of the Contractor's receipt of any request or subpoena for Protected Health Information. To the extent that NCPHD decides to assume responsibility for challenging the validity of such request, the Contractor shall cooperate fully with NCPHD in such challenge.

TERMINATION

Termination Upon Breach of Provisions Applicable to Protected Health Information Any other provision of the Agreement notwithstanding, the Agreement may be terminated by NCPHD upon five (5) days written notice to the Contractor in the event that the Contractor breaches any provision contained in this Agreement and such breach is not cured within such five (5) day period; provided, however, that in the event that termination of the Agreement is not feasible, in NCPHD's sole discretion, the Contractor acknowledges and agrees that NCPHD has the right to report the breach to the Secretary, notwithstanding any other provision of this Agreement to the contrary.

Return or Destruction of Protected Health Information upon Termination. Upon termination of the Agreement, the Contractor shall either return or destroy all Protected Health Information received from NCPHD or created or received by the Contractor on behalf of NCPHD and which the Contractor still maintains in any form. The Contractor shall not retain any copies of such Protected Health Information. Notwithstanding the foregoing, to the extent that NCPHD agrees that it is not feasible to return or destroy such Protected Health Information, the terms and provisions of this Addendum shall survive termination of the Agreement and such Protected Health Information shall be used or disclosed solely for such purpose which prevented the return or destruction of such Protected Health Information.

NCPHD Right of Cure. At the expense of the Contractor, NCPHD shall have the right to cure any breach of the Contractor's obligations under this Addendum. NCPHD shall give the Contractor notice of its election to cure any such breach and the Contractor shall cooperate fully in the efforts by NCPHD to cure the Contractor's breach. All requests for payment for such services of NCPHD shall be paid within thirty (30) dyas.

AMENDMENT

NCPHD and Contractor agree to amend this Addendum to the extent necessary to allow either party to comply with the Privacy Standards, the Standards for Electronic

Transactions (45 C.F.R. Parts 160 and 162) and the Security Standards (45 C.F.R. Part 142) (collectively, the "**Standards**") promulgated or to be promulgated by the Secretary or other regulations or statutes. The Contractor agrees that it will fully comply with all such Standards and this it will agree to amend this Addendum to incorporate any material required by the Standards.

IN WITNESS WHEREOF, the parties have made and executed this Agreement by signing below:

CONTACTOR		NORTH CENTRAL PUBLIC HEALTH DISTRICT	
Jane Palmer	3 16 17		3/24/2017
Jane Palmer	Date	Teri Thalhofer, RN, BSN – Director	Date

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2016 Local Public Immunization Program–Delegate Agency-Oregon Immunization Program Addendum Agreement

Name of Delegate Agency: Sherman County Medical Center
Vaccines for Children (VFC) PIN #: ~~P000463~~ PIN - 000188

1. **Vaccines for Children Program Enrollment:** Delegate will maintain enrollment as a Vaccines for Children Provider.

2. **Oregon Vaccine Stewardship Statute.** Delegate will comply with all sections of the Oregon Vaccine Stewardship Statute (http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/RulesLaws/Documents/Law333-047Vac.pdf).

3. **Vaccine Management.**
   a. Delegate will conduct a monthly, physical inventory of all vaccine storage units. Inventories will be kept for a minimum of three years.
   b. Delegate will submit vaccine orders according to the tier assigned by the Oregon Immunization Program (OIP).

4. **Vaccine Billing for Insured Clients.**
   a. Delegate will be billed quarterly by the OIP for billable doses of vaccine.
   b. OIP will bill the published price in effect at the time the vaccine dose is administered.
   c. Delegate may not charge or bill a patient more for the vaccine than the published price.
   d. Payment is due 30 days after the invoice date.
   e. If timely payment is not received, OIP may not fill future vaccine orders until payment is received.

5. **Delegate Agency Reviews and Oversight.** Representative of the Local Public Immunization Program is encouraged to attend the compliance visit conducted at least biennially by the Oregon Immunization Program (OIP).

6. **Required vaccine administration & management documentation and reporting by the delegate agency:**
   a. Delegate will use current, signed, OIP Model Standing Orders.
   b. Delegate will ensure that clinical immunization staff annually view CDC-provided continuing education. Periodic live webinars require preregistration, or pre-recorded webinars are available on demand on the CDC's website.
   c. Delegate will provide to the patient, parent or legal representative, documentation of vaccines received at the visit with either a new immunization record or update the patient's existing record.

7. **Delegate will comply with state and federal statutory and regulatory retention schedules**, available for review at OHA's office located at 800 NE Oregon St, Suite 370, Portland, OR 97232

8. **Tracking and Recall.**
   a. Delegates will use ALERT IIS to determine which vaccinations are due for all immunization patients.

b. Delegates must cooperate with OHA to recall a client if a dose administered to client is found to have been mishandled and/or administered incorrectly, thus rendering such dose subpotent or invalid.

9. **Adverse Events Following Immunization.**
Delegates must complete a VAERS form when:
a. An adverse event occurs, as listed in "Reportable Events Following Immunization", available for review at *http://vaers.hhs.gov/professionals/index#Guidance1*. Form may be completed online by going to https://vaers.hhs.gov/esub/step1. Save the report number for records and send the number to the OIP Vaccine Safety Coordinator via confidential e-mail or fax (971-673-0278).
b. Any other event occurs that delegate believes to be related directly or indirectly to the receipt of any vaccine administered by delegate or others occurs within 30 days of vaccine administration, and results in either the death of the person or the need for the person to visit a licensed health care provider or hospital.
c. Delegate agencies will comply with any VAERS follow-up requested by CDC, VAERS, or OIP.

10. **Ending this agreement**. Either party may end this agreement upon 30 days written notice to all parties, including the State Immunization program. This certification shall be terminated on day of receipt of notice if any of the conditions are not adhered to by the delegate agency or its staff.

☐ **Check box if there is more than one clinic site. Total number of clinic sites: ________**

Delegate Agency Administrator or Director -- ***Please print & include title***	
Caitlin Blagg, District Administrator	
Signature of Delegate Agency Administrator or Director	Date
Caitlin M. Blagg	3/17/17
Name of Delegate Agency Immunization Contact Person-- ***Please print and include title***	
Jerrilea Mayfield, MA / Referral Coordinator	
Name of Local Health Department	
North Central Public District	
Signature of Local Health Department Administrator	Date
[signature], BSN	3/17/2017
Signature of OIP Health Educator	Date
[signature]	3/17/17

Delegate Agency Street Address
110 Main Street
City, State, Zip Code
Moro, OR 97039

NORTH CENTRAL PUBLIC HEALTH DISTRICT

"Caring For Our Communities"

Directors Report for the Board of Health
April 11, 2017

Triennial Review:

NCPHD completed the triennial review site visit portion of the process with our Public Health Division Partners. This has taken a significant amount of time for staff. We are now waiting for the findings to be compiled by the Office of the Director. Steps are already being taken to correct issues and bring the health department into full compliance. The Board of Health can expect a report in July.

Other Activities:
Our tobacco prevention and education coordinator recently attended a national conference on tobacco control efforts. Environmental Health staff attended training around food code. Nurses, WIC Staff and community health workers are currently receiving 'Milk Mob" training to better support breast-feeding families. All clinic staff received training on working with minors around parental involvement in family planning. Our Communicable Disease Investigator recently attended training on infectious disease control in the health care setting. Several staff attended training on health literacy. Four staff attended a training to become more cultural competent when partnering with our Native American neighbors. All of these efforts support the work that keeps our community healthy.

Respectfully submitted,

Teri Thalhofer, RN, BSN