



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

North Central Public Health District Board of Health Meeting

October 13, 2015
3:00 PM
Meeting Room @
NCPHD

AGENDA -

1. **Community Meeting**
2. **Minutes**
 - a. Approve from September 8, 2015 meeting.
 - b. Set Next Meeting Date (November 10, 2015)
3. **Additions to the Agenda**
4. **Public Comment**
5. **Unfinished Business**
 - a. Updates from Wasco County – Wasco County Project Plan
 - b. Reduction Implementation Update
6. **New Business**
 - a. 2015 Fiscal Report
 - b. Review of A/P checks issued (September 2015)
 - c. Board Notification Policy (draft)
 - d. Contracts Review
 - i. OHSU CaCoon Subaward 1004396
 - e. Director's Report

Note: This agenda is subject to last minute changes.

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

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



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NORTH CENTRAL PUBLIC HEALTH DISTRICT

“Caring For Our Communities”

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

**North Central Public Health District
Board of Health
Meeting Minutes
September 8, 2015 (3:00pm)**

In Attendance: Commissioner Mike Smith – Sherman County; Roger Whitley – Sherman County; Michael Takagi – Gilliam County; Commissioner Steve Kramer – Wasco County; Commissioner Scott Hege – Wasco County; Bill Hamilton – Wasco County; and Fred Schubert – Wasco County.

Staff Present: Teri Thalhofer – Director; Kathi Hall – Finance Manager; Shellie Campbell – TPEP Coordinator

Guests Present: Neita Cecil – The Dalles Chronicle; and Lauren Hernandez – Sherman County Court

Minutes taken by Gloria Perry

Meeting called to order on September 8, 2015 at 3:00pm by Commissioner Mike Smith.

SUMMARY OF ACTIONS TAKEN

Motion by Roger Whitley, second by Bill Hamilton, to approve the minutes from the 6/9/15, 6/23/15 and 7/14/15 board meetings as presented.

Vote: 6-0
Yes: Commissioner Mike Smith, Roger Whitley, Michael Takagi, Commissioner Steve Kramer, Fred Schubert and William Hamilton.
No: 0
Abstain: 1 – Commissioner Scott Hege
Motion carried.

Motion by Fred Schubert, second by Scott Hege to approve A/P Checks Issued reports from June, July & August 2015 with the correction to the July report by adding EFT #160 (reserved in que).

Vote: 7-0
Yes: Commissioner Mike Smith, Roger Whitley, Michael Takagi, Commissioner Scott Hege, Commissioner Steve Kramer, Fred Schubert and William Hamilton.
No: 0
Abstain:
Motion carried.

WELCOME & INTRODUCTIONS

- Commissioner Smith introduced Lauren Hernandez who is Sherman County Court's new court assistant. She is replacing Melva Thomas who is retiring.
- Sanctuary Update & Community Meeting
 - Shellie Campbell gave a brief description of what sanctuary is and how it works in the workplace.
 - Community meeting conducted.
- Commissioner Kramer informed the board that Wasco County board assignments have changed and he will no longer be on the NCPHD board. Commissioner Scott Hege has taken his place.

1. MINUTES

a. Approval of past meeting minutes

- Commissioner Kramer had a question regarding the minutes of 6-9-15, section F on page 6 the email from John Zalaznik. He wanted clarification from Roger Whitley who had made a comment during this conversation at the June 6th meeting that he didn't care about Wasco County. He wanted to know if Roger had said that just because of the possible violation to the food truck or was it an over arching issue that we have. Roger stated, "No, it was to the food truck."
- Commissioner Kramer asked for further clarification in regard to when and who on the board of health should be notified of a pending legal action on a constituent in Wasco, Sherman and Gilliam Counties.
 - i. After board discussion, it was the consensus of the board to have a policy of how to notify the board of pending legal statutory actions.
 - ii. Teri will draft a policy for review to be reviewed at the October or November board meeting.
- Minutes from the 6-9-15, 6-23-15 and 7-14-15 board of health meetings approved as presented.

b. Set next meeting date

- The next regular meeting was scheduled for Tuesday, October 13, 2015 at 3:00pm. Meeting location will be at the North Central Public Health District office located at 419 E. 7th Street, The Dalles, OR.
- Teri Thalhofer has a scheduling conflict so Kathi Hall and John Zalaznik will attend the board meeting in her absence.

2. ADDITIONS TO THE AGENDA

- a. Teri asked to remove the legislative session summary from the agenda.

3. PUBLIC COMMENT

- a. No comments.

4. UNFINISHED BUSINESS

a. Updates from Wasco County – Wasco County Project Plan

- Commissioner Hege provided the following updates:
 - ✓ Commissioner Hege and Dr. Schubert met a few weeks ago to discuss the status of the project plan and the formation of a group meeting to discuss public health.
 - ✓ Wasco County is still in the process of morphing what public health is going to be and they are trying to pull together a group to look at this.
 - ✓ The main goal is to try to bring all the players together in public health such as the hospital, One Community Health and the CCO's to talk about what is the future of public health and who is going to be doing what, how and why and what's the best thing.
 - ✓ There is a meeting scheduled next week and the participants will be Commissioner Hege, Tyler Stone and Kathy Schwartz. They will be discussing what happened in Douglas County.
 - ✓ At some point in the future other participants will be invited to participate including NCPHD.
- Teri Thalhofer stated, "Douglas County did a very different process. They abdicated their public health authority back to the state."

- Commissioner Hege stated, "Well, I think the discussion was somewhat of the same kind of discussion. So that's what we're doing and hopefully in the next month or two I will have a much better sense of what's going to happen and when it's going to happen."
- Commissioner Smith stated, "To clarify, you're talking about this ongoing what does public health look like; and that's a conversation that we've all talked about and all the counties are interested. But I think originally it was what does public health look like for Wasco County, whether or not you are going to be a part of this and I'm not sure if that has morphed into something else or if it's the same thing or if you are taking a longer look."
- Commissioner Hege stated, "I think it's probably a bigger picture, but really the idea is we could say what does public health look like for Wasco County but in the context of this agency I think it's something that applies to everybody."
- Teri Thalhofer stated, "Scott, we are operating under the assumption that in December you may take a vote to leave this agency in July. That is the way I'm operating this entity and that's the way I've been sharing that with the board. We've been making hiring decisions and staffing decisions based on the fact that this entity may only serve Gilliam and Sherman Counties come next July 1st. If that is not Wasco County's intent, and that's not going to happen in December that would be really helpful from an management and staffing point of view."
- Commissioner Hege stated, "Sure, I understand that and I couldn't speak for us in a global concept but I would say, the likely-hood of us making a decision in December to not be a part of this is probably not likely because of the timing or something else. So I think hopefully, my hope honestly would be that we get to these discussions, we have a meeting, and we really work on trying to figure out public health and I think through the meetings, hopefully we (collectively) all of us can come to a collective decision about how we see public health going forward and what it looks like in the future. If you look at some of these ideas of the modernization of public health a lot of that stuff will be helpful and I know you guys have looked at it."
- Teri Thalhofer stated, "I'm on the committee that is creating the definitions that will then go to the legislature. I worry that you are trying to get ahead of the process. The modernization work is not rapid and some counties will not modernize until 2025. So I just caution you to believe that there is a plan out there at the State. There is no plan, it is a process and we've already made changes. We've been forced to make changes at this department with the belief that healthcare transformation would pick up the slack and to date, it has not. So I have real concern about the health of the community if we pull the safety net away before anybody else is engaged and ready to step up and fill those services because to date, that's not happening."
- Commissioner Hege stated, "I think that can be part of the discussion. I would say that to not do anything until 2025 is something that...the timing of that would be unfortunate."
- Teri Thalhofer stated, "And I wish you'd been here and been part of our process. We've been really engaged and right at the forefront of those discussions at the State and we would hope to be early adopters with the first wave and that's why we've been doing the public health accreditation work and we've been participating in the conversation about writing the definitions. We've been very engaged in that process so we'd be ready to roll when it first rolls out. That where we've been as an agency representing the three counties."
- Commissioner Hege stated, "And I think what, at least what I hope to see happen is I think bringing these other folks that are actually going to be involve in public health and are involved in public health, I think bringing them to the table to have a discussion will maybe help us move forward quicker."
- Teri Thalhofer stated, "Just so you know, we are engaged with the CCO, we're engaged with One Community Health, we're engaged with all of those entities. We meet with the CCO boards, both of them. We're part of those processes; we're very involved in the CCO transformation."
- Commissioner Hege stated, "I understand that but I think it's different that kind of involvement. It's slightly different from what I envision which is sitting down and really having a discussion solely about public health and how we move forward collectively with everybody in the room."
- Teri Thalhofer stated, "If you would like, I can give you some names of facilitators that are familiar with the transformation. Kathy has been out of public health work for a very long time and its very different from when she was doing public health. I can give you some suggestions if you'd like that."
- Commissioner Hege stated, "So for an update that's what I have today."
- Commissioner Smith stated, "Okay. I know you are having a meeting next week, so you're looking at trying to schedule something pretty soon."

- Commissioner Hege stated, "I would just say, right now I don't have anything to say other than we're working on trying to pull together a plan and when that plan is going forward, you'll certainly be notified about it."
- Commissioner Smith stated, "Okay."
- Teri Thalhofer stated, "Today, I don't feel like I got any information to change the way I'm managing the health department."
- Commissioner Smith stated, "Yes, I don't think there is any change there."

b. Funding Reduction Implementation

- Teri informed the board that due to the budget reduction:
 - ✓ On July 8th we laid off staff (1 full-time nurse and 1 billing clerk)
 - ✓ Walk-in hours only on Wednesday and Thursday afternoons from 1:00pm to 5:00pm where it was Monday thru Friday 8:30am to 12:00pm and 1:00pm to 5:00pm.
 - ✓ In July 51 patients were turned away.
 - ✓ In August 24 patients were turned away.
 - ✓ As of September 8th, 15 patients were turned away and as of 2:00pm today, 6 were turned away.
 - ✓ Please note that tracking hasn't been perfect.
 - ✓ 77 of those turned away were from Wasco County.
 - ✓ There is no capacity for these patients to be seen elsewhere. If someone is new and does not have an established provider in The Dalles, it can take anywhere from 4 to 6 weeks to get an appointment.
- One of our front office staff resigned and moved out of the region. Because of the continuing thought of only serving Sherman and Gilliam County as of next year, we chose not to rehire his position but to merge the WIC receptionist and front office reception positions.
- Commissioner Smith asked how sustainable is that merging?
- Teri stated, "When somebody is sick that means that either Kathi or Gloria covers the front office. We have no surge capacity. We have no surge capacity in nursing. We have no surge capacity in admin. If we have another outbreak like Pertussis, we will close clinical services because we won't be able to provide any because all of our nursing staff will be working the outbreak."

5. **NEW BUSINESS**

a. End of Year Report

- Teri reviewed the 2014-15 Annual Report.
 - ✓ What's not in the report are benchmark information and part of that for last year is based on feedback from the Public Health Accreditation Board site visit team who felt like the strategic plan that we were operating under was not meaningful to staff. We've since been engaged in a strategic planning process that really looks at tying together agency goals, the community health assessments for Columbia Gorge CCO & Eastern Oregon CCO, and the community health improvement plans for both of them and then other community needs and brings that all together so that we're actually looking at data that's meaningful rather than measuring numbers just to measure numbers. That will be done in December so for next year those benchmarks will be reported.
 - ✓ Teri asked the board if they have feedback on the annual report to let her know as we will be publishing it on our webpage and we will also be doing a press release at the end of the week. Commissioner Smith also asked that we send it to the Sherman County Reporter.
- Kathi Hall reviewed the 2015 Fiscal Analysis.
 - ✓ Fiscal audit is not yet completed so these are unaudited numbers. Kathi will provide an updated analysis once the fiscal audit is completed.
 - ✓ In section 7141 of the fiscal analysis report, Commissioner Hege suggested to Kathi to take the county amount out of the budgeted column so it matches the actual column.
- Wasco County Quarterly Update Report
 - ✓ No questions were asked about the report.
 - ✓ Teri asked for guidance from the board if we should continue to collect and report data on the excel spreadsheet that was created by Kathy Schwartz. A lot of the data collection is being done by hand and is very time consuming. Teri also wanted to know if it's the board of health's

expectation that NCPHD continue to appear before the Wasco County board of commissioners on a quarterly basis to present this data.

- ✓ Commissioner Smith said that would be a question for the Wasco Commission to where they would like our energy spent towards either the excel report or a narrative report. He asked the board members if they felt this information in the excel format was helpful or if there was another format that they would like to see such as a narrative report.
- ✓ Commissioner Hege said that the report hasn't had as much information as it has now, but he thinks that's a reasonable question to ask Wasco County if the report is useful and how is it useful.
- ✓ Commissioner Smith stated that for Sherman County they have no need for the excel report as far as their county is concerned. The question will need to be asked of Wasco County Commissioners.

b. Review of A/P Checks Issued (June 2015, July 2015 & August 2015)

- Reports reviewed and approved with the correction of adding check #160 to the July 2015 report.

c. Program Highlights

- Communicable Disease Updates – Diary of an Outbreak
 - ✓ Teri gave a presentation on the Pertussis 2015 outbreak in Wasco County.
 - In summary, there were 14 confirmed cases, 4 presumptive cases and 11 suspect cases.
 - Approximately 347 staff hours were spent on this outbreak; costing approximately \$14,764.85 in staff salary.

d. Contracts Review

- Teri provided a brief description of the following contracts:
 - ✓ OHA Agreement 142025-14
 - ✓ Ahlers
 - ✓ EOCCO Transformation Grants Program – Amendment #2
 - ✓ Medical Examiner Contract – Sherman County
 - ✓ Pauly, Rogers & Co – Engagement Letter
 - ✓ Shred4Less

e. Directors Report

- Teri presented her Directors report. No questions were asked.

Meeting adjourned at 4:35pm

Commissioner Michael Smith, Chair

Date

{Copy of 6/9/15, 6/23/15 & 7/14/15 board of health meeting minutes, Sanctuary Handout, NCPHD Annual Report, Quarterly Report FY 14-15, 2015 Fiscal Analysis, A/P Checks Report for June, July & August 2015, Diary of an Outbreak Handout, Advantage Dental Clinics Agreement, DEQ MOU, Medical Examiner Agreement – Wasco County, OHA 142025-15, OHA 148025 2015-2017, OHA 148172 2015-2017, and Safe Routes to School Agreement attached and made part of this record.}



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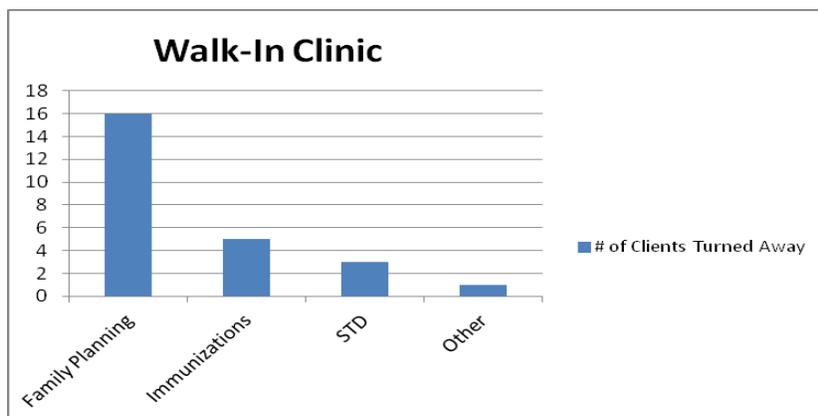
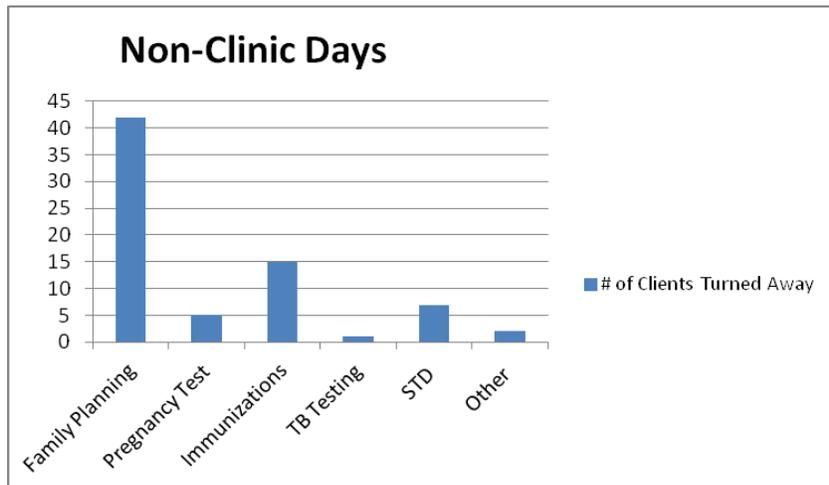
October 9, 2015

Memo to Board of Health Members regarding Reduction Implementation

In September of 2015, 79 clients were seen during the nine, four hour walk-in clinics slots. During that same time, 72 clients were not able to be seen. 25 of those who were not seen arrived during walk in hours but we did not have capacity to see them in the allotted time. All but one of these clients resided in Wasco County. One resided in Klickitat County.

For comparison, the number of clients seen in September 2014 was 162 during twenty-one, 7.5 hour slots. The nurse staffing the clinic in September 2014 was also available to provide capacity for communicable disease work.

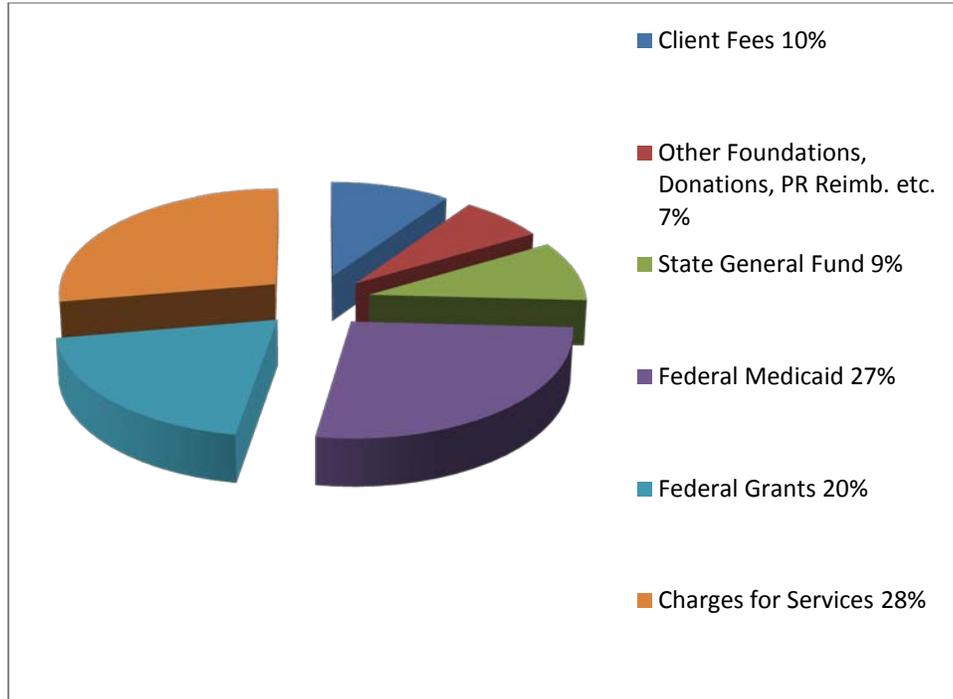
The graph below demonstrates the types of services requested from those who could not be served and were referred to other area providers.



Fiscal Report

In Fiscal Year 2014-15 NCPHD revenue totaled \$2,102,785 which was 104% of what was budgeted. This was due to not receiving Targeted Case Management funds for January through June 2014 visits until the Fall of FY 2015. However, this was a decrease of 11% total revenue from the previous year. The funding streams that had the most change were Client Fees.

Expenditures for Public Health totaled \$1,982,607 which was a 6% decrease from the prior year. The decrease was primarily in personal services.



Client Fees

- .07% Donations
- 9.66% Client fees and Private Insurance

Other

- 4% Contracts/Grants
- 3% Payroll Reimbursement

State General Fund

- 7.7% State General Fund for dedicated Prog.
- 1.54% State Support for Public Health

Charges for Services

- .42% School Nursing Services
- .10% Medical Examiner Services
- 4.62% Sherman County
- 4.69% Gilliam County
- 17.87% Wasco County

Federal Medicaid

- 10.02% Medicaid Targeted Case Management
- 4.80% CCARE Family Planning Medicaid Fees
- 1.98% Title XIX
- 5.24% Medicaid Administrative Claiming
- 4.66% Oregon Health Plan (Medicaid) Fees

Federal Grants

- 19.72% Federal Grant Funds (eg., WIC, Preparedness)

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

Check Date	Check Number	Vendor Name	Amount	
8/10/2015	176	PERS	\$8,493.98	Payroll A/P (EFT) Electronic Fund Transfers
8/25/2015	180	PERS	\$10,148.94	
8/21/2015	183	PERS	\$261.00	
8/21/2015	187	PERS	\$120.49	
Reserved in Que	189			
9/10/2015	190	IRS	\$10,469.93	
9/10/2015	191	ASIFLEX	\$270.00	
9/10/2015	192	P E R S	\$9,024.89	
9/10/2015	193	OREGON STATE, DEPT OF REVENUE	\$2,468.54	
9/25/2015	194	IRS	\$10,432.36	
9/25/2015	195	ASIFLEX	\$270.00	Payroll A/P Checks
9/25/2015	196	P E R S	\$8,844.69	
9/25/2015	197	OREGON STATE, DEPT OF REVENUE	\$2,451.90	
9/2/2015	10999	CIS TRUST	\$20,405.66	
9/2/2015	11000	OREGON STATE, DEPT OF HUMAN SERVICES	\$4,000.00	
9/2/2015	11001	QWIK CHANGE LUBE CENTER INC.	\$52.27	
9/2/2015	11002	SMITH MEDICAL PARTNERS LLC	\$1,589.76	
9/2/2015	11003	STAEHNKE, DAVID	\$100.08	
9/2/2015	11004	WASCO COUNTY	\$340.38	
9/10/2015	11005	ADVANCED TECH SERV	\$130.00	
9/10/2015	11006	AHLERS & ASSOCIATES	\$800.00	
9/10/2015	11007	DEVIN OIL CO INC.	\$93.47	
9/10/2015	11008	H2OREGON BOTTLED WATER INC.	\$45.00	
9/10/2015	11009	MID-COLUMBIA MEDICAL CENTER	\$315.00	
9/10/2015	11010	OPTIMIST PRINTERS	\$104.97	
9/10/2015	11011	OREGON STATE, DEPT OF ENVIRONMENTAL QUA	\$800.00	
9/10/2015	11012	SAIF CORPORATION	\$743.00	
9/10/2015	11013	SATCOM GLOBAL INC.	\$51.57	
9/10/2015	11014	SPARKLE CAR WASH, LLC	\$55.50	
9/10/2015	11015	THERA COM INC	\$3,032.70	
9/10/2015	11016	U.S. CELLULAR	\$116.75	
9/10/2015	11017	US BANK	\$831.26	
9/10/2015	11018	WASCO COUNTY	\$128.02	
9/14/2015	11019	CA STATE DISPURSEMENT UNIT	\$231.50	Payroll A/P Checks
9/14/2015	11020	NATIONWIDE RETIREMENT SOLUTION	\$2,153.08	
9/17/2015	11022	BEERY ELSNER & HAMMOND LLP	\$247.50	
9/17/2015	11023	CAMPBELL, SHELLIE	\$20.65	
9/17/2015	11024	CYTOCHECK LABORATORY LLC	\$125.00	
9/17/2015	11025	OR STATE PUBLIC, HEALTH LABORATORY	\$284.55	
9/17/2015	11026	PARAGARD DIRECT	\$1,141.75	
9/17/2015	11027	UPS	\$55.76	
9/28/2015	11028	CA STATE DISPURSEMENT UNIT	\$231.50	Payroll A/P Checks
9/28/2015	11029	NATIONWIDE RETIREMENT SOLUTION	\$2,003.08	
38		TOTAL:	\$103,486.48	

NCPHD Board of Health authorizes check numbers 10999 - 11029 and payroll EFT numbers 176, 180, 183, 187, and 190-197 totalling \$103,486.48.

Signed: _____ Date: _____
Commissioner Michael Smith, Chair



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"Caring For Our Communities"

October 9, 2015

**Memo to Board of Health Members regarding proposed policy on
communication with Board of Health Members**

The draft memo for your consideration would formalize what has been actual practice for many years. Thank you for your in advance for your thoughts about this process.

Teri

REVIEWED BY:

DATE:

DRAFT



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October 9, 2015

Memo to NCPHD BOH members: Contracts

The contract included in the October Board packet is with OHSU for CaCoon Services. CaCoon is a nurse case management program that is funded from Federal Title V dollars that are managed by OHSU's Oregon Center for Children and Youth with Special Health Needs.

This is an ongoing contract for services. This program is also eligible to receive Targeted Case Management for children with Oregon Health Plan.

Agreement Amendment	
University	Collaborator
Institution/Organization ("UNIVERSITY") Oregon Health & Science University 3181 SW Sam Jackson Park Road Mail Code: L106RGC Portland, OR 97239	Institution/Organization ("COLLABORATOR") North Central Public Health District 419 E 7 th Street Room 100 The Dalles, OR 97058-2676
Prime Award Number: HRSA B04MC25366 via OHA Subaward 143021	Subaward Number: 1004395 Wasco CaCoon
University PI: Marilyn Hartzell	Collaborator PI: Teri Thalhofer
Period of Performance: 10/01/14-09/30/16	Amount Funded this Action: \$ 10,958.12
Budget Period: 10/01/15-09/30/16	Amendment Number: 1
Project Title: Title V MCAH Block Grant Program	

Amendment(s) to Original Terms and Conditions

Article 2. SCOPE OF WORK

For the current budget period from 10/01/2015 through 09/30/2016, COLLABORATOR shall utilize the funds to complete the PROJECT Goals as identified in **Attachment A.1, Scope of Work and Attachment B.1, Promotora Services Scope of Work, Attachment E, Babies First and CaCoon Risk Factors (A Codes and B Codes)** in accordance with **Attachment C, Use of Allotment Funds**. COLLABORATOR shall meet the standards of performance as identified in **Attachment D, Minimum Standards of Program Performance**. The conditions of Eligibility Criteria in **Attachment A.1** shall also be met by COLLABORATOR when admitting clients into the PROJECT.

Article 3. PERIOD OF PERFORMANCE

The period of performance of this AGREEMENT is hereby extended through 09/30/2016.

Article 4. ESTIMATED COST AND EXPENDITURE LIMITATION

The maximum award available for the new budget period from 10/01/2015-09/30/2016 is \$10,958.12 per Attachment F.1, Categorical Funding Structure.

Article 6. PROJECT PERSONNEL

The COLLABORATOR Principal Investigator is hereby changed from Jane Palmer to Teri Thalhofer.

Article 7. TERMS OF PAYMENT & INVOICING

COLLABORATOR shall submit invoices to UNIVERSITY per the quarterly payment schedule, below, for reimbursement of all allowable direct and indirect costs, as per the applicable cost principles and as described in **Attachment C**, to spasub@ohsu.edu.

PAYMENT SCHEDULE for the new budget period from 10/01/2015-09/30/2016:

- (1) Initial Payment of \$3,652.71, payable upon execution of this Agreement and receipt of invoice on or after 10/1/2015.

- (2) Second Payment of \$3,652.71, payable upon invoice on or after 3/1/2016.
- (3) Final Payment of \$3,652.70, payable upon invoice and acceptance by UNIVERSITY of COLLABORATOR's Financial Report on or after 09/30/2016.

Article 8. NOTICES

All notices required to be given under this AGREEMENT shall be in writing and sent to the party as indicated below:

TO UNIVERSITY

Jen Michaud,
Subaward Grants & Contracts Administrator
Oregon Health & Science University
3181 SW Sam Jackson Park Road
L106OPAM
Portland, OR 97239-3098
Phone: 503.494.2379
Email: michauj@ohsu.edu

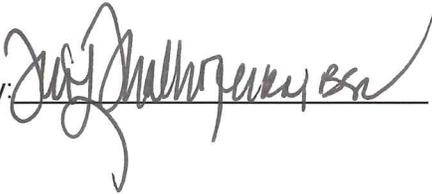
ALL ATTACHMENTS REFERENCED ARE HEREBY MADE A PART OF THIS AGREEMENT. ALL OTHER TERMS AND CONDITIONS OF THIS SUBAWARD AGREEMENT REMAIN IN FULL FORCE AND EFFECT.

Approved and Agreed:

North Central Public Health District

Oregon Health & Science University

By:



Jen Michaud
Subaward Grants & Contracts Administrator

ATTACHMENT A.1 – SCOPE OF WORK
BUDGET PERIOD FROM 10/01/2015–09/30/2016

**Oregon Center for Children and Youth with Special Health Needs –
Title V CYSHCN (Part I) and CaCoon Program (Part II)**

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

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

Population of Focus – Children and youth with special health care needs (CYSHCN): Children and youth, through 20 years of age, who have or are at increased risk for a chronic physical, developmental, behavioral or emotional condition AND who also require health and related services of a type or amount beyond that required by children generally.

Contract Goal: OCCYSHN seeks to improve state and community-based systems of care for CYSHCN throughout Oregon. The goal of this contract is to achieve, in partnership with the Local Health Department (LHD)/Subawardee, systems improvement at the community level through LHD/Subawardee:

- Leadership or participation in health care system development and/or quality improvement to achieve optimal health outcomes for CYSHCN.
- Assurance of the capacity of the workforce to support OCCYSHN’s mission and vision.
- Promotion of effective and efficient use of the healthcare system.

Part I. Children and Youth with Special Health Care Needs – Scope of Work

This section specifies the responsibilities of the LHD/Subaward in accepting a contract with OCCYSHN, on behalf of Oregon’s Title V children and youth with special health care needs program, to assure the needs of CYSHCN are met at the community level.

Responsibilities of the LHD/Subawardee in assuring integrated, coordinated community-based systems of care for CYSHCN.

1. Title V CYSHCN/CaCoon:
 - a. Participate in OCCYSHN special initiatives, program planning and coordination of LHD/Subawardee services for CYSHCN residing in their county.
 - b. Receive and disseminate all communication from OCCYSHN.
 - c. Attend OCCYSHN sponsored in-service training, including the annual OCCYSHN/CaCoon Regional Meetings.
 - d. Share and disseminate OCCYSHN resources.
2. Local Health Department/Other contracting entities’ staff:
 - a. Be available as a resource to other health, education and community service providers regarding children and youth with special health needs.
 - b. Share OCCYSHN resources, tools and special training.
3. Local community (service area):

- a. Assure the needs of the population are represented in community planning as available.
- b. Be a resource regarding children with special health care needs.
- c. Assure CYSHCN are represented on the Local Interagency Coordinating Council (LICC), Early Childhood Team (ECT), or combined LICC/ECT within Local County for the purposes of representing the needs of children with special health needs and their families.
- d. Assist in community process to identify needs and resources for CYSHCN.
- e. Participate in multidiscipline team processes for CYSHCN as either a member or a resource to a child's Community Health Team. (E.g. Community Connections, other service coordination teams for CYSHN or PHN clients).

Title V CYSHCN Contract Standards

All contracting LHDs/Subawardees will:

1. Conduct public awareness activities in order to assure that families and community organizations are aware of local services and system-improvement efforts pertaining to CYSHCN.
2. Represent the interests of CYSHCN at relevant local agencies and discussions.
3. Demonstrate evidence of continuous quality improvement efforts in service of CYSHCN (for example, increasing the number of CYSHCN who receive care at a Patient Centered Primary Care Home (PCPCH), increasing the number of CYSHCN who successfully transition from pediatric to effective adult health care models, or increasing effective linkages across systems of care).
4. Engage in educational opportunities that support workforce development and systems improvement, including participation in the annual OCCYSHN Regional Meetings.
5. Designate an individual with the authority to assure accountability to the contract standards/scope of work, above, and to submit a short annual report describing how the LHD/Subawardee is meeting each of the standards above, due July 1, 2016. A report template will be provided by OCCYSHN.

Part II. Oregon Care Coordination Program: CaCoon – SCOPE OF WORK

This scope of work is designed for local health departments with the capacity to implement a public health nurse home visiting program.

A. Specifications of the Program

This section provides specifics of the CaCoon Program that define its population, eligibility, program purpose and activities.

CaCoon is a statewide public health program that focuses on community based Care COordination for CYSHCN through nurse home visiting for families with children, birth to 21 years, with special health care needs

1. **The definition of the program population** to be served is:
“Children with special health needs are those who have or are at risk for a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally. (McPherson, et al., 1998, p. 138).”
2. **CaCoon Program Eligibility**

- a. Age Eligibility: The CaCoon program serves children birth through 20 years of age.
 - b. Diagnostic/Condition eligibility is outlined in the “B” column of the A and B Code Eligibility List (**See Attachment F**). Public health nurses may use their professional judgement if a child has a chronic health condition or disability that is not specifically identified in the list by assigning risk code “B90-other chronic conditions.”
- 3. Financial Eligibility**
- a. The CaCoon program is open to all children regardless of child or family insurance status or income.

CaCoon Program Purpose

The CaCoon Program provides LHDs/Subawardees an opportunity to contract with OCCYSHN to:

- a. Provide CaCoon services with practice and evidence-based program standards;
- b. Receive technical and professional supports to achieve CaCoon contract standards;
- c. Implement a State Plan Amendment supported program which allows an additional LHD funding stream through TCM reimbursement

CaCoon Program Goals

- a. Promote the development of effective care teams which center on the child/family.
- b. Increase family knowledge, skills, and confidence in caring for their children and youth with special health care needs (CYSHCN).
- c. Promote effective and efficient use of the healthcare system.

Responsibilities of all PHNs providing CaCoon services:

- a. Implement and assure fidelity to CaCoon Program Standards.
- b. Participate in CaCoon Program orientation and other educational opportunities related to CaCoon practice.
- c. Lead or participate in efforts to identify children and youth who are in need of home visiting with community-based care coordination.
- d. Identify and act upon learning goals to continuously improve practice
- e. Conduct accurate assessments of child/family strengths and needs.
- f. Work with healthcare team members, including families, to develop actionable, effective plans of care.
- g. Report data per the CaCoon program guidelines for entry into the ORCHIDS or other state data system.
- h. Learn about and access local resources.
- i. Coordinate and/or monitor delivery of health care and other services as needed.
- j. Adhere to Oregon State Board of Nursing requirements in working with Unlicensed Assistive Personal (Promotora, Community Health Workers).

Responsibilities of Local Health Department and other entities implementing CaCoon

- a. Assure fidelity to CaCoon Standards by nurses and others working with CaCoon clients.
- b. Provide supports for work space and access to community.

- c. Enter CaCoon encounter data into the ORCHIDS Database. Assure CaCoon service through participation in State and local efforts to leverage funds and provide service to this population (e.g. Targeted Case Management and Medicaid Administrative Match and service agreement with CCOs to provide CaCoon services.
- d. Provide adequate supervisor support related to scheduling and staff reflection for attaining program goals and personal growth for CaCoon staff.
- e. Implement a Triage system

B. Promotora Program

Under the direction of the CaCoon Nurse, the Health Promotora promotes health behaviors and helps families access and coordinate health and related services (See Attachment B).

Oregon Care Coordination Program: CaCoon Minimum Standards of Program Performance CaCoon Standards

CaCoon Program

CaCoon is a statewide public health program that focuses on community based Care COordination for CYSHCN through nurse home visiting.

CaCoon Goals

- Promote the development of effective care teams which center on the child/family.
- Increase family knowledge, skills, and confidence in caring for their children and youth with special health care needs (CYSHCN).
- Promote effective and efficient use of the healthcare system.

CaCoon Standards

1. The Subawardee establishes and maintains a triage system for home visiting that prioritizes the most vulnerable children with special health care needs for CaCoon services. Priority will be given to:
 - a. Families with a newly diagnosed infant/child with a chronic condition and/or disability.
 - b. Families who report difficulty accessing or coordinating their child's care and services.
2. When the Subawardee is unable to provide home visiting services for a child who has been referred, the Subawardee will, at a minimum:
 - a. Refer the child/family to primary care, specifically a patient centered primary care home when available, as well as appropriate educational services.
 - b. Notify the referring entity that Subawardee is unable to provide services and provide rationale.
3. The Subawardee assures timely contact with CaCoon home visiting referrals. At a minimum, initial outreach is implemented within 10 business days of receiving referral into the CH referral system. Initial outreach may be by telephone or other means.
4. All nurses serving CaCoon clients collaborate with the healthcare team to assure that the following assessments are completed for each child/family on the CaCoon caseload:
 - Assessment of child/family's strengths, needs, and goals.

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

- Provides for nurse visits that are sufficient in frequency and length to achieve the goals outlined in the care plan.
 - Anticipates and supports youth transition to adult health care, work, and independence.
 - Is re-evaluated as required with changing circumstances but no less frequently than every six months.
6. The Subawardee works with partners, at both the state and local level, to collect data to inform system-level quality improvement efforts and achieve optimal health outcomes for CYSHCN.
 7. Each CaCoon nurse³ and supervisor actively participates in educational opportunities that support continuous improvement of his/her CaCoon practice. At a minimum:
 - a. When beginning his/her CaCoon practice, each CaCoon nurse completes the "Introduction to CaCoon" posted on the OCCYSHN website.
 - b. The majority of nurses working with the CaCoon program in a given county participate in the annual CaCoon Regional Meetings.
 8. Encounter data for every CaCoon visit will be entered into the ORCHIDS database, or Oregon Home Visiting Data System when brought online, according to OHA standards.
 9. The Subawardee designates an individual who has the authority to assure accountability to contract standards. This individual will submit a short (2-4 pages) annual report describing how the Subawardee is meeting each of the standards. The report is due to OCCYSHN by July 1, 2016. OCCYSHN will provide a report guidance and template.

Note: Only one report is due from the LHD in relation to this contract.

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

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

- ✓ Child care and/or respite care
- ✓ Community Connections Network (CCN)
- ✓ Dentist/Orthodontist
- ✓ Department of Human Services – Child welfare
- ✓ Developmental Disabilities (DD) Services
- ✓ Durable medical equipment agency
- ✓ Early Intervention/ Early Childhood Special Education (EI/ECSE)
- ✓ Emergency medical services
- ✓ Exceptional Needs Care Coordinator (ENCC) at the Coordinated Care Organization (CCO)
- ✓ Family to Family (F2F) or other family support organization
- ✓ Housing supports
- ✓ Medical specialists
- ✓ Mental health services
- ✓ Occupational therapy
- ✓ Pharmacy
- ✓ Physical therapy
- ✓ School systems, including special education
- ✓ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- ✓ Speech therapy
- ✓ Supplemental Security Income (SSI)

✓ *Transportation supports*

³ *A CaCoon nurse is defined as a registered nurse who is employed by the CH and who either spends the majority of his/her FTE in support of CaCoon clients OR who supports the majority of CaCoon clients in a given county.*

ATTACHMENT B.1 – Promotora Services Scope of Work
BUDGET PERIOD FROM 10/01/2015–09/30/2016

Oregon CaCoon (Care Coordination) Program: Promotora Services

Responsibilities of the public health nurse in counties where Promotora services are funded: Marion, Jackson, Hood River and Malheur counties

The CaCoon Program sponsors a **Health Promotora** in selected counties to address health care disparities, as well as provide more culturally appropriate care coordination for the Latino population with children and youth with special health needs

Responsibilities of the public health nurse working with the Health Promotora:

In compliance with Oregon State Board of Nursing regulations, the CaCoon Nurse will provide direction and oversight to the **Health Promotora** when carrying out the plan of care for a child/family.

At a minimum, the nurse is responsible for:

- Orienting the Health Promotora to the CaCoon Program and to state and community services for children with special health needs;
- Conducting all child and family health assessments;
- Implementing the home visit protocol;
- Assuring CaCoon program standards are met. (See Protocol for the CaCoon Nurse and Health Promotora).

The CaCoon Nurse directs the work of the Promotora and initiates weekly meetings to monitor the plan of care.

The CaCoon Nurse will meet face-to-face with the family no less than every three months and document her assessments/evaluation of the progress or redevelopment of the plan to meet the client's needs. Home visits by the CaCoon Nurse and the Promotora must be sufficient in frequency and length to achieve the goals outlined in the care plan.

Responsibilities of the Health Promotora:

The CaCoon Health Promotora works under the direction of the CaCoon Nurse to provide services to the target population (Attachment D). The Health Promotora promotes health behaviors and helps families access and coordinate health and related services.

Health Promotora interventions include (but may not be limited to):

- Participates as a member of the health team;
- Conducts outreach activities to identify families needing services;
- Visits families in their homes;
- Assists the CaCoon Nurse to identify individual and family needs;
- Links families with appropriate services;
- Assists families to arrange for supports to access health and related services, e.g.,
 - transportation and interpretation services;
 - Advocates for the child's and family's needs;
- Acts as a liaison and source of information between the family and service providers by translating and interpreting if necessary;
- Collaborates with other community agencies and service providers;
- Participates in CaCoon orientation and continuing education opportunities;
- Assists in the development of educational materials;
- Participates on community coalitions, committees and other appropriate groups;
- Collects data and reports activity.

Protocol for the CaCoon Nurse and Health Promotora

1. The CaCoon Nurse makes the initial and subsequent home visits on all new referrals to complete child health and family assessment, OR this/these visits may occur jointly with the CaCoon Nurse and the Health Promotora.
2. In partnership with the child/family and the broader health care team, nurses serving CaCoon clients develop the nursing care plan which:
 - a. addresses the CaCoon Standards
 - b. defines the role of the Promotora.
 - c. describes the process for supervision of the Promotora.
3. The Health Promotora carries out the activities of the care plan that are not within the exclusive domain of nursing practice as indicated by Oregon Nurse Practice Law. The CaCoon Nurse and Health Promotora review cases on a weekly basis to:
 - a. Conduct chart reviews and review the plan of care.
 - b. Review interventions performed by the Health Promotora.
 - c. Identify additional training needs for the Promotora and develop a plan for meeting them.

When delegating to an unlicensed person, the Registered Nurse is authorizing that person to perform a task of nursing care normally within the Registered Nurse's scope of practice. Prior to agreeing to delegate tasks of nursing care, the Registered Nurse has the responsibility to understand the rules for delegating tasks of nursing care and achieve the competence to delegate and supervise as described in the Oregon State Board of Nursing "Standards for Community-Based Registered Nurse Delegation" (Division 47).

http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_851/851_047.html

4. The CaCoon Nurse must be available by phone for consultation with the Promotora. If the child's health or family circumstances change, the Promotora consults with the PHN who will decide if additional assessment is necessary.
5. A joint home visit with the CaCoon Nurse and Health Promotora is completed at least quarterly for evaluation and reassessment of the plan.

ATTACHMENT F.1 – Funding Structure Breakdown
BUDGET PERIOD FROM 10/01/2015–09/30/2016

To: OHSU
Child Development and Rehabilitation Center
PO Box 574
Portland, OR 97207

Re: Subaward 1004396_Wasco_CaCoon, Amendment 1 under HRSA Award Number
4B04MC06604-01-004 via OHA Subaward Number 14302

Budget Period: 10/01/2015-09/30/2016

Award Amount: \$10,958.12

Funding Category	Approved Budget for Funding Category
CaCoon Coordinator	\$9,862.31
Promotora	\$0
Administrative Support	\$1,095.81
TOTAL	\$10,958.12



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NCPHD Directors Report for October 13, 2015

The last month has been full of change and continuing transformation work at NCPHD. I met several times throughout the last month with my colleagues at both the Public Health Division and other local public health jurisdictions as we work to complete the definitions required by the Legislature around the modernization of public health. This continues to be very rewarding work as the ‘system’ of governmental public health works hand in hand to create a future vision to enhance the health of all Oregonians.

On October 16, Kathi and I appeared at the Wasco County BOCC meeting and presented the Annual Report with the changes you, the BOH, suggested. The report was well received by the BOCC. Shortly after the meeting, a press release was issued and the report was published to the NCPHD website.

We continue work this month with our auditors from Pauly and Rogers. Special thanks to Kathi, Gloria and Glenda who worked very hard to comply with the numerous requests for documents. I participated in an exit interview with Hans on Monday, October 5. I expect he will be at the November or December meeting to review the report with the Board of Health.

The Early Learning Council met for a two day retreat and continued to work on the vision for Early Learning system transformation.

The 4Rivers Early Learning HUB, serving Wasco, Sherman, Gilliam, Hood River and Wheeler Counties, hired Christa Rude back to the region to be the HUB Coordinator. She will be based at the Columbia Gorge ESD. I have met a couple times with Christa to share the work in the region and provide support.

I’ve been working the partners in the CGCCO regions around systems integration for home visiting services. I sent notification to primary care clinics across the three County NCPHD to make them aware of the limited capacity we will have this year to provide walk-in immunizations during school exclusion season. The NCPHD staff has participated in ‘fit testing’ for masks, a yearly activity that protects all staff in the event they respond to a public health emergency.

Last—I would like to make you aware of some upcoming staffing changes. We currently have a full time nursing position posting. We have had a staff resignation effective October 30. With some reorganization of duties for existing staff, the new position will have duties in reproductive health program management, communicable disease control, and walk-in clinical services. In addition, we

will be hiring a nursing supervisor or clinical programs manager to fill a position that will become vacant December 31, 2015 with a retirement. Also effective December 31, 2015, we will no longer have a Deputy Health Officer. We were notified of an intended retirement at the end of the calendar year last spring, and that position was eliminated from the budget effective July 1, 2015.

For October 12 and 13, I am at the Oregon Public Health Association Conference in Corvallis with three other staff members. I will be attending the Conference of Local Health Officials meeting in Portland on October 15, 2015. I will be on annual leave the week of October 19-23.

Respectfully Submitted,

Teri Thalhofer, RN, BSN

Director, NCPHD