



Public Health
Prevent. Promote. Protect.

North Central Public Health District

"Caring For Our Communities"

North Central Public Health District Executive Committee Meeting

May 8, 2018
3:00 PM
Meeting Room @
NCPHD

AGENDA -

1. **Minutes**
 - a. Approve from 4/10/2018 executive committee meeting
 - b. Set Next Meeting Date (6/12/18. This will be a budget hearing and a full board meeting)
2. **Additions to the Agenda**
3. **Public Comment**
4. **Unfinished Business**
 - a. FY 2018-19 Budget Process
5. **New Business**
 - a. Coaching 2 Connect
 - b. March 2018 Quarterly Recap
 - c. Approve A/P Check Report (April 2018)
 - d. Contracts Review
 - i. 1010448 NCPHD_LHD Amendment #1
 - ii. OHA 154126-5 Agreement
 - iii. Radio Tierra Contract
 - e. 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

“Caring For Our Communities”

419 East Seventh Street
The Dalles, OR 97058-2676
541-506-2600
www.ncphd.org

**North Central Public Health District
Board of Health
Executive Committee
Meeting Minutes
April 10, 2018**

In Attendance: Commissioner Scott Hege – Wasco County **By Phone:** Commissioner Tom McCoy – Sherman County; Leslie Wetherell – Gilliam County

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

Guests Present: None

Minutes taken by: Gloria Perry

Meeting called to order at 3:05pm by Chair Scott Hege

SUMMARY OF ACTIONS TAKEN

MOTION by Commissioner Tom McCoy, second by Commissioner Leslie Wetherell to accept the A/P Checks Issued report for March 2018 as presented.

Vote: 3-0

Yes: Commissioner Tom McCoy, Commissioner Leslie Wetherell, and Commissioner Scott Hege

Abstain: 0

Motion Carried

WELCOME AND INTRODUCTIONS

NEXT MEETING DATE

1. Set next meeting date.
 1. Next scheduled executive committee meeting will be on Tuesday, May 8, 2018 at 3:00pm. Meeting location will be at the North Central Public Health District office located at 419 E. 7th St., The Dalles, OR.

ADDITIONS TO THE AGENDA

1. None

PUBLIC COMMENT

1. None

s:\meeting minutes & agendas\board of health meetings\minutes\2018\boh executive committee meeting minutes 4-10-18 draft.doc

UNFINISHED BUSINESS

1. FY 2018-19 Budget Process
 1. NCPHD's Budget Committee met on April 3, 2018 and approved the proposed 2018-2019 budget.
 2. Since the county contribution amounts are still up in the air, Teri asked the board if they would like NCPHD's budget committee to meet again if, after the three counties budget hearings have occurred and there is a change to the proposed budget that was approved in April. Wasco County's budget hearing is scheduled for May 15 – 16, 2018 which will be after Sherman and Gilliam County's budget hearings. Teri commented that if there is a change to the budget the amount would be below the amount that would require the budget committee to meet again, but would like the Board to make that decision.
 - a. After discussion, the board concurred that the budget committee for NCPHD would not need to meet again.
2. Modernization Grant Update
 1. Staff for this grant have been hired and have all started as of April 1, 2018.
 2. They are working in office space in Annex B, which is the building next to NCPHD. Teri thanked Commissioner Hege for managing the project to get that space usable and also for assembling the 3 desks for our new hires.
 3. Work base for one of the staff will be in Pendleton, Oregon where she lives. The other 2 staff members will be on-site but are currently working remotely from Salem and Portland until April 23rd.
 4. They have been out to Umatilla and Morrow Counties to meet with staff there.
 5. Commissioner Hege asked if the new staff could attend the June 2018 board of health meeting to be introduced and provide a brief overview of their planned work under this grant.

NEW BUSINESS

1. Triennial Review Follow-up
 1. State of Oregon sent a letter to board members advising them that NCPHD has completed their triennial review findings.
 2. Teri gave a brief overview of the Compliance Findings Summary.
 3. Teri commented that every 3 years, the States conducts a review in several program areas for compliance with our program elements. The program elements are the contracts that are reviewed with the board. They say what NCPHD will do for the money and those are based either on Statute Rule or Federal grant requirements.
2. Approve A/P Check Report (March 2018)
 1. Report presented to the board.
 2. A motion was made to approve the A/P Check Report for March 2018 as presented.
3. The following contracts were reviewed with the board:
 1. CGHC Grant Agreement
 2. Hardwick's Custom Painting Agreement
 3. OHA 154663-1 Agreement
 4. OHA RH Program MSA
4. Director's Report – By Teri Thalhofer
 1. Report presented to the board and feedback requested.

Being no further business to be conducted at this time, Commissioner Hege adjourned the board of health meeting at 3:36PM

Signature

Date

Printed Name

{Copy of A/P Check Report for March 2018; CGHC Grant Agreement; Hardwick's Custom Painting Agreement; OHA 154663-1 Amendment; OHA RH Program MSA; and Director's Report for March 2018 attached and made part of this record.}

DRAFT



LEADERSHIP RETREAT LIKE NO OTHER!

www.coaching2connect.com
613.715.4363 or 613.204.0051

May 7-11th, 2018

Mont Tremblant, Quebec Canada

Limited to 8 participants
Program Cost \$3,100 Cdn + tax



Check out what others are saying!
<https://www.youtube.com/watch?v=...> leadership retreat testimonial



Level 1 Human Behavior Coach Certification

- Behavioral leadership strengths - personalized report
- Blessings and cursings of leadership styles
- Strengths, struggles and strategies in connecting with people.
- Developing confidence in "who" you are
- Conflict resolution approaches
- Leadership Spectrum Model
- 4 Levels of leadership for performance
- Presentation boot camp for communicating to connect!
- Character traits that drive results for winning teams

Leadership is influence!

Learn how to maximize your influence with people.

We provide leaders with real actionable **tools**, **ideas** and **techniques** they can take back with them, to dramatically improve their leadership effectiveness.

#1 Priority



EXPLORE – Go deeper into human capital concepts that will stretch the boundaries of how you think about people. We help you understand how to make conditions right for improved communication, trust and engagement.

CHALLENGE – Question and confront established beliefs about yourself and others. We enable the kind of breakthrough moments that are hard to engineer at big conferences or in everyday work settings.

CONNECT – Every day features a balance between learning human behavior principles in leadership, teambuilding, physical activity, and/or quiet reflection time. Our focus is on personal growth, well-being and the soft skills side of leadership (relationships).

Includes all meals, lodging, activities and shuttle to and from the Chalet (from the Ottawa International Airport)
** Excludes flights to and from Ottawa

This workshop is for growth mindset leadership professionals who are serious about improving their skills with people.

You will learn:

- Your core character strengths and how these serve as the foundation for your leadership.
- How to build confidence in yourself and your character strengths, to put yourself in a position to add value to others (take action).
- How to communicate to connect with people!
- The 4 levels of leadership - a roadmap for your level of influence with people.
- The 7-step process for dealing with difficult people.
- How to manage stakeholders' expectations and overcome objections.
- How to regain momentum when the team is down or stuck.
- How to give powerful presentations

Development Category	Understanding Self	Understanding Others	Leading People	Building a Performance Culture	Advanced Leadership
Definition	Self-awareness is the first step in understanding one's value to others in life. It helps build confidence in who you are!	Products and services do not manufacture themselves, people do that. Learn how to connect with others through better communication skills.	Leadership is influence, nothing more, nothing less. Participants will learn how to leverage their character strengths in leadership to guide a team to success.	Winning with a team of people is no accident. Participants will be taught how to build and drive performance by developing a culture based on desired values and behaviors.	A move beyond supervision or management, this development category is for leaders. The skill development is designed to take your leadership team to the next level.
Benefits	Participants emerge with a better understanding of their strengths and how to apply them with other people.	Participants learn how to communicate effectively and motivate all personality styles	Participants learn the core principles of leadership to refine their personal philosophy and develop their teams with purpose.	Participants acquire skills to set high expectations and hold others accountable to the organization's purpose, cause and beliefs.	Participants acquire the skills required to be effective thinkers and leaders for any situation.
35 Training Modules <i>Training modules feature role plays and active participation.</i> <i>We believe that practice is what helps develop skill.</i>	DISC personality strength assessment and debrief	DISC style interaction strengths, struggles and strategies for success	4 Levels of leadership	Teaching character traits that drive results	Presentation skills
	Blessing & cursings of DISC strength styles	Conflict resolution	Managing vs. leading	Building a culture of accountability	Developing a skills inventory to multiply and grow
	Breaking confidence barriers in Mind/Body/Spirit	Everyone communicates, few connect	Change management strategy for success	Setting expectations and behavioral standards	Time management
	Leadership strength style	Understanding teams at work	Leadership philosophy	Building collaboration to get buy in	Stakeholder management
	Fixed vs. growth mindset	Motivating and engaging employees	How successful people think	Performance review and management	Developing the mental toughness to deal with stress and setbacks
	Environmental scan feedback	Helping others manage stress in the workplace	Leadership multiplier	Empowering decision making & problem solving	Setting priorities based on RISK
	Eqi 2.0 Emotional Intelligence	Dealing with difficult people	Maximize engagement to minimize employee turnover	Giving & receiving feedback	Assess, Plan, Prioritize and Perform!



Recap Report
7/1/2017 to 3/31/2018

Account Number	Budgeted	YTD REV	YTD EXP	Balance	Pct	
201 PUBLIC HEALTH FUND						
201.00.1201 NON-DEPARTMENTAL (Interest and SAIF Dividend)	3,000.00	6,191.75	0.00	6,191.75	206.39	
201.23.7141 PUBLIC HEALTH	670,285.00	535,003.56			79.82	
EXP	533,027.00		407,720.10	127,283.46	76.49	
201.23.7142 WIC	171,693.00	131,336.00			76.49	
EXP	186,440.00		143,817.72	-12,481.72	77.14	BUD BAL -14,747
201.23.7143 MCH - CAH	25,786.00	26,747.12			103.73	Fees \$5000 higher than bud
EXP	67,819.00		47,826.48	-21,079.36	70.52	BUD BAL -42,033
201.23.7144 REPROD HEALT	192,002.00	119,804.37			62.40	New grant streams
EXP	290,774.00		188,668.40	-68,864.03	64.88	BUD BAL -98,772
201.23.7145 STATE SUPPOR	36,478.00	30,467.15			83.52	Fees \$4000 higher than bud
EXP	41,207.00		36,371.91	-5,904.76	88.27	BUD BAL -4,729
201.23.7146 ENVIRONMENTAL	110,923.00	102,850.00			92.72	
EXP	121,084.00		87,784.56	15,065.44	72.50	
201.23.7148 PERINATAL HEA	194,282.00	103,384.13			53.21	Private don. not realized
EXP	186,810.00		131,671.63	-28,287.50	70.48	Outstandng rev. fr CGCC
201.23.7149 PHEP	161,190.00	121,899.00			75.62	
EXP	167,375.00		118,403.26	3,495.74	70.74	
201.23.7151 PUBLIC HEALTH	495,000.00	72,946.00			14.74	Bud Amt is full grant
EXP	495,000.00		19,078.57	53,867.43	5.59	
201.23.7152 HEALTH PROMC	136,023.00	80,613.34			59.26	Grants outstanding
EXP	120,294.00		89,124.58	-8,511.24	74.09	Mejour Juntos, 4 Rivers
201.23.7153 IMMUNIZATION	18,006.00	14,031.00			77.92	
EXP	17,332.00		14,027.35	3.65	80.93	
201.23.7154 CACOON & CCN	42,958.00	30,006.60			69.85	Timing of TCM rev.
EXP	48,279.00		34,419.86	-4,413.26	71.29	
201.23.7155 TOBACCO PREV	181,619.00	150,563.00			82.90	CGHC grant period
EXP	183,641.00		78,643.51	71,919.49	42.82	Jan. - Dec. 2018
201.23.7156 WATER	44,326.00	33,474.53			75.52	
EXP	44,592.00		37,817.82		84.81	Adj. personnel
201.23.7158 BABIES FIRST	214,939.00	142,834.00			66.45	Timing of TCM rev.
EXP	254,695.00		194,884.55	-52,050.55	76.52	
201.23.7159 OREGON MOTH	7,248.00	4,572.00			63.08	
EXP	14,702.00		11,084.18	-6,512.18	75.39	BUD BAL -7,454
201.23.7500 PASS THROUGH	15,000.00	8,000.00			53.33	
EXP	15,000.00		7,300.00	700.00	48.67	
201.23.7999 NON-DEPARTMENTAL (Contingency & Unappropriated)	0.00				0.00	
EXP	202,687.00		0.00		0.00	
PUBLIC HEALTH FUND	2,990,758.00	1,714,723.55			57.33	
	2,990,758.00		1,648,644.48		55.41	
BEGINNING BALANCE		333,192				
ENDING BALANCE YTD		399,271				
				66,079.07		Difference btw total rev. & total exp.
OUTSTANDING REVENUE:						
Cacoon FY 18	6,575.00					
Mejour Juntos	113,107.50					Grant period 3/1/18 - 2/28/19
4 Rivers - Network	15,000.00					
STEPP Grant	17,526.00					
	<u>152,208.50</u>					

NCPHD
Accounts Payable Checks
Issued April 2018

Check Date	Check Number	Vendor Name	Amount
4/10/2018	451	IRS	\$10,806.70
4/10/2018	452	ASIFLEX	\$105.00
4/10/2018	453	P E R S	\$11,624.91
4/10/2018	454	OREGON STATE, DEPT OF REVENUE	\$2,720.14
Held in Que	455	OREGON STATE, EMPLOYMENT DEPT	\$399.34
4/25/2018	456	IRS	\$12,428.75
4/25/2018	457	ASIFLEX	\$105.00
Held in Que	458	P E R S	\$11,709.09
4/25/2018	459	OREGON STATE, DEPT OF REVENUE	\$3,142.53
4/25/2018	460	IRS	\$310.92
4/25/2018	461	OREGON STATE, DEPT OF REVENUE	\$68.35
4/4/2018	12334	CIS TRUST	\$28,220.27
4/4/2018	12335	OREGON STATE, DEPT OF HUMAN SERVICES	\$10,000.00
4/6/2018	12336	FRED PRYOR SEMINARS	\$128.00
4/6/2018	12337	GERRARD, ANGELA	\$211.46
4/6/2018	12338	JACK'S BODY SHOP	\$263.10
4/6/2018	12339	OREGON STATE, DEPT OF ENVIRONMENTAL QUA	\$600.00
4/6/2018	12340	QWIK CHANGE LUBE CENTER INC.	\$42.50
4/6/2018	12341	SATCOM GLOBAL INC.	\$57.71
4/6/2018	12342	STAEHNKE, DAVID	\$156.37
4/6/2018	12343	U.S. CELLULAR	\$555.33
4/6/2018	12344	US BANK	\$2,262.72
4/6/2018	12345	WASCO COUNTY	\$278.44
4/10/2018	12346	CYTOCHECK LABORATORY LLC	\$379.50
4/10/2018	12347	H2OREGON BOTTLED WATER INC.	\$59.60
4/10/2018	12348	HARDWICK'S CUSTOM PAINTING	\$4,291.66
4/10/2018	12349	MID-COLUMBIA MEDICAL CENTER	\$337.50
4/10/2018	12350	OFFICE DEPOT	\$76.64
4/10/2018	12351	QWIK CHANGE LUBE CENTER INC.	\$69.85
4/10/2018	12352	RICOH USA INC.	\$151.67
4/10/2018	12353	SPARKLE CAR WASH, LLC	\$6.60
4/10/2018	12354	STAPLES ADVANTAGE	\$769.45
4/10/2018	12355	THE DALLES CHRONICLE	\$60.00
4/10/2018	12356	THE TIMES-JOURNAL	\$170.00
4/16/2018	12357	AHLERS & ASSOCIATES	\$910.00
4/16/2018	12358	BEERY ELSNER & HAMMOND LLP	\$141.00
4/16/2018	12359	CDW GOVERNMENT INC.	\$707.60
4/16/2018	12360	INTERPATH LABORATORY INC.	\$26.25
4/16/2018	12361	NELSON TIRE FACTORY DBA, GILL'S POINT S	\$416.92
4/16/2018	12362	SHRED-IT USA	\$96.30
4/16/2018	12363	STERICYCLE INC.	\$41.40
4/16/2018	12364	THE DALLES CHRONICLE	\$245.00
4/16/2018	12365	ZALAZNIK, JOHN	\$23.00

PAYROLL A/P (EFT)

4/23/2018	12366	CA STATE DISPURSEMENT UNIT	\$231.50	PAYROLL A/P
4/23/2018	12367	NATIONWIDE RETIREMENT SOLUTION	\$1,790.00	
4/23/2018	12368	HARDWICK'S CUSTOM PAINTING	\$4,291.66	
4/23/2018	12369	HEIDI SOFIA VENTURE DBA, HEIDI VENTURE CONSULTING	\$1,300.00	
4/23/2018	12370	OFFICE DEPOT	\$313.12	
4/23/2018	12371	PETTY CASH	\$41.50	
4/23/2018	12372	QWIK CHANGE LUBE CENTER INC.	\$79.90	
4/23/2018	12373	SMITH MEDICAL PARTNERS LLC	\$0.76	
4/23/2018	12374	THERA COM INC	\$575.46	
4/23/2018	12375	UPS	\$108.00	
4/23/2018	12376	WASCO COUNTY	\$616.00	
		TOTAL:	\$114,524.47	

NCPHD Board of Health authorizes check numbers 12334 - 12376 and payroll EFT numbers 451 - 461 totalling \$114,524.47.

Signature _____

Printed Name Scott Hege

Research Subaward Agreement Amendment Number 1

Pass-through Entity (PTE)		Subrecipient	
Institution/Organization ("PTE") Entity Name: Oregon Health & Science University Email Address: spasub@ohsu.edu Principal Investigator: Benjamin Hoffman		Institution/Organization ("Subrecipient") Entity Name: North Central Public Health District Email Address: kathih@co.wasco.or.us Principal Investigator: Teri Thalhofer	
Project Title: Maternal and Child Health Services Block Grant			
PTE Federal Award No. B04MC29358 (Via Subaward 143021)		Federal Awarding Agency: HRSA (via the Oregon Health Authority)	
Subaward Period of Performance: Start Date: 10/01/2016 End Date: 09/30/2018		Amount Funded This Action: \$10,958	Subaward No: 1010448_NCENRAL_LHD
Effective Date of Amendment: 10/01/2017	Total Amount of Federal Funds Obligated to Date: \$21,916	Subject to FFATA: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Automatic Carryover: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Amendment(s) to Original Terms and Conditions

This Amendment revised the above-referenced Research Subaward Agreement as follows:

The PTE Principal Investigator is hereby updated from Brian Rogers to Benjamin Hoffman.

~~The Subrecipient Principal Investigator is hereby updated from Wendy Zicker to Tami Stump.~~ *japm*

Attachment 3A is updated as follows:

Principal Investigator
 Name: Benjamin Hoffman
 Phone: 503.494.6513
 Email: hoffmanb@ohsu.edu

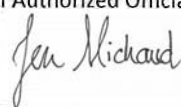
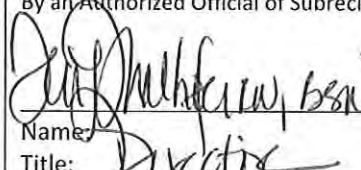
The Period of Performance is hereby extended through 09/30/2018.

The Current Budget Period is from 10/01/2017 through 09/30/2018.

Funds for the Current Budget Period are hereby awarded in the amount of \$10,958 per the Payment Schedule in Attachment 5.1.

The Statement of Work for the Current Budget Period is hereby incorporated as Attachment 5.1, Statement of Work.

All other terms and conditions of this Subaward Agreement remain in full force and effect.

By an Authorized Official of PTE  <small>Digitally signed by Jen Michaud, Subout Grants & Contracts Administrator DN: cn=Jen Michaud, Subout Grants & Contracts Administrator, o=Oregon Health & Science University, ou=Office of Proposal & Award Management, email=michauj@ohsu.edu, c=US Date: 2018.04.11 15:25:40 -0700</small> Date: _____ Jen Michaud Subout Grants & Contracts Administrator	By an Authorized Official of Subrecipient  Date: <u>4/11/2018</u> Name: _____ Title: <u>Director</u>
--	--

SUBAWARD 1010448_1010448_NCENRAL_LHD, Amendment 1
Attachment 5.1

**PAYMENT SCHEDULE FOR THE CURRENT BUDGET PERIOD
10/1/2017 through 09/30/2018:**

PTE shall pay Subrecipient according to the following schedule upon receipt of invoice from Subrecipient. Invoices are to be submitted via email to spasub@ohsu.edu. If email of invoices is not possible, they may be mailed to the Financial Contact listed in Attachment 3A.

Payment 1) Upon full execution of this Agreement and receipt of invoice, PTE will issue an advance payment of \$6,575.

Payment 2) Upon satisfactory completion of the Statement of Work and acceptance of all deliverables for the Current Budget Period, receipt of invoice and Certification of Completion per Attachment 4, PTE will issue a payment of \$4,383.

The final invoice must be recieved no later than 45 days after the end of the budget period and must be clearly marked "FINAL."

**Oregon Center for Children and Youth with Special Health Needs
Title V CYSHCN**

Attachment A – Scope of Work

Part I - Introduction

Mission:

The Oregon Center for Children and Youth with Special Health Needs (OCCYSHN) improves the health, development, and well-being of all of Oregon's children and youth with special health care needs.

Vision:

All of Oregon's children and youth with special health care needs are supported by a system of care that is family-centered, community-based, coordinated, accessible, comprehensive, continuous, and culturally competent.

2015-2020 Oregon Title V CYSHCN - National and State Priorities:

- Medical Home
- Health Care Transition (Transition to Adult Health Care)
- Culturally and Linguistically Appropriate Services (CLAS)

Population of Focus – children and youth with special health care needs (CYSHCN):

“Children with special health needs are those who have or are at risk for a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally. (McPherson, et al., 1998, p. 138).”

Contract Goals:

- Increase capacity of the workforce to support OCCYSHN's mission and vision.
- Contribute to Oregon meeting the Title V CYSHCN national and state priority measures.

Part II - CaCoon – Scope of Work

Up to 30 percent of county's contracted funds must be directed toward the CaCoon program.

Please see Attachment D for breakdown of activities and payments for your local health department (LHD).

Contract Goals:

- Increase families' knowledge, skills, and confidence in caring for children and youth with special health care needs (CYSHCN) through CaCoon home visiting.
- CaCoon focuses on community-based care coordination. Services are provided by LHD-employed registered nurses, and delivered primarily through home visiting.

CaCoon Program Eligibility

- **Age Eligibility:** CaCoon serves children and youth ages birth to 21st birthday.
- **Diagnostic eligibility:** The "B Codes" of the Oregon Child Health Information Data System (ORCHIDS) outline diagnostic eligibility or Targeted Case Management (TCM) diagnostic/condition eligibility as outlined in OAR 410-138-004.
- **Financial Eligibility:** CaCoon is open to all children regardless of insurance status or family income.

Subcontractor Responsibilities (CaCoon Standards):

1. The Subcontractor establishes and maintains a triage system for home visiting that prioritizes the most vulnerable children and youth with special health care needs for CaCoon services.
2. When the subcontractor is unable to provide home visiting services for a child who has been referred, the Subcontractor will, at a minimum...
 - i. Notify the referring entity that Subcontractor is unable to provide services and provide rationale AND
 - ii. Refer the child/family to...
 - primary care (specifically a Patient-Centered Primary Care Home, when available).
 - appropriate educational services
 - a family-support program (such as the Oregon Family to Family Health Information Center).
3. The Subcontractor assures timely contact with CaCoon home-visiting referrals. At a minimum, initial outreach is implemented within ten (10) business days of receiving referral. Initial outreach may be by telephone or other means.
4. All nurses serving CaCoon clients collaborate with the child's health care team to assure that the following assessments are completed for each child/family on the CaCoon caseload:
 - Assessment of child/family's strengths, needs, and goals.

- Assessment of child/family's health-related learning needs.
 - Assessment of child's functional status and limitations, including ability to attend school and school activities.
 - Early and continuous screening for special health care needs including physical, developmental, mental health, and oral health assessments as recommended by the American Academy of Pediatrics.¹
 - Assessment of access to child's health care team members as well as social supports.²
 - Assessment of access to supportive medical and/or adaptive equipment and supplies, *e.g.*, suction machine, wheelchair, medications, formula, feeding tube.
 - Assessment of family financial burden related to care of child with special health care needs.
 - Assessment of housing and environmental safety.
 - Assessment of emergency preparedness.
 - Assessment of preparedness for youth transition to adult health care, work, and independence, if appropriate to age.
 - Assessment of child/family satisfaction regarding services they receive.
5. In partnership with the child/family and the broader health care team, nurses serving CaCoon clients develop the nursing care plan which:
- Is based in, and responsive to accurate and appropriate assessments (see number 4 above).
 - Includes goals, progress notes, and a plan for discharge from CaCoon services.
 - Demonstrates evidence of nursing support to increase child/family engagement with primary care; specifically, a Patient-Centered Primary Care Home when available.
 - Demonstrates evidence of effective coordination with the primary care physician and specialty providers as well as the broader health care team. Coordination includes:
 - Timely and appropriate referral to needed services.
 - Identification and problem-solving around barriers to referral follow-up.
 - Identification and elimination of redundancy of services.
 - Promotion of a shared and actionable plan of care that speaks to the continuum of child/family experience with health care and related systems.
 - Timely, informative, and concise updates that are shared with appropriate members of the health care team, including the primary care provider and the family.
 - Demonstrates evidence of child/family-centeredness, including:

- Strategies to increase the child/family's capacity to obtain, process, and understand health information to make informed decisions about health care
 - Evidence of child/family partnership in developing the plan of care
 - Evidence of interventions that increase the child/family's capacity to implement the plan of care, *e.g.* caregiver support, teaching, and provision of anticipatory guidance.
 - Cultural and linguistic appropriateness.
- Provides for nurse visits that are sufficient in frequency and length to achieve the goals outlined in the care plan.
 - Anticipates and supports youth transition to adult health care, work, and independence.
 - Is re-evaluated as required with changing circumstances, but no less frequently than every six (6) months.
6. Encounter data for every CaCoon visit is entered into the Oregon Health Authority's information management system (either the ORCHIDS database or "Tracking Home-visiting Effectiveness in Oregon" - THEO when it is brought online).
 7. Each CaCoon nurse and supervisor actively participates in educational opportunities that support continuous improvement of his/her CaCoon practice. At a minimum, when beginning his/her CaCoon practice, each CaCoon nurse completes the "Introduction to CaCoon" posted on the OCCYSHN website.
 8. The subcontractor's Principal Investigator (PI) is responsible for compliance with the subcontract. PI may designate a different person to serve as CaCoon Lead as key point of contact with the OCCYSHN staff. The CaCoon Lead will submit the Annual CaCoon Accountability Report which is due to OCCYSHN by September 1, 2018.

¹American Academy of Pediatrics "Bright Futures" - Recommendations for Preventive Pediatric Health Care - Periodicity Schedule. <https://www.aap.org/en-us/professional-resources/practice-support/Pages/PeriodicitySchedule.aspx>

² In addition to the primary care provider and the family, the broader health care team for CYSHCN might include:

- ✓ Child care and/or respite care
- ✓ Children's Intensive In-home Services
- ✓ Community-based family support organizations
- ✓ Community Developmental Disabilities (DD) Programs (CDDP)
- ✓ Dentist/Orthodontist
- ✓ Department of Human Services – Child welfare
- ✓ Durable medical equipment agency
- ✓ Early Intervention/ Early Childhood Special Education (EI/ECSE)
- ✓ Emergency medical services
- ✓ Exceptional Needs Care Coordinator (ENCC) at the Coordinated Care Organization (CCO)
- ✓ Oregon Family to Family Health Information Center (OR F2F HIC)
- ✓ Housing supports
- ✓ Medical specialists
- ✓ Mental health services
- ✓ Occupational therapy

- ✓ Pharmacy
- ✓ Physical therapy
- ✓ School systems, including special education
- ✓ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- ✓ Speech therapy
- ✓ Supplemental Security Income (SSI)
- ✓ Transportation supports

Part III - Shared Plans of Care (SPOC) – Scope of Work

At least 70 percent of county's contracted funds must be directed toward the development and implementation of Shared Plans of Care (SPOC). Please see Attachment D for breakdown of activities and payments for your LHD.

Contract Goals:

- Increase effective and efficient use of the health care system, with focus on the National and State Priority Measures, through development and implementation of Shared Plans of Care (SPOC) for selected CYSHCN.
- Enhance communication and accountability between families of referred children and youth with special health care needs (CYSHCN) and their key providers and service system representatives.

Subcontractor Responsibilities:

1. The Subcontractor's Principal Investigator (PI) is responsible for compliance with the subcontract. PI may designate a different person to serve as SPOC Lead as key point of contact with the OCCYSHN staff.
2. Convene SPOC meetings and communicate with SPOC team members as needed to ensure effective meetings and ongoing care coordination.
3. Engage partner agencies, at the system level, as needed to support the work.
4. The content described in the OCCYSHN-provided SPOC Template, as supported by the SPOC Handbook, is required. (Note that fidelity to formatting of the SPOC Template is not a requirement). (<http://www.ohsu.edu/xd/outreach/occyshn/programs-projects/SPoC.cfm>)
5. The SPOC Team will jointly develop SPOCs in real time. Virtual attendance at meetings may be allowable if all legal and access conditions are met.
6. Include, at a minimum, representatives from the following sectors:
 - i. family member or youth,
 - ii. Medical Home primary care provider or designee,
 - iii. appropriate education system representative,
 - iv. mental/behavioral health provider (if applicable),
 - v. public health professional, and
 - vi. payor.

7. Ensure fidelity to the SPOC process as described in the SPOC Handbook (<http://www.ohsu.edu/xd/outreach/occyshn/programs-projects/SPoC.cfm>)

8. Conduct the total number of required SPOC (numbers vary per LHD). Please see Attachment D for a breakdown of your LHD's activities and payments.
 - 60% of required SPOC are 6-month re-evaluations. Re-evaluations should follow the SPOC process.
 - 40% of required SPOC must be for newly-identified CYSHCN (i.e. initiation of a SPOC for a client who does not have one).
 - Approximately 20% of total SPOC must address **transition** to adult health care for a child 12 years up to their 21st birthday. Please see Attachment D for breakdown of activities.
 - At least 40% of total SPOC must address the needs of a child with a **complex** condition. Please see Attachment D for breakdown of activities and Attachment E for Memorandum with Definition of Complex for SPOC.
 - The transition-focused and complex requirements are not mutually exclusive. That is, a SPOC may serve a CYSHCN who is both transition-focused AND complex. In this case, the SPOC would count toward both the transition requirements AND the complex requirements.

9. Ensure:
 - all appropriate releases of information are signed;
 - participation in monthly OCCYSHN-facilitated technical assistance webinars; and
 - participation in annual SPOC Regional Meetings facilitated by OCCYSHN.

10. Participate in evaluation activities required by OCCYSHN:
 - submit SPOC Information Forms for each SPOC initiated or re-evaluated;
 - offer Study Interest Form to every family and return all completed forms to OCCYSHN;
 - complete a Mid-year Report via REDCap; and
 - complete a Year-end Report via REDCap or email.

Attachment B

Use of Allotment Funds [Section 504]

The SUBAWARDEE may use funds paid to it for the provision of health services and related activities (including planning, administration, education, and evaluation) consistent with its application. It may also purchase technical assistance if the assistance is required in implementing programs funded by Title V.

Funds may be used to purchase technical assistance from public or private entities if required to develop, implement, or administer the MCH Block Grant.

Funds may be used for salaries and other related expenses of National Health Services Corps personnel assigned to the State.

Funds may not be used for cash payments to intended recipients of health services or for purchase of land, buildings, or major medical equipment. Other restrictions apply.

Funds may not be used to make cash payments to intended recipients of services.

Funds may not be provided for research or training to any entity other than a public or non-profit private entity.

Funds may not be used for inpatient services, other than for children with special health care needs or high-risk pregnant women and infants or other inpatient services approved by the Associate Administrator for Maternal and Child Health. Infants are defined as persons less than one year of age.

Funds may not be used to make payments for any item or service) other than an emergency item or service) furnished by an individual or entity excluded under Titles V, XVIII (Medicare), XIX (Medicaid), or XX (Social Services Block Grant) of the Social Security Act.

MCH Block Grant funds may not be transferred to other block grant programs.

Babies First and CaCoon Risk Factors (A Codes and B Codes)

Babies First! (Birth through 4 years of age)	CaCoon (Birth through 20 years of age)
Medical Risk Factors	Diagnoses
A1. Drug exposed infant (See A29)	B1. Heart disease
A2. Infant HIV positive	B2. Chronic orthopedic disorders
A3. Maternal PKU or HIV positive	B3. Neuromotor disorders including cerebral palsy & brachial nerve palsy
A4. Intracranial hemorrhage (excludes Very High Risk Factor B16)	B4. Cleft lip and palate & other congenital defects of the head and face
A5. Seizures (excludes VHR Factor B18) or maternal history of seizures	B5. Genetic disorders (i.e., cystic fibrosis)
A6. Perinatal asphyxia	B6. Multiple minor physical anomalies
A7. Small for gestational age	B7. Metabolic disorders
A8. Very low birth weight (1500 grams or less)	B8. Spina bifida
A9. Mechanical ventilation for 72 hours or more prior to discharge	B9. Hydrocephalus or persistent ventriculomegaly
A10. Neonatal hyperbilirubinemia	B10. Microcephaly & other congenital or acquired defects of the CNS including craniosynostosis
A11. Congenital infection (TORCH)	B12. Organic speech disorders (dysarthria/dyspraxia)
A12. Central nervous system infection (e.g., meningitis)	B13. Hearing loss
A13. Head trauma or near drowning: monitoring change	B23. Traumatic brain injury
A14. Failure to grow	B24. Fetal Alcohol Spectrum Disorder
A16. Suspect vision impairment: monitoring change	B25. Autism, Autism Spectrum Disorder
A18. Family history of childhood onset hearing loss	B26. Behavioral or mental health disorder with developmental delay
A24. Prematurity	B28. Chromosome disorders (e.g., Down syndrome)
A25. Lead exposure	B29. Positive newborn blood screen
A26. Suspect hearing impairment: newborn hearing screen REFER	B30. HIV, seropositive conversion
A29. Alcohol exposed infant	B31. Visual impairment
Social Risk Factors	Very High Risk Medical Factors
A19. Maternal age 16 years or less	B16. Intraventricular hemorrhage (grade III, IV) or cystic periventricular leukomalacia (PVL) or chronic subdurals
A21. Parental alcohol or substance abuse	B17. Perinatal asphyxia <u>accompanied by</u> seizures
A22. At-risk caregiver	B18. Seizure disorder
A23. Concern of parent/provider	B19. Oral-motor dysfunction requiring specialized feeding program (gastrostomies and/or failure to grow, both organic and non-organic)
A28. Parent with history of mental illness	B20. Chronic lung disease (e.g., on oxygen, infants with tracheostomies)
A30. Parent with developmental disability	B21. Suspect neuromuscular disorder including abnormal neuromotor exam at NICU discharge
A31. Parent with Child Welfare history	
A32. Parent with domestic violence history	Developmental Risk Factors
A33. Parent with limited financial resources	B22. Developmental delay
A34. Parent with sensory impairment or physical disability	
A35. Parent with inadequate knowledge and supports	Other
A36. Other evidence-based social risk factor	B90. Other chronic conditions not listed
Other	
X99. Child is not being enrolled in High Risk Infant Tracking protocol	
X00. Change in X99 status to enrollment in High Risk Infant Screening Protocol	

Babies First Risk Factor Definitions

Babies First! Medical Risk Factors		
A1.	Drug exposed infant (See A29)	Documented history of maternal drug use or infant with positive drug screen at birth
A2.	Infant HIV Positive	Infant tested positive at birth or after 1 year of age
A3.	Maternal PKU or HIV Positive	Maternal history of PKU or mother tested positive HIV virus
A4.	Intracranial hemorrhage (excludes Very High Risk Factor B16)	Subdural, subarachnoid, intracerebral, or intraventricular hemorrhage, Grade I or II. Excludes Grade III or IV hemorrhage, or other factors listed in B16.
A5.	Seizures (excludes Very High Risk Factor B18) or maternal history of seizures	History of seizure disorder in mother. Seizures not requiring medical intervention (i.e., febrile seizures). Excludes factors in B18.
A6.	Perinatal asphyxia	Perinatal asphyxia (includes one or more of the following: 5 minute Apgar score of 4 or less, no spontaneous respiration until 10 minutes of age, hypotonia persisting to 2 hours of age, or renal failure & other medical complications of asphyxia).
A7.	Small for gestational age	Birth weight below 10 th percentile for gestational age
A8.	Very low birth weight	Birth weight 1500 grams or less
A9.	Mechanical ventilation	For 72 hours prior to hospital discharge
A10.	Neonatal hyperbilirubinemia	Requiring treatment with exchange transfusion
A11.	Congenital infection (TORCH)	Toxoplasmosis/Toxoplasma gondii, other infections (hepatitis B, syphilis, varicella-zoster virus, HIV, and parvovirus), rubella, cytomegalovirus, herpes simplex virus
A12.	Central nervous system (CNS) infection	Includes bacterial meningitis, herpes, or viral encephalitis/meningitis with no sequel.
A13.	Head trauma or near drowning: monitoring for change	Head trauma with loss of consciousness, needs monitoring
A14.	Failure to grow	Failure to grow. Unknown etiology needs persistent referral for medical work-up and ongoing monitoring for change.
A16.	Suspect vision impairment: monitoring for change	Inability to visually fix or track per vision screen

Babies First! Medical Risk Factors		
A18.	Family history of childhood hearing loss	Family member is a blood relative and loss is not associated with injury, accident or other non-genetic problem.
A24.	Prematurity	Infant born before completion of 37 weeks gestation, regardless of birth weight. For Babies First program, also includes low birth weight infants, birth weight less than 2500 grams.
A25.	Lead exposure	Blood lead levels >10µg/dL
A26.	Suspect hearing impairment: newborn hearing screen REFER	Newborn hearing screening status REFER, needs further assessment and monitoring.
A29.	Alcohol exposed infant	Heavy and/or Binge Drinking <u>at any time during pregnancy</u> . Heavy Drinking is more than one alcoholic drink per day on average. Binge Drinking is 4 alcoholic drinks or more in one sitting. Often Heavy Drinking also includes Binge Drinking. However, both do not have to have occurred during the pregnancy to use this risk code.

Babies First! Social Risk Factors		
A19.	Maternal age 16 years or less	Mother was 16 years or less at time of delivery.
A21.	Parental alcohol or substance abuse	Known or suspected abuse of substances
A22.	At-risk caregiver	Suspect caregiver/child interaction, incarcerated parent, no prenatal care
A23.	Concern of parent or provider	Any other concern related to infant growth, physical or emotional health, or development.
A28.	Parent with history of mental illness	Parent reports or has current symptoms of mental health problems.
A30.	Parent with developmental disability (DD)	Parent has a disability that is likely to continue, and significantly impact adaptive behavior. DD includes mental retardation, autism, cerebral palsy, epilepsy, or other neurological disabling conditions that require training or support similar to that required by individuals with intellectual disabilities.
A31.	Parent with Child Welfare history	Parent has a history of being abused and/or neglected as a child, or a history of abusing or neglecting a child.

Babies First! Social Risk Factors		
A32.	Parent with domestic violence history	Parent is impacted by current or past history of domestic violence: a pattern of assaultive and/or coercive behaviors including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their domestic or intimate partners.
A33.	Parent with limited financial resources	Inadequate financial resources. Struggles to provide basic needs: food, clothing, shelter, utilities.
A34.	Parent with sensory impairment or physical disability	Sensory impairment or incapacitating physical disability.
A35.	Parent with inadequate knowledge and supports	Parent has inadequate knowledge and abilities related to basic infant care, and has inadequate social support and limited coping abilities.
A36.	Other evidence-based social risk factor	Other social risk factor, established through research, is associated with poor child health outcomes.

Babies First! Other Risk Factors		
X99.	Child is not being enrolled in High Risk Infant Tracking protocol	<p>The client is not being enrolled in the HRI (High Risk Infant) tracking protocol. The nurse does not intend to follow or monitor the client for growth and development, according to the protocol listed in the Babies First! Manual. This could be a client who is seen once or twice for breastfeeding support, or for an initial assessment that indicated the client did not need HRI follow-up.</p> <p>Client must be enrolled in Babies First, NFP, or CaCoon if TCM billing occurs.</p>
X00.	Change in X99 status to enrollment in High Risk Infant Screening Protocol	If a child was originally determined to fit into the X99 category and then the nurse later determines she will enroll the child in the HRI protocol, then the code X00 is added to the eligibility criteria.

CaCoon Risk Factor Definitions

CaCoon Diagnoses		
B1.	Heart disease	Congenital or acquired heart disease or arrhythmias
B2.	Chronic orthopedic disorders	Congenital or acquired, chronic or recurrent orthopedic problems, e.g., club feet, congenital hip dislocation, juvenile rheumatoid arthritis and growth disorders
B3.	Neuromotor disorders including cerebral palsy & brachial nerve palsy	Static neuromotor disorder, including cerebral palsy and brachial nerve palsy (congenital or acquired); primary muscle disease; and movement disorders
B4.	Cleft lip and palate & other congenital defects of the head & face	Cleft lip and/or palate, submucousal cleft palate or congenital/acquired velopharyngeal incompetence. Anomalies of the face or cranium that are sufficient to interfere with function or to significantly alter appearance. Examples of syndromes which typically fit these criteria: Crouzon; Apert's; Goldenhaar's, Microtia/atresia.
B5.	Genetic disorders (i.e., cystic fibrosis)	Any condition that can be inherited including single gene disorders and chromosome abnormalities
B6.	Multiple minor physical anomalies	Multiple minor anomalies, one or more major anomalies, or a combination of minor and major anomalies.
B7.	Metabolic disorders	Inborn errors of metabolism including amino acid disorders (e.g. PKU), fatty acid oxidation disorders, organic acid disorders, storage disorders, galactosemia, vitamin D deficient rickets.
B8.	Spina bifida	Neural tube defects including myelomeningocele, spinal cord and peripheral nerve injury
B9.	Hydrocephalus or persistent ventriculomegaly	Congenital or acquired dilatation of the cerebral ventricles
B10.	Microcephaly & other congenital or acquired defects of the CNS including craniosynostosis	Congenital small head size; brain injury acquired by postnatal neurological insult (i.e., vascular accident, shaken baby syndrome, CNS tumor or toxin, or head trauma)
B12.	Organic speech and language disorders (dysarthria/dyspraxia, only oral motor dysfunction, dysphasia)	Disorders resulting from congenital or acquired deficits involving neuromotor, structural, oral systems

CaCoon Diagnoses		
B13.	Hearing loss	As confirmed by diagnostic evaluation
B23.	Traumatic brain injury	An injury to the brain by an external physical force or event, resulting in the impairment of one or more of the following areas: speech, memory, attention, reasoning, judgment, problem solving, motor abilities, and psychosocial behavior
B24.	Fetal Alcohol Spectrum Disorder	A pattern of physical features and developmental delay that occurs in children whose mother consumed alcohol during pregnancy
B25.	Autism, Autism Spectrum Disorder	Confirmed diagnosis of developmental disorder affecting communication, understanding language, play, and interaction with others, often with stereotypical behaviors. E.g., Autism with Mental Retardation, High Functioning Autism, Pervasive Developmental Disability, Asperger's Syndrome.
B26.	Behavioral or mental health disorder with developmental delay	Confirmed diagnosis of extreme or unacceptable chronic behavior problems or maladaptive behavior; or medical diagnosis of mental health disorder. Either condition must also have developmental delay. Not for children with ONLY mental health disorders. Examples of individuals who qualify: a three year old who can no longer attend day care because of aggressive behavior and whose language is delayed but without signs of autism; a child diagnosed with OCD and cognitive impairment; a child whose parents are considering out of home placement who also qualifies for special education.
B28.	Chromosome disorders, e.g., Down syndrome	Any chromosome disorder, including trisomies, monosomies, deletions, duplications or rearrangements.
B29.	Positive newborn blood screen	Positive newborn screening blood test or confirmed condition detected by newborn screening.
B30.	HIV, seropositive conversion	Infant/child without maternal antibodies, producing own HIV antibodies.
B31.	Visual impairment	Inability to visually track or fix, medical diagnosis of visual impairment requiring educational accommodation.

CaCoon		
Very High Risk Medical Factors		
B16.	Intraventricular hemorrhage (Grade III, IV) or cystic periventricular leukomalacia (PVL) or chronic subdurals	Intracranial hemorrhage usually occurring due to anoxia, birth trauma, or disturbances in neonatal circulation
B17.	Perinatal asphyxia <u>accompanied by seizures</u>	Perinatal asphyxia accompanied by seizures resulting from the anoxic event (asphyxia includes one or more of the following: 5 minute Apgar score of 4 or less, no spontaneous respiration until 10 minutes of age, hypotonia persisting to 2 hours of age, or renal failure & other medical complications of asphyxia)
B18.	Seizure disorder	Seizures requiring medical intervention and where family needs assistance accessing medical and/or other services
B19.	Oral-motor dysfunction requiring specialized feeding program (gastrostomies) and/or failure to grow, both organic and non-organic	Difficulty coordinating suck/swallow/breathing; reflux; inadequate suck, lip closure (around bottle, cup, or spoon), poor tongue motion, no tongue laterization, no munching or chewing in older children, organic and non-organic Failure To Thrive
B20.	Chronic lung disease (e.g., on oxygen, infants with tracheostomies)	Respiratory distress syndrome, transient tachypnea of the newborn, meconium aspiration syndrome, bronchiopulmonary dysplasia, trachent malacia, hypoplastic lung disease, cystic hygroma, near drowning
B21.	Suspect neuromuscular disorder	Abnormal motor screen or abnormal exam at NICU discharge, or test results that are suggestive of cerebral palsy or other neuromotor disorders

CaCoon		
Developmental Risk Factors		
B22.	Developmental Delay	Below average performance, including delays in cognitive, motor, communication and/or social skills; abnormal developmental screening results on a standardized developmental test, including children with behavioral concerns related to their delays.

CaCoon Other		
B90.	Other chronic conditions not listed	Other chronic health conditions, especially where family needs significant assistance accessing medical or other needed services.

**North Central Public Health District (Wasco-Gilliam-Sherman)
FY18 Activity Breakdown and Payment Schedule**

North Central Public Health District (Wasco-Gilliam-Sherman) shall complete the following:

CaCoon Activities 30%	SPOC Activities 70%	Total Subcontract 100%
\$3,287	\$7,671	\$10,958

With your SPOC activities, you agree to complete the following number of SPOC in the following categories (see Attachment A Part III (SPOC scope of work) and Attachment E for definitions of complex and further details)

2	Re-evaluation
1	New
3	Total SPOC

Each SPoC developed will serve a unique child or youth and their family.

Of the total SPOC to be completed:

a minimum of 1 SPOCs; and
a minimum of 1 must be Transition-Focused SPOCs

Note: The transition-focused and complex requirements are not mutually exclusive. That is, a SPOC may serve a CYSHCN who is both transition-focused AND complex. In this case, the SPOC would count toward both your transition-focused requirements AND your complex requirements.

This subcontract will be paid in two installments on the following schedule:

	Direct Costs	Indirect Costs	Total Costs
LHD to invoice OHSU an initial 60% as soon as subcontract is fully executed	\$5,978	\$597	\$6,575
LHD to invoice OHSU the FINAL 40% after LHD has submitted all required deliverables	\$3,985	\$398	\$4,383
Total Funding	\$9,963	\$995	\$10,958

January 19, 2017

ATTACHMENT E

MEMORANDUM

TO: OCCYSHN Local Public Health Partners

FROM: OCCYSHN SPOC Implementation Team

RE: Definition of Complex for SPOC

Institute on
Development & Disability

Oregon Center for Children & Youth
with Special Health Needs
(OCCYSHN)

Mail code CDRC
707 SW Gaines Street
Portland, OR 97239
tel 503-494-8303
toll free 1-877-307-7070
fax 503-494-2755
occyshn@ohsu.edu
www.occyshn.org

Children and youth with special health care needs (CYSHCN) are “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition, and who also require health and related services of a type or amount beyond that required by children generally” (McPherson et al., 1998).

For the purposes of county SPOC implementation, CYSHCN may be identified as complex if they have (a) medically complex conditions or (b) have both a health condition(s) and social complexity(ies).

- CYSHCN with *medical complexity* “have multiple significant chronic health problems that affect multiple organ systems and result in functional limitations, high health care need or utilization, and often the need for or use of medical technology” (Kuo & Houtrow, 2016, p. e1).

i. Examples

- A child with a genetic syndrome with an associated congenital heart defect, difficulty with swallowing, cerebral palsy, and a urologic condition. The child requires the care of a primary care physician, pediatric subspecialists, home nurses, rehabilitative and habilitative therapists, community-based services, pharmaceutical therapies, special nutritional attention, and durable medical equipment.

- A child with a chronic neurodevelopmental disability in need of assistance with medical equipment, such as a tracheostomy and gastrostomy tubes.

ii. Functional limitations are restrictions in the child’s ability to do the things typically developing children of the same age can do in their daily lives. The limitations may be permanent or temporary. Examples include inability to perform tasks like dressing or walking or unable to participate in life events like attending school. More information is available on functional limitations in the World Health Organization’s *International Classification of Functioning, Disability, and Health (ICF)*.

- CYSHCN with *social complexity* have a physical, developmental, behavioral, or emotional condition and they, or their families, have experienced or currently are experiencing one or more of the following:

- | | |
|---|---|
| 1. Adolescent exposure to intimate partner violence | 10. Low English proficiency |
| 2. Child abuse/neglect – child welfare system involvement | 11. Low parent educational attainment |
| 3. Child criminal justice involvement | 12. Parent criminal justice involvement |
| 4. Child mental illness | 13. Parent death |
| 5. Child substance abuse | 14. Parent domestic violence |
| 6. Discontinuous insurance coverage | 15. Parent mental illness |
| 7. Foreign born parent | 16. Parent physical disability |
| 8. Foster care | 17. Parent substance abuse |
| 9. Homelessness | 18. Severe poverty (TANF eligible) |

Source: Center of Excellence on Quality of Care Measures for Children with Complex Needs, University of Washington & Seattle Children’s Research Institute, 2016

ATTACHMENT F

Local Health Departments (LHD) FY18 Deliverables Checklist
October 1, 2017 - September 30, 2018

Done	Due Date(s) / Prompt	Item	Subcontractor Responsibility
✓	As soon as possible	FY18 Contact Form	Subcontractor completes and returns to occyshn@ohsu.edu
	Email received from michauj@ohsu.edu in Fall 2017	Subcontracts for FY18	Subcontractor signs and returns to Jen Michaud (michauj@ohsu.edu) for OHSU to fully execute FY18 subcontracts
	After subcontract is fully executed	First Invoice	Subcontractor submits <u>signed</u> invoice to spasub@ohsu.edu after contract execution
	Feb-March 2018	SPOC Mid-Year Report [to meet Att 4, checked box #2 deliverables]*	Unique weblink will be sent to SPOC Lead
	By 9/1/18	CaCoon Accountability Report [to meet Att 4, checked box #1 deliverables]	Unique weblink to be sent to CaCoon Lead in July 2018 who submits via Survey Monkey
	9/30/18	FY18 Contract Period ends	
	Ongoing, all due no later than 9/30/18	SPOC Information Forms [to meet Att 4, checked box #2 deliverables]	Weblink provided to SPOC Lead via email on a monthly basis
	Ongoing, all due no later than 9/30/18	SPOC Family Survey Interest Form [to meet Att 4, checked box #2 deliverables]	SPOC Lead completes with interested family; faxes to OCCYSHN at 503-494-2755
	Aug-Sept 2018	SPOC Year-End Report [to meet Att 4, checked box #2 deliverables]	Unique weblink will be sent to SPOC Lead
	By 11/15/18	Certificate of Completion [to meet Att 4, checked box #5 deliverables]	Subcontractor sends to spasub@ohsu.edu Must be included in Final Invoice
	By 11/15/18	Final Invoice Must contain Certificate of Completion	Subcontractor submits <u>signed</u> final invoice to spasub@ohsu.edu . Must be labeled FINAL
	By 11/30/18	Final Invention Statement and Certificate Form [Att 4, checked box #4]	Subcontractor must complete, sign, and submit form to occyshn@ohsu.edu . Negative report is still due.

*Attachment 4 of the original subcontract agreement cite reporting requirements

Agreement #154126



**FIFTH AMENDMENT TO OREGON HEALTH AUTHORITY
2017-2019 INTERGOVERNMENTAL AGREEMENT FOR THE
FINANCING OF PUBLIC HEALTH SERVICES**

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.

This Fifth Amendment to Oregon Health Authority 2017-2019 Intergovernmental Agreement for the Financing of Public Health Services, effective July 1, 2017 (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 431.003, as the Local Public Health Authority for Gilliam, Wasco, and Sherman Counties.

RECITALS

WHEREAS, OHA and LPHA wish to modify the Financial Assistance Award 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. Section 1 of Exhibit C entitled "Financial Assistance Award" of the Agreement is hereby superseded and replaced in its entirety by Attachment A attached hereto and incorporated herein by this reference. Attachment A must be read in conjunction with Section 3 of Exhibit C, entitled "Explanation of Financial Assistance Award" of the Agreement.
2. 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 B, attached hereto and incorporated herein by this reference.
3. 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.
4. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.
5. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.
6. The parties expressly ratify the Agreement as herein amended.
7. 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.

8. 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.

9. Signatures.

By: Lillian Shirley
Name: /for/ Lillian Shirley, BSN, MPH, MPA
Title: Public Health Director
Date: 4-9-18

GILLIAM, WASCO, AND SHERMAN COUNTIES LOCAL PUBLIC HEALTH AUTHORITY

By: Ten C. Thalhofer, BSN
Name: Ten C. Thalhofer
Title: Director
Date: 3/21/2018

DEPARTMENT OF JUSTICE – APPROVED FOR LEGAL SUFFICIENCY

Agreement form group-approved by D. Kevin Carlson, Assistant Attorney General, Tax and Finance Section, General Counsel Division, Oregon Department of Justice by email on July 25, 2017, copy of email approval in Agreement file.

REVIEWED BY OHA PUBLIC HEALTH ADMINISTRATION

By: Mai Quach
Name: Mai Quach (or designee)
Title: Program Support Manager
Date: 4-6-18

**Attachment A
Financial Assistance Award**

State of Oregon Oregon Health Authority Public Health Division		Page 1 of 3	
1) Grantee Name: North Central Public Health District		2) Issue Date February 6, 2018	This Action AMENDMENT FY2018
Street: 419 E. 7th Street, Room 100 City: The Dalles State: OR Zip Code: 97058-2676		3) Award Period From July 1, 2017 Through June 30, 2018	
4) OHA Public Health Funds Approved			
Program	Previous Award	Increase/ (Decrease)	Grant Award
PE 01 State Support for Public Health	36,493	0	36,493
PE 03 TB Case Management	622	0	622 (g,h)
PE 11 Oregon Climate and Health Collaborative	28,500	0	28,500 (k,o)
PE 12 Public Health Emergency Preparedness	143,440	0	143,440 (d)
PE 13 Tobacco Prevention & Education	93,833	0	93,833
PE 40 Women, Infants and Children FAMILY HEALTH SERVICES	157,558	0	157,558 (b,c,m)
PE 41 Reproductive Health Program FAMILY HEALTH SERVICES	33,808	0	33,808 (a)
PE 42 MCH/Child & Adolescent Health -- General Fund FAMILY HEALTH SERVICES	8,973	0	8,973 (i)
PE 42 MCH-TitleV -- Child & Adolescent Health FAMILY HEALTH SERVICES	13,914	0	13,914 (i,j)
PE 42 MCH-TitleV -- Flexible Funds FAMILY HEALTH SERVICES	32,466	0	32,466 (i,j)
PE 42 MCH/Perinatal Health -- General Fund FAMILY HEALTH SERVICES	4,781	0	4,781 (i)
PE 42 Babies First FAMILY HEALTH SERVICES	15,313	0	15,313
5) FOOTNOTES:			
a) \$33,808 Award amount is estimated for FY2018. OHA/PHD has not received the Notice of Grant Award for the title X funding. Adjustment might be needed once the Notice of Award is received.			
b) The July-September 2017 grant is \$473,979 ; \$8,796 must be expended for Nutrition Education. \$1,929 must be expended for Breastfeeding Promotion.			
c) The October-June FY2018 grant is \$113,580 ; \$22,716 must be expended for Nutrition Education. \$5,787 must be expended for Breastfeeding Promotion.			
d) \$143,440 Award amount is estimated for FY2018. OHA/PHD has not received the Notice of Award for funding. Adjustments might be needed once Notice of Award has been received by OHA/PHD.			
e) Funds provided under this Agreement are intended to enable Local Public Health Authorities to assume primary responsibility for the quality and safety of drinking water provided by most of the public water systems located within the Local public Health Authority's jurisdiction, and may only be used in accordance with and subject to the requirements and limitations set forth below, to deliver the Safe Drinking Water services described in the Program Element Description.			
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			Page 2 of 3
1) Grantee Name: North Central Public Health District Street: 419 E. 7th Street, Room 100 City: The Dalles State: OR Zip Code: 97058-2676	2) Issue Date February 6, 2018	This Action AMENDMENT FY2018	
		3) Award Period From July 1, 2017 Through June 30, 2018	
4) OHA Public Health Funds Approved			
Program	Previous Award	Increase/ (Decrease)	Grant Award
PE 42 MCH Title V -- Oregon MothersCare FAMILY HEALTH SERVICES	6,103	0	6,103 (i,j)
PE 43 Immunization Special Payments	18,704	0	18,704
PE 49 Private Domestic Wells & Public Health	7,500	0	7,500 (l)
PE 50 Safe Drinking Water Program	42,184	0	42,184 (e,f)
PE 51 Public Health Modernization Implementation	182,368	0	182,368 (n)
5) FOOTNOTES: f) \$42,184 Award amount is estimated for Fiscal Year 2018. OHA/PHD has not yet received the Notice of Award for the funding. Adjustments might be needed once the Notice of Award is received by OHA/PHD. g) \$122 Award amount for the period 7/1/2017 - 12/31/17 must be spent by 12/31/2017. h) \$122 Award amount for period from 1/1/2018 - 6/30/2018 is estimated. OHA/PHD has not yet received the Notice of Award for that period's funding. Adjustments might be needed once the Notice of Award is received by OHA/PHD. i) Funds will not be shifted between categories or fund types. The same program may be funded by more than one fund type, however, federal funds may not be used as match for other federal funds (such as Medicaid). j) Funds for the MCH Title V programs for the period of 7/1/17-9/30/17 must be spent by 9/30/17. k) \$28,500 Must be spent by August 31st, 2017.			
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		Page 3 of 3	
1) Grantee Name: North Central Public Health District		2) Issue Date February 6, 2018	This Action AMENDMENT FY2018
Street: 419 E. 7th Street, Room 100 City: The Dalles State: OR Zip Code: 97058-2676		3) Award Period From July 1, 2017 Through June 30, 2018	
4) OHA Public Health Funds Approved			
Program	Previous Award	Increase/ (Decrease)	Grant Award
TOTAL	826,560	0	826,560
5) FOOTNOTES:			
l) Effective Amendment #5, terminating PE 49: Private Domestic Wells and Public Health. Funding for PE 49 ended on Sep. 29, 2017. Removing PE 49 from the 2017-2019 Intergovernmental Agreement. m) The July-September portion must be spent by September 30th, 2017. \$5,866 is the year-end one-time funding adjustment. \$253 is the second fresh fruit and veggies grant adjustment. n) \$182,368 is for the period December 1st, 2017 to June 30th, 2018. o) Effective Amendment #5, terminating PE 11: Climate Change and Public Health. Funding for PE 11 ended on Aug. 31, 2017. Removing PE 11 from the 2017-2019 Intergovernmental Agreement.			
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 B

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

PE 03: Tuberculosis Services									
Federal Award Identification Number(FAIN):		5NU52PS004708-03-00		5NU52PS004708-04-00					
Federal Award Date:		12/05/16		12/19/17					
Performance Period:		07/01/17-12/31/17		01/01/18-06/30/18		07/01/17-06/30/18			
Federal Awarding Agency:		CDC		CDC		State General Funds			
CFDA Number:		93.116		93.116		N/A			
CFDA Name:		Tuberculosis Control Programs		Tuberculosis Control Programs		TB Control & Prevention			
Total Federal Award:		\$604,598		\$604,598 Assumed		\$144,787			
Project Description:		TB Control & Prevention		TB Control & Prevention		TB Control & Prevention			
Awarding Official:		Gladys Gissentanna, Grants Mgmt Officer		Arthur Lusby, Grants Management Officer					
Indirect Cost Rate:		17.45%		16.41%					
Research And Development(Y/N):		N		N		N			
Agency/Contractor Name	DUNS	Award Amount		Award Amount		Award Amount	Total		
NCPHD	032640580	\$	122	\$	122	\$	378	\$	622

OHA - 2017-2019 INTERGOVERNMENTAL AGREEMENT - FOR THE FINANCING OF PUBLIC HEALTH SERVICES

PE 11: Oregon Climate and Health Collaborative		
Federal Award Identification Number(FAIN):	NUE1EH001327-01-00	
Federal Award Date:	08/22/16	
Performance Period:	09/01/16-08/31/17	
Federal Awarding Agency:	CDC	
CFDA Number:	93.070	
CFDA Name:	Environmental Public Health and Emergency Response	
Total Federal Award:	\$178,089	
Project Description:	Funding from Multnomah County via CDC (<i>Multnomah County is serving as the fiscal agent</i>)	
Awarding Official:	Multnomah County Health Department Environmental Health Services 847 NE 19th Ave Portland, OR 97232 Andrea Hamberg andrea.hamberg@multco.us	
Indirect Cost Rate:	53.80%	
Research And Development(Y/N):	N	
Agency/Contractors Name	DUNS	Award Amount
NORTH CENTRAL	032640580	\$28,500

PE 49: Private Domestic Wells and Public Health		
Federal Award Identification Number(FAIN):	5NUE2EH001330-02-00	
Federal Award Date:	08/26/16	
Performance Period:	9/30/2015 - 9/29/2020	
Federal Awarding Agency:	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:	Building Capacity in Local Public Health Authorities (LPHA)	
Awarding Official:	Ralph U. Robinson	
Indirect Cost Rate:	17.45%	
Research And Development(Y/N):	N	
Agency/Contractors Name	DUNS	Award Amount
NCPHD	032640580	\$ 7,500

Radio Tierra Underwriter Contract

PO Box 859, Hood River, OR 97031

Phone: (541) 387-3772 Email: main@radiotierra.org

Becoming an underwriter of Radio Tierra will expose your business in the following ways:

1. By being an underwriter of Radio Tierra, your company will help provide a forum for airing views and information on important issues. Radio Tierra helps expand educational and cultural opportunities for youth and adults in our community. Our listeners, which will include your clients, customers and employees will thank you. This station fulfills a great need in our community.
2. Tax Benefit – We are a registered as a 501(c)(3) status. Please consult with your tax advisor regarding qualifications for tax benefits. TAX ID #93-1078202.
3. Your partnership is a cost-effective service to the entire Gorge. Airtime is broadcast to reach Stevenson, Hood River, White Salmon, The Dalles, Parkdale and in between. You will be investing in the quality of life of your neighbors in the Gorge area by making available a plethora of programming only available through Radio Tierra – from local music and locally produced environmental news to alternative, high-quality national programming and music from around the world.

We extend our sincerest thank you to the businesses, agencies and individuals who support Radio Tierra. Please check here if you would like to remain as an anonymous sponsor.

The contract of underwriting messages is regulated by the Federal Communications Commission (FCC). The FCC stipulates that the underwriting announcements identify but do not promote specifics (please see next page for more FCC information).

I commit to a partnership in support of Radio Tierra by providing my information and signing below.

Name of person or business: North Central Public Health District _____

Address: 419 E 7th, The Dalles, OR, 97058 _____

Phone: (541) 506-2631 _____ Email: tanyaw@ncphd.org _____

Announcements per month: **20** Time Period: _____ Annual _____ **Months 2** Weeks _____

Pre-recorded Live _____ **One-Time Amount: \$ 160.00** Monthly Amount: \$ _____

Underwriter Service Announcement: Same as in 2017 (already recorded) _____

Your support is gladly acknowledged on the air whenever you make a contribution to Radio Tierra KZAS FM. Your underwriting contribution is a gift to the community; your dollars help fund information and music that feed the only bilingual station in the Gorge area. Our Spanish-speaking listeners learn about current events, news, and educational opportunities and enjoy native music on our station.

PLAN A: BUSINESSES and NON-PROFITS (ten or fewer employees)

Number of Announcements	20	30	40
Monthly Rate	\$80	\$110	\$145
Announcement Production:	\$75 per 30 second announcement		

PLAN B: BUSINESSES and NON-PROFITS (eleven or more employees)

Number of Announcements	20	30	40
Monthly Rate	\$130	\$180	\$230
Announcement Production:	\$150 per 30 second announcement		

The Federal Communications Commission (FCC) regulates the content of underwriting messages. It is important that you review and agree with the following language guidelines when considering and scripting your on-air announcement. We are willing to help develop an appropriate script to help you achieve maximum impact within the parameters established by the FCC. Radio Tierra reserves the right to edit your announcement to ensure compliance with FCC regulations.

The FCC allows "enhanced underwriting announcements" that identify a sponsor, what their business is, and where they are located, but such information must be provided in an objective, non-promotional manner. Objective information about products of sponsor are permissible, address and website information is allowed and slogans are also allowed if they don't contain comparative or qualitative claims about donors products or services.

Through FCC we are not allowed commercial advertising:

- No calls to action
- No price information
- No quantitative claims
- No inducements to buy

Please note that announcements must meet FCC regulations. Radio Tierra reserves the right to edit these announcements in text and tone to comply with these regulations.

Underwriter Name: Tanya Wray *Ten Tralhofer, RN, BSN*
Director, NCPHD
 Signature: *Ten Tralhofer, RN, BSN*

Date: 4/11/2018

Radio Tierra Name: Norberto Maahs
 (Board Member, DJ)

Signature: *Norberto Maahs*

Date: 3/20/18

Announcement starting date: 4/1/2018