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**North Central Public Health District**  
"Caring For Our Communities"

# North Central Public Health District Board of Health Meeting

June 9, 2015  
3:00 PM  
Meeting Room @  
NCPHD

## **AGENDA -**

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1. **Minutes**
  - a. Approve from April 27, 2015 & May 12, 2015 meetings
  - b. Set Next Meeting Date
2. **Additions to the Agenda**
3. **Public Comment**
4. **Unfinished Business**
  - a. Updates from Wasco County – Wasco County Project Plan
5. **New Business**
  - a. 2015-16 Budget
  - b. Review of A/P checks issued (May 2015)
  - c. Program Highlights
    - ✓ Modernization of Public Health
  - d. Contracts Review
    - ✓ Cytocheck Laboratory
    - ✓ Regence BCBS of Oregon Medical Group Agreement
  - 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”*

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**North Central Public Health District  
Special Board of Health  
Meeting Minutes  
April 27, 2015 (8:00 am)**

**In Attendance:** Commissioner Mike Smith – Sherman County; Roger Whitely – Sherman County; Commissioner Steve Kramer – Wasco County; Fred Schubert – Wasco County; and Judge Steve Shaffer – Gilliam.

**Staff Present:** Teri Thalhofer – Director, Kathi Hall – Finance Manager

**Guests:** Tyler Stone – Wasco County and Leah Watkins

Minutes taken by Gloria Perry

Meeting called to order on April 27, 2015 at 8:05am by Chair Commissioner Mike Smith.

**Summary of Actions Taken**

**Motion by Fred Schubert, second by Judge Steve Shaffer, to direct the Director of NCPHD to perform the work required to obtain the data on the working draft so a report can be presented at the next quarterly progress report presentation.**

Vote: 5-0  
Yes: Commissioner Mike Smith, Roger Whitely, Commissioner Steve Kramer, Fred Schubert, and Judge Steve Shaffer  
No: 0  
Abstain: 0  
Motion carried.

**WELCOME**

1. **Presentation of Wasco County Public Health Project Plan by Tyler Stone, Wasco County Administrative Officer**
  - Commissioner Kramer stated, “My vision of this is it that this is a road map outline for Wasco County to move forward to see what we’re doing and hopefully out of this it will not only help Wasco County make some decisions but also be a tool for us the board of health. I see it two-fold. I’m trying to look at the big picture on this and trying to see it as a win-win for both of us. That’s where I’m at with it at this time.”
  - Commissioner Smith stated, “Did everybody have a chance to read through this. I read through the document and as far as the works concerned I have no problem with that at all. I talked to Teri and she said yes she could get the

work done and provide the data that's being asked. I will say that, after reading the document, I disagree with the vast majority of what it says. I started putting comments and I have 32 comments. There were an enormous amount of statements instead of questions, but really the heart of the document, like I told Commissioner Kramer, I'm fine with – the questions itself, however what it says, I don't believe in. I'm saying that out loud because I don't. The work yes, because I think the work is the goal."

- Judge Shaffer stated, "Excuse me Chair, is a presentation in order."
- Commissioner Smith stated, "We've given space and time for that so I think we can certainly go forward with that. I just wanted to see where we all were on this."
- Fred Schubert stated, "I would like to hear the presentation. That's mainly why I'm here this morning. I wouldn't say that I disagree with the entire thing but I got to about 8 comments and stopped but you also gave a presentation earlier this month to the Wasco County Commission."
- Commissioner Smith stated, "No I did not. The quarterly report is scheduled for May 20<sup>th</sup>."
- Commissioner Smith stated, "With that being said, Tyler do you want to go forward or Steve."
- Tyler Stone stated, "As we had stated previously in our evaluation, we want to start a process to really take a hard look at public health and public health services and how those services are being applied and administered, the cost of those and all the things that go along with building a new entity, or a new project or a new venture is some regular and routine analysis of it to see what it's doing, how it's performing, and are there better ways to do it. Are we doing things the right way.

Everybody knows we're fairly unique in the State in public health in how we are providing this with a tri-county agreement in this ORS 190. I think we also have some unique challenges associated with that in the sense that probably 90% of the services are provided in one of the three counties and then there is the whole concern of governance.

Some of the things that we're hoping to answer for us as we evaluate this model providing public health services is, 1) what are the actual costs of providing those services, 2) is the model the most cost effective approach to providing public health services, 3) do better models exist – what are other people doing out there. What should be looked at for bench marks and what can we expect for ongoing services and what needs to happen with the governance program in order for this to work for Wasco County.

Everybody's interpretation of history is their interpretations. This is one person's so if everybody can agree to disagree. The one thing that really stands out clearly, as far as history goes, is that we've been trying to get this thing done now for about 6 years and it's been a challenge. I would hope everybody can step back and at least get to that point.

We want to validate the model. It's one of the things we originally set out to do is to have some regular reports and regular feedback and some regular evaluation and, at least from the Wasco County perspective, it's something that hasn't been delivered. So it's time to take a look at it and we're willing to do that. Cost control - purely from a Wasco County perspective, we're going to have some challenges in the future. For over the last 5 years we have really worked hard with all our other departments to really get down to cutting all the fat out of their budgets, to really have them focus on what it's going to take each year and here's what that's done for us. That's put, and this is my estimate, and my estimate only, we think that's put about a million dollars a year back into our budgets that we can re-allocate out to other services. That's something that we haven't been able to do with the public health model is to really take a hard look at what services we are providing and what needs to be provided and where we can create efficiencies and cost savings. So it's really about validating that and cost control.

As everybody knows the landscape or the field that we're playing on is changing with the affordable care act and CCO's and those entities are picking up some of the traditional public health services and how do we fit into that process and what does that look like and what does it look like from a cost perspective. When we start to lose funding, we have to react to that. The best reaction isn't always to say 'well we've just got to have more money'. We really need to take a strong look at it. Cost benefit analysis of services which will identify the unit level cost for services and determine if those services should remain as part of the portfolio or not. It may be a great service to have but if we're seeing five people and it's costing us a \$1,000 I don't know that's the case out there but what we're saying is we need to take a look at that and really start analyzing what we're doing and are we getting the biggest bang for our buck.

At the core of this is the government piece of it, at least for Wasco County. Given the fact that services are heavily weighted towards Wasco County, how we are govern and what our say is in those services and how they're delivered and at what price is paramount right now. Efficiency and effectiveness – are current service delivery

models the best? Are there alternatives out there? We should be taking a look at those. Are we staffing the programs correctly? Those kinds of things; and then we built in a piece for transparency. With all the turmoil that we've had, I want to make sure everybody is on the same page as we move forward. So kind of the intended results: a full fiscal analysis by program and cost of the current model and/or potentially even the past model to see how they compare. And understanding what the county is purchasing and the authority to control its costs. Right now we have no idea about that. We know what services are out there but we don't feel like we have any ability to control that. Public education on the strengths and weaknesses of the current model and recommendations for change and then understanding the change in landscape in healthcare and how we can better utilize the available services in this community. They were included in the analysis as a structure of public health as it compares to this new area that we are at. Whether there is opportunities out there to contract those services at maybe a lesser dollar and then we need to address the governance piece of that around the board and how that's going to work out and be weighted in those kinds of things.

Fortunately Kathy Schwartz has agreed to help us with this process. I think you guys have in your packet an estimated time line on how we want to move forward. These are the old documents, there were a number of changes made to these at the Wasco County Commission meeting, so we'll get you the new documents and then go forward. That's kind of the project as a whole. Any questions?"

- Judge Shaffer stated, "I do have one on the governance structure. At this time, we have nine people on the board of directors, three of which represent Wasco County. Apparently that's uncomfortable for you guys. What would you propose that might be a better government structure?"
- Tyler Stone stated, "I don't think we have a proposal in place, I don't think we really can until we get through this process. This process for Wasco County is really what's driving our decision making process. So this is the evaluation prior to being able to start to have those kinds of conversations."
- Fred Schubert stated, "But you must, after five years of discussing this, you must have some idea of what you'd like."
- Tyler Stone stated, "Of what we like?"
- Fred Schubert stated, "Yes, I think that's what Judge Shaffer is asking."
- Commissioner Kramer stated, "Okay, personally, this is where I'm at with this. A three member board, commission, judge and then have a advisory committee so that you can do the work that you signed up to do. So that you don't have to sit and worry about the legalities of the pieces. You signed up to do public health. That's what I'm looking at. That's where I'm starting to expand my research to. So that's what I'm look at. An advisory committee and have a three member board – I think it works, it's proven, and we're all doing it."
- Fred Schubert stated, "It basically still boils down to one vote per county."
- Commissioner Kramer stated, "Yes."
- Tyler Stone stated, "Well I think there needs to be a discussion about on certain matters, you'd need concurrence of Wasco County or however that would look, given that the services are so heavily weighted in Wasco County. I don't know that there's a one vote one county scenario out there."
- Commissioner Smith stated, "Well there certainly is, you have control of your budget, you can say no. That's the control you have. You have votes. There's been a discussion, I guess twice, outside this committee about our board but I will that say it's never been brought up by any county about governance at the board meetings. So this is a new topic and I'm not against the idea of having a three board member and then having an executive board who meets quarterly to go over these things and keep the structure you have. I would be glad to talk about those things, but to say you don't have equal vote is simply untrue. You have complete control over your budget, so that is simply incorrect."
- Tyler Stone stated, "I don't think we said we don't have equal vote, I think we do on this board, there's three votes from each county. That's not the issue."
- Commissioner Smith stated, "Can you explain to me the board that we are partnered on, and we are partnered on many boards, that have weighted votes. What board is that?"
- Tyler Stone stated, "I don't know if there is any Mike."
- Commissioner Smith stated, "There aren't any. They don't exist."
- Tyler Stone stated, "I was just suggesting that might be an option. I don't know that there are other boards out there that are so heavily weighted towards one entity in their service delivery either."
- Commission Smith stated, "There are. Again, I don't want to dig into this too far, but I think Sherman and Gilliam pay far more than their fair share to equalize that. We're a third of this entity which is great and we're proud of

that. We pay incredibly high per capita rate and we're proud of that because we're doing our part. It's a longer discussion, I get that, but I will state again, the work that's being asked of, I have no problem with. This document I have massive problems with. But if this is just a 'whereas' document to get us to the work that's fine. I'll certainly share my objections. I have 32 very specific objections to how this was written and what it says. But I don't object to the work and that's the key."

- Judge Shaffer stated, "I definitely agree with the majority of the work. To be absolutely honest, I think this is information we probably all should have. But I see public health maybe a little bit differently than the way you guys are looking at it. I feel you guys, the thought is, that it's based on the service that you're receiving, I see it more as an insurance policy as a premium that I'm having to pay for that disaster that may come up. I think your view is that this is a Cadillac that we're buying premiums for and I'm not so sure that it's a Cadillac, I think that it might be something between a Buick and a Chevrolet; and I do have some concerns about making too many cuts and creating some real issues for us if we did have something come up in the future. I have no problem with the governance structure the way it is. If we do revamp it up, I really want to have this looked at as being if there is a horrible outbreak in The Dalles, Condon or Moro for that matter, that we do have the structure to be able to handle it."
- Tyler Stone stated, "Well I think we all do."
- Judge Shaffer stated, "It's just what level are we going to get that at."
- Commissioner Smith stated, "Well again, I'm trying to be careful. I'll certainly share my objections but we don't need to go through them because it would take forever and I don't want to argue about that. I will say we have an equal vote; we have control over our expenses, very clearly we've asked every county repeatedly is the cost working. If you want to talk about governance, fine, let's have that discussion. Unequal governance, I'm not so sure about but very willing to talk about it. The deliverables – Teri and I had a discussion about the deliverables portion of this and I think we were okay with the wording."
- Teri Thalhofer stated, "I have some concerns that we're all on the same page. So the first one is the cost benefit analysis of service that has a deliverable on May 1<sup>st</sup>. My understanding when I left the Wasco County Board of Commissioners meeting is that there was not a deliverable before the May 20<sup>th</sup> presentation, so I want to be sure we all agree because with budget, you're not going to get something on May 1<sup>st</sup>. I felt that Commissioner Hege was clear, as the Chair, that his expectation was that there was a deliverable on the 20<sup>th</sup>."
- Commissioner Smith asked Commissioner Kramer if that made sense?
- Commissioner Kramer stated, "Yes, as Tyler stated that this is a working document and there's already been changes made to it and when those get formalized, those will be sent out so that we all have the same piece of paper and so yes, it makes perfect sense."
- Commissioner Smith stated, "I want to make sure, because what I want to avoid is work that we shouldn't be doing or work that we're missing. I want to be very specific, because I believe it was Kathy that had said a May 1<sup>st</sup> deliverable."
- Teri Thalhofer stated, "It's on the document, the May 1<sup>st</sup> deliverable is on the document."
- Commissioner Smith stated, "I just want to make sure we understand that we can bring it on the 20<sup>th</sup> but May 1<sup>st</sup> would be incredibly difficult to produce."
- Teri Thalhofer stated, "And then what is deliverable on May 20<sup>th</sup> is also a concern. This is our working draft document that came as an example that Kathy had sent to us. This is not a cost benefit analysis of every service. There is not a space on it for a cost benefit analysis of every service and a cost benefit analysis of every service we provide will take significant amounts of time. We provide over 30 different birth control pills, probably 10 other methods, besides other services that we provide in the family planning office. There are a wide variety of immunizations that are provided and there is a different cost analysis for every injection we give. We do cost analysis based on formulas that we receive from the State to set our prices, what we bill insurance, how we set our fees, all those things we do a cost analysis around our family planning services every two years. We are in the midst of it now. But to create those in a document by the end of May – we can't do it. We have to keep our fees in line with what the insurance companies are willing to reimburse and the fee ordinance is adopted by the board of health. But to create that as a separate document by May is a tremendous amount of work. I want to give an example of something I heard from the media and I want to stop these rumors. First of all, I have not been asked a question about public health service outside of board meeting for more than six months about how's that being provided. I heard from the media that there is a belief that we were providing vasectomies at a loss of \$1,000.00 per vasectomy. Where that came from, I have no idea but I want to give the real cost analysis of what it cost to

provide vasectomies in the office. In 2012 the reimbursement for a vasectomy was \$450.00. When Dr. Harpole began to do them, in 2012, the actual cost to do a vasectomy was \$307.00. We were getting \$450.00 and it was costing \$307.00. We we're making \$146.00 for every vasectomy that we we're able to put into family planning revenue. Now the State is reimbursing at the rate of \$800.00. We have moved the procedure to no longer having a nurse work with Dr. Harpole. It's now the medical assistant because we were able to train her and delegate that. Up until Dr. Harpole quit doing vasectomies, we were making a profit of \$504.00 for every vasectomy we did in the office. There is a funding mechanism through the State for every vasectomy we we're doing. Dr. Harpole has decided he no longer wants to do them and finally with the State reimbursing at \$800.00 we we're able to negotiate and contract with an urologist in The Dalles. We now do the consult and that is fully reimbursed and they do the vasectomy. Every time we add or subtract a program for a direct service, this sort of analysis based on staff and material & services is done."

- Commissioner Kramer stated, "Mr. Chair, if the deliverable is unattainable by the end of May, is there an attainable piece to this?"
- Commissioner Smith stated, "That's a good question."
- Teri Thalhofer stated, "This is the piece that I can give you by May 20<sup>th</sup>, which is what Kathy Schwartz gave me ahead of time and we've been working on it as a staff."
- Commissioner Kramer stated, "So if there's something that's not working here are you visiting with Kathy on that to get...."
- Teri Thalhofer stated, "I've had that conversation. What isn't being realized, Kathy hasn't worked in public health in eight years, and as much discussion as I'm having with Kathy about what she believes Wasco County wants, I'm also having to provide education to Kathy about the changing public health landscape because she has not worked in public health for eight years. Since she left her position as Wasco-Sherman Public Health she went into clinical service and that is where she has stayed and she hasn't followed health care reform and part of the time she didn't even live in Oregon. Kathy and I have a great relationship about this and she believes she understands what you're asking for because we've clearly had difficulty with that over the past year. But there's much education back and forth about what's happening in public health today as what the ask is. We can work on the cost analysis and create a document but that's a lot of staff time and I want you all to be aware, that once Kathi Hall and I get through budget, then we can move to be putting those numbers together, but we don't have the capacity in staff for it to be anybody but Kathi Hall and I putting those numbers together."
- Commissioner Kramer stated, "So then I'm going to jump out there. As North Central Public Health District. Do you as our Director, see this as beneficial to our program?"
- Teri Thalhofer stated, "This? Our deliverables?"
- Commissioner Kramer stated, "As we move forward."
- Teri Thalhofer stated, "Absolutely, but we've presented much of this information to the board of health in the past in different formats."
- Commissioner Smith stated, "So I think the question is, this particular document, this one as it sits, is that deliverable on the 20<sup>th</sup>, maybe not as a cost benefit analysis in its definition but this particular working draft. And I don't know if every box of this has to be filled. The impression that I'm getting is that it's kind of a working draft document."
- Teri Thalhofer stated, "That's our working draft. Kathy gave us a very small list and we expanded it with all our program information with some explanations and as staff leadership goes through it we are adding the benchmarks and outcomes that we have already adopted and some of the funding is in – we will add it as we move forward. The other piece that is not on here that we are adding that Kathy did not ask for is restrictions on funding. Our contracts with Oregon Health Authority through the Federal government many of our programs are restricted."
- Judge Shaffer stated, "What do you mean by restricted?"
- Teri Thalhofer stated, "For example, family planning, the poverty level you have to have a provision that you slide it down to zero based on income and you can't restrict what methods you offer someone based on their income. For example, birth control pills are pretty cheap, IUD's are pretty expensive for the insertion, but long term they are a much more cost effective method. I can't say to someone, you make poverty level income so you only get pills because we're not going to invest in an IUD for you. We have to have the provision to be able to slide it to zero. Family Planning is one of those mandated programs that you have to do to maintain local public health authority."

- Fred Schubert stated, “One of the questions I had as I went through this was for cost benefit analysis. Can Wasco County accept the idea that some of these are not going to show a benefit short-term in the county based on a small population? Can public health say this family planning program, this STD program, WIC, etc. is a state and federal benchmark that works over large populations. Here’s what we spend on it, it’s a mandated service. Is that sufficient or do you need to see per person in county breakdown. I’m not saying not giving you the cost, which I think is important, and I think the two sides of this that I see is one, I think it’s good for all of us to have a cost analysis of where public health is – there’s no question about that, I think that’s critical. The other one is the in-kind which gets talked about a lot but I’ve never seen any approach at breaking that down. We did during the previous to last IGA and even then there was a lot of debate about floor space and different things, but I think, as this is presented, Wasco County should be presenting the other side of the coin. If we’re going to look at costs and benefits and how this budget works out rather than say, oh these are both important and we want all this information now.”
- Commissioner Smith stated, “Just to be clear, this is actually a working draft that public health has put together and expanded based on a template that Kathy Schwartz provided. We will fill as many of the boxes as we possibly can before the 20<sup>th</sup>; we’ll give you the best data we can. Does that work?”
- Commissioner Kramer stated, “Perfect.”
- Commissioner Smith stated, “That’s what we are trying to get to. We just don’t want to miss the mark.”
- Commissioner Kramer stated, “The best possible that we can work towards. If we don’t have it all, we don’t have it all. We do the best we can with the time that we have and we move on.”
- Commissioner Smith stated, “That’s a fair ask Commissioner. I think the best data that we can give on a format like this. If we treat it as a living document and we’re giving the best information that we can in the time that we have, and we can all respect that – no problem. I think that’s as reasonable as you can be – if that’s agreeable, because I think there’s pieces like, I mean it’s such a big program, so many pieces of it that you have the ability to ask, well break down this, I don’t understand this and clearly, Teri has the ability to look very specifically at a program and say, well this is how this works. I think those are pretty achievable and standard things you’d ask of any executive director, but the ask for having a full a cost benefit analysis is a big mountain. But if we can work on this, in this form and give it as much as we can to give you the best possible data.”
- Commissioner Kramer stated, “To give us all the possible data, instead of just us, we need this data too as we move forward.”
- Commissioner Smith stated, “I’m sorry, I misunderstood by what you meant by all. All the data or all the counties.”
- Commissioner Kramer stated, “All of us.”
- Commissioner Smith stated, “Yes, I understand. Again, I’m just trying to be crystal clear because I think we’ve tried to answer questions and they’ve been completely different than what we thought they were. Just trying to be remarkably clear. So, if we can work with this draft and give the best possible data on it, in the time that we have and respect that we still have actual work to do; then I think that’s very reasonable.”
- Teri Thalhofer stated, “For clarity, this document filled out is the deliverable for the May 20<sup>th</sup> presentation not a cost benefit analysis of services. This is not a cost benefit analysis of every service. I want to be very clear, they are two very different things and I don’t want to get in that May meeting and be told I didn’t deliver what I was asked for. I want incredible clarity that this is the acceptable document at the May 20<sup>th</sup> presentation.”
- Commissioner Kramer stated, “Can you get us close?”
- Teri Thalhofer stated, “I cannot do a cost benefit analysis...help me, does this give cost benefit analysis? It doesn’t. They are two very different pieces of information. You won’t have cost benefit analysis at May 20<sup>th</sup>. You will have what the programs are, what the benchmarks are and outcomes and where the funding is. There will not be cost benefit analysis because this document does not do that. There’s no analysis on this, this is just data.”
- Commissioner Smith stated, “Frankly I do agree with that, but if we can agree that this is the document that you’re truly looking for by the 20<sup>th</sup>, then I think we’re good.”
- Commissioner Kramer stated, “So May 20<sup>th</sup> is the quarterly report and an update to this.”
- Commissioner Smith stated, “Yes – this document. I just want to be sure you will accept it because we don’t want to walk in with the wrong thing and have you say ‘well you didn’t give me a cost benefit analysis’. I’m trying to be remarkably clear because this is not clearly what I would consider a cost benefit analysis; but if it is what you do, that’s fine. If we’re working off the same document, that’s the key; because I don’t think we have in the past.”
- Tyler Stone stated, “So what I would say is, that’s fine if you want to provide that on the 20<sup>th</sup>. That’s not to say that we may not still want to look at some things and the cost of those programs as we move forward.”

- Commissioner Smith stated, “And I don’t think there is anything wrong with that, I’m just trying to say this is the best data we can get you by the 20th. I’m sorry, I know this is torturous, I understand, but we’ve had so many misses, I just want to be right.”
- Commissioner Kramer stated, “Okay, I’ll go back to my question. When can maybe we insert the cost analysis in here. Is there a date we can add to it?”
- Kathi Hall stated, “It sounds like we need to work with Kathy Schwartz for a format. We don’t have a format of what you’re looking for so we’ll work with Kathy on that.”
- Teri Thalhofer stated, “And then possibly by July 1<sup>st</sup>.”
- Commissioner Kramer stated, “Okay, great.”
- Kathi Hall stated, “We can let you know a date after we talk to Kathy, so I wouldn’t confirm to a date until we actually sit down and talk with her.”
- Commissioner Smith stated, “I think if we’re doing quarterly reports, like we’ve done, like we’ve agreed to do and are doing, we’ll have better data every time. We meet every month, so you can look at this and pass the document back and forth and say does this answer your question, is this right, do you want more focus on this, how’s that working for you because obviously, some programs are really small and some are really big – so if there are one’s you really want to look at, at first, you can say, hey can you drill down on this one a little bit more before the next meeting; and it doesn’t have to be every quarter. I can get this to you by your next commission meeting to continually update your work on it. It seems like a living document kind of idea and better data as we can get it for you. I just want to make sure we are not talking about different things. Clarity is what we must have to go forward.”
- Commissioner Kramer stated, “Knowing that this is going to change as we move forward.”
- Commissioner Smith stated, “Yes, it will adjust and get better. The thing is too, is that the board directs the director’s work so as a board we would need to, it would be best to have a motion. We really need to direct the director to do this. Sometimes we can do it through a consensus but, honestly, this should be done in a motion form. So I would entertain a motion to have this work done to direct the director to perform to look for the data on the working draft so we can present it at the next quarterly meeting.” Motion carried.
- Fred Schubert stated, “Just as a question, I’m not sure but Teri is sounds like you might have been there. Did Kathy Schwartz give some sort of report to the Wasco County Commission. Again, my source of information was the paper, it had the article last week.”
- Teri Thalhofer stated, “Tyler presented the plan.”
- Tyler Stone stated, “Kathy and I kind of did together.”
- Fred Schubert stated, “But she hasn’t given a formal report or evaluation.”
- Tyler Stone stated, “We don’t have anything to evaluate, to report on here. We just reported on the steps we are taking.”
- Fred Schubert stated, “In the newspaper article it said she was more of a component to the combined entity.
- Teri Thalhofer stated, “She said it very clearly, that she believes the 3-county health district is the best way to provide services and her goal was to get everybody to ‘yes’. She said that very clearly.”
- Commissioner Kramer stated, “How did you feel about my direction about us all working together.”
- Teri Thalhofer stated, “I thought that was outstanding. I was pleased to hear it because it should not be separate. We are all working for a common goal and I’m more than happy to do the work if it leads to transparency and honest evaluation.”
- Commissioner Kramer stated, “Thank-you.”
- Judge Shaffer stated, “This entity has kind of grabbed my heart in the last couple of years. I really want to make this work. The relationship we have developed with Wasco County and Sherman County and putting this whole thing together has been difficult but I firmly believe that it’s the correct thing to do.”
- Tyler Stone stated, “I would mirror that. I think Wasco County wants to make this work. We’re just asking, and have been asking for some change and some willingness to work through those discussions. Unfortunately, it seems like we get pretty adversarial positions, but we’ve got to work through this. I mean if this entity is going to work, we’ve got to work through this.”
- Commissioner Smith stated, “If there’s nothing else, we can adjourn the meeting.”



Motion to adjourn was made and the meeting was adjourned at 8:48 am

{Copy of Wasco County Public Health Project Plan, and Service Plan Working Draft attached and made part of this record.}

DRAFT



**Public Health**  
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**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

*“Caring For Our Communities”*

419 East Seventh Street  
The Dalles, OR 97058-2676  
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**North Central Public Health District  
Board of Health  
Meeting Minutes  
May 12, 2015 (3:00 pm)**

**In Attendance:** Commissioner Mike Smith – Sherman County; Linda Thompson – Sherman County; Judge Steve Shaffer – Gilliam County; Michael Takagi – Gilliam County; Commissioner Steve Kramer – Wasco County; Fred Schubert – Wasco County; and William Hamilton – Wasco County. **BY PHONE:** David Anderson – Gilliam County

**Staff Present:** Teri Thalhofer – Director; Dr. McDonell – Health Officer; Kathi Hall – Finance Manager

**Guests:** Tyler Stone – Wasco County

Minutes taken by Gloria Perry

Meeting called to order on May 12, 2015 at 3:05pm by Chair Commissioner Mike Smith.

**Summary of Actions Taken**

**Motion by Judge Steve Shaffer, second by Commissioner Steve Kramer, to approve the minutes from the April 14, 2015 Board meeting with correction as noted.**

Note: After the board meeting, Gloria Perry listened to the audio recording and although Commissioner Kramer may have meant to say the word “we’re”, in the audio recording Commissioner Kramer clearly says the word “I’m”. Therefore, the minutes will remain as presented.

Vote: 8-0  
Yes: Commissioner Mike Smith, Linda Thompson, Judge Steve Shaffer, Michael Takagi, Commissioner Steve Kramer, Fred Schubert, William Hamilton and David Anderson.  
No: 0  
Abstain: 0  
Motion carried.

**Motion by William Hamilton, second by Judge Steve Shaffer, to approve Resolution 2015-01 transferring Household Hazardous Waste Program to Wasco County.**

Vote: 8-0  
Yes: Commissioner Mike Smith, Linda Thompson, Judge Steve Shaffer, Michael Takagi, Commissioner Steve Kramer, Fred Schubert, William Hamilton and David Anderson.

No: 0  
Abstain: 0  
Motion carried.

**Motion by Judge Steve Shaffer, second by William Hamilton, to approve Resolution 2015-02 accepting and appropriating additional and unanticipated family planning grant funds during fiscal year 2014-15 in the amount of \$8,000.00.**

Vote: 8-0  
Yes: Commissioner Mike Smith, Linda Thompson, Judge Steve Shaffer, Michael Takagi, Commissioner Steve Kramer, Fred Schubert, William Hamilton and David Anderson.  
No: 0  
Abstain: 0  
Motion carried.

**Motion by Fred Schubert, second by Michael Takagi, to authorize payroll A/P check numbers 10754 through 10806 and payroll EFT check numbers 126-129, 131-132 & 134 totaling \$113,181.77.**

Vote: 8-0  
Yes: Commissioner Mike Smith, Linda Thompson, Judge Steve Shaffer, Michael Takagi, Commissioner Steve Kramer, Fred Schubert, William Hamilton and David Anderson.  
No: 0  
Abstain: 0  
Motion carried.

## **WELCOME**

Commissioner Smith welcomed our new board member Linda Thompson who is representing Sherman County.

### **1. MINUTES**

- a. Approval of past meeting minutes.
  - Commissioner Kramer asked for a correction to page 11, last bullet, 5<sup>th</sup> sentence. He would like it changed to 'We're not going to beat up on Monica anymore'.
- b. Set next meeting date:
  - The next regular meeting was scheduled for Tuesday, June 9, 2015 at 3 pm. Meeting location will be at the North Central Public Health District, Meeting Room. (419 E. 7<sup>th</sup> St., The Dalles).

### **2. ADDITIONS TO THE AGENDA**

- a. Public Comment Period
  - No comments made.

### **3. UNFINISHED BUSINESS**

- a. Updates from Wasco County – Wasco County Project Plan
  - Commissioner Kramer stated the project is moving along and they've updated the timeframe piece.
  - At the special board of health meeting held on April 27<sup>th</sup>, the board saw this plan and the deliverable for May 20<sup>th</sup> was discussed. It was agreed at that time that the document that Kathy Schwartz had sent to Teri as an example would be what the deliverable is at the May 20<sup>th</sup> presentation.
  - The format of the report is a bit different than what was seen at the April 27<sup>th</sup> board meeting. In that format, things were sorted by division and items were grouped by the way they were in the budget, however there was an ask that they be listed by program area.
  - The highlighted areas in yellow are mandated by contract with Oregon Health Authority and are required to be a local public health authority.

- To the best of her ability at this time, Kathi Hall has added in the funding sources (budgeted & year-to-date), however it's not broken out specifically by how much supports the director, how much supports the health officer, etc.
  - Teri explained what the two items with an asterisk at the bottom of the report are.
    - 1<sup>st</sup> Asterisk: The reason the State funds don't add up is because Kathi put this together out of her conversation with Jan Kaplan about it. He had asked programs to give the funding amounts that were as current as possible and to split them by counties but they may have used older or projected numbers. The major purpose of that document was to give an estimate of what the split would look like if Wasco separated from the health district. So the State funding Wasco and the State funding Sherman & Gilliam may not add up to the year-to-date funding from the State or the budgeted amount.
    - 2<sup>nd</sup> Asterisk: The reason we are screening for Chlamydia is because Chlamydia has epidemic status in our community and it's thought to be the number one cause for infertility.
  - Teri reviewed in detail the report. The Appendices are supplemental information to go along with the report.
- b. HWR Program Transfer
- Motion made to approve Resolution 2015-01 to transfer the HWR program from NCPHD to Wasco County effective 7/1/2015.
- c. Health Systems Transformation
- Commissioner Smith stated that there had been a question at the last Wasco County Board of Commissions meeting specific to public health changing and that the district is not having discussions to move forward about being proactive and preparing for those changes. Commissioner Smith wanted to answer that with some things that NCPHD is doing to change and respond to health care changes, ACA and CCO's. He asked Teri to comment.
  - Teri discussed handout *Modernizing the Oregon Public Health System*.
    - Last legislative session there was HB 2348 in 2013 that created the task force on the future of public health. Out of that came a bill that is now in the Legislature that is discussing a framework to modernize public health in Oregon. In Oregon, we have local public health that talks about how public health delivers certain services based on categorical funding and often we don't have any flexibility to address emerging issues in each community. There has been a recommendation of what every Oregonian deserves and that proposal is this foundational capability; so every local public health entity would have capability in assessment and epidemiology, emergency preparedness & response, communications, policy and planning, leadership and organizational competencies, health equity and culture responsiveness, and community partner development; and then the programs that would be foundational would include communicable disease control, environmental health, prevention health and promotion, and access to clinical preventative services. Those aren't necessarily any of the things we do now in the way they do them, so this will take a restructuring of funding in the State of Oregon and it would also take an investment.
    - To respond to Wasco County's comment:
      - NCPHD has been working on accreditation. Teri has talked quite a bit at previous board of health meetings about our accreditation work. The foundational capabilities are built on the public health accreditation board recommendations for what a fully functioning public health department needs to be accredited.
      - NCPHD has been working closely with both CCO's to talk about population health initiatives. Until health care transformation, public health was pretty much on their own talking about population health and now with the CCO's there's another group that's interested in part of the population's health. However, CCO's are not responsible for everyone; they are only responsible for the Medicaid population. We are working with them around, and looking for opportunities to move forward. In the current state today, no public health services or programs that are mandated have been transferred to the CCO's. No Statutory requirements for local public health authorities have been transferred. The only place that the health care transformation speaks about local public health is when it talks about CCO's

reaching out to local public health authorities for input into the community health assessment.

- NCPHD is intimately involved in the Columbia Gorge Health Councils and Columbia Gorge CCO's community health assessment and we were also partners in Eastern Oregon's CCO's community health assessment across the counties. We've been in conversation with the innovator agents. Each CCO is assigned an innovator agent. They are Oregon Health Authority employees and they work in the transformations center. They go out to the CCO's to see what's happening, come back and share ideas and then they are supposed to bring those ideas back out across the State. Teri has had lots of discussions with the innovator agents for Eastern Oregon CCO and Columbia Gorge CCO about what they're seeing across the State, partnerships between local public health and the CCO's. This is a topic of conversation at Conference of Local Public Health Officials on a regular basis; who's doing what, how are those discussions going, has anybody transferred programming. As of this point, no one has transferred any public health department programming to another entity. Closest is probably Washington County who is looking at transferring their family planning program to Virginia Garcia, but it's a difficult and long process because assurances that public health is still required to assure that the program is being carried out according to the contract; so there's a significant investment in the assurance piece.
- When Teri's available, she listens to the AOC Human Services steering committee and listens to those conversations.
- Teri is a member of the Sherman County CAC, a member of the Gilliam County CAC; she attends the Columbia Gorge Health Community Advisory Council meetings.
- Teri and Jane Palmer both participate on the Columbia Gorge Maternal Child Health Workgroup. Dr. Harpole is actually a member of the clinical advisory panel for Columbia Gorge Health Council.
- We are intimately involved with health care transformation.
- Judge Shaffer asked what the board could do. There is so much that overlaps between the CCO program and public health but there seems to be a lack of engagement; what can we do as a board?
- Teri stated she thought holding the CCO accountable. None of the legislation addresses engagement with local public health and it doesn't talk about paying for services that local public health is currently doing. We recently looked at our CD case load and 50% of the clients that we are doing communicable disease case management on, and this is a significant amount of work, 50% are Medicaid clients.
- Commissioner Smith asked if we receive funds from the CCO.
- Teri stated that we do not receive funds from the CCO.
- Commissioner Smith stated he believes in Sherman County Medicaid represents about 20% of the population and he thinks it's pretty close in Gilliam County but would say the number is about 3,500 roughly and it's 12 to 13% of population in Wasco County.
- Bill Hamilton stated it's higher than that. It's jumped up to about 13,000 in Wasco County with the new ACA.
- Teri stated almost 60% of the births in Hood River and Wasco County are born to Oregon Health Plan mothers; and we are higher than the State average.
- Bill Hamilton stated in MCMC clinic's they see about 27 to 30 percent as Medicaid.
- Judge Shaffer stated there seems to be this lack of total misunderstanding of everything's that's going on from the CCO's world looking at public health. It's very disturbing.
- Teri stated that one of her frustrations with eastern Oregon CCO was the public health representative that they appointed to the board is not an administrator and doesn't have any contact with the rest of the public health administrators. When she asked for eastern Oregon CCO to facilitate a meeting for the public health directors for her to hear input, as we go forward, they didn't want to do it.
- Commissioner Smith asked if there is a flow back to CLHO. Does eastern Oregon CCO's public health representative report to CLHO at all?
- Teri stated that no, the representative is not a participant in CLHO because she is not an administrator. In Hood River County, Ellen Larsen, the public health director, has a seat on the Columbia Gorge Health

Council board in her role as the CAC chair. Karen Joplin, who is the board chair, is very well connected to that public health department. Wasco County has chosen to have Molly Rogers, the Youth Services director, sit on the board and Teri really doesn't hear anything from Molly.

- Commissioner Smith stated that we really do serve everyone when you think about the things we do in the restaurant inspections, sewer and water. We're serving everyone. Perhaps who you are seeing in the clinic might be a higher percentage of those on Medicaid.
- Teri stated absolutely, but our communicable disease case management is everybody that has a reported communicable disease. We've seen a significant increase in disease reports because more people have access to care and are getting tested.
- Commissioner Smith stated from being on the board for EOCCO just figuring out who they should be talking to is still a conversation.
- Teri Thalhofer said she doesn't know whose doing maternity case management transformation for the CCO and she has asked. She was told they are going to talk about that when TCM rolls into the budget and she said told them that's not going to work because at MCM the faucet is turning off before TCM rolls into the budget. For NCPHD it's not a big issue because we don't do a lot of maternity case management. In Gilliam and Sherman County there's just a few births, it's a much bigger issue in Wasco County.

#### 4. NEW BUSINESS

- a. Recognition
  - Commissioner Smith recognized Teri Thalhofer in her receipt of an award from the Oregon Public Health Association for ongoing achievement and commitment toward improving the health of the public through nursing leadership.
- b. Adopt Resolution 2015-02
  - This is a resolution accepting and appropriating additional and unanticipated family planning grant funds during fiscal year 2014-15 in the amount of \$8,000.00.
  - Motion made to approve Resolution 2015-02.
- c. Review of A/P checks issued (April 2015)
  - Motion made to authorize Accounts Payable check numbers 10754 through 10806 and payroll EFT check numbers 126 through 134 totaling \$113,181.77 with the stipulation that an explanation is provided of why payroll a/p checks 130 and 133 are not listed on the report at the next board of health meeting.
  - Gloria Perry will contact Eden to ascertain why these two checks are not on the report.
- d. 3<sup>rd</sup> Quarter Fiscal Report
  - Kathi Hall presented the 3<sup>rd</sup> quarter fiscal report.
  - Commissioner Smith asked the board if this reporting format is acceptable. It was the consensus of the board that this report format is acceptable.
- e. Program Highlights
  - Preparedness Responsibilities
    - Teri gave an overview of what public health is responsible for in a public health emergency by reviewing ESF-8.
- f. Contracts Review
  - Teri reviewed the following contracts with the board:
    - Regency BCBS Med Adv PPO Amendment
    - OHSU CCN 1004395-1
    - OHSU CCN 1004395-2
    - PSU Contract #35069/240480
    - OCDC 02-031 Amendment 3
    - NACCHO MRC 15-2464 Modification
- g. Director's Report
  - Our public health accreditation work plan was accepted. We now have one year from the date we received the notice of acceptance to complete the action items in the work plan.
  - The HHW transfer plan continues to be worked on and we are meeting those deadlines.

Motion to adjourn was made and the meeting was adjourned at 4:16 pm

**{Copy of 4/14/15 board of health meeting minutes, Handout Working Draft and Appendices A, B, C, D, & E, Resolution 2015-01 HHW Transfer, Resolution 2015-02 FP Grant Funds, April Accounts Payable Checks Handout, 3<sup>rd</sup> Quarter Fiscal Report, Handout ESF-8 – Public Health & Medical Services, Regency BCBS contract, OHSU CCN 1004395-1 Contract, OHSU CCN 1004395-2 Contract, PSU #35069/240480 Contract, OCDC 02-031 Amendment 3 Contract and Director’s Report attached and made part of this record.}**

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Division		<b>WORKING DRAFT ONLY</b>		Benchmark	Result/Outcome (timeframe Q 1-3 July 2014-Mar 2015)	BUD FTE	*State funding (Wasco)	*State funding (Sherm + Gilliam)	Total	2015 BUD	2015 YTD	BUD District	YTD District	BUD Fees &	YTD Fees &	Comments
		State Funding	State Funding							funding (W,S,G)	funding (W,S,G)	Other revenue	Other revenue			
<b>Mandated programs are highlighted in yellow</b>																
<b>Administration</b>																
7141	Director	Ensures compliance, appropriate public health practice, professional accountability, public health accreditation work	See triennial review benchmarks		1.00											
7141 & 7149	Health Officer	Enforces Public Health Laws-provides consultation on public health practice, provides clinical services as needed	See triennial review benchmarks		0.40											
7141	Vital Records	Birth & Death Certificate filings; Certified copies for 1st 6 months after the event-Sherman and Wasco Counties	See triennial review benchmarks		0.75									\$26,000	\$18,390	
7148	Medicaid Adm Claim.	Reimbursement for specific activities pertaining to administration of the state's Medicaid Plan, such as referral and outreach.	NA											\$70,000	\$85,901	
7148	Medicaid Incentive	CMS Electronic Health Record incentive program. For implementation of E H R and meeting meaningful us objectives.	NA											\$17,000	\$8,500	
7141	County Funding: Wasco, Sherman, Gilliam				2.39							\$572,072	\$404,602			
<b>Communicable Disease &amp; Preparedness</b>																
7141 & 7145	Sexually Transmitted Diseases	Examinations and treatment for various sexually transmitted diseases. Trace contacts and initiate or refer for treatment where appropriate.	clients receive STD testing, treatment and counseling	# NCPHD STD testing (Q 1-3 = 426 tests) and STD ELR reports received, evaluated and managed (Q 1-3 = 148)	0.59									\$30,147	\$13,536	
7145 & 7145	State Support	State Support for Communicable Disease surveillance & response, STD's and TB case management (TB skin testing, case monitoring and medication).	CD reports will be evaluated, investigated and closed per protocol	# of total CD reports received, evaluated and managed	0.60	\$28,327	\$4,088	\$32,415	\$32,300	\$24,309				\$3,000	\$1,889	# unconfirmed



		<b>WORKING DRAFT ONLY</b>		Benchmark	Result/Outcome (timeframeQ 1-3 July 2014-Mar 2015)	BUD FTE	*State funding (Wasco)	*State funding (Sherm + Gilliam)	Total	2015 BUD  State Funding	2015 YTD  State Funding	BUD District funding (W,S,G)	YTD District funding (W,S,G)	BUD Fees & Other revenue	YTD Fees & Other revenue	Comments
Division	Program (definition)															
7145	TB Case Management	TB skin testing, case monitoring and medication.	Evaluate (rule out active)TB on ELR referrals. Offer LTBI preventive tx to 100% high risk ppds	(Q1-3= 33) ELR TB reports evaluated, 2 LTBI cases managed		\$1,016		\$1,016	\$808	\$815						
7149	Public Health Emergency Preparedness	Emergency Preparedness; All-Hazards planning; Public Health Emergency Response, CD Outbreak control	Meet contract requirements and biennial review	See tool	2.08	\$74,768	\$76,731	\$151,499	\$156,474	\$106,050						
7149	Medical Reserve Corps	Credentialing & training of volunteer medical staff in case of a disaster	Meet grant req.	Annual report										\$3,500	\$3,500	
	Animal Bites	Investigate, follow up on animal bite reports	Reports are followed up	45 total reports												
	<b>Environmental Health</b>															
7141	Septic Systems	Site Evaluations, Authorizations, Repair Permits, New Construction Permits, & Technical Assistance	Issue permits & evaluations as applications come in	19 Site Evaluations, 22 New Construction Permits, 50 Repair Permits (July-March)	0.65									\$30,000	\$23,439	
7141	DEQ Pass through	Fees collected & sent to DEQ												\$3,900	\$8,300	
7141	Solid Waste Management	Health Officer is Chair of Solid Waste Advisory Committee(SWAC); SWAC admin. support.	Convene Board meeting 2 x yr	Met 1X (July-March)												
	<b>Licensed Facilities:</b>													\$80,000	\$76,021	
7146	Restaurants	License and inspect restaurants; plan reviews; food borne disease invest.	Perform Routine Inspections on 116 Restaurants 2X/yr; Other inspections as needed (i.e. reinspections)	213 Routine Inspections, 39 Reinspections, 5 Pre-Opening Inspections (July-March)												
7146	Mobile Units	License and inspect; plan reviews; food borne disease invest.	Perform Routine Inspections on 10 mobile units 2X/yr; Other inspections as needed (i.e. reinspections)	19 Routine Inspections; 2 Reinspections; 1 Consultation Inspection (July-March)	0.79											

		<b>WORKING DRAFT ONLY</b>		Benchmark	Result/Outcome (timeframeQ 1-3 July 2014-Mar 2015)	BUD FTE	*State funding (Wasco)	*State funding (Sherm + Gilliam)	Total	2015 BUD  State Funding	2015 YTD  State Funding	BUD District funding (W,S,G)	YTD District funding (W,S,G)	BUD Fees & Other revenue	YTD Fees & Other revenue	Comments
Division	Program (definition)															
7146	Traveler's Accommodations	Inspect and license Hotels, Motels, Bed & Breakfast, etc.	Perform Routine Inspections on 27 Accommodations on a bi-annual basis; Other inspections as needed (i.e. reinspections)	3 Routine Inspections (July-March)												2015 Calendar year is when they are next due
7146	Pools & Spas	Inspect and license Pools & Spas	Perform Routine Inspections on 27 Pools & Spas; Other inspections as needed (i.e. reinspections)	21 Routine Inspections; 4 Reinspections (July-March)												Inspections done 2X/yr on year round facilities or 1X/yr on seasonal facilities
7146	Recreational Parks	Inspect and license Recreational Parks	Perform Routine Inspections on 10 Recreational Parks; Other inspections as needed (i.e. reinspections)	18 Routine Inspections (July-March)												Inspections done 2X/yr on year round facilities or 1X/yr on seasonal facilities
7146	Organizational Camps	Inspect and license Organizational Camps	Perform routine inspections on 3 Organizational Camps	2 Routine Inspections (July-March)												Inspections done 2X/yr on year round facilities or 1X/yr on seasonal facilities
7146	Food Handler permits	Education, testing and issuing of permits.	NA	NA										\$2,800	\$3,312	FH Cards issued online, contracted with Lane Co.
7146	Short term food licenses	Inspect other public food service facilities (ie. Food booths).	Inspect all Non-Benevolent & Consult all Benevolent Temporary Restaurants	32 Non-Benevolent Temporary Restaurants, 29 Inspected; 55 Benevolent Temporary Restaurants, 50 Consulted (July-March)										\$4,000	\$2,670	

		<b>WORKING DRAFT ONLY</b>		Benchmark	Result/Outcome (timeframeQ 1-3 July 2014-Mar 2015)	BUD FTE	*State funding (Wasco)	*State funding (Sherm + Gilliam)	Total	2015 BUD  State Funding	2015 YTD  State Funding	BUD District funding (W,S,G)	YTD District funding (W,S,G)	BUD Fees & Other revenue	YTD Fees & Other revenue	Comments
Division	Program (definition)															
7146	School Inspections	Inspect Kitchens	Perform Routine Inspections on 14 Schools 2X/yr; Other inspections as needed (ie.e re inspections)	14 Routine Inspections; 2 Reinspections (July-March)										\$5,500	\$4,411	
7146	Child Care Inspections	Inspect Child Care Facilities	Estimated 20 Daycares	16 Inspections (July-March)												Inspected on an as requested basis
7156	Public Water Systems	Water System Surveys (as required by State), Contact Reports (as needed)	14 Surveys Required by the State for 2014; 13 Surveys Required by the State for 2015	14 Surveys Completed; 44 Contact Reports Completed (July-March)	0.64	\$29,103	\$13,080	\$42,183	\$42,184	\$31,617						
7146	Pumper Trucks	Septage haulers and pumpers vehicle inspection	Trucks inspected every 2 years per DEQ req.	# inspected annually										\$2,000	\$637	
<b>Health Promotion</b>																
7152	EOCCO Nursing Services	CM for high utilizers of health services in Sherman Co. using "Coaching for Activation"	Meets contract guidelines	Annual report	0.12									\$0	\$19,327	
7152	March of Dimes	Preconception Education & Case Management "Healthy Women Get Ready"	Per grant agreement	Annual report	0.15									\$7,000	\$7,000	
7152	Pacific Source	Healthy Weight Collaborative Reducing childhood obesity rate in Wasco Co.	Meets contract guidelines	Annual report	0.05									\$14,213	\$9,475	
7153	Immunization Special Payment	Education about and administration of vaccines; public education; enforcement of school immunizations; technical assistance for healthcare providers who provide vaccinations.	Improved District Immunization target	Annual report	0.24	\$11,097	\$6,844	\$17,941	\$18,418	\$13,455						
7155	Tobacco Prevention & Education	Reduce youth access to tobacco products; Create additional tobacco-free environments; Decrease advertising and promotion of tobacco products; Link to already existing cessation programs	See TPEP work plan	Annual report	1.50	\$59,600	\$34,066	\$93,666	\$93,666	\$57,024						
<b>Maternal &amp; Child Health</b>																

		<b>WORKING DRAFT ONLY</b>		Benchmark	Result/Outcome (timeframeQ 1-3 July 2014-Mar 2015)	BUD FTE	*State funding (Wasco)	*State funding (Sherm + Gilliam)	Total	2015 BUD  State Funding	2015 YTD  State Funding	BUD District funding (W,S,G)	YTD District funding (W,S,G)	BUD Fees & Other revenue	YTD Fees & Other revenue	Comments
Division		Program (definition)														
7141	Healthy Start	Provide on site health screenings at preschools; home visits & family support services for high risk families-Gilliam, Sherman and Wheeler Counties though a contract with NCESD Early Education		Staff contracted to NCESD	NA	0.15								\$10,400	\$9,750	
7141	School Nursing	Health teaching, health promotion, health screenings in the schools-care planning for students with medical needs, consultation with school staff		100% of needed health protocols written and other supports as per contract	# of health care plans completed (under development) total Hrs = 368.5	0.20								\$7,000	\$8,664	
7142	WIC	Assessment, nutrition and health education and counseling to new families, food vouchers for pregnant and breastfeeding women and children ≤ 5yrs, referrals, monthly classes		assigned WIC clients	945 certified caseload currently	3.39	\$163,402	\$10,987	\$174,389	\$173,808	\$125,739					WIC caseload varies according to season. Increase of 200+ during migrant season
7143	Maternal Child Health/Child & Adolescent Health	Walk in Immunizations provided against vaccine preventable diseases		Decrease in missed opportunities	Annual report (# clients/imm given)	1.58	\$14,412	\$24,447	\$38,859	\$38,516	\$28,881			\$42,000	\$17,546	
7143	Nursing Services through OCDC contract	Review and monitor medication administration; Staff training; Immunizations and TB testing and reading.		Contract deliverables	Annual report	0.02								\$3,000	\$535	
7144	Reproductive Health	Physical exams, follow-up and health education; pregnancy testing and counseling; birth control information & counseling; contraception services		Standard of care is: sexually active women under 25 yrs of age will have annual Ct screen. Reduction in annual unintended pregnancy rate.	# of total clients seen of all ages and % under 25 receiving annual Ct screen per CDC protocol.(**) % of women using LARC's. Annual unintended preg. rate.	3.85	\$34,352	\$13,783	\$48,135	\$30,530	\$40,199			\$269,595	\$163,550	
7144	Breast and Cervical Cancer Program	Breast and cervical cancer screening for low income/uninsured women 40 and older.		Refer women 40 and older to BCCP for screening services	9 women referred and In program	0.10								\$1,000	\$513	

		<b>WORKING DRAFT ONLY</b>		Benchmark	Result/Outcome (timeframe Q 1-3 July 2014-Mar 2015)	BUD FTE	*State funding (Wasco)	*State funding (Sherm + Gilliam)	Total	2015 BUD State Funding	2015 YTD State Funding	BUD District funding (W,S,G)	YTD District funding (W,S,G)	BUD Fees & Other revenue	YTD Fees & Other revenue	Comments
Division	Program (definition)															
7148	Perinatal - MCM	Home visits by public health staff during pregnancy and after the baby is born.	NA	# on caseload (Q 1-3) = 21 clients/49 visits	0.34	\$1,706	\$3,015	\$4,721	\$4,682	\$1,755			\$3,000	\$2,801	cost reimbursement to be discontinued. In conversation w/CCO's	
7154	CaCoon	Care Coordination for families that have children with special health needs.	Contract deliverables	# of children on caseload (Q 1-3) 38 clients/424 visits	0.18									\$15,000	\$25,481	started tracking Cacoon TCM
7154	Community Connections	Multidisciplinary team collaborate to promote optimal health and development in children and youth with special health needs.	Contract deliverables	Annual Report	0.19									\$8,800	\$10,507	includes reimb. for CCN physician
7158	Babies First	Case Management and follow-up home visits by a public health nurse to families of newborn infants with health risks to prevent developmental delay.	age appropriate ASQ's done &/abn referred for services	# on caseload and # of referrals for devel. delay (Q1-3) 109 clients/810 visits; 12 referred out	1.49	\$5,403	\$9,544	\$14,947	\$14,825	\$11,214			\$71,000	\$135,255	Anomaly - includes approx. \$62,390 TCM for FY 2014	
7159	Oregon Mothers Care	Assists women in accessing early prenatal care and Oregon Health Plan.	eligible preg referred to OHP	number on OHP (Q 1-2) 60 clients/51 receiving OHP assistance	0.20	\$3,120	\$5,018	\$8,138	\$8,701	\$6,102						Q3 data not available.
<b>Totals</b>					23.64	\$426,305	\$201,604	\$627,909	\$614,912	\$447,160	\$572,072	\$404,602	\$729,855	\$660,909		

**\* The State funding splits are estimated amounts:**

*Kathi- Sorry for the differences. The amendment numbers are the official ones for you to use. When I put together the split document in February, I asked each program to give me the funding amounts that were as current as possible and to split them by the counties. They may have used some older or projected numbers. The major purpose of the document I sent out in February was to give an estimate of what the split would look like if Wasco separated from the Health District. Jan*

*Jan Kaplan, MSW*

*Principal Executive Manager E, Office of Community Liaison*

*OHA Public Health Division*

**(\*\*) Chlamydia is epidemic and is likely the leading cause of infertility**

Appendix A

**Triennial Review Tools**

All "Word" forms contained on this page are fillable forms.

Administrative	Word	(NA)	April 2015
Babies First!	Word	(NA)	April 2015
Civil Rights Self-Assessment	Word	(NA)	March 2015
Communicable Disease	Word	(NA)	April 2015
Drinking Water	Word	PDF	Approved 6/10/13
Fiscal	Word	(NA)	April 2015
Fiscal Non-Profit	Word	(NA)	April 2015
Fiscal WIC	Word	(NA)	April 2015
Food, Pool and Lodging Health & Safety - Environmental Health	Word	PDF	August 2013
Food, Pool and Lodging Health & Safety - Environmental Health Program Protocol	Word	PDF	August 2013
Health Officer	Word	(NA)	April 2015
Healthy Communities Implementation	Word	PDF	May 2013
HIV Care and Treatment	Word	(NA)	April 2015
HIV Prevention	Word	(NA)	May 2015
Laboratory	Word	(NA)	April 2015
Immunization	Word	(NA)	March 2015
MCM Records Review	Word	(NA)	April 2015
Nurse Family Partnership	Word	(NA)	April 2015
Perinatal	Word	(NA)	April 2015
Public Health Emergency Preparedness	Word	(NA)	April 2015
Reproductive Health	Word	(NA)	April 2015
STI	Word	(NA)	April 2015
Tobacco Prevention & Education Program (TPEP)	Word	PDF	May 2013
Tuberculosis Review	Word	(NA)	April 2015
Tuberculosis Chart Audit	Word	PDF	April 2015
Vital Records	Word	PDF	Approved

			11/6/2014
Vital Records Instruction Memo		PDF	
WIC	Word	(NA)	April 2015
WIC Breastfeeding Peer Counseling Program	Word	(NA)	April 2015
WIC Farm Direct Nutrition Program	Word	(NA)	April 2015

# 2014-15 PHEP Workplan

## Appendix B

CDC Cap. #	Build or sustain	FISCAL/ADMINISTRATIVE Planned Activity	Projected Output	Actual Outcome	Target Date	Notes (l/aison) (coordinatibul)
n/a	Sustain	Participate in biennial program review process with OHA staff. PE-12.3.h.	Completion of contractual and statutory required elements and Public Health Capability sustaining	Completed 10-30-14	TBD by OHA	
n/a	Sustain	Complete annual work plan. PE-12.3.c, PE-12.4.c-e.	An OHA, HSPR program approved annual work plan for LPHA	Objective met. Submitted 9/14/14	09/15/14	
n/a	Sustain	Participate in mid-year work plan review with liaison. PE-12.3.c.	An updated work plan reflecting the actual outcomes of activities completed by mid-year	Objective met. Phone Conference 1-21-15	02/15/15	
n/a	Sustain	Participate in year-end work plan review with liaison. PE-12.3.c.	An updated work plan reflecting the actual outcomes of activities completed during the year		08/01/15	
n/a	Sustain	Submit annual budget to liaison for period July 1 to June 30. PE-12.3.i.	An OHA, HSPR program approved PHEP budget using the appropriate budget template and correct award	Objective met. Submitted by Business Manager, Kathi Hall 8-20-14	08/31/14	
n/a	Sustain	Submit actual expense-to-budget report to liaison for the period of July 1 through Dec. 31. PE-12.3.i.	An updated PHEP budget form reflecting the funds expended from July 1 - Dec. 31.	Objective met. Submitted by Business Manager, Kathi Hall 2-11-15	02/15/15	
n/a	Sustain	Submit annual actual expense-to-budget report to liaison for the period of July 1 through June 30. PE-12.3.i.	An updated PHEP budget form reflecting the funds expended from July 1 - Jun. 30.		08/31/15	
n/a	Sustain	Conduct biennial independent program audit and submit reports to OHA for submission to CDC. PE-12.3.b	A completed independent audit of local PHEP funds			Determined by OHA to be unnecessary.



## 2014-15 PHEP Workplan

EDC Cap. #s	Sustain or Build	TRAINING and EDUCATION Planned Activity	Projected Output	Actual Outcome	Target Date	Notes
1 3	Sustain	Update three-year exercise and training plan. PE-12.4.h-i.	Plan will be update to include activities through June 2017.	Submitted 12/12/14. Approved 12/30/14.	12/01/14	
1	Sustain	Annually evaluate training program to ensure NIMS compliance. PE-12.4.i, PE-12.pm0.6.	All new staff to complete ICS100 & 700 within 6 months. Addl' ICS courses required for certain positions. System in place for tracking this	Reminder sent to staff to complete required courses on 12/31/14	Ongoing	Considering ICS refresher training for staff.
1 3 6	Sustain	Ensure that local HAN users complete training necessary for user level. PE-12.4.i, PE-12.4.iii	NCPHD staff trained to respond to HAN alerts within 60? minutes.	HAN training for staff on 12-15 and 4-16-15	Ongoing	Next Test to be performed in May 2015
1 3 6	Build	Create a PHEP orientation checklist	A plan will be developed for new staff to be oriented in preparedness activities at NCPHD.		06/30/15	Work in progress
1 3 14	Sustain	Orient new staff on PHEP, including personal preparedness, ICS requirements, etc.	New NCPHD staff are made aware of NCPHD procedures and responsibilities in the event of a PH incident.		Ongoing	
3 6	Sustain	Train all NCPHD staff to use satellite Phone.	NCPHD staff will be trained to properly use the satellite phone.		Ongoing	June 2015 staff meeting and Dec 2015 staff meeting
3 6	Sustain	Hands on training for all NCPHD staff 2X per year on proper use of public safety radios.	NCPHD staff trained to properly use the Public Safety radios located in all NCPHD owned vehicles.	July 2014 Hands-on Training for all available staff. F/U training with some staff on 11/4/14	April 2015 and Oct. 2015	Schedule for June 2015
1	Build	do 1thing presentation at monthly staff meetings.	Assist NCPHD staff in obtaining personal preparedness in an effort to enable them to report to work in the event of a PH incident.	Every month since Feb 2014. Hand-outs for Preparedness Binders, listed to presentation and discuss monthly topic.	Monthly At Staff Meetings	

## 2014-15 PHEP Workplan

1 3	Build	Participate in Great Oregon Shakeout	Mini earthquake drill with 25% voluntary staff participation.	10 NCPHD staff members viewed recorded presentation by OEM's Geologic Hazards Coordinator Althea Rizzo, Participated in Shakeout Drill, Group discussion and hand-outs for Preparedness Binder.	Oct. 16, 2014	Participate in National drill, conduct mini-presentation and staff discussion.
14	Sustain	Fit Test all NCPHD Staff with N95 respirators.	Proper fit of N95 masks for all staff to be used in an actual PH incident, if needed.	Completed fit testing for all staff that were medically cleared for fit testing the week of Oct 20th & Oct. 27th, 2014.	Week of Oct. 20th & 27th, 2014	
1 3	Sustain	NCPHD Phone Tree Call Down Drill	80% of NCPHD staff will respond within 30 minutes.		Oct or Nov., 2014	May do call down in conjunction with Great Oregon Shakeout.
1 3	Build	Citizen Alert Drill	80% of NCPHD staff will respond within 30 minutes.	Objective met	TBD by Em. Manager	Citizen Alert is managed by Wasco County Em. Manager. Test is needed for NCPHD staff list
	Build	PHEP Coordinator to attend as many training opportunities as possible.	PHEP Coordinator eager to learn as much as possible.	Objective met	TBD by available trainings	List recent trainings:

## 2014-15 PHEP Workplan

CDC Cap. #s	Sustain or Build	DRILLS AND EXERCISES Planned Activity	Projected Output	Actual Outcome	Target Date	Notes
3 6	Sustain	Participate in three annual statewide ESF-8 tactical communications exercises. <i>PE-12.4.g.</i>	By final statewide drill, 80% of staff in alerting system will confirm receipt of communication within one hour	Objective met to date		
3 6	Sustain	HAN Call-Down local test #1	Achieve 70% response rate within one hour.	Objective met	Nov. 2014	Planning more frequent HAN call down tests (once we know for sure the State is keeping the HAN system) until our response rates
3 6	Sustain	HAN Call-Down local test #2	Achieve 80% response rate within one hour.	Objective met	Dec. 2014	
3 6	Sustain	HAN Call-Down local test #3	Achieve 90% response rate within one hour.		Jan. 2014	
	Build	ACTUAL EVENT (EXERCISE 1): Rowena Fire <i>PE-12.4.h. PE-12.4.i.</i>	Use IP items from last years AAR to improve response at this years incident.	Objective met	08/06-12/2014	
3 6	Sustain	Submit AAR/IP to liaison within 60 days of incident closure	By 10-12-14 Draft AAR/IP will be submitted to liaison.	Objective met	10/12/14	
	Build	EXERCISE 2: HPP Exercise (building on 2014 exercise) <i>PE-12.4.h.</i>	PHEP Coordinator will participate in HPP exercise planned for Spring of 2015, building on last years exercise.	Objective met Central Workshop 5-7 and 5-8-15	Spring 2015	
n/a	Sustain	a. LHD preparedness staff will participate in an exercise planning group, develop exercise plan <i>PE-12.4.h. PE-12.pm0.5.</i>	An exercise scope submitted to liaison at least 45 days in advance of exercise that identifies specific objectives for NCPHD.		Spring 2015	
3 6	Sustain	b. LHD preparedness staff will conduct an after- action review and complete an after- action report/improvement plan <i>PE-12.4.g.viii, PE-12.4.h. PE-12.pm0.5.</i>	An AAR/IP submitted to liaison within 60 days of exercise completion that identifies specific improvement items for NCPHD (if not included in full AAR).		Spring 2015	



## 2014-15 PHEP Workplan

CDC Cap. #s	Sustain or Build	COMMUNITY OUTREACH Planned Activity	Projected Output	Actual Outcome	Target Date	Notes
3 13	Sustain	Maintain 24/7 health department telephone contact capability. <i>PE-12.4.f</i>	NCPHD 24/7 telephone contact capability will be maintained so that CD Reports & PH Emergencies can be reported 24 hrs. per day, 7 days per week.	Successful test 1/1.	Ongoing	System is: Citizen calls NCPHD main line 541-506-2600. After Hours message directs caller to call 541-296-5454 for CD or PH Emergencies. # is maintained 24/7 by Wasco County Dispatch, who take message and relay to PH Director cell phone. System is tested by PHEP Coordinator 2x per year.
3 4	Build	Add do1thing monthly topic to MRC Facebook page.	Citizens will have easy access to public health information during regular and emergency operations.	Added monthly	monthly	
3 4	Build	Create a do1thing bulletin board for NCPHD lobby to be updated monthly.	Citizens will have easy access to public health information during regular and emergency operations.	Objective met to date	monthly	
		Work with NCPHD.org website administrator to include preparedness updates and information.	Citizens will have easy access to public health information during regular and emergency operations.	Preparedness Hot Topics page on NCPHD.org updated regularly.	ongoing	<i>Tanya: Have you thought about migrating the content of the MRC page into a new NCPHD Facebook page? It might attract more followers. I know that's a little bit out of your control, but you might suggest it to</i>

## 2014-15 PHEP Workplan

3 4	Sustain	Maintain ability to inform citizens of actual and potential health threats through maintenance of PPHR, PSA P&P and current contact lists. CLHO Minimum Standard 2.1		PSA's sent regularly. System in place.	Ongoing	
3 4	Sustain	Improve community contacts lists, including licensed facilities list	LPHA will be able to quickly notify partners of emergencies.	Work in progress	06/30/15	

## 2014-15 PHEP Workplan

CDC Cap. #s	Sustain or Build	PARTNER/STAKEHOLDER COLLABORATION Planned Activity	Projected Output	Actual Outcome	Target Date	Notes
6	Sustain	Participate in monthly preparedness calls for LHD/Tribes. <i>PE-12.3.f.i.</i>	PHEP Coordinator will be kept up-to-date on what is happening at the State level.	100% participation to date.	Ongoing	1st Tues. monthly 1 to 2 p.m.
1 6	Sustain	Attend annual HSPR preparedness conference. <i>PE-12.3.f.i,ii.</i>	PHEP Coordinator will learn TONS of useful information and have the opportunity to collaborate with other Coordinators from around the State.	Attended	10/1-3/14	Registered
1 6	Sustain	Participate in regional healthcare preparedness coalition meetings. <i>PE-12.3.f.v.</i>	PHEP Coordinator will have the opportunity to collaborate with local healthcare partners.	First combined PHEP/HPP Quarterly meeting held 11/12/14. 2nd meeting held 2/24/15.	Ongoing	Next meeting to be scheduled in June 2015.
1 3	Sustain	HAN: Identify a HAN Administrator to facilitate all local HAN access, issues, user groups, and trainings - excluding hospitals and tribes. <i>PE-12.4.g.ii, iii, iv.</i>	PHEP Coordinator is HAN administrator and will facilitate local HAN access as required.	Objective met	ongoing	
1 3	Sustain	HAN: (1 of 2) Review local HAN users twice annually to ensure local directory is maintained with appropriate users and roles. <i>PE-12.4.g.i,iii,iv,vii.</i>	Registered HAN user directory will be updated & maintained.	Objective met	Nov. 2014	
1 3	Sustain	HAN: (2 of 2) Review local HAN users twice annually to ensure local directory is maintained with appropriate users and roles. <i>PE-12.4.g.i,iii,iv,vii.</i>	Registered HAN user directory will be updated & maintained.	Objective met	May 2015	

## 2014-15 PHEP Workplan

6	Sustain	Annually verify that all appropriate plans and procedures have been submitted to the liaison for uploading to the HAN. <i>PE-12.4.g.vii</i>	NCPHD Plan updates will be shared with liaison as they occur.	Working on updating all PPHR Plans. No updates are complete yet.	Ongoing	NCPHD Plans reside in PPHR. PHEPPUC Committee working on updating PPHR plans one plan at a time. <b>NOTE: For next year's work plan, develop on ongoing timeline for plan review.</b>
13	Build	Participate in development and support of ESSENCE.	Two ESSENCE Administrators will be identified at LHD and trained at appropriate available levels.		TBD by OHA	Removed by HSPR for this program year.
1 3 6	Build	Schedule meet and greet with Deputy Medical Examiner of Wasco, Sherman, and Gilliam Counties	Relationships with local emergency response partners will be expanded.	NCPHD Health Officer recently became Medical Examiner for Wasco & Sherman Co.		
1 3 6	Build	Region 6 Quarterly ESF-8 Preparedness Meetings: Scheduled for: Nov. 2014, Feb. 2015, May 2015, August 2015	Relationships with local emergency response partners will be maintained and expanded. Also proposed a quarterly hazard awareness project for each of these meetings.	First combined PHEP/HPP Quarterly meeting held 11/12/14. 2nd meeting 2/24/15	quarter	This meeting is a combination of what was formerly HPP Region 6 meeting AND PHEP Regional Meetings.
1 6	Sustain	Participate with Em. Managers on Natural Hazard Mitigation Plan updates	PHEP Coordinator will be knowledgeable about NHMP process.	Scheduled by Wasco Co. Em. Manager. Participated in June 2014 and April 2015.	TBD by Em. Managers	Will check with Sherman & Gilliam Counties to see if I can participate.
1 6 15	Build	Participate in "Get Ready The Dalles" Event sponsored by NW Natural in conjunction with Mid-Col. Fire & Rescue	Engage public in preparedness and solicit volunteers for Wasco County MRC.	Participated with MRC volunteers, handed out 4 Steps to preparedness binder materials and influenza information.	Sept. 20, 2014	Distributing 4-step flyers, demonstrating how to build a Em. Preparedness binder & recruiting for MRC.



## 2014-15 PHEP Workplan

1 6	Build	Participate in Red Flag Task Force meetings and activities as determined by Wasco County Em. Manager	PHEP Coordinator will have the opportunity to connect with community preparedness partners and focus on a community preparedness project.	Scheduled by Wasco Co. Em. Manager.	TBD by Em. Managers	Task Force has not met since Nov. 2013, but may reconvene. Current conversations regarding continuing some work on Vulnerable Populations plans/procedures.
1 4 6	Build	PIO Group Meeting	Local PIOs will connect and have a working relationship.		TBD by Group	Have met once, plan to reconnect.
	Build	Reach out to community partners to make additional connections.	PHEP Coordinator will make connections, not only with preparedness partners, but also with local utilities and possibly other local businesses.		As time allows	PHEP Coordinator intends to begin preliminary work on a possible Power Outage workshop by talking to local utilities. Would also like to work with local businesses on Bus. Continuity plans when time allows.
ODC Cap. #s	Sustain or Build	PLANNING Planned Activity	Projected Output	Actual Outcome	Target Date	Notes

## 2014-15 PHEP Workplan

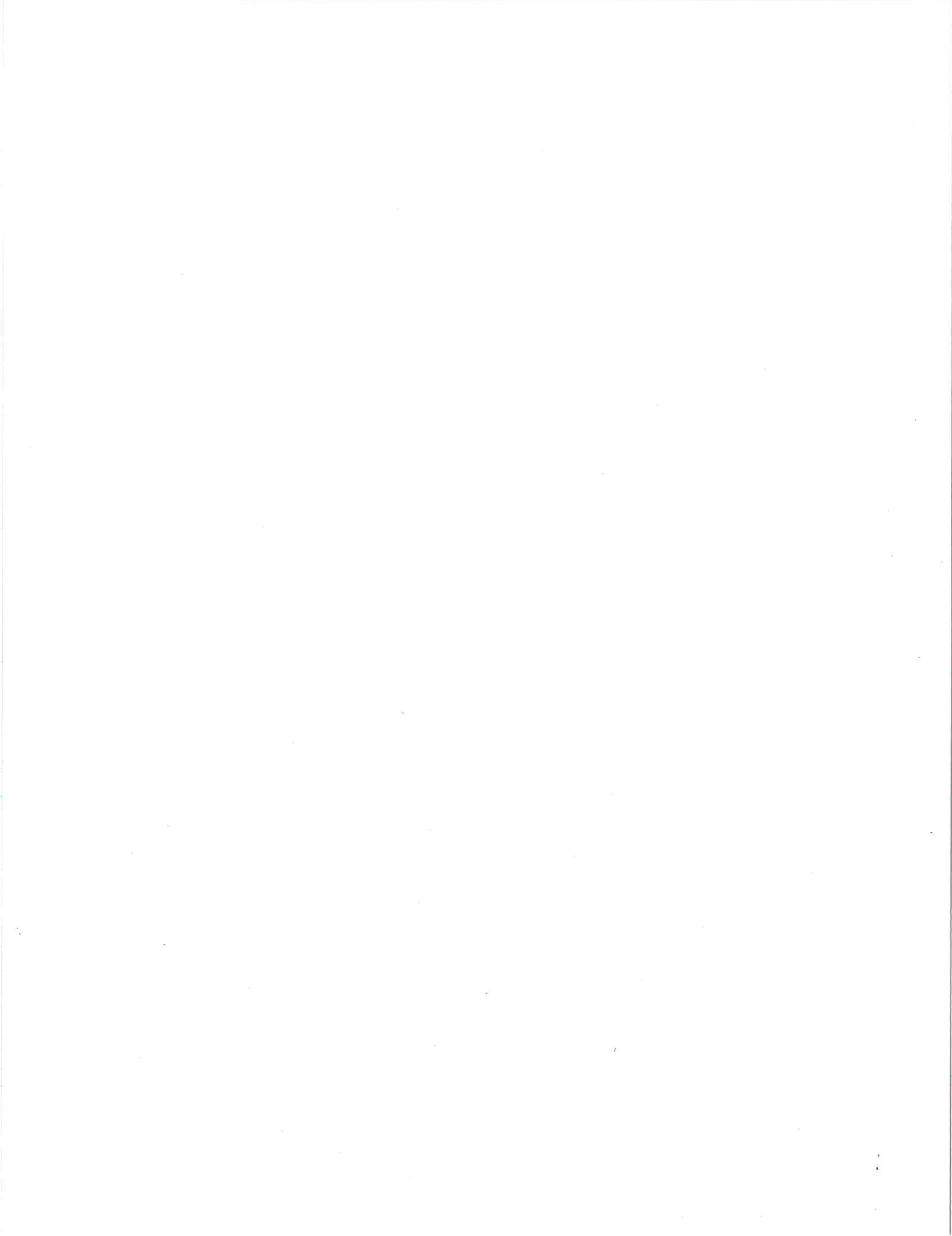
1	Sustain	Complete annual public health preparedness capabilities survey. <i>PE-12.4.a,b.</i>	Survey will give PHEP Coordinator a better understanding of what capabilities need work.	Objective met.	08/15/14	
1-15	Sustain	Review and update ESF-8 base plan every 5 years. <i>PE-12.4.i.</i>	ESF-8 will be kept current.	Currently working on ESF8. Updates to Wasco Co. Em. Manager May 2015.	Due 2016	
1 3	Sustain	Maintain knowledge of and participate in development or revisions of county emergency operations plan. <i>CLHO Minimum Standard 2.1</i>	PHEP Coordinator will have an understanding of County EOPs.		Ongoing	Wasco County EOP last updated in 2012. Sherman County EOP last updated in 2012. Gilliam County EOP last updated in 2011. <b>Updates to Wasco Co. Em. Manager May 2015.</b>
1	Sustain	Through PHEP Plans Update Committee (PHEPPUC) maintain or develop written policies and procedures that describe the role and responsibilities of LHD staff when responding to a public health emergency including disease outbreaks and environmental emergencies. Current PPHR Plans & Procedures include: <ul style="list-style-type: none"> <li>• All-Hazards Response Plan</li> <li>• Communication Plan</li> <li>• Mass Patient Care Plan</li> <li>• Mass Fatality Management Plan</li> <li>• Disaster Behavioral Health Plan-Public</li> </ul>	NCPHD will maintain and update the plans currently residing in PPHR project from 2011. (see list below).		Updates beginning 2015 to be complete by the end of the year.	PHEP Plans Update Committee has been meeting. Committee working to update plans one at a time.

## 2014-15 PHEP Workplan

<p>1 6</p>	<p>Sustain</p>	<p>Maintain policies and procedures for reporting emergencies. CLHO Minimum Standard 2.1</p>	<p>A procedure is available for reporting emergencies including potential outbreaks or other public health emergencies.</p>	<p>Objective met</p>
	<p>Build</p>	<p>NCPHD internal workgroup to convene to create a process for closing the loop on AAR IP's.</p>	<p>NCPHD staff will use IP's from AAR's to build and sustain their emergency preparedness efforts.</p>	<p>Spreadsheet created following September 2014 meeting.</p>
				<p>First meeting 9-16-14</p>
				<p>Meeting again in May 2015. Working to create a process to be sure IP's are completed</p>

## 2014-15 PHEP Workplan

15	Build	<p>Create a working group to establish roles and continue recruiting efforts to work toward a sustainable volunteer management plan by reorganizing the Wasco County MRC</p>	<p>Create a Wasco County MRC, with community partner involvement, that is able to aid in response efforts when needed.</p>	<p>Leadership Team Met 12/15/14! Working to put a plan in place. Two activities planned in Jan. 2015; 2nd annual Blanket Drive and Psych. First Aid Course. MRC LT meeting regularly and working toward goal.</p>	TBD	<p><i>I downsized your objective to be more specific and more manageable within this grant year. Creating a sustainable MRC is more than a one-year task. :-)</i></p>
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**EMERGENCY PREPAREDNESS REVIEW TOOL**

DATE:

AGENCY:  
ADMINISTRATOR:

REVIEWER:  
PARTICIPANTS:

Criteria for Compliance	Compliant		Comments/Documentation/Explanation/Timelines
	Y	N	
<b>I. FISCAL AND ADMINISTRATIVE</b>			
A. By September 15 annually, the LPHA has drafted, submitted for review, revised as needed, and submitted for final approval an annual work plan that includes all contractual and statutory required elements and Public Health Capability sustaining and enhancing elements. <u>PE-12.3.c.</u>	<input type="checkbox"/>	<input type="checkbox"/>	
B. LPHA is staffed at a level appropriate to complete the approved work plan. Personnel who are funded under the PE-12 contract are working on preparedness activities in accordance with their funding levels. <u>PE-12.3.d.</u>	<input type="checkbox"/>	<input type="checkbox"/>	
1. Evidence of meeting attendance	<input type="checkbox"/>	<input type="checkbox"/>	
2. Evidence of exercise participation.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Evidence of communications.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Evidence of training records.	<input type="checkbox"/>	<input type="checkbox"/>	
C. LPHA submits its budget reports accurately and on time. <u>PE-12.3.i.</u>	<input type="checkbox"/>	<input type="checkbox"/>	
1. A budget using actual award amounts, detailing LPHA's expected costs to operate its PHEP programs during the period of July 1, through June 30 is due by August 31 of each new fiscal year.	<input type="checkbox"/>	<input type="checkbox"/>	
2. An actual expense-to-budget report for the period of July 1, through December 31 is due by February 15 of each year.	<input type="checkbox"/>	<input type="checkbox"/>	
3. An actual expense-to-budget report for the period of July 1, through June 30 is due by August 31 of each year.	<input type="checkbox"/>	<input type="checkbox"/>	

Criteria for Compliance		Compliant		Comments/Documentation/Explanation/Timelines
		Y	N	
<b>II. PLAN AND RESPONSE</b>				
A.	LPHA has developed and maintained an effective all hazards plan that clearly identifies public health roles and responsibilities for responding to public health emergencies. <u>PE-12.4.j, CLHO Minimum Standards</u>	<input type="checkbox"/>	<input type="checkbox"/>	
1.	Updates reflect changes identified in exercise improvement plans.	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Plan approval signatures are recent within five years.	<input type="checkbox"/>	<input type="checkbox"/>	
B.	LPHA has adopted NIMS guidelines to ensure rules governing the development of emergency plans and an incident management system. <u>PE-12.pm0.6, ORS 431.266</u>	<input type="checkbox"/>	<input type="checkbox"/>	
C.	LPHA uses an evaluation and improvement model to guide its planning efforts. <u>PE-12.4.g.viii, PE-12.4.h., PE-12.pm0.5., CLHO Minimum Standards</u>	<input type="checkbox"/>	<input type="checkbox"/>	
1.	Evidence of progressive exercise plan.	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Evidence of After Action Report recommendations being built into work plan or exercise plans.	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Evidence of submission of exercise AAR to liaison within 60 days of exercise completion.	<input type="checkbox"/>	<input type="checkbox"/>	
D.	LPHA completed Public Health Capability Performance Measure Analysis using the assessment tool provided and approved by HSPRP by August 15 of each year. <u>PE-12.4.a.b.</u>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>III. COLLABORATION AND COMMUNITY OUTREACH</b>				
A.	LPHA has coordinated with its local emergency management agency and/or law enforcement agencies on its ESF-8 all hazards plan and the countywide emergency operations plan. <u>CLHO Minimum Standards</u>	<input type="checkbox"/>	<input type="checkbox"/>	

Criteria for Compliance	Compliant		Comments/Documentation/Explanation/Timelines
	Y	N	
B. LPHA coordinates and networks with its statewide partners. <u>CLHO Minimum Standards, PE-12.3.f.i-v.</u>	<input type="checkbox"/>	<input type="checkbox"/>	
1. Evidence of participation in monthly LPHA/Tribes calls.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Evidence of attendance at regional healthcare preparedness coalition meetings.	<input type="checkbox"/>	<input type="checkbox"/>	
C. LPHA maintains a publicly available 24/7/365 system for reporting and responding to public health emergencies. <u>PE-12.4.f</u>	<input type="checkbox"/>	<input type="checkbox"/>	
1. Evidence of successful 24/7/365 phone testing.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Evidence of easily accessible public 24/7/365 phone number.	<input type="checkbox"/>	<input type="checkbox"/>	
D. LPHA maintains ability to inform citizens of actual and potential health threats. <u>CLHO Minimum Standards</u>	<input type="checkbox"/>	<input type="checkbox"/>	
1. Evidence of public health emergency information templates.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Evidence of public information distribution protocols that include current contact lists.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Evidence of effective public information delivery during any real or emerging incidents that includes public health messages to the community, health care providers, and media according to communication procedures.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>IV. TRAINING AND EDUCATION</b>			
A. LPHA personnel are trained for emergency planning and response roles. <u>PE-12.3.f.ii, PE-12.4.i-i, CLHO Minimum Standards</u>	<input type="checkbox"/>	<input type="checkbox"/>	
1. Evidence of training records	<input type="checkbox"/>	<input type="checkbox"/>	



Criteria for Compliance	Compliant		Comments/Documentation/Explanation/Timelines
	Y	N	
2. Evidence of ICS org charts with specific positions identified for a public health response.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>V. EXERCISES</b>			
A. LPHA maintains a progressive exercise strategy. <u>PE-12.4.h-i.</u>	<input type="checkbox"/>	<input type="checkbox"/>	
1. Evidence of a three-year exercise plan.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Evidence of participation with agency staff and community partners including emergency management, county governance, and health care systems (i.e. sign in sheets, planning committee membership, MSEL)	<input type="checkbox"/>	<input type="checkbox"/>	
B. LPHA coordinates with local and regional health care partners. <u>CLHO Minimum Standards</u>	<input type="checkbox"/>	<input type="checkbox"/>	
1. Evidence of attendance at >75% of regional healthcare preparedness coalition meetings.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Evidence of local health care coordination including minutes/notes and exercise reports.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Evidence of submission of exercise objectives to liaison for compliance minimum 45 days in advance of exercise.	<input type="checkbox"/>	<input type="checkbox"/>	

**Oregon Tobacco Prevention and Education Program  
Local Health Department Grants 2014-2015**

Please provide the information requested below for program contact information and disclosure of tobacco relationships.

<b>Program Contact Information</b>	
<b>Local Health Department Name</b>	<b>North Central Public Health District</b>
<b>TPEP Coordinator Name (Main point of contact)</b>	<b>Mary Gale</b>
<b>Phone</b>	<b>541-506-2609</b>
<b>E-mail</b>	<b>maryg@co.wasco.or.us</b>
<b>Other Funded program staff (add additional if necessary) Name</b>	<b>Tanya Wray/Jane Palmer</b>
<b>Phone</b>	<b>541-506-2631/541-506-2616</b>
<b>E-mail</b>	<b>tanyaw@co.wasco.or.us/janep@co.wasco.or.us</b>
<b>Local Health Department Administrator Name</b>	<b>Teri Thalhofer, RN, BSN</b>
<b>Phone</b>	<b>541-506-2614</b>
<b>E-mail</b>	<b>terit@co.wasco.or.us</b>

**Disclosure of Tobacco Relationships**

Oregon Administrative Rules 333-010-0320 requires disclosure of any and all direct and indirect organizational or business relationships between the TPEP grant applicant or its subcontractors, including its owners, parent company or subsidiaries, and companies involved in any way in the production, processing, distribution, promotion, sale or use of tobacco.

Does the Local Health Department have any direct or indirect relationship with tobacco-related companies, as described above?

Yes       No

If yes, please disclose any such relationships:

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Appendix E

<b>Local Health Department:</b>	
M MONITOR tobacco use and prevention policies	
<b>Policy type</b>	<b>Policies adopted</b> – Include current policy description (e.g. “All properties 100% tobacco-free”, or “Smoking allowed in designated areas only.”) Enter “N/A” if a specified institution type (e.g. community college) does not exist in your county.
<b>Tobacco-free campuses</b>	
County public health department	NCPHD is a Tobacco Free Property effective May 1, 2013. NCPHD continues to work with other tenants of the property to educate clients on the policy and offer cessation opportunities for clients and staff.
Other city or county properties	Wasco County owns property including NCPHD, consisting of two large parking lots and three buildings.
Community college (statewide policy list and map: <a href="http://www.smokefreeoregon.com/smokefree-places/community-colleges/your-campus">http://www.smokefreeoregon.com/smokefree-places/community-colleges/your-campus</a> )	Columbia Gorge Community College in The Dalles (Wasco County) has the following policy: “No person shall smoke, use smokeless tobacco, or carry any lighted smoking instrument in any facility under the control and direction of the Columbia Gorge Community College, except in the parking lot.” A new Oregon National Guard Readiness Center is being constructed on the Community College campus. We anticipate this as an opportunity to strengthen CGCC policy to align with the Governor’s executive order.
Hospitals ( <i>See the map of Oregon Hospitals with Smoke-free policies on the HPCDP Connection Tobacco page, here:</i> <a href="http://public.health.oregon.gov/Pa">http://public.health.oregon.gov/Pa</a> )	Mid-Columbia Medical Center in The Dalles (Wasco County) has a 100% Tobacco Free Policy for the hospital campus and all ancillary properties. Employees who do smoke are not allowed to smoke during paid breaks and are required to report to work free of secondhand smoke. All buildings on the medical center campus are 100% tobacco free, including: Celilo clinic Medical Office (Medical Oncology

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<p><b>Policy type</b></p>	<p><b>Policies adopted</b> – Include current policy description (e.g. “All properties 100% tobacco-free”, or “Smoking allowed in designated areas only.”) Enter “N/A” if a specified institution type (e.g. community college) does not exist in your county.</p>
<p><i>rtners/ HPCDPCConnection/Tobacco/ Pages/Hospitals.aspx</i></p> <p>Other tobacco-free campus policies (e.g. other health care setting or post-secondary education campus.)</p>	<p>and Radiology Services); Finance Building; Columbia Hills Family Medicine; Annex Buildings; Healthscape; Planetree Health Resource Center; Outpatient Therapy Services; Visiting Health Services; Water’s Edge</p>
<p><b>Tobacco-free workplaces/ public places</b></p>	
<p>Community-wide smokefree worksites (e.g. city or county local smokefree workplaces ordinance)</p>	<p>DHS Wasco County: one property is Smokefree (3641 Klindt Drive, The Dalles) DHS Sherman County: no such property DHS Gilliam County: Smokefree</p>
<p>Outdoor venues (e.g. parks or fair board tobacco-free policies) [list of policies on HPCDP Connection outdoor venues page]</p>	<p>Northern Wasco County Park and Recreation District has a Tobacco Free Policy for all eight parks and the riverfront Trail along the Columbia River. City of Condon Park in Gilliam County is Smokefree. City of Moro in Sherman County is Smokefree. Sherman County Fairgrounds are Tobacco Free. City of The Dalles Event site does not yet have a Tobacco Free Policy.</p>
<p>Other community-wide smokefree workplaces/public places policy:</p>	
<p><b>Smokefree multi-unit housing (MUH)</b></p>	
<p>Public housing authority (<i>statewide policy status list is posted at <a 62="" 665"="" 745="" 885="" href="https://partners.health.oregon.gov/Partners/HPCDPCConnection/Toba&lt;/a&gt;&lt;/i&gt;&lt;/p&gt; &lt;/td&gt; &lt;td data-bbox="> <p>Mid-Columbia Housing Authority/Columbia Cascade Housing Corporation have a comprehensive Smokefree Policy covering all properties: Casa Lomas Apartments (24 Units) Wasco County Celilo Gardens (6 Units) Wasco County East Hill Village (8 Units) Wasco County</p> </a></i></p>	

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<p><b>Policy type</b></p>	<p><b>Policies adopted</b> – Include current policy description (e.g. “All properties 100% tobacco-free”, or “Smoking allowed in designated areas only.”) Enter “N/A” if a specified institution type (e.g. community college) does not exist in your county.</p>
<p><i>cco/Pages/Housing.aspx</i>)</p>	<p>West Park Place Apartments (25 Units) Wasco County West Park Orchards (22 Units) Wasco County Mosier Creek Terrace (12 Units) Wasco County Oregon Trail (3 Units) Wasco County Rose Garden Apartments (6 Units) Wasco County Sage Wind Manor (12 Units) Sherman County</p>
<p>Other low-income and affordable MUH policies (e.g. Community development corporation)</p>	<p>The Commodore II (24 Units) Wasco County Flora Thompson Manor (16 Units) Wasco County Joan Court Apartments (16 Units) Wasco County Crown Plaza Apartments in Wasco County Maverick Apartments in Wasco County Old Oskalossa Hotel (4 Units for long term lease) in Sherman County Washington Court apartments (18 Units) Wasco County</p>
<p><b>Tobacco retail environment, advertising and promotions</b></p>	
<p>Tobacco retail licensing ordinance</p>	<p>NONE</p>
<p>Tobacco sampling ban</p>	<p>NONE</p>
<p>Other community-wide tobacco advertising and promotions policies</p>	<p>NONE</p>
<p><b>Health systems and healthcare settings</b></p>	
<p>Policies and fax referral systems for self-management and cessation supports</p>	<p>Work continues internally at NCPHD to strengthen faxed referrals for clients indicating desire to quit tobacco through family planning, WIC or homevisiting encounters. Working with administrative staff to utilize EMR tracking of referrals and cessation reports more efficiently.</p>

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**Local Health Department:**

**P PROTECT** from exposure to secondhand smoke. (LHD TPEP is required to address at least two strategies for P: Protect.)

**Check one (1) setting below. Develop one (1) program plan section for each setting.**

- Community-Wide Policy for Smokefree Workplaces & Public Places
- Tobacco-Free County Campuses and other Public Properties
- Other optional

**Current status:** The Wasco County Commissioners adopted a Tobacco Free Policy for a portion of county property effective May 1, 2013. The change was initially very well accepted by clients, but confusing for staff, especially those from a law enforcement background.

**Strategy:** Wasco County Commissioners adopt a Tobacco Free Policy for all County Properties by June 30, 2017.

**Milestones (2014-2015 funding cycle):** Continue to positively promote the policy with clients and staff. Partners continue to distribute Quitline brochures at appointments. Engage the regional jail staff with the possibility promoting continued cessation upon release from the facility.

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**Partnerships/collaborations:**

**Wasco County Commissioners**  
**Wasco County Administrative Officer Tyler Stone**  
**Wasco County Sheriff Rick Eisland**  
**Wasco County Community Corrections Director Robert Martin**  
**Wasco County 911 Director Jeanne Pesicka**  
**Wasco County Facilities Director Fred Davis**  
**Sherman County employees Cindy Brown, Debbie Hayden, and Melva Thomas**  
**Gilliam County employees Terri Carnine and Teddy Fennern**  
**CIS Benefits Representatives**  
**Rede Group Vice President Robb Hudson**  
**Mid-Columbia Center for Living Director Barb Seatter**

**Activities for the 2014-2015 funding cycle**

**Assessment :** Determine whether signage for the Tobacco Free Policy is adequate.  
Determine whether Wasco County department directors located at the property are aware of the Commissioners' commitment behind the policy.

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Education and Outreach:

Meet quarterly with the following stakeholders to offer support to communicate the policy to employees and clients: Wasco County Sheriff Rick Eisland, Wasco County Community Corrections Director Robert Martin, Wasco County 911 Director Jeanne Pesicka, Wasco County Facilities Director Fred Davis.

Provide a review of the policy to County Commissioners in June 2014. Propose changes in the policy language as recommended by the National Association of Local Boards of Health legal team.

Work with Rede Group and OHA partners to strategize the best practices to engage the law enforcement community around policy enforcement vs law enforcement.

Planning to package and implement 'care kits' so staff may feel more comfortable approaching smokers on the campus to inform them of the policy. Continue to work with other tenants to remind clients at the time appointments are made that the campus is tobacco free.

Media Advocacy:

Work with The Dalles Chronicle Publisher on an article about how environment and policy affects the social norm

Policy development and analysis:

The experience of policy implementation at the Wasco County Annex Property will greatly affect our ability to broaden the tobacco policy to other county properties. We will continually review whether the system has been set up for success with most of the analysis being on buy-in from affected county department directors and other tenants.

We have received permission from county commissioners to conduct an employee survey to obtain whether information staff believes a comprehensive tobacco free policy is valuable. We believe commissioners will support a comprehensive policy with staff support.



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**Policy implementation and maintenance:**

The policy and signage were both in place at the beginning of the fiscal year which will typically reduce most of the tobacco use. The clients who use services at this complex have a higher tobacco use rate and a higher rate of non-compliance. We will work carefully to communicate the policy with respect and encouragements. Patrons at the facility who use tobacco will be offered care kits along with the message that the property is now tobacco free. NCPHD staff will be trained in messaging and distribution of the kits with role play opportunities. NCPHD staff can act as a model to other staff working in the Annex properties on respectful reminder of the policy.

**Local Health Department:**

**P PROTECT** from exposure to secondhand smoke. (LHD TPEP is required to address at least two strategies for P: Protect.)

**Check one (1) setting below. Develop one (1) program plan section for each setting.**

- Community-Wide Policy for Smokefree Workplaces & Public Places
- Tobacco-Free County Campuses and other Public Properties
- Other optional

**Current status:** NCPHD continues to work with our partners at Hood River TPEP to implement a Tobacco Free Policy for One Community Health (formerly La Clinica del Carino, the FQHC serving Wasco and Hood River Counties). The work has been ongoing for seven years in an effort to adopt a comprehensive tobacco free policy. The entity continues to be in flux with high turnover of both providers and administrative staff. With the opening of the newly constructed facility in The Dalles and some stabilization of leadership we hope to make progress in partnership with the Hood River TPEP Coordinator to build support for such a policy.

**Strategy:** Engage board and leadership in a conversation regarding the benefits of tobacco free policy especially to agencies serving community members with health disparities.

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**Milestones (2014-2015 funding cycle): Make a presentation to the One Community Health Board on the benefits of making the facilities tobacco free.**

**Partnerships/collaborations:**

**One Community Health Interim Director, Elizabeth Aughney  
OCH Board Member Tim Foley  
OCH Board Member Maria Pena  
Hood River TPEP Coordinator Belinda Bellah**

**Activities for the 2014-2015 funding cycle**

**Assessment :**

Determine when the OCH Board is able to consider a proposal for comprehensive tobacco free policy. Currently, the Board is concentrating on staff turnover, health care reform, and fiscal challenges.

**Education and Outreach:**

Assure the Administrator and the Board that a tobacco free policy will not require financial resources from the organization.

Offer to conduct a survey of staff and/ or clients to determine whether there is support for a policy change.

Promote that a natural time to adopt a tobacco policy would be while a facility is still new.

Share success stories from the Wasco County Annex Property tobacco free policy, as clientele is similar in nature.

**Media Advocacy:** Meet with The Dalles Chronicle to propose an article on the importance of health care facilities delivering care in an environment that is tobacco free from perspectives of reducing exposure to second hand smoke and to limit modeled behavior.

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Policy development and analysis:  
Present recommended policy language that reflects a culture of caring and respect.  
Policy implementation and maintenance:  
Prepare an implementation plan (6-12 month phase in period) that would be included in the board presentation.

**Local Health Department:**  
**P PROTECT from exposure to secondhand smoke. (LHD TPEP is required to address at least two strategies for P: Protect.)**  
**Check one (1) setting below. Develop one (1) program plan section for each setting.**  
 Community-Wide Policy for Smokefree Workplaces & Public Places  
 Tobacco-Free County Campuses and other Public Properties  
 Other optional

**Current status:**  
**Gilliam County staff are beginning to show interest in Worksite Wellness programs. Sherman County staff have in the past been reluctant to engage in Worksite Wellness programs**

**Strategy: Gilliam and Sherman Counties will adopt a comprehensive tobacco free policy by June 30, 2020.**

**Milestones (2014-2015 funding cycle): Gilliam and Sherman Counties will appoint Wellness Committees**

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**Partnerships/collaborations:**

**Gilliam County Judge Steve Shaffer  
Terri Carnine, Gilliam County Road Department Administrative Assistant  
Youth Prevention Coalition Members  
Sherman County Commissioner Mike Smith  
Sherman County Commissioner Tom McCoy  
Debbie Hayden, Sherman County Financial Services Director  
Youth Prevention Coalition Members**

**Activities for the 2014-2015 funding cycle**

**Assessment :**

Determine which county employees are most committed to promoting health and wellness.  
Determine whether an employee survey would be helpful to the decision makers.

**Education and Outreach:**

Partner with EOCCO to promote wellness through Local Community Advisory Council work. Family members of County employees may be OHP recipients.

**Media Advocacy:**

NONE Planned

**Policy development and analysis:**

Present model language for a policy that defines wellness in the workplace and appointments for the committees.

+++++++

**Local Health Department:**

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**P PROTECT** from exposure to secondhand smoke. (LHD TPEP is required to address at least two strategies for P: Protect.)

**Check one (1) setting below. Develop one (1) program plan section for each setting.**

Community-Wide Policy for Smokefree Workplaces & Public Places

Tobacco-Free County Campuses and other Public Properties

Other optional

**Current status:**

**Creekside Residential Treatment Center and DHS properties are currently implementing Tobacco Free policy.**

**Strategy:**

**Support both entities implementation plans as appropriate in consultation with entity leadership.**

**Milestones (2014-2015 funding cycle):**

**Tobacco use at the Creekside Residential Treatment Center and DHS properties will decrease and clients will be encouraged to quit using tobacco.**

**Partnerships/collaborations:**

**Creekside Residential Treatment Center Manager**

**Tyler Flaumitch, DHS Region Manager**

**Activities for the 2014-2015 funding cycle**

**Assessment :**

**Determine whether appropriate signage is in place to support the policy**

**Education and Outreach:**

**Provide Quiltline materials that are accessible to clients in all locations.**

**Media Advocacy:**

**None planned**

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Policy development and analysis:

Determine whether people are smoking on the property.

Policy implementation and maintenance:

Offer to provide training to staff on how to respectfully enforce the policy.

**Local Health Department:**

**P PROTECT** from exposure to secondhand smoke. (LHD TPEP is required to address at least two strategies for P: Protect.)

**Check one (1) setting below. Develop one (1) program plan section for each setting.**

Community-Wide Policy for Smokefree Workplaces & Public Places

Tobacco-Free County Campuses and other Public Properties

Other optional

**Current status:**

**Columbia Gorge Community College does not currently have a comprehensive tobacco free campus policy.**

**Current CGCC leadership would like the movement for policy change to be student driven.**

**Strategy:**

**The Oregon National Guard Readiness Center recently opened on the CGCC campus in The Dalles. This provides an opportunity to examine policy for both entities in the shared campus space.**

**Milestones (2014-2015 funding cycle):**

**TPEP Coordinators from NCPHD and Hood River Counties will meet with Dr. Toda, CGCC President, to provide findings from several years of working to engage the student population.**

**CGCC leadership will adopt a comprehensive tobacco free policy.**

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**Partnerships/collaborations:**

CGCC President Frank Toda  
CGCC Human Resource Director Robb Van Cleave  
Hood River TPEP Coordinator  
CGCC Board Members  
CGCC Foundation President  
Local Oregon National Guard leadership

**Activities for the 2014-2015 funding cycle**

**Assessment :**

Determine best time to meet with Dr. Toda.  
Review student survey and opinion data and evaluate need for updated student information.

**Education and Outreach:**

Provide Dr. Toda with a list of Oregon Universities and Community Colleges who have adopted a comprehensive tobacco policy.

Meet with two board members and ask for them to propose a tobacco policy that reflects the excellence shown otherwise by the campus.

Meet with Oregon National Guard local leadership to discuss the Governor's executive order for publically owned facilities.

Share success stories from the Wasco County Annex Property tobacco free policy.

**Media Advocacy:**

Propose an article to The Dalles Chronicle about the burden of tobacco related disease to those currently and veteran's of the armed services.

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**Policy development and analysis:**

Propose model language for tobacco policy that reflects a culture of excellence and caring.

Include a board member in the preliminary review of the draft policy language prior to proposing it to Dr. Toda and the leadership team.

**Policy implementation and maintenance:**

Propose a 6-12 month lead time for policy implementation with communication and activity timelines.

Meet with CGCC staff to educate on how to ask for compliance in a supportive and respectful manner.

**Local Health Department:**

**P PROTECT** from exposure to secondhand smoke. (LHD TPEP is required to address at least two strategies for P: Protect.)

**Check one (1) setting below. Develop one (1) program plan section for each setting.**

X Community-Wide Policy for Smokefree Workplaces & Public Places

Tobacco-Free County Campuses and other Public Properties

Other optional

**Current status:**

The City of The Dalles has not adopted a comprehensive Tobacco Free Policy for the Lewis and Clark Event Site in The Dalles.

**Strategy:**

Work with City of The Dalles leadership to create policy that supports economic development at the tourism site located adjacent to the park. Identify two City Council members who would be supportive of a tobacco free policy.



**Milestones (2014-2015 funding cycle):**

**City of The Dalles will adopt a comprehensive tobacco free policy for the Lewis and Clark event site.**

**Partnerships/collaborations:**

**Gene Parker, The Dalles attorney  
City Manger Nolan Young  
City Council Members  
Youthink Coalition Members**

**Activities for the 2014-2015 funding cycle**

**Assessment :**

Determine events scheduled in the park during the summer of 2014.

**Education and Outreach:**

Contact two event coordinators who are using the park during the summer season and ask for support of a tobacco free policy.  
Provide City Manager and supportive Council members with a list of Tobacco and Smokefree Parks in the Region and Oregon.

Share success stories from the Wasco County Annex Property tobacco free policy.

**Media Advocacy:** Submit a press release to The Dalles Chronicle, Sherman County eNews, and the Condon Times about the policy adoption and value to the community.

**Policy development and analysis:**

Continue to work with the City Attorney on policy development.

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Policy implementation and maintenance:

Provide City Manager with recommended signage and offer to provide funding for signs.

**Local Health Department:**

OFFER help to quit tobacco use.

**Check one (1) setting below. Develop one (1) program plan section for each setting.**

State human services agencies

CCOs

County worksite wellness-related initiatives

**Current status:**

North Central Public Health District is as of January 1, 2014, the employer of public health employees. This is a change from Wasco County employment.

**Strategy:**

Share with employees of Wasco, Sherman and Gilliam Counties and NCPHD the cessation benefits that are available as a benefit to employees and covered family members.

Promote the Quit Line and available quit supports as part of every earned social media opportunity.

**Milestones (2014-2015 funding cycle):**

Employees of Wasco, Sherman and Gilliam Counties will be aware of cessation benefits for themselves and covered family members through current coverage.

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<p>NCPHD employees will be aware of cessation benefits for themselves and covered family members through current coverage.</p> <p>NCPHD employees will participate in the 5210 in 30 Wellness Challenge promoting 5 servings of fruits and vegetables per day, less than 2 hours of recreational screen time per day, 1 hour of activity per day, and 0 sugar sweetened beverages and tobacco products, for 30 days.</p>
<p><b>Partnerships/collaborations:</b> NCPHD Wellness Committee NCPHD Leadership Team</p>
<p><b>Activities for the 2014-2015 funding cycle</b></p>
<p><b>Assessment:</b> Determine if employees are aware of cessation benefits offered for themselves and covered dependents through insurance coverage. Determine if employees are aware of Quitline resources available for all friends and family members.</p>
<p><b>Education and Outreach:</b> Present at a NCPHD staff meeting around cessation benefits for employees. Support the Wellness Committee in the implementation of the 5210 in 30 Challenge at NCPHD Promote CIS wellness materials to Wasco, Sherman and Gilliam County Human Resource Departments; Ask permission to forward information to employee email accounts and post on bulletin boards at the courthouse and ancillary buildings. Promote CIS wellness grants as a way to fund wellness activities materials to Wasco, Sherman and Gilliam County Human Resource Departments. Offer to meet on a regular basis with wellness committees to promote health throughout the employee network.</p>
<p><b>Media Advocacy:</b> NONE Planned</p>
<p><b>Policy development and analysis:</b></p>

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Review the Healthy Meetings policy for NCPHD with the Wellness Committee and propose updates and changes if necessary to the Leadership team.

**Policy implementation and maintenance:**

Continue to monitor the smoke free campus policy for NCPHD as noted previously.

**Local Health Department:**

OFFER help to quit tobacco use.

**Check one (1) setting below. Develop one (1) program plan section for each setting.**

State human services agencies

CCOs

County worksite wellness-related initiatives

**Current status:**

Smoking rates in the tri-county region; 14% rate of adult smokers, 16% of birth mothers, 5% of 11<sup>th</sup> grade students and 9% of 8<sup>th</sup> grade students.

**Strategy:**

Work with pre-natal care providers and the CGCCO to implement 5A's screening, assessment and intervention for all women seeking prenatal care.

Support the CGCCO in addressing a tobacco use with adequate cessation benefits and support to quit.

**Milestones (2014-2015 funding cycle):**

All pregnant women seeking prenatal care in Wasco and Hood River Counties will be screened through motivational interviewing for tobacco use, exposure and willingness to quit.

**Partnerships/collaborations:**

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Columbia Gorge CCO  
Hood River County Health Department  
Hood River TPEP Coordinator  
One Community Health  
Mid-Columbia Women's Center

**Activities for the 2014-2015 funding cycle**

**Assessment:**

Ask providers about screening for tobacco use in pregnant women.  
Determine what cessation benefits are currently offered through CG CCO.

**Education and Outreach:**

Offer cessation support and Quitline materials to prenatal providers.  
Offer cessation information and Quitline materials to all early childhood providers.  
Coordinate with Maternity Case Management to target tobacco using pregnant women for public health nurse home visiting services.  
Contact CG CCO quarterly to assist in providing a dynamic cessation benefits and support to recipients.

**Media Advocacy: None Planned**

**Policy development and analysis:**

Explore screening and cessation support policies of prenatal providers.

**Policy implementation and maintenance:**

Support Mid-Columbia Medical Center in the continued implementation of their smoke-free campus policy to provide a smoke free environment for delivery and maternity care.

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**Local Health Department:**

**W** WARN about the dangers of tobacco.

**Develop media advocacy plan**

**Strategy:**

Inform people on the harm of using eCigarettes.

Cultivate support for tobacco policies by educating the public and key decision makers that a policy supports the majority of people who don't use tobacco, and the majority of tobacco users who desire to quit.

Introduce two people who formerly used tobacco to a reporter at The Dalles Chronicle so their stories of quitting will educate readers about the health dangers of tobacco and encourage quitting.

Explore with State partners, evidence based strategies to work with K-12 students on the dangers of tobacco use.

**Milestones (2014-15 funding cycle):**

Stories of individuals quitting tobacco, including health related reasons, are featured in local media, especially The Dalles Chronicle.

Increased use of the Quitline from residents in Wasco, Sherman and Gilliam Counties.

A Press Release will be submitted and published in The Dalles Chronicle, Sherman County ENews, and the Condon Times with information about the harm of Ecigarettes.

**Additional earned media activities:**

Disseminate messages through the Wasco County Wire, an electronic newsletter for Wasco County staff, as well as the Sherman County newsletter and the Gilliam County staff newsletter.

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**Partnerships/collaborations:**

Youththink prevention coalition in Wasco County  
Sherman County prevention coalition  
Gilliam County prevention coalition  
Schools throughout the region.

**Local Health Department:**

**E ESTABLISHMENTS** selling tobacco products (**LHD TPEP is required to select at least one strategy. See RFA for more details on strategy options.**)

**Current status:**

NCPHD is currently working to complete the retail assessment across the three County region.

**Strategy:**

Evaluate data collected in the retail assessment and report outcomes to the Board of Health.

**Milestones (2014-2015 funding cycle):**

Consult with Northwest RSN on positive approaches to working with retailers.

Conduct 'after action' review of the retail assessment process.

Work with NCPHD leadership and Board members to select a policy goal for the 2014/2015 fiscal year.

**Partnerships/collaborations:**

Tobacco retailers in Wasco, Sherman and Gilliam Counties

Youth Prevention Coalitions in Wasco, Sherman and Gilliam Counties

Northwest RSN

**Activities for the 2014-2015 funding cycle**

**Assessment:**

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Review the retail assessment with staff and volunteers using an 'after-action' format.  
Review the data collected including tobacco products, tobacco advertising and the availability of healthy foods and beverages.  
Ask the State data team to assist in the compilation of the assessment results.  
Identify community champions from Wasco, Sherman and Gilliam Counties who will help carry the message that reducing tobacco use is good for the health of individuals and the community.

**Education and Outreach:**

Present the retail assessment results to the NCPHD Board of Health and the County Commissioners in Wasco, Sherman and Gilliam Counties.  
Present the retail assessment results to the Community Advisory Councils of the CCO's  
Make a presentation to the county courts of Wasco, Sherman and Gilliam Counties to educate what TPEP activities are happening in specific county and to educate them on the value of raising the price of cigarettes to reduce use consumption and onset.

**Media Advocacy:**

Ask media in all three Counties to provide coverage of the assessment results: The Dalles Chronicle in Wasco County, the Sherman County eNews in Sherman County, and the Condon Times in Gilliam County.

**Policy development and analysis:**

Identify an objective for each County that has to do with enforcement for the upcoming fiscal year.

**Policy implementation and maintenance:**

Work with Board of Health members from each of the three Counties to explore policy implementation readiness.



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<b>Local Health Department:</b>
R RAISE the price of tobacco.
<input type="checkbox"/> Present to decision makers.
<b>Strategy:</b> Present to the Board of Health regarding the benefits of raising the taxes on tobacco products. NCPHD Director Teri Thalhofer will meet with Representative John Huffman and assess his support for increasing the tobacco tax and provide information on the benefits of raising the tax on tobacco products.
<b>Milestones (2014-15 funding cycle):</b> As above
<b>Partnerships/collaborations:</b> NCPHD Director Teri Thalhofer NCPHD Board of Health member Carri Ramsey-Smith
R RAISE the price of tobacco.
X Identify community champions.
<b>Strategy:</b> NCPHD will work with Chamber of Commerce Directors to present on the economic benefits of tobacco cessation for business leaders.
<b>Milestones (2014-15 funding cycle):</b> NCPHD TPEP Coordinator will present to at least one Chamber group.

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**Partnerships/collaborations:**

**Lisa Farquarhasen, Executive Director, The Dalles Area Chamber of Commerce**

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<b>Local Health Department: NCPHD</b>
<b>Program Component: Training, development and skills maintenance ( as discussed with liaison, Teri Thalhofer, NCPHD Director will act as 'back up' to Mary Gale)</b>
<b>List all staff persons who will attend all required trainings: Mary Gale</b>
<b>List all staff persons who will attend all required TA and training calls: Mary Gale</b>
<b>List all staff persons who will attend all required webinars: Mary Gale</b>
<b>List all staff persons who will attend all required RSN meetings and trainings: Mary Gale</b>
<b>List the staff person who will submit at least one success story of 1-2 pages in length to your liaison: Mary Gale</b>
<b>List any leadership activities in which staff will participate (e.g. RSN Network facilitation, GCAG participation, special interest group facilitation):</b>

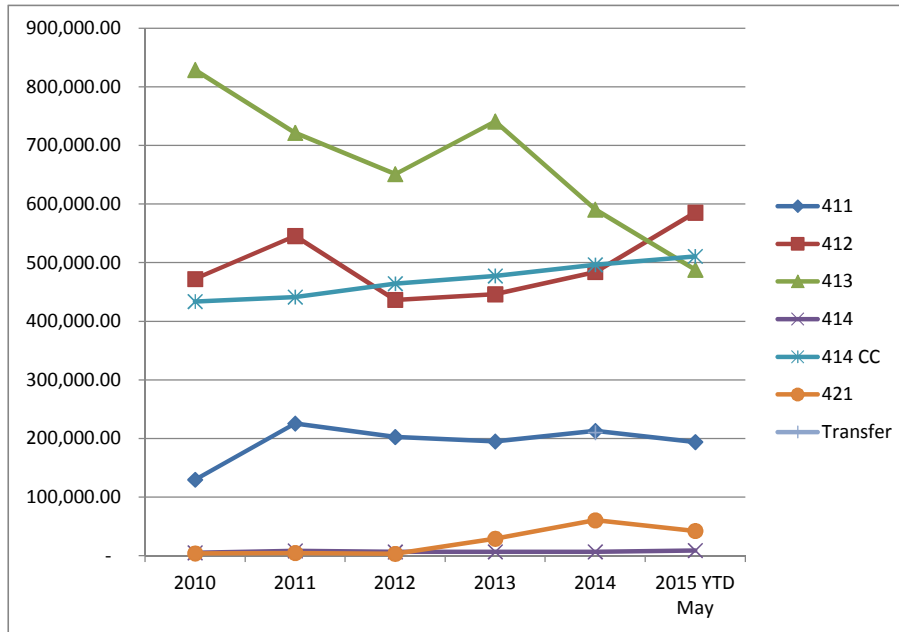
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<b>Local Health Department:</b>
<b>Program Component: Reporting and evaluation plan (as discussed with liaison, Teri Thalhofer, NCPHD Director will act as 'back up' to Mary Gale)</b>
<b>List all staff persons who will participate in the three reporting interviews: Mary Gale</b>
<b>List the staff person who will review policy summaries for accuracy and submit as needed to the Community Program Liaison: Mary Gale</b>

- 411 Licenses Fees & Permits
- 412 Intergov't Rev-Non Single Audit
  - OHA state Funds, OHP, Grants
- 413 Intergov't Rev-Single Audit
  - OHA Fed Funds, CCARE, Fed. Grants
- 414 Charges for Services
  - Schools
- 414 CC Charges for Services
  - County Contributions
- 421 Miscellaneous
  - Misc., Payroll Reimbursement
- 450 Transfers In
  - Wasco County Transfer

**Revenue by Category by Year**

	2010	2011	2012	2013	2014	2015 YTD May	2015 est YE	2015 variance	
411	129,617.58	225,399.65	202,353.31	194,944.65	212,699.04	194,003.47	209,182.47	(6,117.53)	
412	472,159.89	545,668.56	436,588.58	446,210.52	484,067.04	585,446.72	639,866.72	176,524.72	anomaly, 62k is 2014 TCM rev.
413	829,162.50	721,707.23	651,206.41	741,183.94	590,695.62	488,052.96	539,302.96	(93,453.04)	(WIC -8k; CCARE -73k)
414	4,848.00	8,208.00	6,256.00	6,640.00	6,560.00	8,745.83	8,745.83	1745.83	
414 CC	433,846.00	441,382.00	464,318.00	477,480.00	496,519.00	510,900.00	539,864.00	(32,208.00)	Wasco
421	3,820.81	4,523.04	3,066.12	28,886.09	60,306.86	42,165.81	53,021.89	(4,620.11)	
Transfer					210,000.00				
	1,873,454.78	1,946,888.48							
Wasco Contr. Prog rev - exp	309,700.00	284,232.00							
Revenue Total	1,563,754.78	1,662,656.48	1,763,788.42	1,895,345.20	2,060,847.56	1,829,314.79	1,989,983.87		



412 anomaly, 62k is 2014 TCM revenue

**Revenue**  
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND  
00 NON-DEPARTMENTAL RESOURCES  
1201 PUBLIC HEALTH RESOURCES

<u>Account Number</u>	<u>2014 Adopted</u>	<u>2015 Adopted</u>	<u>2016 Proposed</u>	<u>2016 Approved</u>	<u>2016 Adopted</u>
201.00.1201.400 BEGINNING FUND BALANCE					
201.00.1201.400.201 BEGINNING FUND BALANCE	258,000.00	243,483.00	257,948.00	0.00	0.00
<b>Total</b> BEGINNING FUND BALANCE	258,000.00	243,483.00	257,948.00	0.00	0.00
201.00.1201.417 INTEREST EARNED					
201.00.1201.417.104 INTEREST EARNED	1,200.00	1,000.00	1,200.00	0.00	0.00
<b>Total</b> INTEREST EARNED	1,200.00	1,000.00	1,200.00	0.00	0.00
<b>Total</b> PUBLIC HEALTH RESOURCES	259,200.00	244,483.00	259,148.00	0.00	0.00
<b>Total</b> NON-DEPARTMENTAL RESOURCES	259,200.00	244,483.00	259,148.00	0.00	0.00

**Revenue**  
**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

**201 PUBLIC HEALTH FUND**  
**23 PUBLIC HEALTH**  
**7141 PUBLIC HEALTH**

<u>Account Number</u>	<u>2014 Adopted</u>	<u>2015 Adopted</u>	<u>2016 Proposed</u>	<u>2016 Approved</u>	<u>2016 Adopted</u>
201.23.7141.411					
LICENSES FEES & PERMITS					
201.23.7141.411.167	34,000.00	30,000.00	38,000.00	0.00	0.00
SEWAGE SYSTEM FEES					
201.23.7141.411.181	26,000.00	26,000.00	26,000.00	0.00	0.00
VITAL RECORD FEES					
<b>Total</b>	<b>60,000.00</b>	<b>56,000.00</b>	<b>64,000.00</b>	<b>0.00</b>	<b>0.00</b>
LICENSES FEES & PERMITS					
201.23.7141.412					
INTERGOV'T REV - NON SINGLE AUDIT					
201.23.7141.412.641	10,000.00	10,400.00	0.00	0.00	0.00
STATE - HEALTHY START					
<b>Total</b>	<b>10,000.00</b>	<b>10,400.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
INTERGOV'T REV - NON SINGLE AUDIT					
201.23.7141.414					
CHARGES FOR SERVICES					
201.23.7141.414.322	6,500.00	7,000.00	9,600.00	0.00	0.00
SCHOOLS CONTRACT					
201.23.7141.414.323	84,368.00	97,194.00	102,054.00	0.00	0.00
SHERMAN COUNTY					
201.23.7141.414.360	85,637.00	98,656.00	103,589.00	0.00	0.00
GILLIAM COUNTY					
201.23.7141.414.365	314,014.00	376,222.00	395,033.00	0.00	0.00
WASCO COUNTY					
<b>Total</b>	<b>490,519.00</b>	<b>579,072.00</b>	<b>610,276.00</b>	<b>0.00</b>	<b>0.00</b>
CHARGES FOR SERVICES					
201.23.7141.421					
MISCELLANEOUS					
201.23.7141.421.245	0.00	18,547.00	15,723.00	0.00	0.00
PAYROLL REIMBURSEMENT					
<b>Total</b>	<b>0.00</b>	<b>18,547.00</b>	<b>15,723.00</b>	<b>0.00</b>	<b>0.00</b>
MISCELLANEOUS					
<b>Total</b>	<b>560,519.00</b>	<b>664,019.00</b>	<b>689,999.00</b>	<b>0.00</b>	<b>0.00</b>
PUBLIC HEALTH					

**Revenue**  
**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

**201 PUBLIC HEALTH FUND**  
**23 PUBLIC HEALTH**  
**7142 WIC**

<u>Account Number</u>	<u>2014 Adopted</u>	<u>2015 Adopted</u>	<u>2016 Proposed</u>	<u>2016 Approved</u>	<u>2016 Adopted</u>
201.23.7142.413 INTERGOV'T REV - SINGLE AUDIT					
201.23.7142.413.897 WIC - #10.557	169,201.00	173,808.00	160,523.00	0.00	0.00
201.23.7142.413.926 WIC - #10.578	2,365.00	0.00	0.00	0.00	0.00
<b>Total</b> INTERGOV'T REV - SINGLE AUDIT	171,566.00	173,808.00	160,523.00	0.00	0.00
201.23.7142.421 MISCELLANEOUS					
<b>Total</b> MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00
<b>Total</b> WIC	171,566.00	173,808.00	160,523.00	0.00	0.00



**Revenue**  
**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

**201 PUBLIC HEALTH FUND**  
**23 PUBLIC HEALTH**  
**7143 MCH - CAH**

<u>Account Number</u>	<u>2014 Adopted</u>	<u>2015 Adopted</u>	<u>2016 Proposed</u>	<u>2016 Approved</u>	<u>2016 Adopted</u>
201.23.7143.411					
LICENSES FEES & PERMITS					
201.23.7143.411.151	29,000.00	17,000.00	12,000.00	0.00	0.00
IMMUNIZATION FEES					
201.23.7143.411.164	3,000.00	3,000.00	1,200.00	0.00	0.00
NURSING SERVICE FEES					
201.23.7143.411.190	17,400.00	8,000.00	6,000.00	0.00	0.00
FEES - TPR					
<b>Total</b>	<b>49,400.00</b>	<b>28,000.00</b>	<b>19,200.00</b>	<b>0.00</b>	<b>0.00</b>
LICENSES FEES & PERMITS					
201.23.7143.412					
INTERGOV'T REV - NON SINGLE AUDIT					
201.23.7143.412.501	13,050.00	17,000.00	8,000.00	0.00	0.00
OHP FEES					
201.23.7143.412.683	0.00	0.00	1,222.00	0.00	0.00
MCH - FLEXIBLE FUNDS STATE SPLIT					
201.23.7143.412.688	8,848.00	8,786.00	8,786.00	0.00	0.00
MCH/CAH - STATE GENERAL FUND					
<b>Total</b>	<b>21,898.00</b>	<b>25,786.00</b>	<b>18,008.00</b>	<b>0.00</b>	<b>0.00</b>
INTERGOV'T REV - NON SINGLE AUDIT					
201.23.7143.413					
INTERGOV'T REV - SINGLE AUDIT					
201.23.7143.413.854	29,951.00	20,808.00	20,808.00	0.00	0.00
MCH TITLE V - FLEXIBLE FUNDS - #93.					
201.23.7143.413.902	12,842.00	8,922.00	8,922.00	0.00	0.00
MCH - TITLE V CAH - #93.994					
<b>Total</b>	<b>42,793.00</b>	<b>29,730.00</b>	<b>29,730.00</b>	<b>0.00</b>	<b>0.00</b>
INTERGOV'T REV - SINGLE AUDIT					
201.23.7143.421					
MISCELLANEOUS					
<b>Total</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
MISCELLANEOUS					
<b>Total</b>	<b>114,091.00</b>	<b>83,516.00</b>	<b>66,938.00</b>	<b>0.00</b>	<b>0.00</b>
MCH - CAH					

**Revenue**  
**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

**201 PUBLIC HEALTH FUND**  
**23 PUBLIC HEALTH**  
**7144 REPRODUCTIVE HEALTH**

<u>Account Number</u>	<u>2014 Adopted</u>	<u>2015 Adopted</u>	<u>2016 Proposed</u>	<u>2016 Approved</u>	<u>2016 Adopted</u>
201.23.7144.411					
LICENSES FEES & PERMITS					
201.23.7144.411.138	7,500.00	5,000.00	5,000.00	0.00	0.00
FAMILY PLANNING FEES					
201.23.7144.411.189	2,500.00	2,500.00	2,000.00	0.00	0.00
DONATIONS					
201.23.7144.411.190	15,000.00	10,000.00	10,000.00	0.00	0.00
FEES - TPR					
201.23.7144.411.193	1,500.00	1,000.00	500.00	0.00	0.00
BCCP FEES					
<b>Total</b>	<b>26,500.00</b>	<b>18,500.00</b>	<b>17,500.00</b>	<b>0.00</b>	<b>0.00</b>
201.23.7144.412					
INTERGOV'T REV - NON SINGLE AUDIT					
201.23.7144.412.501	76,500.00	45,000.00	70,000.00	0.00	0.00
OHP FEES					
201.23.7144.412.525	0.00	0.00	3,713.00	0.00	0.00
COIPA					
<b>Total</b>	<b>76,500.00</b>	<b>45,000.00</b>	<b>73,713.00</b>	<b>0.00</b>	<b>0.00</b>
201.23.7144.413					
INTERGOV'T REV - SINGLE AUDIT					
201.23.7144.413.863	42,000.00	26,289.00	39,372.00	0.00	0.00
FAMILY PLANNING - #93.217					
201.23.7144.413.869	175,000.00	170,000.00	100,000.00	0.00	0.00
CCARE FEES - #93.778					
201.23.7144.413.898	11,164.00	4,241.00	8,760.00	0.00	0.00
FAMILY PLANNING - #93.994					
<b>Total</b>	<b>228,164.00</b>	<b>200,530.00</b>	<b>148,132.00</b>	<b>0.00</b>	<b>0.00</b>
201.23.7144.421					
MISCELLANEOUS					
201.23.7144.421.245	64,000.00	37,095.00	37,067.00	0.00	0.00
PAYROLL REIMBURSEMENT					
<b>Total</b>	<b>64,000.00</b>	<b>37,095.00</b>	<b>37,067.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Total</b>	<b>395,164.00</b>	<b>301,125.00</b>	<b>276,412.00</b>	<b>0.00</b>	<b>0.00</b>
<b>REPRODUCTIVE HEALTH</b>					

**Revenue**  
**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

**201 PUBLIC HEALTH FUND**  
**23 PUBLIC HEALTH**  
**7145 STATE SUPPORT**

<u>Account Number</u>	<u>2014 Adopted</u>	<u>2015 Adopted</u>	<u>2016 Proposed</u>	<u>2016 Approved</u>	<u>2016 Adopted</u>
201.23.7145.411					
LICENSES FEES & PERMITS					
201.23.7145.411.128	5,800.00	3,000.00	2,300.00	0.00	0.00
CD PREVENTION FEES					
201.23.7145.411.173	11,250.00	10,000.00	5,000.00	0.00	0.00
STD FEES					
201.23.7145.411.190	0.00	600.00	200.00	0.00	0.00
FEES - TPR					
<b>Total</b>	<b>17,050.00</b>	<b>13,600.00</b>	<b>7,500.00</b>	<b>0.00</b>	<b>0.00</b>
201.23.7145.412					
INTERGOV'T REV - NON SINGLE AUDIT					
201.23.7145.412.501	0.00	1,000.00	4,300.00	0.00	0.00
OHP FEES					
201.23.7145.412.525	0.00	0.00	65.00	0.00	0.00
COIPA					
201.23.7145.412.657	32,273.00	32,300.00	32,415.00	0.00	0.00
STATE SUPPORT					
201.23.7145.412.666	0.00	300.00	500.00	0.00	0.00
TB CASE MANAGMENT					
201.23.7145.412.681	0.00	200.00	0.00	0.00	0.00
STATE GRANT REIMBURSEMENT					
<b>Total</b>	<b>32,273.00</b>	<b>33,800.00</b>	<b>37,280.00</b>	<b>0.00</b>	<b>0.00</b>
201.23.7145.413					
INTERGOV'T REV - SINGLE AUDIT					
201.23.7145.413.890	0.00	308.00	500.00	0.00	0.00
TB CASE MANAGEMENT - #93.116					
<b>Total</b>	<b>0.00</b>	<b>308.00</b>	<b>500.00</b>	<b>0.00</b>	<b>0.00</b>
201.23.7145.421					
MISCELLANEOUS					
201.23.7145.421.241	200.00	0.00	0.00	0.00	0.00
MISC RECEIPTS					
<b>Total</b>	<b>200.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Total</b>	<b>49,523.00</b>	<b>47,708.00</b>	<b>45,280.00</b>	<b>0.00</b>	<b>0.00</b>
<b>STATE SUPPORT</b>					

**Revenue**  
**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

**201 PUBLIC HEALTH FUND**  
**23 PUBLIC HEALTH**  
**7146 ENVIRONMENTAL HEALTH**

<u>Account Number</u>	<u>2014 Adopted</u>	<u>2015 Adopted</u>	<u>2016 Proposed</u>	<u>2016 Approved</u>	<u>2016 Adopted</u>
201.23.7146.411 LICENSES FEES & PERMITS					
201.23.7146.411.124 LICENSE FEES	80,000.00	80,000.00	83,000.00	0.00	0.00
201.23.7146.411.139 FOOD HANDLER FEES	7,470.00	2,800.00	3,500.00	0.00	0.00
201.23.7146.411.178 TEMPORARY RESTAURANT LICENSE F	3,300.00	4,000.00	5,000.00	0.00	0.00
201.23.7146.411.183 FACILITY INSPECTION FEES	5,500.00	5,500.00	5,500.00	0.00	0.00
<b>Total LICENSES FEES &amp; PERMITS</b>	<b>96,270.00</b>	<b>92,300.00</b>	<b>97,000.00</b>	<b>0.00</b>	<b>0.00</b>
201.23.7146.421 MISCELLANEOUS					
201.23.7146.421.241 MISC RECEIPTS	2,500.00	2,000.00	1,200.00	0.00	0.00
<b>Total MISCELLANEOUS</b>	<b>2,500.00</b>	<b>2,000.00</b>	<b>1,200.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Total ENVIRONMENTAL HEALTH</b>	<b>98,770.00</b>	<b>94,300.00</b>	<b>98,200.00</b>	<b>0.00</b>	<b>0.00</b>

**Revenue**  
**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

**201 PUBLIC HEALTH FUND**  
**23 PUBLIC HEALTH**  
**7148 PERINATAL HEALTH**

<u>Account Number</u>	<u>2014 Adopted</u>	<u>2015 Adopted</u>	<u>2016 Proposed</u>	<u>2016 Approved</u>	<u>2016 Adopted</u>
201.23.7148.411 LICENSES FEES & PERMITS					
201.23.7148.411.186 MCM FEES	1,800.00	3,000.00	12,400.00	0.00	0.00
<b>Total</b> LICENSES FEES & PERMITS	1,800.00	3,000.00	12,400.00	0.00	0.00
201.23.7148.412 INTERGOV'T REV - NON SINGLE AUDIT					
201.23.7148.412.553 PERINATAL - STATE GENERAL FUND	4,716.00	4,682.00	4,682.00	0.00	0.00
201.23.7148.412.598 PERINATAL EXPANSION PASS THROU	10,000.00	0.00	0.00	0.00	0.00
201.23.7148.412.651 MEDICAID MATCH	70,000.00	70,000.00	85,000.00	0.00	0.00
<b>Total</b> INTERGOV'T REV - NON SINGLE AUDIT	84,716.00	74,682.00	89,682.00	0.00	0.00
201.23.7148.413 INTERGOV'T REV - SINGLE AUDIT					
201.23.7148.413.848 MEDICAID INCENTIVE PAYMENTS #93.	29,750.00	17,000.00	8,500.00	0.00	0.00
<b>Total</b> INTERGOV'T REV - SINGLE AUDIT	29,750.00	17,000.00	8,500.00	0.00	0.00
201.23.7148.421 MISCELLANEOUS					
<b>Total</b> MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00
<b>Total</b> PERINATAL HEALTH	116,266.00	94,682.00	110,582.00	0.00	0.00

**Revenue**  
**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

**201 PUBLIC HEALTH FUND**  
**23 PUBLIC HEALTH**  
**7149 PHEP**

<u>Account Number</u>	<u>2014 Adopted</u>	<u>2015 Adopted</u>	<u>2016 Proposed</u>	<u>2016 Approved</u>	<u>2016 Adopted</u>
201.23.7149.412 INTERGOV'T REV - NON SINGLE AUDIT					
201.23.7149.412.599 MEDICAL RESERVE CORPS	0.00	3,500.00	3,500.00	0.00	0.00
<b>Total</b> INTERGOV'T REV - NON SINGLE AUDIT	0.00	3,500.00	3,500.00	0.00	0.00
201.23.7149.413 INTERGOV'T REV - SINGLE AUDIT					
201.23.7149.413.847 CLIMATE CHANGE AND PUBLIC HEALT	15,000.00	0.00	0.00	0.00	0.00
201.23.7149.413.899 PHEP - #93.069	178,245.00	156,474.00	154,709.00	0.00	0.00
<b>Total</b> INTERGOV'T REV - SINGLE AUDIT	193,245.00	156,474.00	154,709.00	0.00	0.00
201.23.7149.421 MISCELLANEOUS					
<b>Total</b> MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00
<b>Total</b> PHEP	193,245.00	159,974.00	158,209.00	0.00	0.00

**Revenue**  
**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

**201 PUBLIC HEALTH FUND**  
**23 PUBLIC HEALTH**  
**7152 HEALTH PROMOTION**

<u>Account Number</u>	<u>2014 Adopted</u>	<u>2015 Adopted</u>	<u>2016 Proposed</u>	<u>2016 Approved</u>	<u>2016 Adopted</u>
201.23.7152.412 INTERGOV'T REV - NON SINGLE AUDIT					
201.23.7152.412.692 NORTHWEST HEALTH FOUNDATION G	0.00	23,273.00	0.00	0.00	0.00
201.23.7152.412.693 PACIFIC SOURCE - HEALTHY WEIGHT	0.00	14,213.00	14,176.00	0.00	0.00
201.23.7152.412.694 MARCH OF DIMES	0.00	7,000.00	0.00	0.00	0.00
201.23.7152.412.695 EOCCO - Nursing	0.00	0.00	8,446.00	0.00	0.00
201.23.7152.412.696 COMMUTE OPTIONS - SAFE ROUTES	0.00	0.00	3,000.00	0.00	0.00
<b>Total</b> INTERGOV'T REV - NON SINGLE AUDIT	0.00	44,486.00	25,622.00	0.00	0.00
201.23.7152.421 MISCELLANEOUS					
<b>Total</b> MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00
<b>Total</b> HEALTH PROMOTION	0.00	44,486.00	25,622.00	0.00	0.00

**Revenue**  
**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

**201 PUBLIC HEALTH FUND**  
**23 PUBLIC HEALTH**  
**7153 IMMUNIZATION SPECIAL PAYMENTS**

<u>Account Number</u>	<u>2014 Adopted</u>	<u>2015 Adopted</u>	<u>2016 Proposed</u>	<u>2016 Approved</u>	<u>2016 Adopted</u>
201.23.7153.412 INTERGOV'T REV - NON SINGLE AUDIT					
201.23.7153.412.686 ISP - STATE OF OREGON	8,909.00	8,909.00	8,971.00	0.00	0.00
<b>Total</b> INTERGOV'T REV - NON SINGLE AUDIT	8,909.00	8,909.00	8,971.00	0.00	0.00
201.23.7153.413 INTERGOV'T REV - SINGLE AUDIT					
201.23.7153.413.872 IMMUN - CONF TRAVEL #93.268	600.00	600.00	0.00	0.00	0.00
201.23.7153.413.873 ISP - #93.778	8,909.00	8,909.00	8,971.00	0.00	0.00
<b>Total</b> INTERGOV'T REV - SINGLE AUDIT	9,509.00	9,509.00	8,971.00	0.00	0.00
201.23.7153.421 MISCELLANEOUS					
<b>Total</b> MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00
<b>Total</b> IMMUNIZATION SPECIAL PAYMENTS	18,418.00	18,418.00	17,942.00	0.00	0.00



**Revenue**  
**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

**201 PUBLIC HEALTH FUND**  
**23 PUBLIC HEALTH**  
**7154 CACOON & CCN**

<u>Account Number</u>	<u>2014</u> <u>Adopted</u>	<u>2015</u> <u>Adopted</u>	<u>2016</u> <u>Proposed</u>	<u>2016</u> <u>Approved</u>	<u>2016</u> <u>Adopted</u>
201.23.7154.412 INTERGOV'T REV - NON SINGLE AUDIT					
201.23.7154.412.652 OHP - TARGETED CASE MANAGMENT	0.00	0.00	26,000.00	0.00	0.00
201.23.7154.412.671 COMMUNITY CONNECTIONS NETWOF	12,260.00	8,800.00	8,800.00	0.00	0.00
201.23.7154.412.672 CCN - PHYSICIAN	0.00	0.00	3,460.00	0.00	0.00
201.23.7154.412.673 CACOON	15,000.00	15,000.00	10,958.00	0.00	0.00
<b>Total</b> INTERGOV'T REV - NON SINGLE AUDIT	27,260.00	23,800.00	49,218.00	0.00	0.00
201.23.7154.421 MISCELLANEOUS					
<b>Total</b> MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00
<b>Total</b> CACOON & CCN	27,260.00	23,800.00	49,218.00	0.00	0.00

**Revenue**  
**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

**201 PUBLIC HEALTH FUND**  
**23 PUBLIC HEALTH**  
**7155 TOBACCO PREV & ED**

<u>Account Number</u>	<u>2014</u> <u>Adopted</u>	<u>2015</u> <u>Adopted</u>	<u>2016</u> <u>Proposed</u>	<u>2016</u> <u>Approved</u>	<u>2016</u> <u>Adopted</u>
201.23.7155.412 INTERGOV'T REV - NON SINGLE AUDIT					
201.23.7155.412.668 TOBACCO PREVENTION & EDUCATIOI	93,616.00	93,666.00	93,666.00	0.00	0.00
201.23.7155.412.669 TOBACCO GRANT	0.00	38,600.00	0.00	0.00	0.00
<b>Total</b> INTERGOV'T REV - NON SINGLE AUDIT	93,616.00	132,266.00	93,666.00	0.00	0.00
201.23.7155.421 MISCELLANEOUS					
<b>Total</b> MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00
<b>Total</b> TOBACCO PREV & ED	93,616.00	132,266.00	93,666.00	0.00	0.00

**Revenue**  
**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

**201 PUBLIC HEALTH FUND**  
**23 PUBLIC HEALTH**  
**7156 WATER**

<u>Account Number</u>	<u>2014 Adopted</u>	<u>2015 Adopted</u>	<u>2016 Proposed</u>	<u>2016 Approved</u>	<u>2016 Adopted</u>
201.23.7156.412 INTERGOV'T REV - NON SINGLE AUDIT					
201.23.7156.412.632 WATER SYSTEM	16,872.00	13,488.00	14,061.00	0.00	0.00
201.23.7156.412.689 WATER SURVEY FEES	26,000.00	0.00	0.00	0.00	0.00
<b>Total</b> INTERGOV'T REV - NON SINGLE AUDIT	42,872.00	13,488.00	14,061.00	0.00	0.00
201.23.7156.413 INTERGOV'T REV - SINGLE AUDIT					
201.23.7156.413.895 WATER SYST - #66.432	0.00	15,208.00	14,061.00	0.00	0.00
201.23.7156.413.896 WATER/SURVEY FEES #66.468	0.00	13,488.00	14,061.00	0.00	0.00
<b>Total</b> INTERGOV'T REV - SINGLE AUDIT	0.00	28,696.00	28,122.00	0.00	0.00
201.23.7156.421 MISCELLANEOUS					
<b>Total</b> MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00
<b>Total</b> WATER	42,872.00	42,184.00	42,183.00	0.00	0.00

**Revenue**  
**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

**201 PUBLIC HEALTH FUND**  
**23 PUBLIC HEALTH**  
**7158 BABIES FIRST**

<u>Account Number</u>	<u>2014 Adopted</u>	<u>2015 Adopted</u>	<u>2016 Proposed</u>	<u>2016 Approved</u>	<u>2016 Adopted</u>
201.23.7158.412 INTERGOV'T REV - NON SINGLE AUDIT					
201.23.7158.412.613 BABIES FIRST	14,929.00	14,825.00	14,947.00	0.00	0.00
201.23.7158.412.652 OHP - TARGETED CASE MANAGMENT	100,000.00	71,000.00	120,000.00	0.00	0.00
<b>Total</b> INTERGOV'T REV - NON SINGLE AUDIT	114,929.00	85,825.00	134,947.00	0.00	0.00
201.23.7158.421 MISCELLANEOUS					
<b>Total</b> MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00
<b>Total</b> BABIES FIRST	114,929.00	85,825.00	134,947.00	0.00	0.00

**Revenue**  
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND  
23 PUBLIC HEALTH  
7159 OREGON MOTHERS CARE

<u>Account Number</u>	<u>2014</u> <i>Adopted</i>	<u>2015</u> <i>Adopted</i>	<u>2016</u> <i>Proposed</i>	<u>2016</u> <i>Approved</i>	<u>2016</u> <i>Adopted</i>
201.23.7159.412 INTERGOV'T REV - NON SINGLE AUDIT					
<b>Total</b> INTERGOV'T REV - NON SINGLE AUDIT	0.00	0.00	0.00	0.00	0.00
201.23.7159.413 INTERGOV'T REV - SINGLE AUDIT					
201.23.7159.413.879 OREGON MOTHERS CARE - #93.994	8,134.00	8,701.00	8,138.00	0.00	0.00
<b>Total</b> INTERGOV'T REV - SINGLE AUDIT	8,134.00	8,701.00	8,138.00	0.00	0.00
201.23.7159.421 MISCELLANEOUS					
<b>Total</b> MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00
<b>Total</b> OREGON MOTHERS CARE	8,134.00	8,701.00	8,138.00	0.00	0.00

**Revenue**  
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND  
23 PUBLIC HEALTH  
7500 PASS THROUGH

<u>Account Number</u>	<u>2014 Adopted</u>	<u>2015 Adopted</u>	<u>2016 Proposed</u>	<u>2016 Approved</u>	<u>2016 Adopted</u>
201.23.7500.411 LICENSES FEES & PERMITS					
201.23.7500.411.199 DEQ FEES	0.00	3,900.00	10,000.00	0.00	0.00
<b>Total</b> LICENSES FEES & PERMITS	0.00	3,900.00	10,000.00	0.00	0.00
<b>Total</b> PASS THROUGH	0.00	3,900.00	10,000.00	0.00	0.00

**Revenue**  
**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

201 PUBLIC HEALTH FUND  
23 PUBLIC HEALTH  
7999 NON-DEPARTMENTAL

<u>Account Number</u>	<u>2014</u> <u>Adopted</u>	<u>2015</u> <u>Adopted</u>	<u>2016</u> <u>Proposed</u>	<u>2016</u> <u>Approved</u>	<u>2016</u> <u>Adopted</u>
201.23.7999.421 MISCELLANEOUS					
<b>Total</b> MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00
<b>Total</b> NON-DEPARTMENTAL	0.00	0.00	0.00	0.00	0.00
<b>Total</b> PUBLIC HEALTH	2,004,373.00	1,978,712.00	1,987,859.00	0.00	0.00
<b>Total</b> PUBLIC HEALTH FUND	2,263,573.00	2,223,195.00	2,247,007.00	0.00	0.00
<b>Grand Total</b>	2,263,573.00	2,223,195.00	2,247,007.00	0.00	0.00

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## NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND  
 23 PUBLIC HEALTH  
 7141 PUBLIC HEALTH

<i>Account Number</i>	<i>2014 Adopted</i>	<i>2014 Actuals - 6 mo</i>	<i>2015 Revised Budget</i>	<i>2016 Proposed Budget</i>	<i>2016 Approved Budget</i>	<i>2016 Adopted Budget</i>
201.23.7141.51000 PERSONAL SERVICES						
201.23.7141.51175 PUBLIC HEALTH DIRECTOR	73,476.00	27,554.99	74,578.08	74,568.00	0.00	0.00
201.23.7141.51176 BUSINESS MANAGER	28,042.00	13,384.57	31,393.92	34,476.00	0.00	0.00
201.23.7141.51177 PROGRAM SECRETARY	30,453.00	19,459.89	43,133.56	54,805.00	0.00	0.00
201.23.7141.51178 PROGRAM SUPERVISOR	26,631.00	14,824.62	38,199.55	40,116.00	0.00	0.00
201.23.7141.51181 EH SPECIALIST	55,912.00	13,315.60	27,142.78	28,380.00	0.00	0.00
201.23.7141.51182 ACCOUNTING CLERK	0.00	0.00	0.00	9,336.00	0.00	0.00
201.23.7141.51184 HEALTH OFFICER	24,375.00	8,919.01	26,812.56	32,167.00	0.00	0.00
201.23.7141.51185 NURSE PRACTITIONER	23,400.00	11,985.01	23,400.00	23,753.00	0.00	0.00
201.23.7141.51190 OFFICE SPECIALIST	10,203.00	2,421.31	4,974.24	4,975.00	0.00	0.00
201.23.7141.51191 BILLING CLERK	4,901.00	2,573.28	5,289.24	6,594.00	0.00	0.00
201.23.7141.51192 PHN II	55,863.00	19,865.59	49,100.98	46,119.00	0.00	0.00
201.23.7141.51195 SUPERVISING EH SPECIALIST	35,761.00	15,071.10	29,861.73	35,905.00	0.00	0.00
201.23.7141.51602 OVERTIME	0.00	757.83	0.00	0.00	0.00	0.00
201.23.7141.51621 CELL PHONE ALLOWANCE	948.00	454.00	900.00	960.00	0.00	0.00
201.23.7141.51640 LONGEVITY	3,513.00	839.10	1,279.88	2,934.00	0.00	0.00
201.23.7141.51681 COMP/HOLIDAY BANK CASHOUT	0.00	1,281.55	0.00	0.00	0.00	0.00
201.23.7141.51701 FICA	28,165.00	11,997.10	26,879.92	29,486.00	0.00	0.00
201.23.7141.51703 UNEMPLOYMENT INSURANCE	0.00	1,643.14	3,016.55	4,075.00	0.00	0.00
201.23.7141.51705 WORKERS COMP	3,569.00	1,039.41	2,174.79	2,315.00	0.00	0.00
201.23.7141.51721 PERS	57,065.00	20,931.10	44,714.09	59,903.00	0.00	0.00
201.23.7141.51729 HEALTH INSURANCE	54,185.00	27,044.84	50,720.64	55,624.00	0.00	0.00
201.23.7141.51730 DENTAL INSURANCE	4,575.00	1,838.02	4,036.80	3,790.00	0.00	0.00
201.23.7141.51732 LTD	1,602.00	1,010.49	1,419.36	1,754.00	0.00	0.00
201.23.7141.51733 LIFE INSURANCE	183.00	78.49-	111.48	105.00	0.00	0.00



201 PUBLIC HEALTH FUND  
 23 PUBLIC HEALTH  
 7141 PUBLIC HEALTH

<i>Account Number</i>	<i>2014 Adopted</i>	<i>2014 Actuals - 6 mo</i>	<i>2015 Revised Budget</i>	<i>2016 Proposed Budget</i>	<i>2016 Approved Budget</i>	<i>2016 Adopted Budget</i>
<b>Total</b> PERSONAL SERVICES	522,822.00	218,133.06	489,140.15	552,140.00	0.00	0.00
201.23.7141.52000 MATERIALS & SERVICES						
201.23.7141.52101 ADVERTISING & PROMOTIONS	0.00	337.38	0.00	0.00	0.00	0.00
201.23.7141.52103 AGENCY LICENSES/ASSESS/PERMITS	3,500.00	2,084.39	6,100.00	6,000.00	0.00	0.00
201.23.7141.52104 BANK CHARGES	0.00	603.51	1,200.00	1,400.00	0.00	0.00
201.23.7141.52113 INSURANCE & BONDS	9,500.00	5,451.24	10,800.00	14,000.00	0.00	0.00
201.23.7141.52115 LEGAL NOTICES & PUBLISHING	0.00	0.00	500.00	300.00	0.00	0.00
201.23.7141.52116 POSTAGE	1,300.00	1,837.04	2,000.00	4,000.00	0.00	0.00
201.23.7141.52122 TELEPHONE	2,500.00	1,229.47	3,000.00	3,000.00	0.00	0.00
201.23.7141.52325 LEGAL COUNSEL	0.00	0.00	0.00	8,000.00	0.00	0.00
201.23.7141.52340 REFUNDS	0.00	360.00	0.00	0.00	0.00	0.00
201.23.7141.52351 TRANSITIONAL SERVICES	41,000.00	11,451.13	0.00	0.00	0.00	0.00
201.23.7141.52370 MISCELLANEOUS EXPENDITURES	0.00	150.00	0.00	360.00	0.00	0.00
201.23.7141.52398 ADMINISTRATIVE COST	16,000.00-	22,904.04-	16,000.00-	60,000.00-	0.00	0.00
201.23.7141.52429 CONTRACTED SERVICES	1,000.00	1,466.05	16,500.00	17,400.00	0.00	0.00
201.23.7141.52510 COMPUTER SOFTWARE	0.00	189.00	0.00	0.00	0.00	0.00
201.23.7141.52526 COMPUTER SOFTWARE - MAINTENANC	0.00	0.00	5,000.00	4,500.00	0.00	0.00
201.23.7141.52656 FUEL	11,000.00	4,464.81	10,000.00	10,000.00	0.00	0.00
201.23.7141.52657 VEHICLE REPAIR & MAINT	6,000.00	1,680.78	7,000.00	5,000.00	0.00	0.00
201.23.7141.52661 TIRES	2,000.00	467.80	2,000.00	2,000.00	0.00	0.00
201.23.7141.52701 TRAINING AND EDUCATION	0.00	0.00	5,000.00	5,000.00	0.00	0.00
201.23.7141.52711 MEALS LODGING & REGISTRATION	3,000.00	2,165.29	3,000.00	3,000.00	0.00	0.00
201.23.7141.52731 TRAVEL & MILEAGE	1,000.00	314.04	500.00	1,000.00	0.00	0.00
201.23.7141.52910 SUPPLIES - OFFICE	15,500.00	6,039.71	12,000.00	12,000.00	0.00	0.00
201.23.7141.52919 SUPPLIES - EQUIPMENT	0.00	0.00	0.00	14,000.00	0.00	0.00

201 PUBLIC HEALTH FUND  
 23 PUBLIC HEALTH  
 7141 PUBLIC HEALTH

<i>Account Number</i>	<i>2014 Adopted</i>	<i>2014 Actuals - 6 mo</i>	<i>2015 Revised Budget</i>	<i>2016 Proposed Budget</i>	<i>2016 Approved Budget</i>	<i>2016 Adopted Budget</i>
201.23.7141.52929 SUPPLIES - MEDICAL	1,600.00	823.64	1,600.00	1,600.00	0.00	0.00
<b>Total</b> MATERIALS & SERVICES	82,900.00	18,211.24	70,200.00	52,560.00	0.00	0.00
201.23.7141.53000 CAPITAL						
201.23.7141.53111 CAPITAL EXPENDITURES	70,690.00	0.00	0.00	0.00	0.00	0.00
201.23.7141.53501 EDEN SYSTEM - FINANCE	0.00	23,785.00	0.00	0.00	0.00	0.00
<b>Total</b> CAPITAL	70,690.00	23,785.00	0.00	0.00	0.00	0.00
<b>Total</b> PUBLIC HEALTH	676,412.00	260,129.30	559,340.15	604,700.00	0.00	0.00

**201 PUBLIC HEALTH FUND**  
**23 PUBLIC HEALTH**  
**7142 WIC**

<i>Account Number</i>	<i>2014 Adopted</i>	<i>2014 Actuals - 6 mo</i>	<i>2015 Revised Budget</i>	<i>2016 Proposed Budget</i>	<i>2016 Approved Budget</i>	<i>2016 Adopted Budget</i>
201.23.7142.51000 PERSONAL SERVICES						
201.23.7142.51176 BUSINESS MANAGER	919.00	438.85	1,029.36	3,602.00	0.00	0.00
201.23.7142.51177 PROGRAM SECRETARY	1,514.00	686.24	1,451.16	5,694.00	0.00	0.00
201.23.7142.51178 PROGRAM SUPERVISOR	0.00	3,987.91	2,938.50	3,086.00	0.00	0.00
201.23.7142.51180 COMMUNITY HEALTH WORKER	7,206.00	9,478.32	0.00	0.00	0.00	0.00
201.23.7142.51187 NUTRITION PROG ASSIST	25,487.00	12,184.44	25,353.36	26,628.00	0.00	0.00
201.23.7142.51192 PHN II	16,101.00	8,239.16	16,342.56	13,622.00	0.00	0.00
201.23.7142.51197 NUTRITION PROG TECH	59,772.00	30,298.91	62,601.26	64,070.00	0.00	0.00
201.23.7142.51602 OVERTIME	0.00	176.38	0.00	0.00	0.00	0.00
201.23.7142.51640 LONGEVITY	476.00	322.20	386.40	474.00	0.00	0.00
201.23.7142.51681 COMP/HOLIDAY BANK CASHOUT	0.00	41.83	0.00	0.00	0.00	0.00
201.23.7142.51701 FICA	8,032.00	4,123.12	8,105.47	8,655.00	0.00	0.00
201.23.7142.51703 UNEMPLOYMENT INSURANCE	0.00	279.82	508.81	1,246.00	0.00	0.00
201.23.7142.51705 WORKERS COMP	532.00	288.68	528.79	504.00	0.00	0.00
201.23.7142.51721 PERS	15,527.00	5,837.73	10,907.35	15,356.00	0.00	0.00
201.23.7142.51729 HEALTH INSURANCE	31,609.00	17,308.52	27,827.76	28,984.00	0.00	0.00
201.23.7142.51730 DENTAL INSURANCE	2,446.00	1,204.33	2,049.48	2,078.00	0.00	0.00
201.23.7142.51732 LTD	395.00	332.87	552.42	596.00	0.00	0.00
201.23.7142.51733 LIFE INSURANCE	98.00	14.27	27.00	31.00	0.00	0.00
<b>Total</b> PERSONAL SERVICES	170,114.00	95,243.58	160,609.68	174,626.00	0.00	0.00
201.23.7142.52000 MATERIALS & SERVICES						
201.23.7142.52116 POSTAGE	1,000.00	215.50	1,000.00	500.00	0.00	0.00
201.23.7142.52398 ADMINISTRATIVE COST	2,000.00	5,067.51	1,000.00	15,000.00	0.00	0.00
201.23.7142.52429 CONTRACTED SERVICES	2,000.00	1,440.00	2,000.00	6,000.00	0.00	0.00
201.23.7142.52656 FUEL	0.00	298.96	700.00	500.00	0.00	0.00

201 PUBLIC HEALTH FUND  
 23 PUBLIC HEALTH  
 7142 WIC

<i>Account Number</i>	<i>2014 Adopted</i>	<i>2014 Actuals - 6 mo</i>	<i>2015 Revised Budget</i>	<i>2016 Proposed Budget</i>	<i>2016 Approved Budget</i>	<i>2016 Adopted Budget</i>
201.23.7142.52711 MEALS LODGING & REGISTRATION	1,000.00	790.27	1,000.00	1,200.00	0.00	0.00
201.23.7142.52731 TRAVEL & MILEAGE	900.00	0.00	0.00	100.00	0.00	0.00
201.23.7142.52910 SUPPLIES - OFFICE	500.00	378.81	500.00	500.00	0.00	0.00
201.23.7142.52929 SUPPLIES - MEDICAL	100.00	153.17	100.00	200.00	0.00	0.00
<b>Total</b> MATERIALS & SERVICES	7,500.00	8,344.22	6,300.00	24,000.00	0.00	0.00
<b>Total</b> WIC	177,614.00	103,587.80	166,909.68	198,626.00	0.00	0.00

**201 PUBLIC HEALTH FUND**  
**23 PUBLIC HEALTH**  
**7143 MCH - CAH**

<i>Account Number</i>	<i>2014 Adopted</i>	<i>2014 Actuals - 6 mo</i>	<i>2015 Revised Budget</i>	<i>2016 Proposed Budget</i>	<i>2016 Approved Budget</i>	<i>2016 Adopted Budget</i>
201.23.7143.51000 PERSONAL SERVICES						
201.23.7143.51176 BUSINESS MANAGER	1,839.00	877.70	2,058.72	1,029.00	0.00	0.00
201.23.7143.51177 PROGRAM SECRETARY	4,280.00	2,017.71	4,267.04	2,249.00	0.00	0.00
201.23.7143.51178 PROGRAM SUPERVISOR	2,663.00	1,415.28	2,938.50	3,086.00	0.00	0.00
201.23.7143.51183 FAMILY PLANNING AIDE	0.00	1,119.73	2,848.77	0.00	0.00	0.00
201.23.7143.51190 OFFICE SPECIALIST	15,459.00	3,712.69	7,626.96	7,629.00	0.00	0.00
201.23.7143.51191 BILLING CLERK	9,801.00	5,146.58	10,578.24	6,594.00	0.00	0.00
201.23.7143.51192 PHN II	43,880.00	19,512.41	38,820.38	27,006.00	0.00	0.00
201.23.7143.51602 OVERTIME	0.00	41.73	0.00	0.00	0.00	0.00
201.23.7143.51640 LONGEVITY	403.00	92.42	174.24	151.00	0.00	0.00
201.23.7143.51681 COMP/HOLIDAY BANK CASHOUT	0.00	95.01	0.00	0.00	0.00	0.00
201.23.7143.51701 FICA	5,761.00	2,530.54	5,318.74	3,533.00	0.00	0.00
201.23.7143.51703 UNEMPLOYMENT INSURANCE	0.00	330.91	674.84	496.00	0.00	0.00
201.23.7143.51705 WORKERS COMP	489.00	183.40	373.07	247.00	0.00	0.00
201.23.7143.51721 PERS	11,362.00	4,359.04	9,082.40	6,247.00	0.00	0.00
201.23.7143.51729 HEALTH INSURANCE	16,893.00	7,173.72	12,979.66	9,523.00	0.00	0.00
201.23.7143.51730 DENTAL INSURANCE	1,378.00	558.83	1,012.82	652.00	0.00	0.00
201.23.7143.51732 LTD	344.00	193.10	328.65	225.00	0.00	0.00
201.23.7143.51733 LIFE INSURANCE	55.00	12.59	21.76	16.00	0.00	0.00
<b>Total PERSONAL SERVICES</b>	<b>114,607.00</b>	<b>49,373.39</b>	<b>99,104.79</b>	<b>68,683.00</b>	<b>0.00</b>	<b>0.00</b>
201.23.7143.52000 MATERIALS & SERVICES						
201.23.7143.52116 POSTAGE	100.00	0.00	100.00	0.00	0.00	0.00
201.23.7143.52340 REFUNDS	0.00	15.00	0.00	0.00	0.00	0.00
201.23.7143.52354 VACCINE	20,000.00	7,094.89	20,000.00	10,000.00	0.00	0.00
201.23.7143.52398 ADMINISTRATIVE COST	1,200.00	2,348.65	1,200.00	3,500.00	0.00	0.00

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## NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND  
 23 PUBLIC HEALTH  
 7143 MCH - CAH

<i>Account Number</i>	<i>2014 Adopted</i>	<i>2014 Actuals - 6 mo</i>	<i>2015 Revised Budget</i>	<i>2016 Proposed Budget</i>	<i>2016 Approved Budget</i>	<i>2016 Adopted Budget</i>
201.23.7143.52429 CONTRACTED SERVICES	300.00	419.00	300.00	0.00	0.00	0.00
201.23.7143.52526 COMPUTER SOFTWARE - MAINTENANC	2,000.00	5,317.88	2,000.00	1,791.00	0.00	0.00
201.23.7143.52711 MEALS LODGING & REGISTRATION	0.00	114.83	0.00	0.00	0.00	0.00
201.23.7143.52731 TRAVEL & MILEAGE	100.00	0.00	100.00	0.00	0.00	0.00
201.23.7143.52910 SUPPLIES - OFFICE	500.00	78.70	500.00	300.00	0.00	0.00
201.23.7143.52929 SUPPLIES - MEDICAL	500.00	283.80	500.00	500.00	0.00	0.00
<b>Total</b> MATERIALS & SERVICES	24,700.00	15,672.75	24,700.00	16,091.00	0.00	0.00
<b>Total</b> MCH - CAH	139,307.00	65,046.14	123,804.79	84,774.00	0.00	0.00

201 PUBLIC HEALTH FUND  
 23 PUBLIC HEALTH  
 7144 REPRODUCTIVE HEALTH

<i>Account Number</i>	<i>2014 Adopted</i>	<i>2014 Actuals - 6 mo</i>	<i>2015 Revised Budget</i>	<i>2016 Proposed Budget</i>	<i>2016 Approved Budget</i>	<i>2016 Adopted Budget</i>
201.23.7144.51000						
PERSONAL SERVICES						
201.23.7144.51176	4,597.00	2,194.19	5,146.56	4,631.00	0.00	0.00
BUSINESS MANAGER						
201.23.7144.51177	7,308.00	2,709.42	5,441.84	10,863.00	0.00	0.00
PROGRAM SECRETARY						
201.23.7144.51178	2,663.00	1,415.28	2,938.50	3,086.00	0.00	0.00
PROGRAM SUPERVISOR						
201.23.7144.51183	21,368.00	12,317.15	25,639.68	18,095.00	0.00	0.00
FAMILY PLANNING AIDE						
201.23.7144.51184	3,656.00	1,081.50	2,437.44	0.00	0.00	0.00
HEALTH OFFICER						
201.23.7144.51185	54,600.00	27,964.99	54,600.00	55,423.00	0.00	0.00
NURSE PRACTITIONER						
201.23.7144.51190	26,630.00	8,071.12	16,580.64	16,584.00	0.00	0.00
OFFICE SPECIALIST						
201.23.7144.51191	16,336.00	8,577.69	17,630.46	16,485.00	0.00	0.00
BILLING CLERK						
201.23.7144.51192	48,457.00	36,477.07	66,173.80	56,067.00	0.00	0.00
PHN II						
201.23.7144.51602	0.00	104.33	0.00	0.00	0.00	0.00
OVERTIME						
201.23.7144.51640	672.00	234.82	315.12	592.00	0.00	0.00
LONGEVITY						
201.23.7144.51681	0.00	228.07	0.00	0.00	0.00	0.00
COMP/HOLIDAY BANK CASHOUT						
201.23.7144.51701	14,088.00	7,586.82	14,888.45	13,750.00	0.00	0.00
FICA						
201.23.7144.51703	0.00	957.14	1,839.07	1,733.00	0.00	0.00
UNEMPLOYMENT INSURANCE						
201.23.7144.51705	941.00	477.35	911.79	781.00	0.00	0.00
WORKERS COMP						
201.23.7144.51721	26,111.00	13,108.32	25,147.51	24,436.00	0.00	0.00
PERS						
201.23.7144.51729	33,712.00	18,817.80	30,337.92	31,865.00	0.00	0.00
HEALTH INSURANCE						
201.23.7144.51730	2,947.00	1,458.62	2,459.16	2,499.00	0.00	0.00
DENTAL INSURANCE						
201.23.7144.51732	847.00	546.56	947.28	807.00	0.00	0.00
LTD						
201.23.7144.51733	118.00	27.16	42.84	60.00	0.00	0.00
LIFE INSURANCE						
<b>Total</b>	<b>265,051.00</b>	<b>144,355.40</b>	<b>273,478.06</b>	<b>257,757.00</b>	<b>0.00</b>	<b>0.00</b>
PERSONAL SERVICES						
201.23.7144.52000						
MATERIALS & SERVICES						
201.23.7144.52340	0.00	210.25	0.00	0.00	0.00	0.00
REFUNDS						
201.23.7144.52369	4,000.00	2,381.08	4,000.00	4,000.00	0.00	0.00
LAB EXPENSES						

**201 PUBLIC HEALTH FUND**  
**23 PUBLIC HEALTH**  
**7144 REPRODUCTIVE HEALTH**

<i>Account Number</i>	<i>2014 Adopted</i>	<i>2014 Actuals - 6 mo</i>	<i>2015 Revised Budget</i>	<i>2016 Proposed Budget</i>	<i>2016 Approved Budget</i>	<i>2016 Adopted Budget</i>
201.23.7144.52398 ADMINISTRATIVE COST	6,000.00	6,747.18	6,000.00	14,600.00	0.00	0.00
201.23.7144.52429 CONTRACTED SERVICES	300.00	845.47	300.00	500.00	0.00	0.00
201.23.7144.52526 COMPUTER SOFTWARE - MAINTENANC	6,150.00	6,098.22	6,150.00	7,674.00	0.00	0.00
201.23.7144.52711 MEALS LODGING & REGISTRATION	2,000.00	673.23	2,000.00	800.00	0.00	0.00
201.23.7144.52731 TRAVEL & MILEAGE	100.00	40.03	100.00	200.00	0.00	0.00
201.23.7144.52910 SUPPLIES - OFFICE	2,000.00	812.34	2,000.00	500.00	0.00	0.00
201.23.7144.52929 SUPPLIES - MEDICAL	10,000.00	3,283.87	10,000.00	7,000.00	0.00	0.00
201.23.7144.52944 SUPPLIES - CONTRACEPTIVE	60,000.00	32,139.38	60,000.00	70,000.00	0.00	0.00
<b>Total MATERIALS &amp; SERVICES</b>	<b>90,550.00</b>	<b>53,231.05</b>	<b>90,550.00</b>	<b>105,274.00</b>	<b>0.00</b>	<b>0.00</b>
201.23.7144.53000 CAPITAL						
<b>Total CAPITAL</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Total REPRODUCTIVE HEALTH</b>	<b>355,601.00</b>	<b>197,586.45</b>	<b>364,028.06</b>	<b>363,031.00</b>	<b>0.00</b>	<b>0.00</b>



**201 PUBLIC HEALTH FUND**  
**23 PUBLIC HEALTH**  
**7145 STATE SUPPORT**

<i>Account Number</i>	<i>2014 Adopted</i>	<i>2014 Actuals - 6 mo</i>	<i>2015 Revised Budget</i>	<i>2016 Proposed Budget</i>	<i>2016 Approved Budget</i>	<i>2016 Adopted Budget</i>
201.23.7145.51000 PERSONAL SERVICES						
201.23.7145.51176 BUSINESS MANAGER	0.00	0.00	0.00	515.00	0.00	0.00
201.23.7145.51177 PROGRAM SECRETARY	5,153.00	1,810.71	3,541.36	1,139.00	0.00	0.00
201.23.7145.51178 PROGRAM SUPERVISOR	2,663.00	1,415.28	2,938.50	3,086.00	0.00	0.00
201.23.7145.51190 OFFICE SPECIALIST	6,502.00	1,936.92	3,979.20	3,980.00	0.00	0.00
201.23.7145.51191 BILLING CLERK	980.00	514.67	1,057.80	1,649.00	0.00	0.00
201.23.7145.51192 PHN II	12,675.00	8,800.75	17,025.12	29,246.00	0.00	0.00
201.23.7145.51640 LONGEVITY	228.00	68.12	185.76	300.00	0.00	0.00
201.23.7145.51681 COMP/HOLIDAY BANK CASHOUT	0.00	1.14	0.00	0.00	0.00	0.00
201.23.7145.51701 FICA	2,091.00	1,039.66	2,076.21	2,853.00	0.00	0.00
201.23.7145.51703 UNEMPLOYMENT INSURANCE	0.00	136.00	271.65	399.00	0.00	0.00
201.23.7145.51705 WORKERS COMP	261.00	68.97	133.57	172.00	0.00	0.00
201.23.7145.51721 PERS	3,984.00	1,958.79	3,897.96	6,888.00	0.00	0.00
201.23.7145.51729 HEALTH INSURANCE	5,869.00	3,233.56	5,303.52	7,651.00	0.00	0.00
201.23.7145.51730 DENTAL INSURANCE	487.00	218.61	352.68	454.00	0.00	0.00
201.23.7145.51732 LTD	128.00	84.07	147.13	204.00	0.00	0.00
201.23.7145.51733 LIFE INSURANCE	19.00	5.62	9.36	14.00	0.00	0.00
<b>Total PERSONAL SERVICES</b>	<b>41,040.00</b>	<b>21,292.87</b>	<b>40,919.82</b>	<b>58,550.00</b>	<b>0.00</b>	<b>0.00</b>
201.23.7145.52000 MATERIALS & SERVICES						
201.23.7145.52369 LAB EXPENSES	2,500.00	781.95	2,500.00	1,000.00	0.00	0.00
201.23.7145.52398 ADMINISTRATIVE COST	800.00	540.02	800.00	2,600.00	0.00	0.00
201.23.7145.52429 CONTRACTED SERVICES	100.00	202.85	100.00	100.00	0.00	0.00
201.23.7145.52510 COMPUTER SOFTWARE	1,000.00	0.00	0.00	0.00	0.00	0.00
201.23.7145.52526 COMPUTER SOFTWARE - MAINTENANC	0.00	1,051.45	1,000.00	1,535.00	0.00	0.00
201.23.7145.52711 MEALS LODGING & REGISTRATION	100.00	0.00	100.00	200.00	0.00	0.00

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND  
 23 PUBLIC HEALTH  
 7145 STATE SUPPORT

<i>Account Number</i>	<i>2014 Adopted</i>	<i>2014 Actuals - 6 mo</i>	<i>2015 Revised Budget</i>	<i>2016 Proposed Budget</i>	<i>2016 Approved Budget</i>	<i>2016 Adopted Budget</i>
201.23.7145.52731 TRAVEL & MILEAGE	50.00	40.48	50.00	50.00	0.00	0.00
201.23.7145.52910 SUPPLIES - OFFICE	200.00	0.00	200.00	100.00	0.00	0.00
201.23.7145.52929 SUPPLIES - MEDICAL	1,500.00	446.72	1,500.00	1,000.00	0.00	0.00
<b>Total</b> MATERIALS & SERVICES	6,250.00	3,063.47	6,250.00	6,585.00	0.00	0.00
<b>Total</b> STATE SUPPORT	47,290.00	24,356.34	47,169.82	65,135.00	0.00	0.00

**201 PUBLIC HEALTH FUND**  
**23 PUBLIC HEALTH**  
**7146 ENVIRONMENTAL HEALTH**

<i>Account Number</i>	<i>2014 Adopted</i>	<i>2014 Actuals - 6 mo</i>	<i>2015 Revised Budget</i>	<i>2016 Proposed Budget</i>	<i>2016 Approved Budget</i>	<i>2016 Adopted Budget</i>
201.23.7146.51000 PERSONAL SERVICES						
201.23.7146.51176 BUSINESS MANAGER	0.00	0.00	0.00	1,029.00	0.00	0.00
201.23.7146.51177 PROGRAM SECRETARY	7,418.00	5,319.89	11,898.60	12,010.00	0.00	0.00
201.23.7146.51181 EH SPECIALIST	36,343.00	8,211.35	16,285.70	17,028.00	0.00	0.00
201.23.7146.51195 SUPERVISING EH SPECIALIST	9,248.00	4,403.91	8,958.63	11,968.00	0.00	0.00
201.23.7146.51602 OVERTIME	0.00	145.73	0.00	0.00	0.00	0.00
201.23.7146.51621 CELL PHONE ALLOWANCE	90.00	45.00	90.00	120.00	0.00	0.00
201.23.7146.51640 LONGEVITY	507.00	67.56	150.08	358.00	0.00	0.00
201.23.7146.51701 FICA	4,101.00	1,341.30	2,784.57	3,166.00	0.00	0.00
201.23.7146.51703 UNEMPLOYMENT INSURANCE	0.00	175.43	364.03	441.00	0.00	0.00
201.23.7146.51705 WORKERS COMP	819.00	216.17	413.15	460.00	0.00	0.00
201.23.7146.51721 PERS	8,666.00	2,553.68	5,257.23	7,747.00	0.00	0.00
201.23.7146.51729 HEALTH INSURANCE	8,459.00	3,817.52	6,442.80	7,203.00	0.00	0.00
201.23.7146.51730 DENTAL INSURANCE	770.00	275.76	464.28	500.00	0.00	0.00
201.23.7146.51732 LTD	243.00	101.81	191.50	217.00	0.00	0.00
201.23.7146.51733 LIFE INSURANCE	31.00	8.02	13.56	15.00	0.00	0.00
<b>Total PERSONAL SERVICES</b>	<b>76,695.00</b>	<b>26,683.13</b>	<b>53,314.13</b>	<b>62,262.00</b>	<b>0.00</b>	<b>0.00</b>
201.23.7146.52000 MATERIALS & SERVICES						
201.23.7146.52122 TELEPHONE	1,000.00	668.77	1,000.00	600.00	0.00	0.00
201.23.7146.52335 OREGON STATE PAYBACK	9,000.00	3,291.10	9,000.00	6,500.00	0.00	0.00
201.23.7146.52398 ADMINISTRATIVE COST	0.00	0.00	1,000.00	2,700.00	0.00	0.00
201.23.7146.52604 EQUIPMENT - OFFICE	400.00	0.00	400.00	400.00	0.00	0.00
201.23.7146.52711 MEALS LODGING & REGISTRATION	1,500.00	344.24	1,500.00	400.00	0.00	0.00
201.23.7146.52731 TRAVEL & MILEAGE	100.00	41.01	100.00	100.00	0.00	0.00
201.23.7146.52910 SUPPLIES - OFFICE	5,000.00	311.68	2,000.00	500.00	0.00	0.00

201 PUBLIC HEALTH FUND  
 23 PUBLIC HEALTH  
 7146 ENVIRONMENTAL HEALTH

<i>Account Number</i>	<i>2014 Adopted</i>	<i>2014 Actuals - 6 mo</i>	<i>2015 Revised Budget</i>	<i>2016 Proposed Budget</i>	<i>2016 Approved Budget</i>	<i>2016 Adopted Budget</i>
201.23.7146.52919 SUPPLIES - EQUIPMENT	0.00	167.78	0.00	100.00	0.00	0.00
<b>Total</b> MATERIALS & SERVICES	17,000.00	4,824.58	15,000.00	11,300.00	0.00	0.00
<b>Total</b> ENVIRONMENTAL HEALTH	93,695.00	31,507.71	68,314.13	73,562.00	0.00	0.00

**201 PUBLIC HEALTH FUND**  
**23 PUBLIC HEALTH**  
**7148 PERINATAL HEALTH**

<u>Account Number</u>	<u>2014 Adopted</u>	<u>2014 Actuals - 6 mo</u>	<u>2015 Revised Budget</u>	<u>2016 Proposed Budget</u>	<u>2016 Approved Budget</u>	<u>2016 Adopted Budget</u>
201.23.7148.51000 PERSONAL SERVICES						
201.23.7148.51177 PROGRAM SECRETARY	0.00	0.00	0.00	380.00	0.00	0.00
201.23.7148.51178 PROGRAM SUPERVISOR	5,326.00	2,830.65	5,876.83	3,086.00	0.00	0.00
201.23.7148.51180 COMMUNITY HEALTH WORKER	7,206.00	2,057.68	7,313.76	5,486.00	0.00	0.00
201.23.7148.51192 PHN II	1,342.00	897.02	2,269.92	13,509.00	0.00	0.00
201.23.7148.51640 LONGEVITY	60.00	120.00	240.00	255.00	0.00	0.00
201.23.7148.51701 FICA	805.00	475.62	1,034.75	1,516.00	0.00	0.00
201.23.7148.51703 UNEMPLOYMENT INSURANCE	0.00	62.19	135.24	213.00	0.00	0.00
201.23.7148.51705 WORKERS COMP	58.00	34.04	73.18	98.00	0.00	0.00
201.23.7148.51721 PERS	1,934.00	1,035.24	2,192.73	3,517.00	0.00	0.00
201.23.7148.51729 HEALTH INSURANCE	4,361.00	2,667.97	4,734.84	7,388.00	0.00	0.00
201.23.7148.51730 DENTAL INSURANCE	203.00	115.17	205.80	344.00	0.00	0.00
201.23.7148.51732 LTD	60.00	42.13	77.67	92.00	0.00	0.00
201.23.7148.51733 LIFE INSURANCE	8.00	3.43	6.12	14.00	0.00	0.00
<b>Total PERSONAL SERVICES</b>	<b>21,363.00</b>	<b>6,225.78</b>	<b>24,160.84</b>	<b>35,898.00</b>	<b>0.00</b>	<b>0.00</b>
201.23.7148.52000 MATERIALS & SERVICES						
201.23.7148.52334 TCM & MAC MATCH	36,000.00	41,769.67	36,000.00	40,000.00	0.00	0.00
201.23.7148.52335 OREGON STATE PAYBACK	10,000.00	0.00	0.00	0.00	0.00	0.00
201.23.7148.52398 ADMINISTRATIVE COST	0.00	0.00	0.00	900.00	0.00	0.00
201.23.7148.52429 CONTRACTED SERVICES	1,000.00	1,065.00	1,000.00	1,040.00	0.00	0.00
201.23.7148.52526 COMPUTER SOFTWARE - MAINTENANC	16,084.00	11,776.01	16,084.00	0.00	0.00	0.00
201.23.7148.52711 MEALS LODGING & REGISTRATION	2,000.00	0.00	2,000.00	0.00	0.00	0.00
201.23.7148.52731 TRAVEL & MILEAGE	500.00	0.00	500.00	0.00	0.00	0.00
201.23.7148.52910 SUPPLIES - OFFICE	500.00	31.59	500.00	100.00	0.00	0.00

201 PUBLIC HEALTH FUND  
 23 PUBLIC HEALTH  
 7148 PERINATAL HEALTH

<i>Account Number</i>		<i>2014 Adopted</i>	<i>2014 Actuals - 6 mo</i>	<i>2015 Revised Budget</i>	<i>2016 Proposed Budget</i>	<i>2016 Approved Budget</i>	<i>2016 Adopted Budget</i>
<b>Total</b>	MATERIALS & SERVICES	66,084.00	54,642.27	56,084.00	42,040.00	0.00	0.00
<b>Total</b>	PERINATAL HEALTH	87,447.00	60,868.05	80,244.84	77,938.00	0.00	0.00

**201 PUBLIC HEALTH FUND**  
**23 PUBLIC HEALTH**  
**7149 PHEP**

<i>Account Number</i>	<i>2014 Adopted</i>	<i>2014 Actuals - 6 mo</i>	<i>2015 Revised Budget</i>	<i>2016 Proposed Budget</i>	<i>2016 Approved Budget</i>	<i>2016 Adopted Budget</i>
201.23.7149.51000						
PERSONAL SERVICES						
201.23.7149.51176	2,299.00	1,097.12	2,573.28	1,544.00	0.00	0.00
BUSINESS MANAGER						
201.23.7149.51177	7,046.00	2,668.49	5,355.16	2,657.00	0.00	0.00
PROGRAM SECRETARY						
201.23.7149.51178	10,652.00	1,001.93	0.00	0.00	0.00	0.00
PROGRAM SUPERVISOR						
201.23.7149.51184	15,844.00	4,411.49	14,625.12	17,321.00	0.00	0.00
HEALTH OFFICER						
201.23.7149.51192	65,348.00	20,478.70	54,479.28	39,463.00	0.00	0.00
PHN II						
201.23.7149.51202	35,053.00	14,927.93	39,301.95	49,212.00	0.00	0.00
PHEP COORDINATOR						
201.23.7149.51602	0.00	2,940.71	0.00	0.00	0.00	0.00
OVERTIME						
201.23.7149.51640	258.00	236.06	720.00	708.00	0.00	0.00
LONGEVITY						
201.23.7149.51681	0.00	104.58	0.00	0.00	0.00	0.00
COMP/HOLIDAY BANK CASHOUT						
201.23.7149.51701	9,819.00	3,574.36	8,466.98	8,206.00	0.00	0.00
FICA						
201.23.7149.51703	0.00	467.23	1,081.10	1,136.00	0.00	0.00
UNEMPLOYMENT INSURANCE						
201.23.7149.51705	622.00	228.75	537.45	477.00	0.00	0.00
WORKERS COMP						
201.23.7149.51721	19,253.00	6,161.78	14,144.53	14,730.00	0.00	0.00
PERS						
201.23.7149.51729	30,467.00	10,382.95	18,586.68	15,801.00	0.00	0.00
HEALTH INSURANCE						
201.23.7149.51730	1,864.00	694.57	1,200.00	1,048.00	0.00	0.00
DENTAL INSURANCE						
201.23.7149.51732	364.00	256.18	501.35	477.00	0.00	0.00
LTD						
201.23.7149.51733	79.00	18.40	34.80	29.00	0.00	0.00
LIFE INSURANCE						
<b>Total</b>	<b>198,968.00</b>	<b>69,651.23</b>	<b>161,607.68</b>	<b>152,809.00</b>	<b>0.00</b>	<b>0.00</b>
PERSONAL SERVICES						
201.23.7149.52000						
MATERIALS & SERVICES						
201.23.7149.52122	120.00	379.22	120.00	400.00	0.00	0.00
TELEPHONE						
201.23.7149.52398	1,500.00	3,453.35	1,500.00	5,500.00	0.00	0.00
ADMINISTRATIVE COST						
201.23.7149.52429	0.00	2,575.00	0.00	300.00	0.00	0.00
CONTRACTED SERVICES						
201.23.7149.52656	0.00	55.39	0.00	300.00	0.00	0.00
FUEL						
201.23.7149.52658	500.00	227.47	500.00	400.00	0.00	0.00
COPIER LEASE & MAINT						

201 PUBLIC HEALTH FUND  
 23 PUBLIC HEALTH  
 7149 PHEP

<i>Account Number</i>	<i>2014 Adopted</i>	<i>2014 Actuals - 6 mo</i>	<i>2015 Revised Budget</i>	<i>2016 Proposed Budget</i>	<i>2016 Approved Budget</i>	<i>2016 Adopted Budget</i>
201.23.7149.52711 MEALS LODGING & REGISTRATION	500.00	2,311.27	500.00	500.00	0.00	0.00
201.23.7149.52731 TRAVEL & MILEAGE	100.00	644.44	100.00	100.00	0.00	0.00
201.23.7149.52910 SUPPLIES - OFFICE	100.00	7,601.93	100.00	500.00	0.00	0.00
201.23.7149.52936 SUPPLIES - PROGRAM/ED	0.00	0.00	3,500.00	3,700.00	0.00	0.00
<b>Total MATERIALS &amp; SERVICES</b>	2,820.00	17,248.07	6,320.00	11,700.00	0.00	0.00
<b>Total PHEP</b>	201,788.00	86,899.30	167,927.68	164,509.00	0.00	0.00



NORTH CENTRAL PUBLIC HEALTH DISTRICT

**201 PUBLIC HEALTH FUND**  
**23 PUBLIC HEALTH**  
**7152 HEALTH PROMOTION**

<i>Account Number</i>	<i>2014 Adopted</i>	<i>2014 Actuals - 6 mo</i>	<i>2015 Revised Budget</i>	<i>2016 Proposed Budget</i>	<i>2016 Approved Budget</i>	<i>2016 Adopted Budget</i>
201.23.7152.51000 PERSONAL SERVICES						
201.23.7152.51192 PHN II	0.00	0.00	14,704.80	6,811.00	0.00	0.00
201.23.7152.51640 LONGEVITY	0.00	0.00	0.00	36.00	0.00	0.00
201.23.7152.51701 FICA	0.00	0.00	1,124.88	475.00	0.00	0.00
201.23.7152.51703 UNEMPLOYMENT INSURANCE	0.00	0.00	0.00	66.00	0.00	0.00
201.23.7152.51705 WORKERS COMP	0.00	0.00	68.04	30.00	0.00	0.00
201.23.7152.51721 PERS	0.00	0.00	1,892.64	1,392.00	0.00	0.00
201.23.7152.51729 HEALTH INSURANCE	0.00	0.00	3,384.00	1,736.00	0.00	0.00
201.23.7152.51730 DENTAL INSURANCE	0.00	0.00	324.00	87.00	0.00	0.00
201.23.7152.51732 LTD	0.00	0.00	2.16	28.00	0.00	0.00
201.23.7152.51733 LIFE INSURANCE	0.00	0.00	9.12	4.00	0.00	0.00
<b>Total PERSONAL SERVICES</b>	0.00	0.00	21,509.64	10,665.00	0.00	0.00
201.23.7152.52000 MATERIALS & SERVICES						
201.23.7152.52398 ADMINISTRATIVE COST	0.00	0.00	1,500.00	600.00	0.00	0.00
201.23.7152.52429 CONTRACTED SERVICES	0.00	0.00	0.00	14,176.00	0.00	0.00
201.23.7152.52910 SUPPLIES - OFFICE	0.00	453.83	18,789.00	0.00	0.00	0.00
201.23.7152.52936 SUPPLIES - PROGRAM/ED	0.00	3,010.54	2,600.00	0.00	0.00	0.00
<b>Total MATERIALS &amp; SERVICES</b>	0.00	3,464.37	22,889.00	14,776.00	0.00	0.00
<b>Total HEALTH PROMOTION</b>	0.00	3,464.37	44,398.64	25,441.00	0.00	0.00

**201 PUBLIC HEALTH FUND**  
**23 PUBLIC HEALTH**  
**7153 IMMUNIZATION SPECIAL PAYMENTS**

<i>Account Number</i>	<i>2014 Adopted</i>	<i>2014 Actuals - 6 mo</i>	<i>2015 Revised Budget</i>	<i>2016 Proposed Budget</i>	<i>2016 Approved Budget</i>	<i>2016 Adopted Budget</i>
201.23.7153.51000 PERSONAL SERVICES						
201.23.7153.51176 BUSINESS MANAGER	919.00	438.85	1,029.36	1,029.00	0.00	0.00
201.23.7153.51177 PROGRAM SECRETARY	2,009.00	988.35	2,090.20	1,825.00	0.00	0.00
201.23.7153.51192 PHN II	10,064.00	4,724.82	9,079.20	9,082.00	0.00	0.00
201.23.7153.51602 OVERTIME	0.00	20.85	0.00	0.00	0.00	0.00
201.23.7153.51640 LONGEVITY	399.00	9.00	0.00	24.00	0.00	0.00
201.23.7153.51681 COMP/HOLIDAY BANK CASHOUT	0.00	41.83	0.00	0.00	0.00	0.00
201.23.7153.51701 FICA	964.00	472.98	933.28	908.00	0.00	0.00
201.23.7153.51703 UNEMPLOYMENT INSURANCE	0.00	61.85	111.68	126.00	0.00	0.00
201.23.7153.51705 WORKERS COMP	400.00	200.98	385.03	380.00	0.00	0.00
201.23.7153.51721 PERS	2,161.00	201.89	401.52	449.00	0.00	0.00
201.23.7153.51729 HEALTH INSURANCE	2,720.00	366.01	651.12	595.00	0.00	0.00
201.23.7153.51730 DENTAL INSURANCE	176.00	27.46	56.88	41.00	0.00	0.00
201.23.7153.51732 LTD	62.00	8.72	11.06	15.00	0.00	0.00
201.23.7153.51733 LIFE INSURANCE	7.00	0.55	1.32	1.00	0.00	0.00
<b>Total</b> PERSONAL SERVICES	19,881.00	7,564.14	14,750.65	14,475.00	0.00	0.00
201.23.7153.52000 MATERIALS & SERVICES						
201.23.7153.52398 ADMINISTRATIVE COST	300.00	396.89	300.00	700.00	0.00	0.00
201.23.7153.52711 MEALS LODGING & REGISTRATION	500.00	0.00	500.00	500.00	0.00	0.00
201.23.7153.52731 TRAVEL & MILEAGE	100.00	0.00	100.00	100.00	0.00	0.00
201.23.7153.52910 SUPPLIES - OFFICE	50.00	0.00	50.00	50.00	0.00	0.00
<b>Total</b> MATERIALS & SERVICES	950.00	396.89	950.00	1,350.00	0.00	0.00
<b>Total</b> IMMUNIZATION SPECIAL PAYMENTS	20,831.00	7,961.03	15,700.65	15,825.00	0.00	0.00

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## NORTH CENTRAL PUBLIC HEALTH DISTRICT

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**201 PUBLIC HEALTH FUND**  
**23 PUBLIC HEALTH**  
**7154 CACOON & CCN**

<i>Account Number</i>	<i>2014 Adopted</i>	<i>2014 Actuals - 6 mo</i>	<i>2015 Revised Budget</i>	<i>2016 Proposed Budget</i>	<i>2016 Approved Budget</i>	<i>2016 Adopted Budget</i>
201.23.7154.51000 PERSONAL SERVICES						
201.23.7154.51177 PROGRAM SECRETARY	3,639.00	1,124.48	2,090.20	1,475.00	0.00	0.00
201.23.7154.51180 COMMUNITY HEALTH WORKER	0.00	0.00	0.00	3,016.00	0.00	0.00
201.23.7154.51184 HEALTH OFFICER	4,875.00	1,938.00	4,875.12	216.00	0.00	0.00
201.23.7154.51191 BILLING CLERK	327.00	171.57	352.62	330.00	0.00	0.00
201.23.7154.51192 PHN II	16,549.00	7,323.71	14,526.72	16,006.00	0.00	0.00
201.23.7154.51640 LONGEVITY	164.00	38.66	76.80	92.00	0.00	0.00
201.23.7154.51681 COMP/HOLIDAY BANK CASHOUT	0.00	0.38	0.00	0.00	0.00	0.00
201.23.7154.51701 FICA	1,748.00	678.97	1,463.98	1,388.00	0.00	0.00
201.23.7154.51703 UNEMPLOYMENT INSURANCE	0.00	88.71	191.60	166.00	0.00	0.00
201.23.7154.51705 WORKERS COMP	188.00	49.19	100.27	91.00	0.00	0.00
201.23.7154.51721 PERS	3,572.00	1,092.90	2,193.90	2,692.00	0.00	0.00
201.23.7154.51729 HEALTH INSURANCE	6,451.00	3,188.16	5,363.88	7,015.00	0.00	0.00
201.23.7154.51730 DENTAL INSURANCE	324.00	138.73	229.20	347.00	0.00	0.00
201.23.7154.51732 LTD	85.00	50.84	73.13	76.00	0.00	0.00
201.23.7154.51733 LIFE INSURANCE	13.00	2.60	4.32	10.00	0.00	0.00
<b>Total PERSONAL SERVICES</b>	<b>37,935.00</b>	<b>15,886.90</b>	<b>31,541.74</b>	<b>32,920.00</b>	<b>0.00</b>	<b>0.00</b>
201.23.7154.52000 MATERIALS & SERVICES						
201.23.7154.52398 ADMINISTRATIVE COST	200.00	0.00	200.00	900.00	0.00	0.00
201.23.7154.52711 MEALS LODGING & REGISTRATION	0.00	174.07	0.00	0.00	0.00	0.00
201.23.7154.52731 TRAVEL & MILEAGE	0.00	6.00	0.00	0.00	0.00	0.00
201.23.7154.52910 SUPPLIES - OFFICE	300.00	188.45	300.00	150.00	0.00	0.00
<b>Total MATERIALS &amp; SERVICES</b>	<b>500.00</b>	<b>368.52</b>	<b>500.00</b>	<b>1,050.00</b>	<b>0.00</b>	<b>0.00</b>

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201	PUBLIC HEALTH FUND							
23	PUBLIC HEALTH							
	Total	CACOON & CCN	38,435.00	16,255.42	32,041.74	33,970.00	0.00	0.00

**201 PUBLIC HEALTH FUND**  
**23 PUBLIC HEALTH**  
**7155 TOBACCO PREV & ED**

<u>Account Number</u>	<u>2014 Adopted</u>	<u>2014 Actuals - 6 mo</u>	<u>2015 Revised Budget</u>	<u>2016 Proposed Budget</u>	<u>2016 Approved Budget</u>	<u>2016 Adopted Budget</u>
201.23.7155.51000 PERSONAL SERVICES						
201.23.7155.51176 BUSINESS MANAGER	2,299.00	1,097.12	2,573.28	1,544.00	0.00	0.00
201.23.7155.51177 PROGRAM SECRETARY	5,829.00	3,946.89	8,779.04	5,928.00	0.00	0.00
201.23.7155.51178 PROGRAM SUPERVISOR	0.00	0.00	0.00	3,086.00	0.00	0.00
201.23.7155.51179 COMMUNITY HEALTH PROMOTER	53,263.00	15,670.73	54,061.44	46,288.00	0.00	0.00
201.23.7155.51180 COMMUNITY HEALTH WORKER	0.00	0.00	0.00	3,016.00	0.00	0.00
201.23.7155.51192 PHN II	0.00	0.00	24,507.84	0.00	0.00	0.00
201.23.7155.51202 PHEP COORDINATOR	0.00	3,712.06	9,825.49	0.00	0.00	0.00
201.23.7155.51602 OVERTIME	0.00	514.81	0.00	0.00	0.00	0.00
201.23.7155.51640 LONGEVITY	360.00	212.56	360.00	36.00	0.00	0.00
201.23.7155.51681 COMP/HOLIDAY BANK CASHOUT	0.00	104.58	0.00	0.00	0.00	0.00
201.23.7155.51701 FICA	4,724.00	2,005.10	7,607.74	4,512.00	0.00	0.00
201.23.7155.51703 UNEMPLOYMENT INSURANCE	0.00	257.60	723.68	603.00	0.00	0.00
201.23.7155.51705 WORKERS COMP	274.00	99.05	387.21	258.00	0.00	0.00
201.23.7155.51721 PERS	8,539.00	3,523.72	12,883.69	1,869.00	0.00	0.00
201.23.7155.51729 HEALTH INSURANCE	9,646.00	6,499.11	17,048.16	10,521.00	0.00	0.00
201.23.7155.51730 DENTAL INSURANCE	879.00	504.29	1,446.36	830.00	0.00	0.00
201.23.7155.51732 LTD	287.00	207.44	377.90	294.00	0.00	0.00
201.23.7155.51733 LIFE INSURANCE	35.00	16.82	44.04	31.00	0.00	0.00
<b>Total PERSONAL SERVICES</b>	<b>86,135.00</b>	<b>38,371.88</b>	<b>140,625.87</b>	<b>78,816.00</b>	<b>0.00</b>	<b>0.00</b>
201.23.7155.52000 MATERIALS & SERVICES						
201.23.7155.52398 ADMINISTRATIVE COST	1,000.00	1,730.70	500.00	4,800.00	0.00	0.00
201.23.7155.52429 CONTRACTED SERVICES	0.00	50.00	0.00	800.00	0.00	0.00
201.23.7155.52656 FUEL	510.00	44.46	339.00	201.00	0.00	0.00
201.23.7155.52658 COPIER LEASE & MAINT	500.00	227.47	500.00	375.00	0.00	0.00

201 PUBLIC HEALTH FUND  
 23 PUBLIC HEALTH  
 7155 TOBACCO PREV & ED

<i>Account Number</i>	<i>2014 Adopted</i>	<i>2014 Actuals - 6 mo</i>	<i>2015 Revised Budget</i>	<i>2016 Proposed Budget</i>	<i>2016 Approved Budget</i>	<i>2016 Adopted Budget</i>
201.23.7155.52711 MEALS LODGING & REGISTRATION	1,700.00	0.00	400.00	1,400.00	0.00	0.00
201.23.7155.52731 TRAVEL & MILEAGE	600.00	0.00	0.00	400.00	0.00	0.00
201.23.7155.52910 SUPPLIES - OFFICE	2,690.00	40.74	3,009.00	259.00	0.00	0.00
201.23.7155.52936 SUPPLIES - PROGRAM/ED	0.00	591.89	0.00	0.00	0.00	0.00
<b>Total</b> MATERIALS & SERVICES	7,000.00	2,685.26	4,748.00	8,235.00	0.00	0.00
<b>Total</b> TOBACCO PREV & ED	93,135.00	41,057.14	145,373.87	87,051.00	0.00	0.00

**201 PUBLIC HEALTH FUND**  
**23 PUBLIC HEALTH**  
**7156 WATER**

<u>Account Number</u>	<u>2014 Adopted</u>	<u>2014 Actuals - 6 mo</u>	<u>2015 Revised Budget</u>	<u>2016 Proposed Budget</u>	<u>2016 Approved Budget</u>	<u>2016 Adopted Budget</u>
201.23.7156.51000 PERSONAL SERVICES						
201.23.7156.51176 BUSINESS MANAGER	919.00	438.85	1,029.36	515.00	0.00	0.00
201.23.7156.51177 PROGRAM SECRETARY	5,677.00	4,204.40	9,431.72	7,753.00	0.00	0.00
201.23.7156.51181 EH SPECIALIST	19,569.00	5,104.29	10,857.06	11,352.00	0.00	0.00
201.23.7156.51195 SUPERVISING EH SPECIALIST	4,316.00	4,012.46	8,958.40	11,968.00	0.00	0.00
201.23.7156.51602 OVERTIME	0.00	142.28	0.00	0.00	0.00	0.00
201.23.7156.51621 CELL PHONE ALLOWANCE	42.00	41.00	90.00	120.00	0.00	0.00
201.23.7156.51640 LONGEVITY	309.00	70.56	149.92	314.00	0.00	0.00
201.23.7156.51681 COMP/HOLIDAY BANK CASHOUT	0.00	41.83	0.00	0.00	0.00	0.00
201.23.7156.51701 FICA	2,359.00	1,030.03	2,271.06	2,393.00	0.00	0.00
201.23.7156.51703 UNEMPLOYMENT INSURANCE	0.00	134.76	286.94	333.00	0.00	0.00
201.23.7156.51705 WORKERS COMP	442.00	158.76	330.05	361.00	0.00	0.00
201.23.7156.51721 PERS	4,944.00	1,970.51	4,278.47	5,932.00	0.00	0.00
201.23.7156.51729 HEALTH INSURANCE	5,268.00	2,937.38	5,322.72	5,200.00	0.00	0.00
201.23.7156.51730 DENTAL INSURANCE	480.00	206.70	386.04	366.00	0.00	0.00
201.23.7156.51732 LTD	137.00	76.50	150.86	163.00	0.00	0.00
201.23.7156.51733 LIFE INSURANCE	19.00	5.67	11.04	11.00	0.00	0.00
<b>Total PERSONAL SERVICES</b>	<b>44,481.00</b>	<b>20,575.98</b>	<b>43,553.64</b>	<b>46,781.00</b>	<b>0.00</b>	<b>0.00</b>
201.23.7156.52000 MATERIALS & SERVICES						
201.23.7156.52398 ADMINISTRATIVE COST	600.00	683.38	600.00	1,600.00	0.00	0.00
201.23.7156.52910 SUPPLIES - OFFICE	100.00	0.00	100.00	200.00	0.00	0.00
<b>Total MATERIALS &amp; SERVICES</b>	<b>700.00</b>	<b>683.38</b>	<b>700.00</b>	<b>1,800.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Total WATER</b>	<b>45,181.00</b>	<b>21,259.36</b>	<b>44,253.64</b>	<b>48,581.00</b>	<b>0.00</b>	<b>0.00</b>

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## NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND  
 23 PUBLIC HEALTH  
 7158 BABIES FIRST

<u>Account Number</u>	<u>2014 Adopted</u>	<u>2014 Actuals - 6 mo</u>	<u>2015 Revised Budget</u>	<u>2016 Proposed Budget</u>	<u>2016 Approved Budget</u>	<u>2016 Adopted Budget</u>
201.23.7158.51000						
PERSONAL SERVICES						
201.23.7158.51176	0.00	0.00	0.00	1,544.00	0.00	0.00
BUSINESS MANAGER						
201.23.7158.51177	3,145.00	822.37	1,451.16	2,657.00	0.00	0.00
PROGRAM SECRETARY						
201.23.7158.51178	2,663.00	1,415.25	2,937.99	3,086.00	0.00	0.00
PROGRAM SUPERVISOR						
201.23.7158.51180	14,412.00	7,420.76	20,112.96	29,806.00	0.00	0.00
COMMUNITY HEALTH WORKER						
201.23.7158.51191	327.00	171.41	352.56	1,319.00	0.00	0.00
BILLING CLERK						
201.23.7158.51192	51,010.00	22,914.23	47,304.28	46,884.00	0.00	0.00
PHN II						
201.23.7158.51640	523.00	278.62	736.80	1,066.00	0.00	0.00
LONGEVITY						
201.23.7158.51681	0.00	0.37	0.00	0.00	0.00	0.00
COMP/HOLIDAY BANK CASHOUT						
201.23.7158.51701	4,854.00	2,105.02	4,823.82	5,775.00	0.00	0.00
FICA						
201.23.7158.51703	0.00	274.89	630.17	756.00	0.00	0.00
UNEMPLOYMENT INSURANCE						
201.23.7158.51705	605.00	169.79	378.84	413.00	0.00	0.00
WORKERS COMP						
201.23.7158.51721	11,172.00	4,434.99	10,035.86	14,791.00	0.00	0.00
PERS						
201.23.7158.51729	21,942.00	11,337.41	21,777.00	27,657.00	0.00	0.00
HEALTH INSURANCE						
201.23.7158.51730	1,162.00	538.30	1,010.88	1,316.00	0.00	0.00
DENTAL INSURANCE						
201.23.7158.51732	296.00	189.80	314.60	354.00	0.00	0.00
LTD						
201.23.7158.51733	46.00	16.46	29.64	42.00	0.00	0.00
LIFE INSURANCE						
<b>Total</b>	112,157.00	52,089.67	111,896.56	137,466.00	0.00	0.00
PERSONAL SERVICES						
201.23.7158.52000						
MATERIALS & SERVICES						
201.23.7158.52334	30,000.00	15,000.00	30,000.00	47,638.00	0.00	0.00
TCM & MAC MATCH						
201.23.7158.52398	0.00	0.00	0.00	6,000.00	0.00	0.00
ADMINISTRATIVE COST						
201.23.7158.52658	300.00	184.12	300.00	300.00	0.00	0.00
COPIER LEASE & MAINT						
201.23.7158.52731	500.00	8.95	500.00	0.00	0.00	0.00
TRAVEL & MILEAGE						
201.23.7158.52910	300.00	0.00	300.00	100.00	0.00	0.00
SUPPLIES - OFFICE						



201 PUBLIC HEALTH FUND  
 23 PUBLIC HEALTH  
 7158 BABIES FIRST

<i>Account Number</i>		<i>2014 Adopted</i>	<i>2014 Actuals - 6 mo</i>	<i>2015 Revised Budget</i>	<i>2016 Proposed Budget</i>	<i>2016 Approved Budget</i>	<i>2016 Adopted Budget</i>
<b>Total</b>	MATERIALS & SERVICES	31,100.00	15,193.07	31,100.00	54,038.00	0.00	0.00
<b>Total</b>	BABIES FIRST	143,257.00	67,282.74	142,996.56	191,504.00	0.00	0.00

201 PUBLIC HEALTH FUND  
 23 PUBLIC HEALTH  
 7159 OREGON MOTHERS CARE

<i>Account Number</i>	<i>2014 Adopted</i>	<i>2014 Actuals - 6 mo</i>	<i>2015 Revised Budget</i>	<i>2016 Proposed Budget</i>	<i>2016 Approved Budget</i>	<i>2016 Adopted Budget</i>
201.23.7159.51000 PERSONAL SERVICES						
201.23.7159.51180 COMMUNITY HEALTH WORKER	7,206.00	3,710.40	7,313.76	7,315.00	0.00	0.00
201.23.7159.51640 LONGEVITY	60.00	120.00	240.00	240.00	0.00	0.00
201.23.7159.51701 FICA	445.00	224.19	471.84	471.00	0.00	0.00
201.23.7159.51703 UNEMPLOYMENT INSURANCE	0.00	29.29	61.68	68.00	0.00	0.00
201.23.7159.51705 WORKERS COMP	34.00	17.21	35.67	32.00	0.00	0.00
201.23.7159.51721 PERS	1,203.00	544.28	1,104.48	1,536.00	0.00	0.00
201.23.7159.51729 HEALTH INSURANCE	3,180.00	1,774.60	3,042.12	3,120.00	0.00	0.00
201.23.7159.51730 DENTAL INSURANCE	135.00	68.61	117.60	116.00	0.00	0.00
201.23.7159.51732 LTD	35.00	21.86	38.04	38.00	0.00	0.00
201.23.7159.51733 LIFE INSURANCE	5.00	1.40	2.28	3.00	0.00	0.00
<b>Total</b> PERSONAL SERVICES	12,303.00	6,511.84	12,427.47	12,939.00	0.00	0.00
201.23.7159.52000 MATERIALS & SERVICES						
201.23.7159.52398 ADMINISTRATIVE COST	75.00	0.00	75.00	600.00	0.00	0.00
201.23.7159.52910 SUPPLIES - OFFICE	50.00	56.15	50.00	50.00	0.00	0.00
<b>Total</b> MATERIALS & SERVICES	125.00	56.15	125.00	650.00	0.00	0.00
<b>Total</b> OREGON MOTHERS CARE	12,428.00	6,567.99	12,552.47	13,589.00	0.00	0.00

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND  
 23 PUBLIC HEALTH  
 7500 PASS THROUGH

<i>Account Number</i>	<i>2014 Adopted</i>	<i>2014 Actuals - 6 mo</i>	<i>2015 Revised Budget</i>	<i>2016 Proposed Budget</i>	<i>2016 Approved Budget</i>	<i>2016 Adopted Budget</i>
201.23.7500.52000 MATERIALS & SERVICES						
201.23.7500.52336 DEQ PAYMENT	0.00	6,300.00	3,900.00	10,000.00	0.00	0.00
<b>Total</b> MATERIALS & SERVICES	0.00	6,300.00	3,900.00	10,000.00	0.00	0.00
<b>Total</b> PASS THROUGH	0.00	6,300.00	3,900.00	10,000.00	0.00	0.00

201 PUBLIC HEALTH FUND  
 23 PUBLIC HEALTH  
 7999 NON-DEPARTMENTAL

<i>Account Number</i>	<i>2014 Adopted</i>	<i>2014 Actuals - 6 mo</i>	<i>2015 Revised Budget</i>	<i>2016 Proposed Budget</i>	<i>2016 Approved Budget</i>	<i>2016 Adopted Budget</i>
201.23.7999.57000 CONTINGENCY						
201.23.7999.57201 CONTINGENCY	131,152.00	0.00	77,670.28	36,771.00	0.00	0.00
<b>Total</b> CONTINGENCY	131,152.00	0.00	77,670.28	36,771.00	0.00	0.00
201.23.7999.59000 UNAPPROPRIATED						
201.23.7999.59201 UNAPPROPRIATED	0.00	0.00	126,568.00	152,000.00	0.00	0.00
<b>Total</b> UNAPPROPRIATED	0.00	0.00	126,568.00	152,000.00	0.00	0.00
<b>Total</b> NON-DEPARTMENTAL	131,152.00	0.00	204,238.28	188,771.00	0.00	0.00
<b>Total</b> PUBLIC HEALTH	2,263,573.00	1,000,129.14	2,223,195.00	2,247,007.00	0.00	0.00
<b>Total</b> PUBLIC HEALTH FUND	2,263,573.00	1,000,129.14	2,223,195.00	2,247,007.00	0.00	0.00
<b>Grand Total</b>	2,263,573.00	1,000,129.14	2,223,195.00	2,247,007.00	0.00	0.00

Staff Reduction Scenario to Absorb the Proposed Wasco County Funding  
Reduction As Proposed by NCPHD Leadership Team

NCPHD Leadership Team consisting of the Director, Nursing Supervisor, Environmental Health Supervisor and Health Officer have met twice since May 19, 2015 to consider how to implement the funding reduction in the proposed Wasco County budget as approved by the Wasco County Budget Committee. To maintain current service level, NCPHD Budget Committee approved a contribution from Wasco County of \$395,033. The Wasco County Budget Committee approved a contribution of \$314,000. This represents a difference of \$81,033.

To absorb this reduction if it stands when Wasco County Board of Commissioners adopts the budget on June 17, 2015, the Leadership Team recommends the following reduction in force:

Elimination of (1) PHN position-----	\$73,531
Elimination of (1) Billing Specialist position-----	\$46,355
Total-----	\$119,866

**Service Impact:** Reductions of walk-in services for reproductive health, immunization and STD testing services from 5 days per week to 1 day per week are proposed. Reproductive health appointments would continue to be available 2 days per week, and the Nurse Practitioner would accommodate walk-in reproductive health and STD testing as able to work it into the schedule. Reproductive health services, immunization services and STD testing are available from other providers throughout the community by appointment so this scenario only eliminates the walk-in aspect of this service. Nurses would travel with the WIC staff to Condon, Arlington and Rufus on an every-other-month basis to provide access to Gilliam and Sherman County clients impacted by the service cuts in The Dalles. The duties of the Billing Specialist will be reduced with decreased clients seen. The Billing Specialist duties would be absorbed by Program Secretary and Office Specialist II staff. In addition to direct impacts on clinic services, each of these positions is filled by an employee who is trained to respond to a public health emergency. Reductions in staff represent a smaller work force to respond to outbreaks and public health emergencies.

**Fiscal Impact:** The reproductive health clinic and walk-in services generate approximately \$914 per day in revenue collected through fees. Closing the clinic 2 days per week will result in decreased revenue of approximately \$91,000 using current fiscal information. We would need to follow revenue closely and make further reductions if revenue continues to be significantly negatively impacted. The total lost revenue between Wasco County reductions and lost fee collection is approximately \$172,033.

**Community Impact:** In 2013, Oregon Health Authority/Public Health Division data shows that NCPHD averted 180 pregnancies. That can be seen as 0.74 pregnancies for every day of operation (243 days of operation per year). An additional 100 days of closure could result in 74 unintended pregnancies per year due to limited of access. It is those citizens most vulnerable who are unable to plan, make and keep appointments, or afford OTC (over the counter) contraception while waiting to obtain services. The impacts on STD rates in the community are difficult to quantify. In 2014, NCPHD saw 136 clients for STD testing during walk-in clinic. Many of these clients have other medical providers but choose testing and treatment at NCPHD for confidentiality issues. Immunizations, while available at primary care providers and pharmacies, may be delayed for young children waiting to establish with a provider, or those children not engaged with a provider who have the opportunity for immunization 'catch-up' while in the office for a WIC appointment.

This scenario is far from perfect. It was chosen as the services reduced are available through other providers in the community. All other nursing staff is working in revenue generating programs that are not available through other providers. Some are funded through direct service contracts and some are funded through a mixture of state and federal funding and OHP fees.

S:\Fiscal\Reduction scenario 06042015\Staff Reduction Scenario to Absorb the Proposed Wasco County Funding Reduction As Proposed by NCPHD Leadership Team.docx

**NCPHD**  
**Accounts Payable Checks**  
**Issued - May 2015**

Check Date	Check Number	Vendor Name	Amount	
5/8/2015	135	IRS	\$12,108.48	<b>Payroll A/P (EFT) Electronic Fund Transfer</b>
5/8/2015	136	ASIFLEX	\$390.00	
5/8/2015	137	P E R S	\$9,554.72	
5/8/2015	138	OREGON STATE, DEPT OF REVENUE	\$2,834.74	
5/22/2015	139	IRS	\$11,599.86	
5/22/2015	140	ASIFLEX	\$390.00	
5/22/2015	142	OREGON STATE, DEPT OF REVENUE	\$2,705.47	
5/6/2015	10807	CIS TRUST	\$24,946.86	
5/6/2015	10808	OREGON STATE, DEPT OF ENVIRONMENTAL QUA	\$1,100.00	
5/6/2015	10809	OREGON STATE, DEPT OF HUMAN SERVICES	\$12,177.04	<b>Payroll A/P Checks</b>
5/6/2015	10810	SATCOM GLOBAL INC.	\$61.07	
5/6/2015	10811	WASCO COUNTY	\$580.53	
5/11/2015	10812	CA STATE DISPURSEMENT UNIT	\$231.50	
5/11/2015	10813	NATIONWIDE RETIREMENT SOLUTION	\$2,519.71	
5/11/2015	10814	BICOASTAL MEDIA LLC, BICOASTAL COLUMBIA RIVER	\$240.00	
5/11/2015	10815	CIS TRUST	\$25.00	
5/11/2015	10816	DEVIN OIL CO INC.	\$28.36	
5/11/2015	10817	EAGLE NEWSPAPERS, INC	\$300.00	
5/11/2015	10818	H2OREGON BOTTLED WATER INC.	\$72.50	
5/11/2015	10819	HAYSTACK BROADCASTING, INC.	\$120.00	
5/11/2015	10820	HOOD RIVER GARBAGE	\$987.12	
5/11/2015	10821	NEXT DOOR, INC.	\$20.00	
5/11/2015	10822	OREGON STATE, DEPT HUMAN SERVICES- OFS	\$1,646.60	
5/11/2015	10823	STAEHNKE, DAVID	\$75.06	
5/11/2015	10824	TEMPLE DISTRIBUTING INC.	\$72.00	
5/11/2015	10825	THE DALLES CHRONICLE	\$214.08	
5/11/2015	10826	THE DALLES DISPOSAL	\$666.66	
5/11/2015	10827	THE DALLES TIRE FACTORY	\$392.80	
5/11/2015	10828	THE OPTIMIST PRINTRES	\$69.98	
5/11/2015	10829	THE TIMES-JOURNAL	\$56.25	
5/11/2015	10830	U.S. CELLULAR	\$116.60	
5/11/2015	10831	UPS	\$33.90	
5/11/2015	10832	US BANK	\$3,708.28	
5/11/2015	10833	WASCO COUNTY	\$164.08	
5/19/2015	10834	BEERY ELSNER & HAMMOND LLP	\$1,305.00	
5/19/2015	10835	OFFICE MAX INCORPORATED	\$217.52	
5/19/2015	10836	OREGON STATE, DEPT HUMAN SERVICES- OFS	\$929.12	
5/19/2015	10837	PALMER, JANE	\$12.00	
5/19/2015	10838	PETTY CASH	\$42.40	
5/19/2015	10839	QWIK CHANGE LUBE CENTER INC.	\$37.95	
5/19/2015	10840	SKAKEL, DAVID	\$41.40	
5/19/2015	10841	UPS	\$22.60	

5/27/2015	10842	CA STATE DISPURSEMENT UNIT	\$231.50	Payroll A/P Checks
5/27/2015	10843	NATIONWIDE RETIREMENT SOLUTION	\$2,519.71	
5/27/2015	10844	BISHOP SANITATION INC	\$55.00	
5/27/2015	10845	LINHARES, KERRY	\$175.08	
5/27/2015	10846	OFFICE MAX INCORPORATED	\$448.39	
5/27/2015	10847	OREGON STATE, DEPT OF HUMAN SERVICES	\$4,000.00	
5/27/2015	10848	OREGON STATE, HEALTH LICENSING OFFICE	\$150.00	
5/27/2015	10849	PSC ENVIRONMENTAL SERVICES	\$10,670.49	
5/27/2015	10850	SMITH MEDICAL PARTNERS LLC	\$4,109.83	
51	<b>TOTAL AMOUNT: \$115,177.24</b>			

NCPHD Board of Health authorizes check numbers 10807 through 10850 and payroll EFT check numbers 135 through 142 totalling \$113,181.77.

Signed: \_\_\_\_\_  
 Commissioner Michael Smith, Chair

\_\_\_\_\_  
 Date



# REGENCE BLUECROSS BLUESHIELD OF OREGON

## MEDICAL GROUP AGREEMENT



Regence BlueCross BlueShield of Oregon is an Independent  
Licensee of the Blue Cross and Blue Shield Association

# REGENCE BLUECROSS BLUESHIELD OF OREGON

## MEDICAL GROUP AGREEMENT

This Agreement between Regence BlueCross BlueShield of Oregon (Regence BCBSO), an Oregon nonprofit corporation, and **NORTH CENTRAL PUBLIC HEALTH** (Medical Group), describes the terms and conditions under which Medical Group and Medical Group Provider shall participate in the provider networks identified in the attachments to this Agreement.

### I. DEFINITIONS

The following definitions apply to the words and terms used in this Agreement:

- A.** Covered Services are Medically Necessary health care services and supplies rendered or furnished by Medical Group Providers to Members that are eligible for benefit consideration under Member Agreements.
- B.** Investigational. The definition provided in the Member Agreement. To the extent that the Member Agreement does not provide a definition of Investigational, the following definition shall apply: a health intervention that Regence BCBSO or Payor has classified as Investigational. Regence BCBSO will review Scientific Evidence from well-designed clinical studies found in peer-reviewed medical literature, if available, and information obtained from Medical Group Provider regarding the health intervention to determine if it is Investigational. A health intervention not meeting all of the following criteria, is, in Regence BCBSO's judgment, Investigational:
- The Scientific Evidence must permit conclusions concerning the effect of the health intervention on health outcomes, which include the disease process, injury or illness, length of life, ability to function and quality of life.
  - The health intervention must improve net health outcome.
  - The Scientific Evidence must show that the health intervention is as beneficial as any established alternatives.
  - The improvement must be attainable outside the laboratory or clinical research setting.
- For purposes of this definition, Scientific Evidence means scientific studies published in or accepted for publication by medical journals that meet nationally recognized requirements for scientific manuscripts and that submit most of their published articles for review by experts who are not part of the editorial staff; or findings, studies or research conducted by or under the auspices of federal government agencies and nationally recognized federal research institutes. However, Scientific Evidence shall not include published peer-reviewed literature sponsored to a significant extent by a pharmaceutical manufacturing company or medical device manufacturer or a single study without other supportable studies.
- C.** Member is a person eligible to receive health care benefits for Covered Services under a Member Agreement.
- D.** Member Agreement is a contract or plan underwritten or administered, in whole or in part, by Regence BCBSO or other Payor which sets forth the terms and conditions under which a Member is entitled to receive benefits for Covered Services.
- E.** Medical Case Management is a process to provide early assessment of and intervention for Members with acute or chronic illness, catastrophic events or multiple encounters with Physicians or Other Health Care Professionals. This includes evaluation, resource coordination

and creating flexible, cost-effective options for identified individuals to facilitate quality care and individualized treatment goals.

- F.** Medical Emergency means a medical condition that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine could reasonably expect that the failure to receive immediate medical attention would result in:
1. placing the health of the person (or a fetus in the case of a pregnant woman) in serious jeopardy;
  2. serious impairment to bodily functions; or,
  3. serious dysfunction of any bodily organ or part.
- G.** Medical Emergency Services are Covered Services furnished in the case of a Medical Emergency, including ancillary services, to the extent they are required for stabilization of the patient.
- H.** Medical Group Provider is a Physician or Other Health Care Professional who is employed by or has contracted with Medical Group to provide health care services under this Agreement.
- I.** Medically Necessary or Medical Necessity is a service or supply required for diagnosis or treatment of illness or injury, which, in the judgment of Regence BCBSO, is:
1. appropriate to treatment setting and level of care, in amount, duration and frequency; and consistent with symptoms, diagnosis, or treatment of the Member's condition;
  2. received in the least costly medically appropriate treatment setting, including alternative supplies and levels of service, which can safely be provided;
  3. appropriate with regard to widely accepted standards of medical practice as determined by Regence BCBSO (see Note below);
  4. not primarily for the convenience of the Member, or a Physician or Other Health Care Professional of services or supplies.
- Note:** The fact that services were prescribed, recommended or approved by a Medical Group Provider does not in and of itself mean that the services were Medically Necessary. Regence BCBSO will determine whether a service or supply is Medically Necessary.
- J.** Non-Covered Service is a service or supply that is not a Covered Service for any of the following reasons: (1) the service or supply is Investigational or not Medically Necessary; or (2) the service or supply is not an available benefit or a Covered Service under the Member Agreement for any reason.
- K.** Other Health Care Professional is a person, other than a Physician, who is legally qualified to provide health care services in the state where he or she practices, and who is eligible for reimbursement under a Member Agreement.
- L.** Participating Provider is a hospital or other health care facility, a Physician, health care professional or group of health care professionals, or other provider of medical services or supplies who is legally qualified to provide health care services and who has contracted to be on Regence BCBSO's participating provider panel and to provide Covered Services to Members.

- M. Payor means Regence BCBSO, Healthcare Management Administrators, Inc., a Blue Cross and/or Blue Shield Plan through the BlueCard Program, Cambia Health Solutions, its subsidiaries and affiliated companies, an insurer, a trust, a self-funded health plan or other entity (for which Cambia Health Solutions, or its subsidiaries or affiliates, administers or underwrites a plan or contract) that is responsible for remuneration for Covered Services rendered to a Member.
- N. Physician is a person who is legally qualified to practice medicine in the state where he or she practices.

## II. OBLIGATIONS OF PAYORS

- A. **Payment.** Regence BCBSO or other Payor will compensate Medical Group and Medical Group Provider for Covered Services rendered to Members in accordance with this Agreement, including the applicable financial attachment(s) hereto, and with Regence BCBSO's claims payment policies. Such compensation will be based on the lesser of billed charges or the amount established pursuant to the applicable financial attachment to this Agreement. Medical Group and Medical Group Provider agrees to accept such payment as compensation in full for Covered Services.
- B. **Timing of Payment.** For claims subject to ORS 743.911 and ORS 743.913, the Oregon prompt pay law, Payor will pay or deny clean claims within thirty (30) days after receipt. If additional information is required to process a claim, Payor will notify Medical Group and Medical Group Provider in writing within thirty (30) days following receipt of the claim. Payor shall pay a clean claim or deny the claim no later than thirty (30) days after receiving the additional information. Payor shall pay simple interest of twelve percent (12%) per annum on the unpaid amount of any claim that is due and owing, accruing from the date after the payment was due until the claim is paid. Interest on any overdue payment for a clean claim begins to accrue on the 31<sup>st</sup> day after the date Payor receives the claim. Interest on claims for which additional information is required begins to accrue on the 31<sup>st</sup> day after the Payor receives the requested information. No interest shall be paid if the amount of interest owed is two dollars (\$2.00) or less on a claim.
- C. **Directories.** Regence BCBSO and other Payors agree to identify Medical Group and Medical Group Providers as Participating Providers in marketing brochures and in directories listing Physicians or other Health Care Professionals for the purpose of informing potential and current Members of the choice of Participating Providers.
- D. **Committees.** Regence BCBSO will afford Medical Group Providers the opportunity to serve on advisory committees and will hold such Medical Group Providers harmless from any and all claims arising out of actions that are within the course and scope of such committee participation.
- E. **Advocacy.** Regence BCBSO will not terminate or suspend a Medical Group Provider practicing in conformity with community standards for duty of care solely for advocating a decision, policy or practice. Regence BCBSO will not penalize a Medical Group Provider because the Medical Group Provider, in good faith, reports to state or federal authorities any act or practice by Regence BCBSO that jeopardizes Member health or welfare.
- F. **Annual Accounting.** Medical Group is entitled to an annual accounting summarizing the financial transactions between the parties, and such accounting will be provided by Regence BCBSO upon Medical Group's written request.
- G. **Coverage and Payment Decisions.** In accordance with ORS 743.803(2)(e), an Oregon licensed doctor of medicine or osteopathy employed or retained by Regence BCBSO will be

responsible for all final medical and mental health decisions of Regence BCBSO relating to whether a particular service is a Covered Service and whether payment should be made pursuant to this Agreement.

- H. Provider Services.** Regence BCBSO will make available to Medical Group and/or Medical Group Providers the assistance of Provider Consultants, Provider Communication Consultants, Provider Relations Representatives, the Provider Center and Customer Service Representatives. Provider Consultants resolve global issues through communication with clinics, Physicians and other Participating Provider offices. They are the primary external contact, building relationships and implementing strategic initiatives, including office manager forum participation. Provider Communications Consultants produce written provider communications including newsletters, letters and manuals, and maintain the Provider Web Site. Provider Relations Representatives are available to answer telephone inquiries and are the main points of contact for billing, coding, contract terms and demographic changes. The Provider Center, our Web-based tool, can be used to verify patient eligibility, obtain claim status and payment information and view general benefits. Customer Service Representatives are available to answer questions that cannot be verified by using the Provider Center.
- I. Medical Case Management.** Upon notification by Medical Group or Medical Group Provider that a Member falls within either of the following categories, Regence BCBSO will provide Medical Case Management:
1. A Member with acute or chronic diagnosis or injuries, requiring prolonged hospitalization, repeated hospitalization, and/or high use of one or more services.
  2. A Member with frequent repeated and/or related illnesses, high frequency of inpatient or outpatient contacts, and/or frequent contacts with multiple physicians or other providers.
- J. Multiple Coverage.** Except as otherwise set forth herein, if a Member has other coverage and if Regence BCBSO has secondary responsibility, Regence BCBSO will not pay more than an amount which, when added to amounts Medical Group and Medical Group Provider received from other coverage(s), equals 100% of the total allowable expense as defined by OAR 836-020-0775. However, if a Member Agreement is not subject to OAR 836-020-0770 through OAR 836-020-0805, Regence BCBSO will calculate its payment when it has secondary responsibility in accordance with the terms of the Member Agreement or other applicable law. Unless otherwise required by law, the Medical Group and Medical Group Provider agree to accept the negotiated amount as payment in full, whether that amount is paid in whole or in part by the Member, or by Regence BCBSO, or by any combination of payors, including other payors which may pay before Regence BCBSO in the order of benefit determination. In no event shall Regence BCBSO pay more than it would have paid in the absence of other coverage.
- K. Administrative Manual.** Regence BCBSO shall make available to Medical Group Provider copies of the Administrative Manual, either electronically or on paper, which outlines billing requirements, general benefits information, care management requirements and other relevant information. The terms of the Administrative Manual shall be incorporated herein by reference. Regence BCBSO may revise and update the Administrative Manual in its sole discretion from time to time with ninety (90) days notice to Medical Group Provider. Medical Group Provider agrees that such revisions become a part of the Administrative Manual and Medical Group Provider agrees to comply with any such revisions. Medical Group Provider agrees to abide by Regence BCBSO directives, whether communicated by Regence BCBSO through its Administrative Manual or other communications and publications.

### III. OBLIGATIONS OF MEDICAL GROUP

**A. Services to Members.** Subject to practice limitations and medical ethics, Medical Group and Medical Group Providers agree to accept Members as patients.

**B. Conditions for Participation.**

1. All Medical Group Providers providing services to Members under this Agreement shall maintain, during the term of this Agreement, current and effective licenses to provide health care services. Medical Group shall notify Regence BCBSO within five days if Medical Group Provider's license is revoked, suspended or restricted.
2. Medical Group and Medical Group Providers agree to comply with payment policies established by Regence BCBSO. Regence BCBSO may modify or establish new payment policies from time to time, as published in The Connection<sup>SM</sup> or The Connection Online<sup>SM</sup> newsletters.
3. Medical Group and Medical Group Providers will maintain at their sole expense general comprehensive liability insurance policies. Medical Group Providers will maintain at their sole expense professional liability insurance policies with limits in the amounts required by Regence BCBSO. Medical Group and Medical Group Providers will notify Regence BCBSO promptly of any revocation, suspension, reduction, limitation, probationary or other disciplinary action of any such policy or policies. If Medical Group and/or a Medical Group Provider procures one or more claims-made policies to satisfy its obligations under this Agreement, Medical Group and/or Medical Group Provider will obtain any extended reporting endorsement ("tail") required to continuously maintain such coverage in effect for all acts, omissions, events or occurrences during the term of this Agreement, without limit or restriction as to the making of the claim or demand.

**C. Billing and Reimbursement.**

1. Medical Group agrees to bill Payor directly for all Covered Services provided by Medical Group Providers within twelve (12) months of the date Covered Services were provided using electronic submission media approved by Regence BCBSO or as required by law and furnish the information required by Regence BCBSO or Other Payor to identify the Member and adjudicate the claim. Such information shall include Medical Group's tax identification number and name as on file with the Internal Revenue Service.
2. Except as otherwise set forth in Section II.J, Medical Group and Medical Group Providers agree to accept the Approved Payment Amount set forth in the Provider Attachment(s) as payment in full for Covered Services whether paid by Payor or Member.

**D. Failure to Pay.**

1. Medical Group and Medical Group Providers agree that in no event, including but not limited to nonpayment, insolvency or breach of this Agreement by Payor, shall Medical Group or Medical Group Providers bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against a Member or other person, acting on behalf of such Member, other than Payor, for services provided pursuant to this Agreement. This provision shall not prohibit collection of amounts applicable to deductibles, copayments, coinsurance, and/or noncovered services, which have not otherwise been paid by a primary or secondary carrier in accordance with regulatory standards for coordination of benefits, from Member in accordance with the terms of the applicable Member Agreement.

2. Medical Group and Medical Group Providers agree, in the event of Payor's insolvency, to continue to provide the services promised in this Agreement to Members of Payor for the duration of the period for which premiums on behalf of the Member were paid to Payor or until the Member's discharge from inpatient facilities, whichever time is greater.
3. Notwithstanding any other provision of this Agreement, nothing in this Agreement shall be construed to modify the rights and benefits contained in the Member Agreement.
4. Medical Group and Medical Group Providers may not bill the Member for Covered Services (except for deductibles, copayments or coinsurance) where Payor denies payment because the Medical Group or Medical Group Provider has failed to comply with the terms of this Agreement. In addition, Medical Group and/or Medical Group Provider must notify a Member of the Member's financial obligation for non-covered services.
5. Medical Group and Medical Group Providers further agree (i) that the above provisions 1, 2, 3 and 4 shall survive termination of this Agreement regardless of the cause giving rise to termination and shall be construed to be for the benefit of Members and (ii) that this provision supersedes any oral or written contrary agreement now existing or hereafter entered into between Medical Group and/or Medical Group Provider and Members or persons acting on their behalf.
6. If Medical Group or Medical Group Provider contracts with other health care providers who agree to provide Covered Services to Members with the expectation of receiving payment directly or indirectly from Payor, such providers must agree to abide by the above provisions 1, 2, 3, 4 and 5.

**E. Non-Covered Services.**

1. Except as otherwise set forth in this Section III. E., Medical Group may charge Member for Non-Covered Services under the Member Agreement without obtaining written Member consent. Neither Regence BCBSO nor Payor shall be liable for any health care services or supplies which are determined by Regence BCBSO, Payor or their designee to be a Non-Covered Service; however, the Member may be liable for Non-Covered Services subject to the terms set forth in Subsections 2 through 4 herein. In no event will Regence BCBSO or Payor be responsible for any amount owed by Member to Medical Group for Non-Covered Services in the event that Medical Group is unable to collect such amount from Member.
2. Medical Group may bill a Member for services or supplies determined by Regence BCBSO or its designee to be not Medically Necessary only if Medical Group or Medical Group Provider has obtained appropriate Member consent in writing. At a minimum, the written Member consent must include the following information: Member name; specific service or supply; date of service, if known; a statement informing the Member that the service or supply may be a Non-Covered Service; and a statement where the Member agrees to pay for the Non-Covered Service. The written Member consent must be signed by the Member, Member's guardian or Member's authorized health care representative and maintained in Medical Group's records. Medical Group agrees to write off and not charge Regence BCBSO, Payor or Member any amount owed for not Medically Necessary services or supplies if Medical Group fails to obtain such written consent.
3. For services rendered to Members that may be deemed Investigational by Regence BCBSO or Payor, a written Member consent is not required in order to charge Members for such services. However, Regence BCBSO still encourages Medical Group and Medical Group Provider to inform Member before services are rendered that such services may be deemed Non-Covered Services by Regence BCBSO or Payor, and that if the services are deemed Non-Covered Services the cost of such services will be the responsibility of the Member.

4. Services or supplies provided to Members after they have exhausted their annual or lifetime benefit for such services as provided in the Member Agreement shall no longer be subject to the terms of this Agreement, except for the claim or claim line (as applicable) that results in the benefit maximum to be exceeded. For that claim or claim line (as applicable), Medical Group agrees that any balance billed to the Member shall be the lesser of billed charges or the allowed amount under this Agreement less any amount paid by Regence BCBSO or Payor. The "claim line" language is applicable where services or supplies are paid individually. The "claim" language is applicable for services paid based on an episode of care
  5. Medical Group shall not bill Members for Covered Services (except for deductibles, copayments or coinsurance) where Regence BCBSO or Payor denies payment because Medical Group or Medical Group Provider has failed to comply with the terms of this Agreement.
- F. Utilization Management/Quality Improvement.** Medical Group and Medical Group Providers agree to cooperate and participate with Payor in utilization management procedures and adhere to and abide by decisions rendered by the utilization management/quality improvement programs. Payor will monitor participation in quality improvement and disease management programs.
- G. Prior Authorization.** Except in the case of misrepresentation, prior authorizations relating to benefit coverage and Medical Necessity are binding upon Regence BCBSO if obtained no more than thirty (30) days prior to the date the service is provided, and prior authorizations relating to Member eligibility are binding upon Regence BCBSO if obtained no more than five (5) days prior to the date the service is provided.
- H. Refunds and Adjustments.** Medical Group or Medical Group Provider may appeal a claim or request an adjustment to a claim processed by Regence BCBSO or other Payor within eighteen (18) months after the date the claim was originally paid or denied (thirty (30) months in the case of claims involving coordination of benefits). The original claims decision shall be final and binding unless Medical Group or Medical Group Provider initiates an appeal or requests an adjustment in writing within such time periods.

An adjustment or refund may result if Regence BCBSO or other Payor has overpaid Medical Group or Medical Group Provider. Regence BCBSO or other Payor may request an adjustment or refund to a claim processed by Regence BCBSO or other Payor within eighteen (18) months after the date Medical Group or Medical Group Provider originally receives payment for the claim (thirty (30) months in the case of claims involving coordination of benefits), except in the case of fraud. The original claims decision shall be final and binding unless Regence BCBSO or other Payor requests an adjustment or refund within such time period. Regence BCBSO or other Payor shall send a written notice to Medical Group and Medical Group Provider of any adjustment or overpayment refund requests. If Medical Group or Medical Group Provider disagrees with the request, Medical Group or Medical Group Provider must initiate a formal appeal in writing within thirty (30) days from receipt of the request. If Medical Group or Medical Group Provider fails to initiate an appeal within the aforementioned thirty (30) day period, the request is deemed accepted, and Medical Group and Medical Group Provider shall have thirty (30) days after the request is deemed accepted to pay Regence BCBSO or other Payor the refund. If the refund has not been paid by Medical Group or Medical Group Provider within such thirty (30) day period, Regence BCBSO or other Payor may deduct the overpayment from future payments due to medical Group and Medical Group Provider in an amount equal to the amount of the overpayment.

The parties acknowledge and agree that none of the aforementioned time periods apply in the case of fraud.



**I. Reporting of Other Member Coverage and Other-Party Liability.** Medical Group and Medical Group Providers will provide Payor all known information regarding benefits available to a Member from other sources or subject to other party liability obtained during examination and/or treatment of the Member. Medical Group and Medical Group Providers will cooperate with Regence BCBSO in pursuing claims against other payors, where recognized legal or regulatory standards indicate primary responsibility for payment of treatment for Member is with someone other than Regence BCBSO.

**J. Change in Circumstances.** Medical Group will, within the time frames stated herein, inform Regence BCBSO of any impairments, conditions, circumstances, actions, policies, determinations or internal or external developments which may affect, restrict or decrease Medical Group or any Medical Group Provider's ability, authorization or right to provide medical services to Members. Such events may include, but are not limited to:

1. governmental agency or accreditation entity action affecting Medical Group or Medical Group Provider's license, certification or accreditation;
2. change of ownership, scope of services or location of practice;
3. legal or governmental action initiated against Medical Group or any Medical Group Provider which affects this Agreement, accreditation or licensure, including, but not limited to, any action for professional negligence, fraud or violation of any law;
4. Medical Group Provider's retirement from medical practice.

**Note:** Retirement, changes in scope of services, billing location or physician location require notification in writing to Regence BCBSO at least thirty (30) days prior to such action. Legal, governmental or accreditation entity action taken against Medical Group or Medical Group Providers must be reported to Regence BCBSO within five (5) days of such action.

**K. Cooperation with Grievance Process.** Medical Group and Medical Group Providers will cooperate with Regence BCBSO's Member complaint, grievance and appeal process.

**L. Maintenance of Records.** Medical Group and Medical Group Providers will prepare and maintain all appropriate medical, financial and administrative records as required to meet Regence BCBSO's internal documentation standards. Medical Group Providers shall maintain Member medical records in a format that documents diagnosis, assessment, continuity of care and follow up, in conformity with generally accepted community standards. Subject to all applicable privacy and confidentiality requirements, Regence BCBSO shall be allowed to review Medical Group and Medical Group Provider's medical, financial and administrative records related to services provided under this Agreement for conformance with this Agreement. Such review will be conducted during Medical Group or Medical Group Provider's regular business hours upon reasonable advance notice from Regence BCBSO. Unless otherwise agreed, "reasonable advance notice" means ten (10) business days.

During an audit or review involving Medical Group or Medical Group Provider's records, such records must be retained until all issues related to the audit are resolved. If the audit results in a good faith determination that the Medical Group and/or Medical Group Provider engaged in a pattern of fraudulent conduct or improper billing practice that would be a violation of the False Claims Act 31, USC sections 3729-3731 or ORS 165.692, Medical Group and/or Medical Group Provider shall reimburse Regence BCBSO for its reasonable costs incurred in conducting the audit.

- M. Provider Discretion.** Medical Group and/or Medical Group Provider may decline to accept any Member whom Medical Group or Medical Group Provider has previously discharged from care and may decline to accept a Member for professional reasons. Medical Group and/or Medical Group Provider may withdraw from care of a Member when, in their professional judgment, it is in the best interest of the Member to do so.
- N. Applicable Laws and Regulations.** Medical Group will conduct and cause its employees and agents to conduct their duties in compliance with all applicable federal, state and local laws and regulations.
- O. Provider-Patient Relationship.** Medical Group Providers will maintain the provider-patient relationship with Members and Medical Group Providers will be solely responsible for medical advice to and treatment of Members and for the provision of all health care services set forth in the Member Agreement, in accordance with accepted professional standards and practices. Medical Group and Medical Group Providers may freely communicate with Members regarding available treatment options, including medication treatment options, regardless of benefit limitations or exclusions in the applicable Member Agreement.
- P. Medical Case Management Services.** Medical Group and Medical Group Providers agree to notify Regence BCBSO when Medical Group and/or Medical Group Provider believes a Member is in current need of Medical Case Management or may be a potential candidate for such services. Notification will be given as soon as Medical Group or Medical Group Provider learns of the condition.
- Q. Credentialing and Recredentialing.** Medical Group and Medical Group Providers will comply with Regence BCBSO's Credentialing and Recredentialing standards and procedures in which Regence BCBSO will have the responsibility to accept or reject Medical Group Provider as a Participating Provider. Regence BCBSO will have the right to terminate Medical Group and/or any individual Medical Group Providers from Regence BCBSO's participating provider panel for failure to comply completely with Regence BCBSO's Credentialing or Recredentialing standards or procedures.

#### IV. TERM, TERMINATION, AND AMENDMENT

- A. Term.** This Agreement is effective on the date determined by Regence BCBSO and shall continue in effect until terminated as provided in Section IV.B. Regence BCBSO shall provide written notice to Medical Group and/or Medical Group Provider regarding the effective date of this Agreement.
- B. Termination of Participating Agreement.** This Agreement may be terminated as follows:
1. **Voluntary Termination.** Either party may terminate this Agreement without cause upon one hundred twenty (120) days prior written notice to the other party.
  2. **Termination for Cause.** If either party materially defaults or substantially fails to comply with any of the terms of this Agreement, the other party may terminate this Agreement upon sixty (60) days prior written notice if the party to whom notice is given fails to cure the default or non-compliance within the 60-day period.

3. **Termination by Regence BCBSO.** Except as provided in Section V., Regence BCBSO may terminate this Agreement immediately upon written notice for any of the following reasons:
  - a. Medical Group or a Medical Group Provider has violated one or more of Regence BCBSO's Payment Policies.
  - b. Medical Group or a Medical Group Provider has engaged in a pattern of material misstatements or omissions on any claims or other documents submitted to Regence BCBSO or other Payor.
  - c. Medical Group or a Medical Group Provider is suspended or expelled from Medicare, Medicaid or other government programs.
  - d. Medical Group or a Medical Group Provider fails to maintain the insurance coverage required under this Agreement;
  - e. Regence BCBSO determines that the health, safety or welfare of Members is jeopardized by continuation of this Agreement.

Any dispute between Medical Group and/or a Medical Group Provider and Regence BCBSO regarding termination of this Agreement pursuant to Section IV.B (2) and (3) of this Agreement will be resolved as set forth in Section V below.

4. **Financial Instability.** If bankruptcy, receivership or liquidation proceedings are commenced with respect to any party hereto, and if this Agreement has not otherwise been terminated, then a non-filing party may suspend all further performance of this Agreement pursuant to Section 365 of the Bankruptcy Code or any similar or successor provision of Federal or State law. Any such suspension of further performance by a non-filing party pending the defaulting party's assumption or rejection, will not be a breach of this Agreement and will not affect the non-filing party's right to pursue or enforce any of its rights under this Agreement or otherwise.
5. **Termination after Amendment.** This Agreement may terminate as provided in Section IV.E below and in any amendments to this Agreement.

### C. Termination of Individual Medical Group Provider.

**Termination with Cause.** Regence BCBSO may immediately upon written notice terminate an individual Medical Group Provider's participation if:

1. Regence BCBSO makes a good faith determination that continuation of such Medical Group Provider's continued participation will result in the substantial risk of imminent harm to Member welfare;
2. Medical Group Provider's state licensure or certification is terminated, suspended or restricted;
3. Medical Group Provider makes any material misstatements or omissions on any claims or documents it submits to Payor;
4. Medical Group Provider fails to comply with Regence BCBSO's Credentialing or Recredentialing activities, practices or procedures.

5. Medical Group Provider is suspended or expelled from Medicare, Medicaid or other government programs.

**D. Survival of Rights and Obligations.** The rights and obligations arising and accruing to the parties prior to termination of this Agreement will survive its termination. Medical Group and Regence BCBSO will continue to perform as if this Agreement were in effect for a period of twelve (12) months after termination. Regence BCBSO will make a good faith effort to direct Members to other Participating Providers upon termination of this Agreement.

**E. Amendment.** If state or federal laws or regulations change and affect any provisions of this Agreement, this Agreement will be deemed amended to conform with those changes the date the law or regulation becomes effective. Regence BCBSO will use its best efforts to give Medical Group and/or Medical Group Provider thirty (30) days prior written notice of such changes.

Regence BCBSO may amend this Agreement at any time by sending the amendment in writing to the Medical Group at least sixty (60) days in advance of the amendment's effective date. Such amendment shall be deemed to be accepted unless Medical Group gives written notice of termination of the Agreement to Regence BCBSO at least thirty (30) days prior to the effective date of the amendment. No change or amendment to the Agreement is valid unless signed by an officer of Regence BCBSO.

## V. DISPUTE RESOLUTION

**A. Member Complaints.** Medical Group and Medical Group Provider agrees to cooperate fully with Regence BCBSO in the investigation and resolution of Member complaints and grievances concerning Covered Services provided under this Agreement. Upon request, Medical Group and Medical Group Provider will furnish Regence BCBSO with a copy of its procedures for handling Member complaints.

**B. Internal Provider Appeal Processes.** Regence BCBSO shall maintain one or more internal provider appeal processes to adjudicate disputes that may arise between Medical Group and Medical Group Provider and Regence BCBSO. Regence BCBSO's internal provider appeal processes are set forth in the Administrative Manual, which is incorporated herein by reference. Unless otherwise indicated herein or in the Administrative Manual, Medical Group and Medical Group Provider must exhaust the applicable provider appeals process before initiating any of the post-appeal processes set forth herein.

If Medical Group and/or Medical Group Provider submits a dispute to the Provider Billing Dispute Appeal Process, and Regence BCBSO fails to timely render a decision based on the time frames described in the Administrative Manual, Medical Group and Medical Group Provider may bypass the Provider Billing Dispute Appeal Process and proceed directly to one or more of the post-appeal processes described below.

**C. Post Appeal Processes.** If, after the exhaustion of the applicable internal provider appeal process, either party is dissatisfied with the outcome of the internal provider appeal and wants to further dispute the issue(s), the disputed issue(s) must be submitted to one or more of the processes as described below. Any prerequisites to initiating one of the processes described below must be met before the process can be initiated.

1. **Binding External Review.** For disputes that have exhausted the Provider Billing Dispute and Medical Necessity/Investigational Procedure Appeal Process, Medical Group and Medical Group Provider may elect to resolve the disputed issue(s) by binding external review, if certain conditions are met. In all cases, if a dispute is submitted to external

review, the decision of the external reviewer is binding and the final decision on the disputed issue. Disputes submitted to external review shall not be submitted to mediation or arbitration as provided herein. A description of the external review process and any prerequisites to initiating the external review process can be found in the Administrative Manual. Disputes that do not meet the criteria to be submitted to binding external review may be submitted to binding external review only upon mutual written agreement of the parties.

2. **Mandatory Non-Binding Mediation.** For disputes that have not been or cannot be submitted to external review, the disputed issue(s) must be submitted to mandatory non-binding mediation prior to seeking arbitration. Mandatory non-binding mediation must be requested within sixty (60) days following the date of Regence BCBSO's decision on Medical Group and Medical Group Provider's last internal provider appeal. Where Medical Group and Medical Group Provider is allowed to bypass the internal provider appeal process as provided herein, mandatory non-binding mediation must be requested within sixty (60) days from the last day Regence BCBSO has to timely respond to a dispute. Medical Group and Medical Group Provider and Regence BCBSO shall each bear their own costs of mediation and shall split equally the costs of the third-party mediator.
3. **Binding Arbitration.** If, after exhausting Regence BCBSO's internal provider appeals process and mandatory non-binding mediation, either party is still dissatisfied with the outcome and wants to further dispute the issue(s), the disputed issue(s) must be submitted to binding arbitration. Such arbitration must be initiated by making a written demand for arbitration on the other party. The demand for arbitration must identify all issues on which the party seeks arbitration, the contractual provisions on which the party relies, the amount in dispute and the relief requested

The arbitration shall be conducted within one hundred and fifty (150) miles of Medical Group and Medical Group Provider's principal office address where notices under the Agreement are sent, unless the parties mutually agree to conduct the arbitration in a different location. The parties agree that the dispute shall be submitted to one (1) arbitrator selected by mutual agreement of the parties. If the parties cannot agree on an arbitrator, they shall obtain a list of ten (10) possible arbitrators from a neutral source, such as the American Arbitration Association, and shall strike arbitrators from the list in turn, beginning with the party who won a coin toss, until only one arbitrator remains. The remaining arbitrator shall hear the dispute, unless either party shows such bias as would disqualify a judge from hearing the proceeding, in which case the arbitrator shall be the next to last name stricken. The parties shall share equally the fee of the arbitrator, excluding the filing fee, if any, incurred in commencement of the proceeding. The parties shall have the right to make substantive motions. The arbitrator shall be bound by applicable federal and state law and shall render a written decision within thirty (30) days of the hearing. The arbitrator shall award the prevailing party any applicable filing fees and arbitrator's fees paid by the prevailing party. The arbitrator also may award the prevailing party attorneys' fees and costs associated with the arbitration proceeding. Judgment upon an award rendered by the arbitrator may be entered in any court having jurisdiction thereof.

The parties agree that the joinder or consolidation of an arbitration proceeding under the Agreement with an arbitration of disputes or claims of any non-party to the Agreement is prohibited, regardless of the nature of the issues or disputes involved.

- D. **Failure to Timely Appeal.** If the disputing party (the party that demands or initiates the internal appeal, external review, mediation or arbitration) fails to demand or initiate an internal appeal, external review, mediation or arbitration as required by this Agreement and within the time frames prescribed in the Administrative Manual and this Agreement, Regence BCBSO's last determination on the disputed issue(s) shall be deemed final and binding. In addition, the disputed issue(s) shall be conclusively deemed to have been waived by the disputing party and

shall not be the subject of any further internal, external, judicial, or other dispute resolution process. Once the decision is deemed final, nothing in this Agreement shall prevent the prevailing party from pursuing remedies available to it, including without limitation a judicial remedy, to collect any amounts owed to it by the other party. Also, nothing in this Agreement shall prevent a party from asserting defenses, claims, causes of action or demands in response to an internal appeal, external review, mediation or arbitration initiated by the disputing party. This provision shall survive termination of this Agreement.

**E. Precedential Effect of Decisions.** The parties agree that any disputes that arise under this Agreement shall be considered independently and on their own merits without regard for any other determination made by a third-party through one of the post-appeal processes or by Regence BCBSO through the internal provider appeal process or otherwise. The parties agree that none of the determinations made under this Agreement through one of the dispute resolution processes described above shall be used as precedent for other disputes that may arise between Regence BCBSO and Medical Group and Medical Group Provider or between Regence BCBSO and any third-party. This provision shall survive termination of this Agreement.

## VI. GENERAL PROVISIONS

- A. Assignment.** Any assignment of this Agreement by Medical Group will be void unless prior written approval is obtained from Regence BCBSO. Regence BCBSO may assign this Agreement to successor, affiliate or subsidiary organizations upon ninety (90) days prior written notice to Medical Group. In the event Medical Group objects to such assignment, Medical Group may terminate this Agreement by providing written notice of termination to Regence BCBSO within sixty (60) days after receiving notice of the assignment.
- B. Invalidity and Severability.** If any one or more provisions of this Agreement are declared to be invalid, illegal or unenforceable in any respect, such provision(s) will be deemed deleted from this Agreement and the remaining provisions will be construed liberally to give effect to the Agreement.
- C. Relationship of Parties.** None of the provisions of this Agreement is intended to create, nor shall it be deemed or construed to create, any relationship between Regence BCBSO and Medical Group other than that of independent entities contracting with each other solely for the purpose of effecting the provisions of this Agreement. Neither of the parties to this Agreement nor any of their respective employees, shall be construed to be the agent, employee, or representative of the other, or liable for any acts of omission or commission on the part of the other.
- D. Waiver of Breach.** The waiver by either party of a breach or violation of any provision of this Agreement will not operate or be construed as a waiver of any continuing or subsequent breach. No party will be deemed to have waived its rights under this Agreement unless the waiver is made in writing and signed by the waiving party's duly authorized representative.
- E. Changes to Member Agreements.** Payor may change, revise, modify or alter the form and/or content of any Member Agreement without prior approval and/or notice to Medical Group or Medical Group Providers.
- F. Affirmative Action and Equal Employment Opportunity.** Regence BCBSO and Medical Group will abide by all applicable Affirmative Action and Equal Employment Opportunity laws and regulations and will not discriminate in employment or otherwise on the basis of race, color, religion, age, sex, national origin or disability.

**G. Notices and Communications Between the Parties.**

The following provisions will apply to notices and communications between the parties to this Agreement:

1. Certain Notices Required Under This Agreement. The following notices must be sent via overnight delivery with delivery confirmation or certified mail, return receipt requested:
  - a. all notices for termination of this Agreement; and
  - b. all requests for mediation; and
  - c. all requests for arbitration.
  
2. All Other Notices and Communications. All other notices and communications between the parties which are necessary for the proper administration of this Agreement (including notices required within this Agreement which are not included in Subsection 1 above) may be communicated via regular U.S. mail, confirmed facsimile, or electronic mail.

In addition, Regence BCBSO may notify Medical Group of policy changes, Administrative Manual changes, and other general communications through its Provider Web Site, as long as Regence BCBSO sends notice by U.S. mail, facsimile, or electronic mail (1) informing Medical Group that Regence BCBSO has published a policy change, Administrative Manual change, or other general communication on its Provider Web Site, and (2) directing Medical Group to the location of the policy change, Administrative Manual change, or other general communication on Regence BCBSO's Provider Web Site. Notice in this manner shall constitute notice under the Agreement.
  
3. Confidential and Protected Health Information. If a notice or communication includes information which is confidential or proprietary to either or both parties and/or which includes Protected Health Information ("PHI") as defined under Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. 201 et seq.), then the following restrictions must be observed when communicating such information:
  - a. U.S. Mail/Certified Mail/Overnight Delivery – No additional requirements.
  - b. Facsimile Transmission – The information must be prefaced by a formal cover sheet noting the confidentiality of such information.
  - c. Web Site - Not a permitted method of notice or communication for confidential information and PHI, unless the Web Site is secured or the information is appropriately encrypted.
  - d. Electronic Mail – Not a permitted method of notice or communication for confidential information and PHI, unless the electronic mail is secured or the information is appropriately encrypted.
  
4. Address for Notices. Notices to Medical Group shall be sent to: (1) the facsimile or postal address of Medical Group's billing service location or any other revised postal address or facsimile provided by Medical Group to Regence BCBSO in writing; or (2) the electronic mail address designated by Medical Group for electronic notices. Notices to Regence BCBSO shall be sent to:

Regence BlueCross BlueShield of Oregon  
Provider Network Development – M/S E7E

P.O. Box 1271  
Portland, OR 97207-1271

or any revised address or facsimile provided to the Medical Group in writing. The facsimile, postal address, or electronic mail address for notices may be changed upon prior written notice to the other party.

5. When Made. For notices described under Subsection 1 above, the notice will be deemed to have been made on the date it was delivered. For notices and communications described under Subsection 2, the notice or communication will be deemed to have been made when sent or mailed.
- H. Section Headings.** The section headings appearing in this Agreement are not to be construed as interpretations of the text, but are inserted for convenience and reference of the reader only.
- I. Indemnification.** Medical Group agrees to indemnify, defend and hold harmless Regence BCBSO, its officers, directors, organized committees, agents and employees and their respective successors and assigns, from and against any and all claims, actions, causes of action, losses, liabilities, damages, costs and expenses, including, but not limited to reasonable attorneys' fees, arising out of or resulting from any acts, omissions or representations of Medical Group's respective employees, agents, representatives, contractors or other personnel, or any breach by Medical Group of any of the covenants or obligations of this Agreement; provided, however, in the event of any alleged improper medical treatment of a patient the foregoing duty to indemnify shall be (i) limited to any damages, awards or liabilities, including but not limited to judgments, settlements, attorneys' fees, court costs and any associated charges, incurred by reason of the negligent or intentional acts of Medical Group or Medical Group Provider or Medical Group or Medical Group Provider's employees and (ii) limited to claims for damages that are covered by Medical Group or Medical Group Provider's professional liability or other insurance.
- Regence BCBSO agrees to indemnify, defend and hold harmless Medical Group and Medical Group's officers, directors, employees and agents from and against any and all claims, actions, causes of action, losses, liabilities, damages, costs and expenses, including but not limited to reasonable attorneys' fees, arising solely and exclusively out of (1) any acts, omissions or representations of Regence BCBSO or its employees, and (2) any breach by Regence BCBSO of any of its covenants or obligations under this Agreement.
- J. Non-Exclusive.** This Agreement is non-exclusive and does not prevent Regence BCBSO from contracting with other group or individual health care providers. This Agreement also does not prevent Medical Group or Medical Group Providers from contracting with other third party payors.
- K. Trade Names, Services Marks & Trademarks.** Medical Group and Medical Group Provider and Regence BCBSO acknowledge that the other party may be the exclusive owner or licensee of various trademarks, service marks, trade names, logos and symbols used from time to time by that party in connection with its business, and the good will associated therewith (collectively, "Marks"). Neither party shall have the right to use, and shall not use any Marks, or any confusingly similar names or marks, of the other party for advertising or marketing purposes, except as expressly authorized in writing by the other party. Except for Regence BCBSO's use of Medical Group and Medical Group Provider's name as allowed by this Agreement, each party shall submit any proposed advertisements or marketing materials that refer to, or in any way depict, the other party for approval by the other party in advance of publication.
- L. Confidential Medical Records.** Medical Group and Medical Group Providers and Regence BCBSO will keep confidential all medical records containing specific patient-identifying information, as required by law. Both parties will take all reasonable precautions and implement



mechanisms which guard against unauthorized or inadvertent disclosure to third parties of any and all confidential information required to be prepared and/or maintained under this Agreement.

**M. Terms of Agreement Confidential.** The terms of this Agreement are confidential and Medical Group shall not disclose them, except as explicitly provided in this Agreement or required by law. Nothing in this Agreement shall be construed to prohibit Medical Group or Medical Group Providers from disclosing to a Member the general methodology by which Medical Group and Medical Group Providers are compensated, provided no specific dollar amounts or other specific terms are mentioned.

Notwithstanding the above, Regence BCBSO may disclose to Participating Providers the information and data required to allow those Participating Providers to effectively manage the quality, care and cost of Members Regence BCBSO has attributed to them.

**N. Information Confidential and Proprietary to Regence BCBSO.** All information relating to Regence BCBSO and its Members will be considered confidential and proprietary. Such information includes but is not limited to the following:

1. Names, addresses and telephone numbers of Members and employer group employees responsible for health benefits and officers and directors of such employer groups.
2. Claims manuals and explanations, Administrative Manual, memoranda, fee information, financial arrangements, underwriting manuals, and medical policy guidelines.
3. Regence BCBSO's medical case management program and all documents relating thereto.
4. Information marked or designated by Regence BCBSO as confidential and proprietary.

Medical Group and Medical Group Provider will not disclose to any third party or use any confidential or proprietary information, including any Member's medical information, for its own benefit or gain either during the term of this Agreement or after this Agreement is terminated; provided, however, that (i) Medical Group and Medical Group Provider may use or disclose the name, address and telephone number or other medical information of a Member if necessary for the proper treatment of a Member or upon the prior written consent of Regence BCBSO or Member, as applicable under the circumstances, and (ii) nothing in this Agreement shall be construed as a restriction on Medical Group or Medical Group Provider's ability to treat or solicit a patient at the patient's request and expense following termination or non-renewal of this Agreement.

Upon termination of this Agreement, Medical Group and Medical Group Provider will return to Regence BCBSO all confidential and proprietary information in its possession in a manner specified by Regence BCBSO. Medical Group Provider will cooperate with Regence BCBSO in maintaining the confidentiality of confidential and proprietary information at all times.

**O. Agreement in Full.** This Agreement, with attachments, amendments, exhibits and those provisions incorporated by reference herein, is the entire understanding between the parties hereto and supersedes all previous agreements between the parties regarding the subject matter of this Agreement. Notice or consent of Members will not be required to effect modifications to this Agreement.

**P. Relationship to the Blue Cross and Blue Shield Association.** Medical Group acknowledges its understanding that this Agreement constitutes a contract between Medical Group and Regence BlueCross BlueShield of Oregon, that Regence BlueCross BlueShield of Oregon is an independent corporation operating under a license from the Blue Cross and Blue Shield

Association, an association of independent Blue Cross and Blue Shield Plans (the "Association"), permitting Regence BlueCross BlueShield of Oregon to use the Blue Cross and Blue Shield Service Mark(s) in the State of Oregon and a portion of the State of Washington, and that Regence BlueCross BlueShield of Oregon is not contracting as the agent of the Association. Medical Group further acknowledges and agrees that it has not entered into this Agreement based upon representations by any person other than Regence BlueCross BlueShield of Oregon and that no person, entity or organization other than Regence BlueCross BlueShield of Oregon shall be held accountable or liable to Medical Group and/or Medical Group Provider for any of Regence BlueCross BlueShield of Oregon's obligations to Medical Group or Medical Group Provider created under this Agreement. This paragraph shall not create any additional obligations whatsoever on the part of Regence BlueCross BlueShield of Oregon other than those obligations created under other provisions of this Agreement.

- Q. Intent of the Parties.** It is the intent of the parties that this Agreement is to be effective only with regard to their rights and obligations with respect to each other; it is expressly not the intent of the parties to create any independent rights in any third party or to make any third party a third party beneficiary of this Agreement, except to the extent Regence BCBSO utilizes a designee, which in such event shall give rights only within the scope of such designation.
- R. Authority to Bind Medical Group Provider.** By executing this Agreement, Medical Group represents and warrants it has the authority to bind Medical Group Providers to the terms and conditions of this Agreement.
- S. Governing Law/Venue.** The validity of this Agreement and of any of its terms and provisions, as well as the rights and duties of the parties hereunder, shall be interpreted and enforced pursuant to and in accordance with the laws of the State of Oregon and other applicable state and federal law. In the event any legal proceedings are instituted between the parties arising out of this Agreement, such legal proceedings shall be subject to the terms set forth in Section V., Dispute Resolution above and instituted in the courts of the County of Multnomah, State of Oregon. Each of the parties agrees to submit to the jurisdiction of such courts.
- T. Disclosure of Rates to Members.** Notwithstanding any other provision of this Agreement to the contrary, either party may disclose to Members the Member's actual or estimated cost-sharing amount (e.g., copayment, deductible, and/or coinsurance) for a Covered Service to explain claims payment and to facilitate informed decisions regarding health care services use and cost. The parties understand that in some cases the cost-sharing amount may be equal to the allowed amount for services under this Agreement.

IN WITNESS WHEREOF, the undersigned have executed this Agreement in duplicate original as of the date indicated below.

**UNDER PENALTIES OF PERJURY, I (Medical Group) certify that:**

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

**NORTH CENTRAL PUBLIC HEALTH**

*Tori L. Thalhofer, BSN*  
Signature of Authorized Representative

Tori L. Thalhofer RN, BSN  
(Please Print Name)

North Central Public Health District  
Name of Medical Group as it corresponds to this  
Taxpayer Identification Number (Please print or type)

46-1790232  
Taxpayer Identification Number or Social Security  
Number

R148713  
Medicare Number

1548370445  
National Provider Identifier Number

4-1-15  
Date

419 E. 7th St.  
Address

The Dalles OR 97058  
City State ZipCode

Kathleen@PC-Wasco.Org.US  
E-mail Address

**REGENCE BLUECROSS BLUESHIELD  
OF OREGON**

*Vicki Fedor*  
Signature of Authorized Representative

Vicki Fedor  
~~John Prassas~~  
(Please Print Name)

Director Provider Relations  
~~Vice President, Network Management~~  
Title

April 6, 2015  
Date

MAY 1, 2015  
EFFECTIVE DATE

**REGENCE BLUECROSS BLUESHIELD OF OREGON**

**MEDICAL GROUP AGREEMENT**

**PREFERRED PROVIDER ADDENDUM**

Medical Group and Regence BlueCross BlueShield of Oregon (Regence BCBSO) make and enter into this Preferred Provider Addendum to supplement the Regence BCBSO Medical Group Agreement by and between Medical Group and Regence BCBSO (the "Agreement").

**RECITALS**

**WHEREAS**, Regence BCBSO and Medical Group are parties to the Agreement, whereby Medical Group and Medical Group Providers agree to provide Covered Services to Members; and

**WHEREAS**, Regence BCBSO desires Medical Group and Medical Group Providers to be a part of the Preferred Provider Plan Network pursuant to the terms of this Addendum; and

**NOW, THEREFORE**, in consideration of the covenants and agreements contained herein, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto, intending to be legally bound, agree as follows:

**I. DEFINITIONS**

- A. **"Preferred Member"** is any member entitled to benefits under a Member Agreement that provides incentives for Members to seek services from Preferred Providers.
- B. **"Preferred Provider"** is a duly licensed and certified hospital, health care facility, Physician or Other Health Care Professional who has contracted to be on the Preferred Provider Plan Network.
- C. **"Preferred Provider Plan Network"** is the panel of duly licensed and certified hospitals, health care facilities, Physicians and Other Health Care Professionals who have contracted to be on Regence BCBSO's Preferred Provider Plan Network and to provide Covered Services to Preferred Members.

**II. OBLIGATIONS OF MEDICAL GROUP PREFERRED PROVIDER**

- A. **Participation as a Preferred Provider.** Medical Group Provider agrees to be a Preferred Provider.
- B. **Services to Members.** Subject to practice limitations and medical ethics, Medical Group Provider, as a Preferred Provider, agrees to accept Preferred Members as patients.
- C. **Referrals.** Medical Group Provider is encouraged to refer, admit or arrange for admission only to Preferred Providers covered under Preferred Member Agreements subject to availability and medical appropriateness.

**III. OBLIGATIONS OF REGENCE BCBSO**

- A. **Directories.** Regence BCBSO agrees to identify Medical Group Provider as a Preferred Provider in marketing brochures and in directories listing Physicians or Other Health Care Professionals for the purpose of informing potential and current Preferred Members of the choice of Preferred Providers.
- B. **Payment.** Payor or its agent will pay Medical Group Provider directly the applicable Approved Payment Amount for Covered Services (subject to copayment, coinsurance, deductible amounts or other insurance), subject to the terms set forth in the Agreement.
- C. **Member Agreement.** Regence BCBSO shall offer a Member Agreement that provides a benefit for Members to seek services from Preferred Providers and Participating Providers in the Regence BCBSO's Participating provider network. If Medical Group Provider provides services for Preferred Members who are covered under such a Member Agreement, the rates and terms associated with the Preferred Provider Plan Network, as well as the cost sharing amounts and terms in the Member Agreement associated with the Preferred Provider Plan Network, shall be used to determine the reimbursement amount for Medical Group Provider.

**IV. TERMINATION OF ADDENDUM**

- A. The termination provisions set forth herein are specific to termination of this Addendum. A notice to terminate this Addendum shall not terminate the Agreement unless the notice contains a statement specifically terminating the Agreement.
- B. If either party terminates the Agreement for any reason, this Addendum shall terminate on the same date as the Agreement terminates.
- C. Any party may terminate this Addendum without cause upon ninety (90) days' prior written notice to the other party.

All of the terms, definitions, and conditions of the Agreement shall apply to this Addendum unless explicitly defined herein, changed herein or inconsistent with this Addendum. Except as otherwise stated herein, the terms of the Agreement remain in full force and effect and unchanged.

**REGENCE BLUECROSS BLUESHIELD OF OREGON  
ADDENDUM REGARDING SETTLEMENT OF THE  
THOMAS/LOVE PROVIDER LITIGATION**

**THIS ADDENDUM** hereby amends the following agreements (collectively, the "Agreements" and each individually, the "Agreement") and any and all amendments, addenda, attachments or exhibits thereto, including without limitation the Medicare Products Addendum, by and between Regence BlueCross BlueShield of Oregon ("Regence") and Medical Group, as defined below:

1. Regence BlueCross BlueShield of Oregon Medical Group Agreement
2. Regence BlueCross BlueShield of Oregon Medicare Medical Group Agreement
3. Regence BlueCross BlueShield of Oregon Individual Practice Association Agreement
4. Regence BlueCross BlueShield of Oregon Individual Physician Association Agreement
5. Regence BlueCross BlueShield of Oregon Medicare Medical Services Agreement
6. Regence BlueCross BlueShield of Oregon Medical Services Agreement

WHEREAS, Medical Group, as defined below, and Regence are parties to one or more of the Agreements;

WHEREAS, Regence desires to amend the Agreements to be compliant with the terms of the settlement agreement Regence entered into to resolve the *Love, et al. v. Blue Cross and Blue Shield Association, et al.* class action lawsuit; and

NOW THEREFORE, in consideration of the foregoing premises and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

**ARTICLE 1. - DEFINITIONS**

- A. All references to "Regence" herein shall mean "Regence BlueCross BlueShield of Oregon" or "Regence BCBSO" as those terms are used in the Agreement.
- B. All references to "Medical Group" herein shall mean "Medical Group", "Provider" or "IPA" as those terms are used and defined in the Agreement.
- C. All references to "Medical Group Provider" herein shall mean "Medical Group Provider", "Medical Group Physician or Other Health Care Professional" or "IPA Physician or Other Health Care Professional" as those terms are used in the Agreement.
- D. Any term not defined herein shall have the meaning set forth in the Agreement.
- E. If this Addendum includes a term that does not exist in the Agreement (after taking into consideration the definitions set forth in Paragraphs A, B and C of this Article), the term shall be stricken from this Addendum, and the Addendum shall be read as if that word has been stricken. For example, if "Medical Group Provider" as defined herein is not found in the Agreement, that term is stricken from this Addendum.

**ARTICLE 2. - PROVISIONS**

- A. **CLEAN CLAIM DEFINITION.** A "clean claim" means a claim under a Member Agreement that has no defect, impropriety, lack of any required substantiating documentation or particular circumstance requiring special treatment that prevents timely payment.
- B. **MEDICAL NECESSITY DEFINITION.** "Medically Necessary" or "Medical Necessity" shall mean health care services that a physician or other health care professional, exercising prudent clinical judgment, would provide to a patient for the purpose of

preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are (a) in accordance with generally accepted standards of medical practice; (b) clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease; and (c) not primarily for the convenience of the patient, physician, or other health care professional, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease. For these purposes, "generally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of physicians and other health care professionals practicing in relevant clinical areas and any other relevant factors.

**C. AMENDMENTS.** The Agreement; any addenda, attachments, fee schedules or exhibits thereto; any policies or procedures incorporated into the Agreement by reference; the Provider Office Manual; and reimbursement policies may be amended by Regence by giving ninety (90) days prior written notice to Medical Group of such amendment(s). If Medical Group objects to the amendment, Medical Group may terminate the Agreement by giving Regence written notice no later than thirty (30) days after receipt of the written notice of the amendment. Said termination shall be effective at the end of the ninety (90) day notice period, unless within sixty-five (65) days of the date of the notice of amendment, Regence gives Medical Group written notice that it will not implement the amendment.

**D. REFUNDS AND ADJUSTMENTS.** Medical Group or Medical Group Provider may appeal a claim or request an adjustment to a claim processed by Regence BCBSO or other Payor within eighteen (18) months after the date the claim was originally paid or denied (thirty (30) months in the case of claims involving coordination of benefits). The original claims decision shall be final and binding unless Medical Group or Medical Group Provider initiates an appeal or requests an adjustment in writing within such time periods.

An adjustment or refund may result if Regence BCBSO or other Payor has overpaid Medical Group or Medical Group Provider. Regence BCBSO or other Payor may request an adjustment or refund to a claim processed by Regence BCBSO or other Payor within eighteen (18) months after the date Medical Group or Medical Group Provider originally receives payment for the claim (thirty (30) months in the case of claims involving coordination of benefits), except in the case of fraud. The original claims decision shall be final and binding unless Regence BCBSO or other Payor requests an adjustment or refund within such time period. Regence BCBSO or other Payor shall send a written notice to Medical Group and Medical Group Provider of any adjustment or overpayment refund requests. If Medical Group or Medical Group Provider disagrees with the request, Medical Group or Medical Group Provider must initiate a formal appeal in writing within thirty (30) days from receipt of the request. If Medical Group or Medical Group Provider fails to initiate an appeal within the aforementioned thirty (30) day period, the request is deemed accepted, and Medical Group and Medical Group Provider shall have thirty (30) days after the request is deemed accepted to pay Regence BCBSO or other Payor the refund. If the refund has not been paid by Medical Group or Medical Group Provider within such thirty (30) day period, Regence BCBSO or other Payor may deduct the overpayment from future payments due to Medical Group and Medical Group Provider in an amount equal to the amount of the overpayment.

The parties acknowledge and agree that none of the aforementioned time periods apply in the case of fraud.

The terms of this Addendum shall become a part of, and shall be specifically incorporated into, the terms of the Agreement. As of its effective date, the terms of this Addendum shall replace and supersede any inconsistent or conflicting terms of the Agreement. This Addendum only amends current Agreements to which Medical Group and Regence are already parties. It in no way means that a Medical Group is now a part of any Agreement listed above, unless that Agreement between Medical Group and Regence is already in effect on the effective date of this Addendum.

**Regence BlueCross BlueShield of Oregon**



**Name:** John Prassas

**Title:** Vice President, Network Management



**ATTACHMENT A  
 REGENCE BLUECROSS BLUESHIELD OF OREGON  
 PROFESSIONAL MEDICAL SERVICES  
 REIMBURSEMENT ATTACHMENT  
 FOR PARTICIPATING PROVIDER PLANS**

**I. REIMBURSEMENT**

- A. Payor or its agent will pay Medical Group Provider directly the applicable Approved Payment Amount for Covered Services (subject to copayment, coinsurance, deductible amounts or other insurance).
- B. Approved Payment Amount means the Participating Medical Group Provider's billed charges, not to exceed the Maximum Allowable Fee.
- C. The Maximum Allowable Fee is the amount Regence BCBSO has determined is the maximum amount it will pay for each procedure listed in the most recent editions of the Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) coding manuals. For most procedures, Regence BCBSO will determine Maximum Allowable Fees using the Resource Based Relative Value Scale (RBRVS) site of service based (facility and non-facility) Relative Value Units (RVUs) published in the November 16, 2012 Federal Register, Volume 77, Number 222, promulgated by the Centers for Medicare & Medicaid Services (CMS) including revisions published by CMS and the dollar conversion factors listed below.

Evaluation & Management (CPT codes 99201-99499)	\$59.50
Surgery (CPT codes 10021-69990)	\$61.50
Radiology (CPT codes 70010-79999)	\$55.00
*Laboratory/Pathology (CPT codes 80047-89398)	See below
Medicine (CPT codes 90281-91299, 92015-92504, 92511-92596, 92598-92606, 92609-96999, 97597-99199)	\$61.50
General Ophthalmological (CPT codes 92002-92014)	\$46.20
Physical/Occupational/Speech Therapy (CPT codes 92506-92508 92597, 92607-92608, 97001-97546)	\$40.67
Anesthesia (CPT codes 00100-01999)	\$57.75

\*The conversion factor for laboratory and pathology services with Medicare-established RVUs will be \$61.50. Laboratory and pathology services for which Medicare has established a fee through its Clinical Laboratory Fee Schedule will be reimbursed at seventy-five percent (75%) of Medicare's 2013 fee schedule.

Updates to CMS RVU and Clinical Laboratory will be implemented on a prospective basis.

Durable Medical Equipment, Prosthetics, Orthotics, Supplies (DMEPOS) and Drugs will be reimbursed according to Regence BCBSO reimbursement policy.

In the absence of CMS RBRVS unit values for specific procedures, Regence BCBSO will establish such unit values for purposes of its Maximum Allowable Fee determination.

**ATTACHMENT B  
 REGENCE BLUECROSS BLUESHIELD OF OREGON  
 PROFESSIONAL MEDICAL SERVICES  
 REMBURSEMENT ATTACHMENT  
 FOR PREFERRED PROVIDER PLANS**

**I. DEFINITIONS**

- A. Preferred health care professional is a hospital or other health care facility, a Physician, health care professional or group of health care professionals, or other provider of medical services or supplies who is legally qualified to provide health care services or supplies and who has contracted to be on the Preferred Provider Plan.
- B. Preferred Provider Plan is the panel of Physician or other Health Care Professionals rendering Covered Services to Members.

**II. OBLIGATIONS OF PAYORS**

- A. Payor or its agent will pay Medical Group Provider directly the applicable Approved Payment Amount for Covered Services (subject to copayment, coinsurance, deductible amounts or other insurance).
- B. Approved Payment Amount means Medical Group Provider's billed charges, not to exceed the Maximum Allowable Fee.
- C. The Maximum Allowable Fee is the amount Regence BCBSO has determined is the maximum amount it will pay for each procedure listed in the most recent editions of the Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) coding manuals. For most procedures, Regence BCBSO will determine Maximum Allowable Fees using the Resource Based Relative Value Scale (RBRVS) site of service based (facility and non-facility) Relative Value Units (RVUs) published in the November 16, 2012 Federal Register, Volume 77, Number 222, promulgated by the Centers for Medicare & Medicaid Services (CMS) including revisions published by CMS and the dollar conversion factors listed below.

Evaluation & Management (CPT codes 99201-99499)	\$59.00
Surgery (CPT codes 10021-69990)	\$61.00
Radiology (CPT codes 70010-79999)	\$55.00
*Laboratory/Pathology (CPT codes 80047-89398)	See below
Medicine (CPT codes 90281-91299, 92015-92504, 92511-92596, 92598-92606, 92609-96999, 97597-99199)	\$61.00
General Ophthalmological (CPT codes 92002-92014)	\$45.75
Physical/Occupational/Speech Therapy (CPT codes 92506-92508 92597, 92607-92608, 97001-97546)	\$40.67
Anesthesia (CPT codes 00100-01999)	\$57.75

\*The conversion factor for laboratory and pathology services with Medicare-established RVUs will be \$61.00. Laboratory and pathology services for which Medicare has established a fee through its Clinical Laboratory Fee Schedule will be reimbursed at 75% of Medicare's 2013 fee schedule.

Updates to CMS RVU and Clinical Laboratory will be implemented on a prospective basis.

Durable Medical Equipment, Prosthetics, Orthotics, Supplies (DMEPOS) and Drugs will be reimbursed according to Regence BCBSO reimbursement policy.

In the absence of CMS RBRVS unit values for specific procedures, Regence BCBSO will establish such unit values for purposes of its Maximum Allowable Fee determination.

**III. OBLIGATIONS OF PREFERRED HEALTH CARE PROFESSIONALS**

Referrals - For Members who are eligible to receive benefits for services provided by a Medical Group Provider, Medical Group and/or Medical Group Provider is encouraged to refer, admit or arrange for admission only to Preferred Provider Plan Physician or other Health Care Professional covered under Member's Agreement, subject to availability and medical appropriateness.

**ATTACHMENT C  
REGENCE BLUECROSS BLUESHIELD OF OREGON  
PROFESSIONAL BEHAVIORAL HEALTH SERVICES  
REIMBURSEMENT ATTACHMENT  
FOR PARTICIPATING AND PREFERRED PROVIDER PLANS**

**I. DEFINITIONS**

- A. Preferred health care professional is a hospital or other health care facility, a Physician, health care professional or group of health care professionals, or other provider of medical services or supplies who is legally qualified to provide health care services or supplies and who has contracted to be on the Preferred Provider Planes.
- B. Preferred Provider Plan is the panel of Physician or other Health Care Professionals rendering Covered Services to Members.
- C. For purposes of Medical Group Provider reimbursement under this Agreement Attachment, Behavioral Health Providers are defined as the following practitioner types, including but not limited to: Psychiatric Mental Health Nurse Practitioner, Psychologist and Masters Level Clinician.
- D. Maximum Allowable is the amount that Regence BlueCross BlueShield of Oregon (Regence BCBSO) agrees to pay, subject to standard administrative guidelines, reimbursement policies and payment methodologies, including but not limited to reimbursement for CPT® code modifiers.

**II. REIMBURSEMENT**

- A. Medical Group Provider agrees to accept as payment in full the lesser of Billed Charges or the Maximum Allowable for Covered Services provided to Members.
- B. The Maximum Allowable for Covered Services shall be the Regence BCBSO fee schedule specific to the Medical Group Provider type in effect for the date of service.
- C. A fee schedule showing common Covered Services will be provided to the Medical Group Provider on the Provider Center. The Maximum Allowable for Covered Services not set forth on the appropriate fee schedule shall be provided upon request. Regence BCBSO has no obligation to provide fees, conversion factors or other reimbursement rates for covered Services not typically performed by the Medical Group Provider.

Regence BCBSO's fee schedules are based upon a modified version of the Medicare Resource Based Relative Value Scale ("RBRVS") fee schedule and payment systems, including the site-of-service payment differential. Various percentages are applied by Regence BCBSO to the fees in the schedule for specific Current Procedural Terminology ("CPT") and Healthcare Common Procedure Coding System ("HCPCS") codes or ranges of CPT and HCPCS codes.

Regence BCBSO may modify its fee schedules to include codes and/or fees for services that are not included in the RBRVS fee schedule (hereinafter "Gap Codes").

Additionally, Regence BCBSO may incorporate new CPT and HCPCS codes into its schedules. The fee(s) attributable to such code(s) will be determined by applying the same percentage as Regence BCBSO has applied to other codes within such code range to that code's RBRVS which is current as of the date of creation of the code.

Periodic updates related to new CPT codes, HCPCS codes and/or Gap Codes, or for modifications of fees resulting from adjustments to a code's RVU as specified above, shall be

incorporated into fee schedules without notice to Medical Group Provider, but will be available to Medical Group Provider upon request. Regence BCBSO may make other adjustments and modifications to its fee schedules. In such cases, Regence BCBSO will provide Medical Group Provider a ninety (90) day written notice prior to implementation of any other modifications and adjustments to schedule.

- D. The Maximum Allowable for drugs and medications, including but not limited to biologicals, immune globulins, vaccines and immunizations, shall be the Regence BCBSO medication fee schedule in effect on the date of service.

### III. COPAYMENT, COINSURANCE, DEDUCTIBLE

- A. Where the Member Agreement provides for payment of copayment, coinsurance or deductibles by the Member, payment by Regence BCBSO for Covered Services shall be less the applicable copayment, coinsurance or deductible.

### IV. NOTICE OF UPDATES

- A. Regence BCBSO shall provide Medical Group Provider ninety (90) days prior notice of changes to Regence BCBSO's fee schedule.

### V. NON-DISCLOSURE

- A. Medical Group Provider agrees that unless required by law or otherwise allowed by the Agreement, Medical Group Provider shall not disclose the reimbursement rates established by Regence BCBSO without prior written consent of Regence BCBSO. Medical Group Provider acknowledges that the unauthorized disclosure of this information may cause irreparable damage to Regence BCBSO, and Medical Group Provider agrees that Regence BCBSO may seek relief for breach of this provision.
- B. Notwithstanding the above, Regence BCBSO may disclose to Participating Providers the information and data required to allow those Participating Providers to effectively manage the quality, care and cost of Members Regence BCBSO has attributed to them.

### VI. OBLIGATIONS OF PREFERRED HEALTH CARE PROFESSIONALS

Referrals - For Members who are eligible to receive benefits for services provided by a Medical Group Provider, the Medical Group Provider is encouraged to refer, admit or arrange for admission only to Preferred Provider Plan Physicians or Other Health Care Professionals or Medical Group Providers covered under Member's Agreement, subject to availability and medical appropriateness.

**ATTACHMENT D  
 REGENCE BLUECROSS BLUESHIELD OF OREGON  
 PROFESSIONAL ALLIED CARE SERVICES  
 REIMBURSEMENT ATTACHMENT  
 FOR PARTICIPATING AND PREFERRED PROVIDER PLANS**

**I. DEFINITIONS**

- A. Preferred health care professional is a hospital or other health care facility, a Physician, health care professional or group of health care professionals, or other provider of medical services or supplies who is legally qualified to provide health care services or supplies and who has contracted to be on the Preferred Provider Plan.
- B. Preferred Provider Plan is the panel of Physician or other Health Care Professionals rendering Covered Services to Members.
- C. Allied Care Providers are defined, for purposes of Medical Group Provider reimbursement under this Agreement Attachment, as the following practitioner types, including but not limited to: Occupational Therapist (OT), Physical Therapist (PT), Speech Therapy (ST, CCCS), and Certified Nurse Midwife (CNM).

**II. REIMBURSEMENT**

- A. Payor or its agent will pay Medical Group Provider directly the applicable Approved Payment Amount for Covered Services (subject to copayment, coinsurance, deductible amounts or other insurance).
- B. Approved Payment Amount means the Participating Medical Group Provider's billed charges, not to exceed the Maximum Allowable Fee.
- C. The Maximum Allowable Fee is the amount Regence BCBSO has determined is the maximum amount it will pay for each procedure listed in the most recent editions of the Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) coding manuals. For most procedures, Regence BCBSO will determine Maximum Allowable Fees using the Resource Based Relative Value Scale (RBRVS) Transitional site of service based (facility and non-facility) Relative Value Units (RVUs) published in the November 28, 2011 Federal Register, Volume 76, Number 228, promulgated by the Centers for Medicare & Medicaid Services (CMS) including revisions published by CMS and the dollar conversion factors listed below.

Evaluation & Management (CPT codes 99201-99499)	\$40.67
Surgery (CPT codes 10021-69990)	\$40.67
Radiology (CPT codes 70010-79999)	\$40.67
*Laboratory/Pathology (CPT codes 80047-89398)	See below
Medicine (CPT codes 90281-91299, 92015-92504, 92511-92596, 92598-92606, 92609-96999, 97597-99199)	\$40.67
General Ophthalmological (CPT codes 92002-92014)	\$40.67
Physical/Occupational/Speech Therapy (CPT codes 92506-92508 92597, 92607-92608, 97001-97546)	\$40.67
Anesthesia (CPT codes 00100-01999)	\$57.75

\*Laboratory and pathology services will be reimbursed at one-hundred percent (100%) of Medicare's 2012 fee schedule.

Updates to CMS RVU and Clinical Laboratory will be implemented on a prospective basis.

Durable Medical Equipment, Prosthetics, Orthotics, Supplies (DMEPOS) and Drugs will be reimbursed according to Regence BCBSO reimbursement policy.

In the absence of CMS RBRVS unit values for specific procedures, Regence BCBSO will establish such unit values for purposes of its Maximum Allowable Fee determination.

### **III. OBLIGATIONS OF PREFERRED HEALTH CARE PROFESSIONALS**

- A. Referrals - For Members who are eligible to receive benefits for services provided by a Medical Group Provider, Medical Group and/or Medical Group Provider is encouraged to refer, admit or arrange for admission only to Preferred Provider Plan Physician or other Health Care Professional covered under Member's Agreement, subject to availability and medical appropriateness.

**ATTACHMENT E  
 REGENCE BLUECROSS BLUESHIELD OF OREGON  
 PROFESSIONAL COMPLEMENTARY CARE SERVICES  
 REIMBURSEMENT ATTACHMENT  
 FOR PARTICIPATING AND PREFERRED PROVIDER PLANS**

**I. DEFINITIONS**

- A. Preferred health care professional is a hospital or other health care facility, a Physician, health care professional or group of health care professionals, or other provider of medical services or supplies who is legally qualified to provide health care services or supplies and who has contracted to be on the Preferred Provider Plan.
- B. Preferred Provider Plan is the panel of Physician or other Health Care Professionals rendering Covered Services to Members.
- C. Complementary Care Providers are defined, for purposes of Medical Group Provider reimbursement under this Agreement Attachment, as the following practitioner types, including but not limited to: Licensed Acupuncturist (LAC), Doctor of Chiropractic (DC), Naturopath (ND), and Licensed Massage Therapist (LMT).

**II. REIMBURSEMENT**

- 1. Payor or its agent will pay Medical Group Provider directly the applicable Approved Payment Amount for Covered Services (subject to copayment, coinsurance, deductible amounts or other insurance).
- 2. Approved Payment Amount means the Participating Medical Group Provider's billed charges not to exceed the Maximum Allowable Fee.
- 3. The Maximum Allowable Fee is the amount Regence BCBSO has determined is the maximum amount it will pay for each procedure listed in the most recent editions of the Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) coding manuals. For most procedures, Regence BCBSO will determine Maximum Allowable Fees using the Resource Based Relative Value Scale (RBRVS) Transitional site of service based (facility and non-facility) Relative Value Units (RVUs) published in the November 28, 2011 Federal Register, Volume 76, Number 228, promulgated by the Centers for Medicare & Medicaid Services (CMS) including revisions published by CMS and the dollar conversion factors listed below.

Evaluation & Management (CPT codes 99201-99499)	\$34.57
Surgery (CPT codes 10021-69990)	\$34.57
Radiology (CPT codes 70010-79999)	\$34.57
*Laboratory/Pathology (CPT codes 80047-89398)	See below
Medicine (CPT codes 90281-91299, 92015-92504, 92511-92596, 92598-92606, 92609-96999, 97597-99199)	\$34.57
General Ophthalmological (CPT codes 92002-92014)	\$34.57
Physical/Occupational/Speech Therapy (CPT codes 92506-92508 92597, 92607-92608, 97001-97546)	\$34.57
Anesthesia (CPT codes 00100-01999)	\$57.75

\* Laboratory and pathology services will be reimbursed at one-hundred percent (100%) of Medicare's 2012 fee schedule.



Updates to CMS RVU and Clinical Laboratory will be implemented on a prospective basis.

Durable Medical Equipment, Prosthetics, Orthotics, Supplies (DMEPOS) and Drugs will be reimbursed according to Regence BCBSO reimbursement policy.

In the absence of CMS RBRVS unit values for specific procedures, Regence BCBSO will establish such unit values for purposes of its Maximum Allowable Fee determination. For certain procedures (e.g., immunization administration), the Maximum Allowable Fee will be individually determined at Regence BCBSO's discretion.

### III. OBLIGATIONS OF PREFERRED HEALTH CARE PROFESSIONALS

- A. Referrals - For Members who are eligible to receive benefits for services provided by a Medical Group Provider, Medical Group and/or Medical Group Provider is encouraged to refer, admit or arrange for admission only to Preferred Provider Plan Physician or other Health Care Professional covered under Member's Agreement, subject to availability and medical appropriateness.



### Fee Schedule

NORTH CENTRAL PUBLIC HEALTH DISTRICT  
419 E 7<sup>TH</sup> ST  
THE DALLES OR 97058

Effective: 04/10/2015

<u>CPT Code</u>	<u>Test Description</u>	<u>Unit Price</u>
<u>Cytology</u>		
88142	ThinPrep Pap Test, Non-Imaged	\$15.00
88164	Conventional Pap	\$10.00
<u>Molecular STD Testing</u>		
87491, 87591	Ct/Ng by Gen-Probe APTIMA	\$17.50
87624	High-Risk HPV with 16 & 18 Genotyping by Roche Cobas	\$35.00
<u>Clinical Testing</u>		
86703	HIV I/II Antibody Testing, with Multispot Assay Confirmation	\$28.00
86706	Hepatitis BsAb	\$17.50
87340	Hepatitis BsAg	\$18.00
86803	Hepatitis C Ab	\$19.25
86592	Syphilis Test, Qualitative	\$7.00
86780	Syphilis Confirmation (T Pallidum AB)	\$33.00

- ❖ No additional charge for the Pathologist over-read of abnormal pap smears.
- ❖ In-house turn-around-time is **1-3 days for pap**.
- ❖ Reports and patient letters can be automatically uploaded in real-time with our web-based system, ReportCyte (Available for clinics that don't use an EMR)
- ❖ The prices listed above **include all supplies** (pap kits, transportation, fixative, tissue vials, etc.)
- ❖ The prices listed above are the discounted price to the clinic. If the laboratory bills patient/insurance, standard pricing will apply.
- ❖ If laboratory is unsuccessful in receiving payment from third parties, Cytocheck will bill back to the clinic at the discounted rates listed above. *any*

Approved By:

Jason L Dantic Date 4/30/15  
Jason Dantic, Marketing Director  
Cytocheck Laboratory, LLC

Accepted By:

[Signature] Date 4/22/15  
North Central Public Health District

Signature required to validate.

James R Welch MD, Medical Director



**Public Health**  
Prevent. Promote. Protect.

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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  
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## **NCPHD Directors Report for June 9, 2015**

It has been another busy month for public health. WIC staff has been working with OCDC and other community partners who serve the migrant farm worker community to gear up for an early cherry harvest. The premier of the movie “San Andreas” was a great opportunity for PHEP ( Public Health Emergency Preparedness) staff to provide materials at Columbia Cinemas on how to personally prepare for a disaster. PHEP staff and Environmental Health staff are working with local fire agencies anticipating a difficult fire season. Areas of concern discovered last year, including locations of public water systems, are being worked through in anticipation of the upcoming season. We anticipate work to come around air quality, shelters and food service for fire fighters at minimum.

Four staff attended the Oregon Epidemiologist Conference in May. A wide variety of topics were presented including emerging infectious diseases, immunization trends, outbreak reports, marijuana in Oregon and the modernization of public health and pending legislation.

I attended the Conference of Local Health Officials meeting. CLHO continues to work with OHA/Public Health Division partners on anticipating passage of the modernization of Public Health legislation. There will be much work for the public health system of state and local partners to fulfill the time lines in the proposed legislation.

I also attended the Early Learning Council meeting in Salem. Much of the meeting this month focused on ELC structure and processes and relationship to the Early Learning Division.

Much of our focus this month has been on budget. We learned that the proposed Wasco County budget allocates \$314K to NCPHD. This is an \$82K reduction from the proposed NCPHD current service level budget. To accommodate this reduction in funding, cuts to services will be necessary. NCPHD has reduced staff through attrition over the last few years and spent down the beginning fund balance to reduce increases in County contributions. Services have been maintained. Further reductions of funding without service reductions are not possible. We anticipate this difficult discussion for the board at the meeting.

On May 20, Commissioner Smith and NCPHD staff presented the latest working draft of the “quarterly report’ to the Wasco County Board of Commissioners. That version is in your packet today. We continue to work to complete the document with information requested.

Respectfully submitted, Teri Thalhofer, RN, BSN