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North Central Public Health District
"Caring For Our Communities"

North Central Public Health District Board of Health Meeting

December 12, 2017
3:00 PM
Meeting Room @
NCPHD

AGENDA -

1. **Minutes**
 1. Approve from 10-17-2017 executive committee meeting.
 2. Set Next Meeting Date (1/09/2018)
2. **Additions to the Agenda**
3. **Public Comment**
4. **Unfinished Business**
 1. Public Health Accreditation
5. **New Business**
 1. TPEP (Tobacco Prevention and Education Program) – Presented by Hayli Eiesland
 2. Domestic Well Testing Presentation – Presented by Jeremy Hawkins
 3. Vital Record Fees
 4. Feeding the Homeless/Indigent
 5. Sherman County Donation
 6. Grant Updates
 - a) Public Health Modernization
 - b) StePP with CGCC
 7. Financial Report
 8. Approval of A/P Check Report
 9. Contracts
 10. Director's Report

Note: This agenda is subject to last minute changes.

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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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The Dalles, OR 97058-2676
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www.ncphd.org

**North Central Public Health District
Board of Health
Meeting Minutes
October 17, 2017**

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

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

Guests Present: Susan Awmiller

Minutes taken by: Gloria Perry

Meeting called to order at 10:00am by Chair Scott Hege

SUMMARY OF ACTIONS TAKEN

MOTION by Judge Steve Shaffer, second by Commissioner Tom McCoy to accept the 9/12/17 executive committee meeting minutes with correction.

Vote: 3-0
Yes: Commissioner Tom McCoy, Judge Steve Shaffer, and Commissioner Scott Hege
Abstain: 0
Motion Carried

MOTION by Commissioner Tom McCoy, second by Judge Steve Shaffer to approve the Nationwide contact, acknowledging legal council’s concerns.

Vote: 3-0
Yes: Commissioner Tom McCoy, Judge Steve Shaffer, and Commissioner Scott Hege
Abstain: 0
Motion Carried

MOTION by Commissioner Tom McCoy, second by Judge Steve Shaffer to accept the A/P Checks Issued report for September 2017 as presented.

Vote: 3-0

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Yes: Commissioner Tom McCoy, Judge Steve Shaffer, and Commissioner Scott Hege
 Abstain: 0
 Motion Carried

WELCOME AND INTRODUCTIONS

MINUTES / NEXT MEETING DATE

1. Approval of past meeting minutes.
 1. A motion was made to approve the 9/12/17 executive committee meeting minutes with correction to the link for ICS training.
 2. The link listed in the minutes for ICS training is incorrect. The correct link to on-line classes is: <http://training.fema.gov/is/crslist.aspx>
2. Set next meeting date.
 1. Due to scheduling conflicts, there will not be a November executive committee meeting. Next scheduled meeting will be a full board meeting on Tuesday, December 12, 2017 at 3:00pm. Meeting location will be at the North Central Public Health District office located at 419 E. 7th St., The Dalles, OR.

ADDITIONS TO THE AGENDA

1. None

PUBLIC COMMENT

1. Sue Awmiller congratulated Teri Thalhofer and the entire NCPHD staff for their hard work and dedication in achieving accreditation status.

UNFINISHED BUSINESS

1. Modernization Grant – Letter of Commitment
 1. As a review, Teri explained to the board that the legislature allocated five million dollars this biennium for public health modernization. These funds are going to go out in grants along in tracks of one for capacity building, one for implementation to address communicable diseases and health equity while building leadership capacity.
 2. Teri talked to our community partners about coming together for this grant opportunity. Partners consist of the following counties: Hood River, Wasco, Sherman, Gilliam, Union, Umatilla, Baker, Grant, Harney, Malheur, Wheeler, Wallowa, Morrow, and Lake. Our non-governmental partner is the EOCCO.
 3. With the population of all these counties combined we are eligible for \$700,000.00 of funding over an 18-month period.
 4. Part of the grant application is a letter of commitment from commissioners stating that they agree with the project and moving forward, and that NCPHD commits to serve as the lead agency in the project.
 5. After discussion there was a consensus among the executive board to sign the letter of commitment.

NEW BUSINESS

1. Nationwide Roth Contribution Contract Amendment
 1. Legal council had some concerns regarding this contract amendment. Council wanted some changes made to the contract; however this is Nationwide's boilerplate contract that they use and are not willing to change the language.
 2. Teri asked the board for their approval to sign the contract as is.
 3. After discussion a motion was made to acknowledge legal council's recommendation and to approve Teri Thalhofer to sign the contract as presented from Nationwide.
2. Public Health Accreditation
 1. Teri advised the board that she has received notice that NCPHD has been officially accredited.
 2. Teri commented that she is very proud of the work that staff did in the process of becoming accredited
 3. We will need to file an annual report with the accreditation board. There are specific areas they want us to report on where they felt we had some challenges when they were here for the site review.
 4. Becoming accredited means that NCPHD is meeting best practice standards in our public health work.

5. Something to consider for next year's budget is the cost to become reaccredited. The cost is not insignificant and we should start planning for it over the next few years so we can be ready to pay those fees when the times comes for reaccreditation. The cost is around \$10,000.00.

3. SWAC Overview – Presented by John Zalaznik

1. Teri explained that the reason she asked John to speak to the board regarding this is because this isn't the kind of work that is the regulatory environmental health, this is the stuff that comes with public health modernization and she wanted John to give an overview to the executive board.
2. John discussed the following:
 - a. Big news is that there is no market for recycling.
 - b. In September, the information John received from Jim Winterbottom of The Dalles Disposal is that they were losing \$35.00 a ton and in October they were losing \$110.00 a ton to haul it.
 - c. Looking at the longevity, it's not good when you start losing that much money in hauling recyclables to Portland.
 - d. Contamination Rate
 1. China wants less than 1.5% contamination rates and the United States is not meeting those goals.
 2. A lot of the public doesn't understand recycling and they are using it for garbage.
 3. As of the first of January, the Chinese are going to reduce the contamination rate to .3% which is going to make it even stricter and it will be harder to meet those goals.
 4. There is a potential for 220 tons of recyclables going to a landfill in the near future until the market changes. There is really no domestic market for this either.
 - e. Licensing Agreement
 1. Our solid waste licensing agreement was written in 1996 and in the agreement it states that it needs to be rewritten every 10 years and that hasn't been happening. The committee's recommendation is to hire a consultant to rewrite this contract. If the contract hasn't been rewritten in 21 years there is potential for a lot of money to be missed. John is not sure if an audit has ever been done either.
 2. When the subject comes before Wasco County Commissioners, John encouraged Commissioner Hege to vote yes on rewriting this agreement. John would also like to be able to provide input from an environmental health point of view during the rewriting of the agreement.
 3. John commented that he asked Commissioner Kramer to look at different rates of like-size organizations when considering rates because Oregon residents can take their garbage across the river and pay half the cost of what they would pay going to The Dalles Garbage.
 - f. Longevity of the Landfill
 1. When there is no recycle capacity people are just going to throw it out and it will increase the garbage volume by quite a bit. The advisory committee always asks for a capacity report from the Wasco County landfill and last year it was 79 years and this year it is 48 years. If we are potentially adding another 220 tons a month just from Wasco County going to our landfill, the capacity and longevity is going to shrink quite a bit.
 2. Waste Connections really wants to bring more garbage in to the area from Metro and it is a potential income for Wasco County but when you take a look at that in the long term, trying to find another site for garbage disposal for a landfill is almost impossible.
 3. Commissioner Hege found that going from 79 years to 48 years capacity in just one year seems like quite a bit and wanted to know the reason for that. John wasn't sure if they had a different engineering group that did the assessment. Commissioner Hege would like to know if that is the case because 3 years ago it was at 99 years capacity. He also asked if the solid waste advisory committee was looking into this because this is the first that he has heard of this and it's pretty disturbing news. John replied that Commissioner Kramer is on the advisory committee and he asked Wasco County landfill for an explanation; however John's not sure if they can explain it. They have 210 acres under contract and they have a 360 acre piece so they are thinking that they can possible expand the landfill but a lot of the acreage is really steep and it falls into 3 Mile and it is John's opinion that a lot of the land is not usable.

4. Currently there are not enough members on the committee to provide the over-site needed.

4. Addressing Childhood Obesity Case Study

1. Teri shared with the board a report by the Oregon Health Authority in connection with the Rede Group.
2. NCPHD was part of the cross-sector partners who worked together to:
 - a. Collect and track local data on childhood obesity
 - b. Create a broad-based coalition
 - c. Fund a Collective Impact Health Specialist to expand the coalition and secure funding for additional projects
 - d. Offset restaurant licensing fees for restaurants participating in the Drink Fit program to reduce the amount of sugary beverages sold
3. Some results achieved:
 - a. Drink Fit Program
 - b. Partners agreeing to increase awareness
 - c. Better data
 - d. Head Start changed their policies to support children growing up at a healthy weight
4. Moving forward:
 - a. The coalition continues to engage partners to achieve community goals for health food and active living. For example, the City of The Dalles recently updated its transportation plan to include Safe Routes to Schools.

5. Grant Applications

1. Teri provided an update to the board regarding the status of grants that NCPHD has applied for:
 - a. We were not successful in a large federal grant that we had applied for which was to reduce childhood obesity in the Gorge region.
 - b. There are two grants pending with Columbia Gorge CCO.
 1. One is to have a reproductive health program coordinator to work with providers to build a system of reproductive health access points. This would be a 3-year grant funded position.
 2. The other is for funding for an obesity program manager that would do prevention and outreach around obesity as well as assist us in obtaining small grants to implement some projects such as community gardens & after school programming.
 3. The timeline for how the CCO plans to award these grants is not real clear. Award process can take up to 120 days.

6. Staffing

1. With some QIM money that we did not anticipate receiving from the CCO we created a program secretary position and we filled that internally with Jessie Elias who was one of our Office Specialist working in the front office. We now have an Office Specialist position open and are currently in the process of recruitment.
2. We also reclassified a position from Community Health Specialist to a Community Engagement Specialist which is more of a program manager level. Position was posted in-house and Judy Bankman applied and was promoted to this position.
3. We are also waiting for CCO funding on a cessation specialist for tobacco.

7. Approval of A/P Check Report (September 2017)

1. Report presented to the board.
2. A motion was made to approve the A/P Check Reports for September 2017 as presented.

8. Director's Report – By Teri Thalhofer

1. Report presented to the board and feedback requested.

Being no further business to be conducted at this time, Commissioner Hege adjourned the board of health meeting at 10:55PM

Signature

Date

Printed Name

- {Copy of 9/12/2017 Executive Committee Meeting Minutes, Modernization Grant Letter of Commitment, Nationwide Roth Contribution Amendment, OHA Childhood Obesity Case Study handout, A/P Check Report for September 2017 and Director’s Report for September 2017 attached and made part of this record.}

DRAFT

Tobacco 21:

Legal age to purchase tobacco is now 21

Oregon is the 5th State to raise the legal age to purchase tobacco to 21

When does this go into effect?

- Senate Bill 754 became law upon the signature of Governor Kate Brown on August 9, 2017.
- The law applies on January 1, 2018 and enforcement activities will begin on that date

Who enforces this ?

- The Oregon Health Authority Public Health Division is authorized to enforce the minimum age of tobacco sales law and coordinates with the Oregon State Police to conduct state sponsored compliance inspections.

Why is this so important?

- Prevent kids from starting tobacco – social circles.
- The earlier kids start using tobacco, the more at risk they are for chronic disease including heart disease, asthma and cancer.
- Most addiction to tobacco starts in adolescence. Most adults who smoke report that they started smoking before turning 18, and almost all start before they turn 26.
- Reduction in smoking rates and reduce tobacco-related death.

What products does this cover?

- 1. Bidis, cigars, cheroots, stogies, periques, granulated, plug cut, crimp cut, ready rubbed and other smoking tobacco, snuff, snuff flour, cavendish, plug and twist tobacco, fine-cut and other chewing tobaccos, shorts, refuse scraps, clippings, cuttings and sweepings of tobacco and other forms of tobacco, prepared in a manner that makes the tobacco suitable for chewing or smoking in a pipe or otherwise, or for both chewing and smoking
- 2. Cigarettes
- 3. Devices that can be used to deliver tobacco to the person using the device.

Are people ages 18-20 “grandfathered” in?

- NO

- There are no exceptions for sales of tobacco products or inhalant delivery systems for those 18, 19, and 20 years old

What about possession?

- There currently is no violation for people ages 18-20 to possess tobacco products or inhalant delivery systems.
- It is unlawful for a person under 18 years of age to possess tobacco products or inhalant delivery systems.

Are retailers required to post signs with updated sales age requirements?

- Yes. All retailers that sell tobacco products or inhalant delivery systems must display a sign clearly stating that the sale of tobacco products and inhalant delivery systems to persons under the age of 21 is prohibited by law.
- The Oregon Health Authority provides signs for download at www.healthoregon.org/tobaccoretailsales.

TPEP - Update

- Blue Zones Update
- Setting priorities aligning with work-plan
 - Short term vs. long term goals
 - Collaboration with Blue Zone Team and what that looks like

Continuing Update

- Partnership development
 - Early learning
 - Next Door
 - Abogados de la Comunidad/ Mid-Columbia Health Advocates
- ADPEP Collaboration
 - State expectations
 - Gilliam, Sherman and Wasco County Collaboration
 - Ongoing challenges
- City of The Dalles
 - Tobacco Free Park Policy: moving forward January 2018



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Improving Domestic Well Stewardship In North Central Oregon

Jeremy Hawkins

North Central Public Health District



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Project Background

- \$7,500 grant from OHA's Domestic Well Safety Program to improve domestic well stewardship.
- Partnered with City of The Dalles Water Quality Lab and OSU Extension Services.
- Subsidized water quality testing for community members who get their drinking water from a private well.

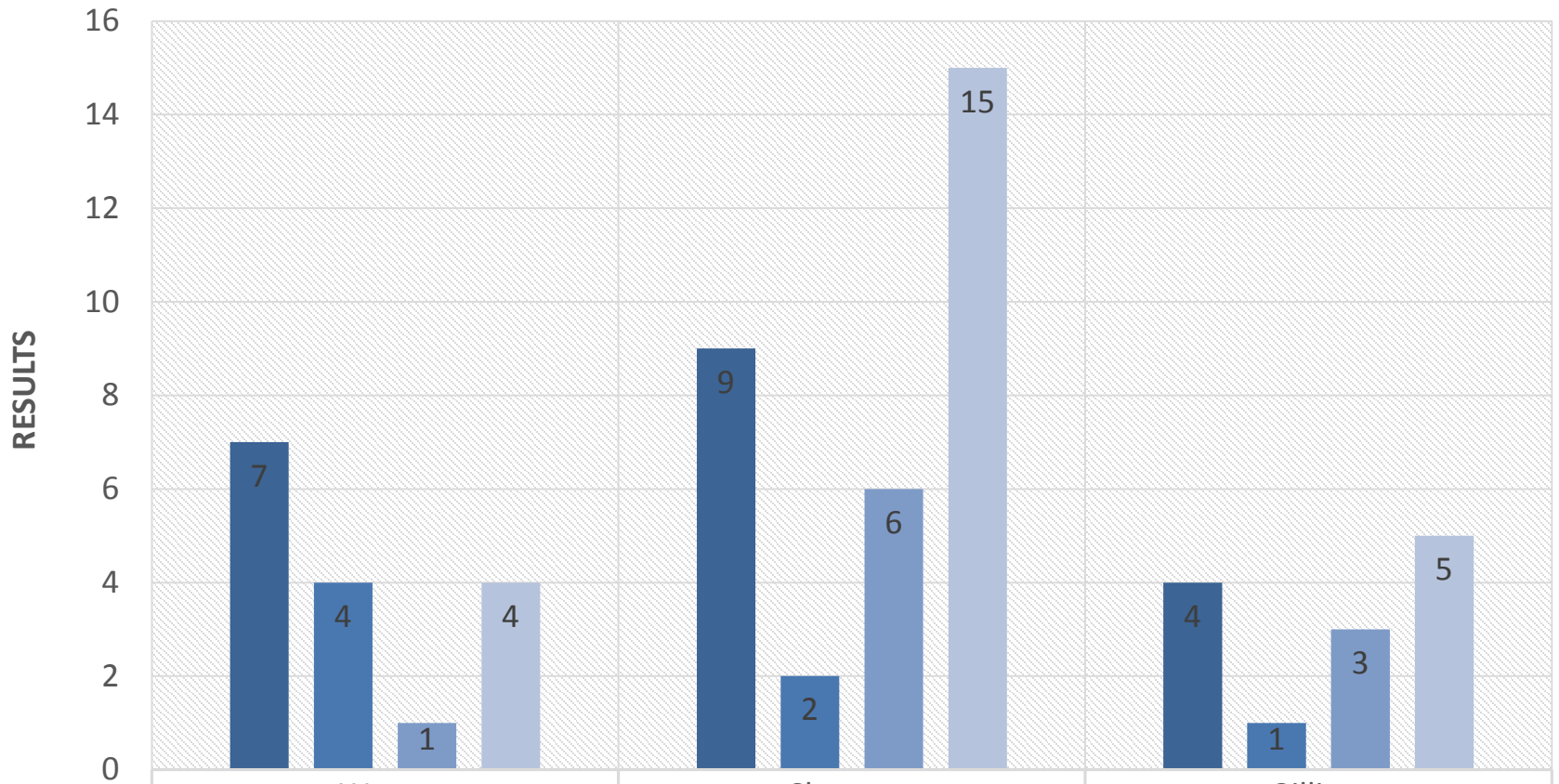
Contaminants

Test	Source	Interpretation	Remedy
Total Coliform Bacteria / E. coli	Enters well through groundwater, surface water run-off, cracked or broken well parts, poor construction, or leaking septic tanks	Qualitative	Hyperchlorination of the system based on volume of the well, chlorine concentration, and contact time.
Nitrate	High rates are usually linked to human activities including animal manure, human sewage waste, and commercial fertilizers	Quantitative: Maximum Contaminant Level (MCL) = 10.00 ppm	Distillation, Ion Exchange, or Reverse-Osmosis Filters

Public Health Implications of Nitrate Exposure

Group	Health effects
Infants	Methemoglobinemia, birth defects
Pregnant Women	Anemia, threatened abortion, preeclampsia, spontaneous abortion
Adults	Elevated risk of certain cancers(?)

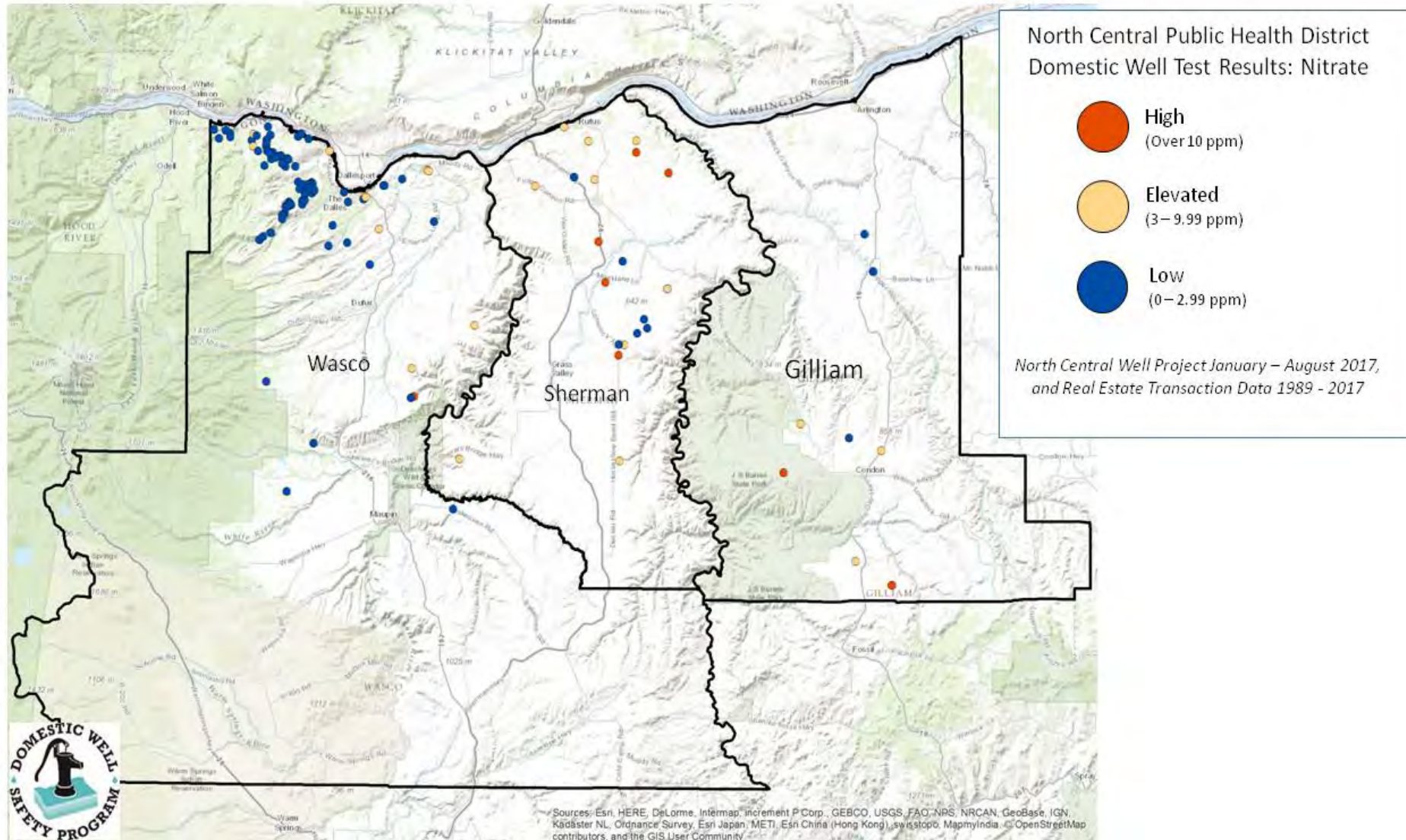
Summary of Lab Results



■ TCB	7	9	4
■ E. Coli	4	2	1
■ Nitrate >MCL	1	6	3
■ Elevated Nitrate	4	15	5

Category	Wasco	Sherman	Gilliam
TCB	7	9	4
E. Coli	4	2	1
Nitrate >MCL	1	6	3
Elevated Nitrate	4	15	5

Nitrate Results Map



Key Takeaways on Nitrates

1. Methemoglobinemia is the most important adverse health effect caused by excessive nitrate/nitrite exposure.
2. Maternal exposure to environmental nitrates and nitrites may increase the risk of pregnancy complications such as anemia, threatened abortion/premature labor, or preeclampsia.
3. Epidemiological investigations and human toxicological studies have not shown an unequivocal relationship between nitrate intake and the risk of cancer.

Key Takeaways for our Counties

1. Though limited in sample size, our data shows a trend of elevated or high nitrate levels in Sherman and Gilliam county.
2. The Public Health District does not have funding to continue this project (testing more wells, investigating sources of contamination, helping community members pay for remediation).

Questions for Board Members:

1. Is this something that we think should be investigated further?
2. Are there water resource partners in our counties that would benefit from seeing this information that may have funding to pick up where we left off?

References

1. *Atsdr.cdc.gov*. (2017). *Nitrate/Nitrite Toxicity 2013: What Are the Health Effects from Exposure | ATSDR - Environmental Medicine & Environmental Health Education - CSEM*. [online] Available at: <https://www.atsdr.cdc.gov/csem/csem.asp?csem=28&po=10> [Accessed 7 Dec. 2017].
2. EWG. (2017). *Health Effects of Nitrate Exposure*. [online] Available at: <https://www.ewg.org/research/pouring-it/health-effects-nitrate-exposure> [Accessed 7 Dec. 2017].
3. Penn State Extension. (2017). *Nitrates in Drinking Water*. [online] Available at: <https://extension.psu.edu/nitrates-in-drinking-water> [Accessed 7 Dec. 2017].

Change in fees for vital records effective January 1, 2018

What is the change in fees? The fee for a certificate will remain \$25. Fees for additional copies of a record will now also be \$25. For more information and for a list of fees see www.healthoregon.org/feechanges

What are vital records? Vital records are the legal registration of a vital event. A vital event is a birth, marriage, divorce or death. Every vital event that occurs in Oregon must be recorded and permanently stored with the Center for Health Statistics, also known as Oregon Vital Records. Certified copies of the record are printed on special paper and are known as certificates — birth certificates, death certificates or marriage certificates.

Why are certificates important? A birth certificate is a legal document used to establish identity. It shows who you are, and when and where you were born. You need a birth certificate to enroll a child in school; to get a Social Security card, a driver's license or government benefits; or to apply for a passport.

The death certificate is the official legal record of death. A death certificate is needed to settle the affairs of your loved one. It has information about the person who died and the cause of their death. Insurance companies, the Social Security Administration and other agencies may ask for certified copies of the death certificate as proof of death.

How are the fees used? Fees for vital records support these services provided by state and county vital records offices:

- **Registering and storing vital records:**

Each vital event in Oregon is registered and stored with the state vital records office. Information comes from hospitals for births, funeral homes for deaths, county clerks for marriage and the courts for divorce. The state vital records office must make sure each vital record has complete and legal information, and is numbered and indexed so each one can be easily found. Any changes made to the records at any time must be documented and tracked. Currently, the state vital records office has more than six million vital records and adds about 128,000 each year. Many of the vital records are now registered and stored electronically.

(Continued on reverse)

- **Screening and processing orders for certificates:**

More than 170,000 orders for certificates are completed by Oregon Vital Records each year. County vital records offices can issue death and birth certificates for the first six months after the event. Vital records are confidential and access is limited to specific people for 100 years for birth records and 50 years for the other records. All orders are screened to make sure only persons that are eligible can get them. Screening also is a way to prevent fraud and identity theft.

- **Analyzing data from vital records:**

Some of the most important facts about the health of Oregonians come from vital records. Information about low birth weight babies and access to prenatal care is gathered from birth certificates. Death rates, life expectancy measures and information on leading causes of death come from death certificates.

For more information, go to www.healthoregon.org/feechanges or call 971-673-1190.



PUBLIC HEALTH DIVISION

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FAX: 971-673-1203

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OHA 9770 (10/2017)

2018 Vital Records Fee Schedule

Not all services shown. See rules for complete information.

Services	Current Fee	New fee Jan. 1, 2018	Fee collected by
Birth Certificates -- First Copy	\$25.00	\$25.00	County & State
-- Each Additional Copy	\$20.00	\$25.00	County & State
Death Certificates -- First Copy	\$25.00	\$25.00	County & State
-- Each Additional Copy	\$20.00	\$25.00	County & State
Marriage (& ORDP) Certificates -- First Copy	\$25.00	\$25.00	State only
-- Each Additional Copy	\$20.00	\$25.00	State only
Divorce (dissolution of ORDP) Certificates -- First Copy	\$25.00	\$25.00	State only
-- Each Additional Copy	\$20.00	\$25.00	State only
Expedited Order	\$7.00	\$7.00	* State only
Amendments	\$35.00	\$35.00	State only
Certificate Replacement Fee **	\$5/per replacement	\$5/per replacement	County & State
Verification Fee	\$10/first 5 for free	\$10/first 5 for free	State only
Certified copy of birth record requested as image (no discounts for additional copies)	\$30.00	\$30.00	State only
Pre-adoption birth record	\$30.00	\$30.00	State only
Contact Preference form	\$25.00	\$25.00	State only
Amendment expedite fee	\$30.00	\$30.00	State only

* County can charge this fee if orders are submitted via the Internet or phone with a credit card and are processed within 3 business days.

** One free certified copy for birth records; no replacement fee if only medical amendment for death records.



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Why is safe food particularly important for indigent and homeless people?

People are especially vulnerable to life-threatening consequences from food borne illness when they lack housing, access to medical care, and other social and economic resources.

What is the risk of providing home prepared food to people who are hungry?

If food is not properly handled, it can make people very ill. Food borne illnesses are caused by bacteria, viruses, parasites, chemicals, or toxins causing symptoms like nausea, cramps, diarrhea, fever, and vomiting. Paralysis or death may result.

Foods prepared in a home kitchen lack many environmental controls found in commercial kitchens or restaurants. Some examples include: inadequate hand washing after diapering babies or handling pets may occur; or improper storage of hazardous materials or raw meat may result in cross-contamination of food products leading to illness. Also lack of sanitizing food contact surfaces may spread germs, and inadequate refrigeration may allow the growth of germs or the formation of toxins in food. Licensed facilities like restaurants are designed and monitored to minimize these risks.

What does Environmental Health consider as safe food?

North Central Public Health District routinely inspects operations serving food to the public as a requirement for meeting Oregon statutes and rules. Food is considered safe when it comes from an approved source inspected by Environmental Health, USDA or the Oregon Department of Agriculture. No home-prepared foods are allowed.

What can I do to provide safe food that meets the requirements of Oregon laws?

Your help can go a long way in providing safe food for people who are homeless. Most soup kitchens, churches, and other benevolent organizations prepare safe food for the homeless in licensed kitchens that are evaluated twice a year. You might consider donating to one of these organizations or find out if these licensed kitchens are available for your use to prepare foods. For more information on donating food, contact the Oregon Food Bank:

1-800-777-7427 or visit info@oregonfoodbank.org.

Are there alternatives to providing food through a benevolent organization?

1. You may obtain donated food from a licensed facility such as a restaurant or grocery store and transport it directly to the site where the food will be dispensed.
2. You may purchase food and prepare it at the dispensing site by following requirements for setting up a temporary restaurant. No license is required for donating the food to needy people.

How do I learn more about preparing safe meals?

Check out the food safety links at www.mchealthinspect.org.

Personal Hygiene: It's In Your Hands

Always wash your hands before handling food and utensils. Hands can move germs from pets, restrooms, garbage, diapers, and runny noses onto food you eat. Use soap and scrub thoroughly, especially under fingernails, and rinse with warm water. Dry hands with clean paper towels.

Raw meats often carry germs, which can make you sick. Wash your hands immediately after handling raw meats and before you touch other foods, door handles, or equipment. Also, wash hands after touching your mouth, after smoking, coughing, or eating in the kitchen.

If you are sick or have any type of infection, do not prepare any food. Give yourself a break and let someone else cook. Another option is to buy meals prepared at a restaurant or grocery store.

Disposable gloves may offer additional protection, especially if you have cuts or wounds on your hands. Gloves need to be changed immediately after handling raw meats.



Food Temperatures: Avoid the Danger Zone

Perishable foods can be stored safely for up to a week (or to the labeled expiration date) in your refrigerator at or below 41°F.

Hot foods may be kept safely at 140°F or above. Temperatures between 41°F to 140°F are good for growing germs, which is known as the Danger Zone. Perishable foods in the Danger Zone more than four hours may produce enough germs to make people ill. If food has been left out over four hours or your refrigerator breaks down for more than four hours, throw away the food. It is not worth the risk of experiencing foodborne illness.

Use a five-inch long metal stem thermometer to check food temperatures. A thermometer with a temperature range from 0°F to 220°F is recommended and can be purchased at the local supermarket or department store.

You can then check hot and cold food temperatures using the same thermometer. Always wash off the thermometer's metal stem before using it. The metal stem will not shatter and ruin your food like a glass thermometer will.

You can ensure the thermometer is accurate by calibrating it in a glass of ice water. After a few minutes, the thermometer should



show a temperature around 32°F. If it needs to be adjusted, use a small wrench to turn the hexagonal nut under the glass until the thermometer reaches 32°F when left sitting in the ice water.

Leftovers or foods prepared a day ahead of serving require proper cooling to limit the growth of germs. The cooling process must drop food below 41°F within four hours to avoid major germ growth. When cooling warm foods, do not leave out at room temperature. After food temperature drops below 140°F, place food in an uncovered shallow pan for rapid cooling and store in refrigerator immediately. Set pan where it will not be exposed to contamination from other items such as raw meat juices.

For large containers of hot food, rapid cooling will be more difficult. Food near the edge of the container will cool much faster than the food in the middle. Cooling can be done faster if food is divided into smaller containers and stored separately in the refrigerator. Do not stack warm foods together as this prevents cooling in the middle of the stack. Do not cover foods until the product has cooled to 41°F.

Another method of cooling large containers of warm food is to use an ice water bath. Set container of food in a clean sink or tub of cold water with ice cubes. Be sure the ice water level on the outside of the container is at least as high as the food level inside the container. Also, be careful not to splash any dirty water into the food.



According to the proper temperature guide below lists internal temperatures to be met or exceeded throughout the food. Test the food with your metal stem thermometer. For large containers or roasts, check temperatures in several spots. Uneven heating may result in food cooking unevenly.

Minimum Cooking Temperatures

Poultry (chicken, turkey, etc.), stuffed meats, stuffing containing meat **165°F**

Ground beef (hamburger), ground fish (fish cakes) **155°F**

Pork and pork products **145°F**

Eggs, fish, and other foods **145°F**

Follow label directions for cooking commercially prepared foods. Reheat all leftovers thoroughly to **165°F or above**.

Microwave cooking directions: Rotate or stir midway through cooking. Heat to at least **165°F** in all parts. Let stand covered for an additional two minutes.

If in doubt, cook all foods thoroughly to **165°F**.

Separate Foods: Don't Cross Contaminate

People may become sick when their food is exposed to germs or toxic chemicals in your home. Prevent contamination by storing dry foods in metal or glass containers with tight-fitting lids to keep insects and rodents out. Be sure cleaning supplies and pesticides are labeled properly and stored away from or below food items. Do not store foods under water or sewage pipes that may leak or drip. Keep foods stored off the floor to avoid contamination from mop water, sewage back-ups, or spills.

Raw meats may look fine but should always be treated as if contaminated with germs. Cooking to the proper temperature will kill the germs. Until the meat is cooked, store in your refrigerator away from and below other foods. Keep raw meat juices from dripping onto foods that will not be cooked before eating, like lettuce or cold cuts. Raw meats that are wrapped may still leak so store them away from and below other foods.

Cutting boards should be scrubbed with detergent and rinsed with hot water after each use and especially after preparing raw meats. Sanitize cutting boards after washing with a mild bleach water solution using a teaspoon of bleach per gallon of water. After sanitizing, let the cutting boards air dry allowing time for the chlorine in the bleach water to kill any germs.



FOOD SAFETY HINTS

Simplify recipes. The more heating and cooling steps in a recipe, the more chance germs have to grow. Eliminate unnecessary steps and combine processes if possible.

Keep preparation time short. Try to prepare meals less than a day in advance. Otherwise risky foods will need to be cooled for overnight storage, then reheated the next day. Either procedure, if not correctly done, will allow germs to grow.

Big meals need big kitchens. If you plan to prepare a large quantity of food, consider using a licensed commercial kitchen. These facilities usually have larger preparation and storage areas. Their equipment is designed to heat and cool foods rapidly. [Home-style refrigerators can keep foods cold enough but are usually not designed to cool down large amounts of food quickly. They lack large fans to blow cold air around food items for rapid cooling.]

Remember, it is easier and much less stressful to take preventive steps for food safety than to have friends, family, or you suffer from food-borne illness.



Preparing Safe Meals

A guide for your home kitchen

Protect friends, family, and yourself from illness caused by foods prepared in your kitchen. This guide will describe some simple tips for preparing safe food.



For more information, visit the Multnomah County Health Department's food safety website at www.mchealthinspect.org or call the Environmental Health Section at 503-988-3400

Recap Report
7/1/2016 to 6/30/2017

<u>Account Number</u>		<u>Adjusted Appropriation</u>	<u>YTD EXP</u>	<u>YTD REV</u>	<u>Balance</u>	<u>Prct</u>	
201	PUBLIC HEALTH FUND						
201.00.1201	NON-DEPARTMENTAL (\$3869 INT EARNED & \$2361 SAIF DIV.)	REV 1,500.00		6,130.06		408.67	
201.23.7141	PUBLIC HEALTH	REV 637,643.00		661,143.31		103.69	Septic & Vital Records^
		EXP 517,281.00	523,029.31		138,114.00	101.11	
201.23.7142	WIC	REV 170,602.00		176,770.11		103.62	Ipad & Prev. Pays grnt^
		EXP 186,385.00	190,808.30		-14,038.19	102.37	
201.23.7143	MCH - CAH	REV 23,386.00		28,597.43		122.28	Imm Fees^
		EXP 79,206.00	87,233.25		-58,635.82	110.13	
201.23.7144	REPRODUCTIVE HEALTH	REV 254,541.00		167,679.87		65.88	
		EXP 322,549.00	277,464.11		-109,784.24	86.02	
201.23.7145	STATE SUPPORT	REV 41,564.00		40,774.72		98.10	
		EXP 40,657.00	37,678.49		3,096.23	92.67	
201.23.7146	ENVIRONMENTAL HEALTH	REV 95,200.00		104,737.45		110.02	EH Fees \$5000^; EOCCO
		EXP 90,339.00	100,598.22		4,139.23	111.36	(more FTE)
201.23.7148	PERINATAL HEALTH	REV 105,182.00		145,241.01		138.09	HV prog. Don. \$45,000
		EXP 75,736.00	154,820.01		-9,579.00	204.42	(more FTE)
201.23.7149	PHEP	REV 180,201.00		181,092.59		100.49	
		EXP 180,149.00	177,291.45		3,801.14	98.41	
201.23.7152	HEALTH PROMOTION	REV 76,918.00		83,700.00		108.82	Pacific Source \$25,700
		EXP 163,938.00	119,543.89		-35,843.89	72.92	Grant carryover
201.23.7153	IMMUNIZATION SPECIAL PAYM	REV 17,744.00		18,607.00		104.86	
		EXP 18,264.00	18,012.93		594.07	98.63	
201.23.7154	CACOON & CCN	REV 51,758.00		56,559.56		109.28	Imm Fees^
		EXP 66,223.00	37,286.43		19,273.13	56.30	
201.23.7155	TOBACCO PREV & ED	REV 93,619.00		93,619.00		100.00	
		EXP 93,619.00	94,201.45		-582.45	100.62	
201.23.7156	WATER	REV 42,184.00		47,844.47		113.42	Dom Wells grant
		EXP 42,179.00	45,251.32		2,593.15	107.28	
201.23.7158	BABIES FIRST	REV 214,951.00		236,104.00		109.84	
		EXP 232,167.00	224,331.24		11,772.76	96.62	
201.23.7159	OREGON MOTHERS CARE	REV 7,124.00		7,248.00		101.74	
		EXP 13,925.00	14,090.90		-6,842.90	101.19	
201.23.7500	PASS THROUGH	REV 10,000.00		14,700.00		147.00	
		EXP 10,000.00	15,300.00		-600.00	153.00	
201.23.7999	NON-DEPARTMENTAL	REV		0.00		0.00	
		EXP 241,500.00	0.00		0.00	0.00	
	TOTAL REVENUE		2,374,117.00	2,070,548.58		87.21	
	TOTAL EXP		2,374,117.00	2,116,941.30	-46,392.72	89.17	

Recap Report
7/1/2017 to 9/30/2017

<u>Account Number</u>		<u>Adjusted</u> <u>Appropriation</u>	<u>YTD EXP</u>	<u>YTD</u> <u>REV</u>	<u>Balance</u>	<u>Prct</u>	
201	PUBLIC HEALTH FUND						
201.00.1201	NON-DEPARTMENTAL	REV	273,000.00		937.69	0.34	
		REV	670,285.00		163,966.42	24.46	
201.23.7141	PUBLIC HEALTH	EXP	533,027.00	127,512.88	36,453.54	23.92	
		REV	171,693.00		41,337.00	24.08	
201.23.7142	WIC	EXP	186,440.00	45,952.46	-4,615.46	24.65	
		REV	25,786.00		8,249.18	31.99	
201.23.7143	MCH - CAH	EXP	67,819.00	14,796.99	-6,547.81	21.82	
		REV	192,002.00		42,935.43	22.36	
201.23.7144	REPRODUCTIVE HEALTH	EXP	290,774.00	57,532.25	-14,596.82	19.79	
		REV	36,478.00		10,210.78	27.99	
201.23.7145	STATE SUPPORT	EXP	41,207.00	7,859.07	2,351.71	19.07	
		REV	110,923.00		7,821.00	7.05	Lic. Fac. Fees Due in Jan.
201.23.7146	ENVIRONMENTAL HEALTH	EXP	121,084.00	26,981.43	-19,160.43	22.28	
		REV	194,282.00		5,791.50	2.98	Schwab Charitable
201.23.7148	PERINATAL HEALTH	EXP	186,810.00	30,182.17	-24,390.67	16.16	
		REV	161,190.00		44,390.00	27.54	
201.23.7149	PHEP	EXP	167,375.00	40,371.51	4,018.49	24.12	
		REV	101,023.00		167.99	0.17	Mileage reimb.
201.23.7152	HEALTH PROMOTION	EXP	85,294.00	17,528.11	-17,360.12	20.55	
		REV	18,006.00		4,677.00	25.97	
201.23.7153	IMMUNIZATION SPECIAL PAYM	EXP	17,332.00	3,407.55	1,269.45	19.66	
		REV	42,958.00		3,905.00	9.09	
201.23.7154	CACOON & CCN	EXP	48,279.00	10,503.88	-6,598.88	21.76	
		REV	93,619.00		23,460.00	25.06	
201.23.7155	TOBACCO PREV & ED	EXP	95,641.00	14,996.42	8,463.58	15.68	
		REV	44,326.00		12,420.00	28.02	
201.23.7156	WATER	EXP	44,592.00	14,600.48	-2,180.48	32.74	
		REV	214,939.00		39,328.00	18.30	
201.23.7158	BABIES FIRST	EXP	254,695.00	70,140.96	-30,812.96	27.54	
		REV	7,248.00		1,524.00	21.03	
201.23.7159	OREGON MOTHERS CARE	EXP	14,702.00	3,654.34	-2,130.34	24.86	
		REV	15,000.00		2,900.00	19.33	
201.23.7500	PASS THROUGH	EXP	15,000.00	1,600.00	1,300.00	10.67	
		REV	0.00		0.00	0.00	
201.23.7999	NON-DEPARTMENTAL	EXP	202,687.00	0.00	0.00	0.00	
	TOTAL REVENUE		2,372,758.00		414,020.99	17.45	
	TOTAL EXP		2,372,758.00	487,620.50	-73,599.51	20.55	

NCPHD
Accounts Payable Checks
Issued October 2017

Check Date	Check Number	Vendor Name	Amount
10/10/2017	401	IRS	\$10,826.87
10/10/2017	402	ASIFLEX	\$295.00
10/10/2017	403	P E R S	\$11,415.52
10/10/2017	404	OREGON STATE, DEPT OF REVENUE	\$2,559.86
Reserved in Que	405	OREGON STATE, EMPLOYMENT DEPT	Reserved in Que
10/25/2017	406	IRS	\$11,266.98
10/25/2017	407	ASIFLEX	\$295.00
10/25/2017	408	P E R S	\$11,748.14
10/25/2017	409	OREGON STATE, DEPT OF REVENUE	\$2,666.32
10/5/2017	12056	CIS TRUST	\$25,178.67
10/6/2017	12057	CITY OF THE DALLES	\$600.00
10/6/2017	12058	HENRY SCHEIN	\$585.04
10/6/2017	12059	HPSRX ENTERPRISES INC	\$100.15
10/6/2017	12060	MID-COLUMBIA FIRE & RESCUE	\$630.00
10/6/2017	12061	OFFICE DEPOT	\$609.00
10/6/2017	12062	OPTIMIST PRINTERS	\$160.00
10/6/2017	12063	OREGON COALITION OF LOCAL, HEALTH OFFICIALS INC	\$2,136.61
10/6/2017	12064	OREGON STATE, DEPT OF ENVIRONMENTAL QUA	\$1,200.00
10/6/2017	12065	PUBLIC HEALTH ACCREDITATION, BOARD	\$500.00
10/6/2017	12066	RICOH USA INC.	\$156.12
10/6/2017	12067	SAIF CORPORATION	\$503.19
10/6/2017	12068	SATCOM GLOBAL INC.	\$118.33
10/6/2017	12069	SMITH MEDICAL PARTNERS LLC	\$544.88
10/6/2017	12070	SPARKLE CAR WASH, LLC	\$40.50
10/6/2017	12071	STAEHNKE, DAVID	\$118.84
10/6/2017	12072	THE DALLES CHRONICLE	\$351.70
10/6/2017	12073	THE DALLES NAPA AUTO PARTS INC	\$10.99
10/6/2017	12074	UPS	\$162.52
10/6/2017	12075	US BANK	\$2,616.84
10/6/2017	12076	WASCO COUNTY	\$583.40
10/9/2017	12077	BEERY ELSNER & HAMMOND LLP	\$987.00
10/9/2017	12078	MID-COLUMBIA MEDICAL CENTER	\$360.00
10/9/2017	12079	U.S. CELLULAR	\$342.28
10/9/2017	12080	WASCO COUNTY	\$153.78
10/17/2017	12081	CA STATE DISPURSEMENT UNIT	\$231.50
10/17/2017	12082	NATIONWIDE RETIREMENT SOLUTION	\$2,530.00
10/18/2017	12083	AHLERS & ASSOCIATES	\$910.00
10/18/2017	12084	CAPEK, M.D., MICHAEL	\$11.45
10/18/2017	12085	COLUMBIA GORGE RADIOLOGY, PC	\$52.00
10/18/2017	12086	CYTOCHECK LABORATORY LLC	\$165.50
10/18/2017	12087	H2OREGON BOTTLED WATER INC.	\$53.65
10/18/2017	12088	LACHINO-VALENTE ORTEGA, CECILIA	\$500.00
10/18/2017	12089	LANGUAGE LINE SERVICES, INC.	\$21.45
10/18/2017	12090	MID-COLUMBIA MEDICAL CENTER	\$332.30

PAYROLL A/P (EFT)

PAYROLL A/P

10/18/2017	12091	OFFICE DEPOT	\$568.83
10/18/2017	12092	OPTIMIST PRINTERS	\$224.00
10/18/2017	12093	OR STATE PUBLIC, HEALTH LABORATORY	\$200.15
10/18/2017	12094	OREGON STATE, DEPT OF HUMAN SERVICES	\$10,000.00
10/18/2017	12095	SHRED-IT USA	\$90.00
10/18/2017	12096	SMITH MEDICAL PARTNERS LLC	\$4,154.71
		TOTAL:	\$109,869.07

NCPHD Board of Health authorizes check numbers 12056 - 12096 and payroll EFT numbers 401 - 409 totalling \$109,869.07.

Signature _____

Date: _____

Printed Name _ Scott Hege

NCPHD
Accounts Payable Checks
Issued November 2017

Check Date	Check Number	Vendor Name	Amount
11/9/2017	410	IRS	\$12,033.78
11/9/2017	411	ASIFLEX	\$295.00
11/9/2017	412	P E R S	\$12,259.18
11/9/2017	413	OREGON STATE, DEPT OF REVENUE	\$2,856.04
11/24/2017	414	IRS	\$12,175.15
11/24/2017	415	ASIFLEX	\$295.00
11/24/2017	416	P E R S	\$12,189.50
11/24/2017	417	OREGON STATE, DEPT OF REVENUE	\$2,882.32
11/2/2017	12097	CA STATE DISPURSEMENT UNIT	\$231.50
11/2/2017	12098	CIS TRUST	\$25,165.62
11/2/2017	12099	HENRY SCHEIN	\$149.73
11/2/2017	12100	OREGON STATE, DEPT OF ENVIRONMENTAL QUA	\$800.00
11/2/2017	12101	OREGON STATE, DEPT OF HUMAN SERVICES	\$28.00
11/2/2017	12102	PUBLIC HEALTH ACCREDITATION, BOARD	\$700.00
11/2/2017	12103	QWIK CHANGE LUBE CENTER INC.	\$45.80
11/2/2017	12104	SMITH MEDICAL PARTNERS LLC	\$758.10
11/2/2017	12105	STAEHNKE, DAVID	\$87.57
11/2/2017	12106	TOTAL ACCESS GROUP INC	\$242.72
11/2/2017	12107	UPS	\$103.20
11/2/2017	12108	US BANK	\$1,072.46
11/13/2017	12109	AHLERS & ASSOCIATES	\$910.00
11/13/2017	12110	BEERY ELSNER & HAMMOND LLP	\$376.00
11/13/2017	12111	H2OREGON BOTTLED WATER INC.	\$83.40
11/13/2017	12112	MID-COLUMBIA MEDICAL CENTER	\$315.00
11/13/2017	12113	OFFICE DEPOT	\$892.97
11/13/2017	12114	OPTIMIST PRINTERS	\$128.00
11/13/2017	12115	RICOH USA INC.	\$158.79
11/13/2017	12116	SAIF CORPORATION	\$505.92
11/13/2017	12117	SATCOM GLOBAL INC.	\$57.90
11/13/2017	12118	SPARKLE CAR WASH, LLC	\$24.30
11/13/2017	12119	STRATUS AUDIO, INC.	\$33.66
11/13/2017	12120	WASCO COUNTY	\$779.74
11/15/2017	12121	CA STATE DISPURSEMENT UNIT	\$231.50
11/15/2017	12122	NATIONWIDE RETIREMENT SOLUTION	\$1,265.00
11/16/2017	12123	CYTOCHECK LABORATORY LLC	\$92.50
11/16/2017	12124	INTERPATH LABORATORY INC.	\$36.23
11/16/2017	12125	OPTIMIST PRINTERS	\$144.00
11/16/2017	12126	OREGON PUBLIC HEALTH INSTITUTE	\$250.00
11/16/2017	12127	OREGON STATE, DEPT HUMAN SERVICES- OFS	\$1,239.00
11/16/2017	12128	SMITH MEDICAL PARTNERS LLC	\$239.41
11/16/2017	12129	U.S. CELLULAR	\$342.99
11/20/2017	12130	OFFICE DEPOT	\$191.00
11/20/2017	12131	OREGON 4-H FOUNDATION	\$75.00

PAYROLL A/P (EFT)

PAYROLL A/P

PAYROLL A/P

11/27/2017	12132	CA STATE DISPURSEMENT UNIT	\$231.50	PAYROLL A/P
11/27/2017	12133	NATIONWIDE RETIREMENT SOLUTION	\$1,265.00	
11/29/2017	12134	CURASCRIP SPECIALTY, DISTRIBUTION	\$5,865.30	
11/29/2017	12135	HENRY SCHEIN	\$108.84	
11/29/2017	12136	NORTH WASCO CO SCHOOL DIST. 21	\$250.00	
11/29/2017	12137	OFFICE DEPOT	\$150.61	
11/29/2017	12138	OR STATE PUBLIC, HEALTH LABORATORY	\$120.40	
11/29/2017	12139	QWIK CHANGE LUBE CENTER INC.	\$25.90	
11/29/2017	12140	SMITH MEDICAL PARTNERS LLC	\$3,169.18	
TOTAL:			\$103,929.71	

NCPHD Board of Health authorizes check numbers 12097 - 12140 and payroll EFT numbers 410 - 417 totalling \$103,929.71.

Signature _____

Printed Name Scott Hege

**ROTH CONTRIBUTION AMENDMENT
TO THE DEFERRED COMPENSATION PLAN FOR PUBLIC EMPLOYEES
457 GOVERNMENTAL PLAN AND TRUST**

PREAMBLE

- 1.1 Adoption and effective date of amendment. The Employer adopts this Amendment to reflect Code Section 402A, as amended by the Small Business Jobs Act of 2010 ("SBJA"). This Amendment is intended as good faith compliance with the requirements of Code Section 402A and guidance issued thereunder, and this Amendment shall be interpreted in a manner consistent with such guidance. This Amendment shall be effective as of the date selected below.
- 1.2 Eligible governmental 457 plan. The Employer is an eligible employer as defined in Code §457(e)(1)(A).
- 1.3 Supersession of inconsistent provisions. This Amendment shall supersede the provisions of the Plan to the extent those provisions are inconsistent with the provisions of this Amendment.

**ARTICLE II
ADOPTION AGREEMENT ELECTIONS**

- 2.1 **Effective Date.** Designated Roth Contributions are permitted under the Plan as of the date this Amendment is executed below, which is no earlier than January 1, 2011.
- 2.2 **Unforeseeable emergency.** If the Plan permits distributions of Elective Deferrals on account of an unforeseeable emergency, Designated Roth Contributions may be withdrawn on account of an unforeseeable emergency subject to the same qualifications that apply to Pre-tax Elective Deferrals.

**ARTICLE III
DESIGNATED ROTH CONTRIBUTIONS**

- 3.1 Designated Roth Contributions are permitted. The Plan's definitions and terms shall be amended as follows to allow for Designated Roth Contributions as of the Effective Date. Designated Roth Contributions shall be treated in the same manner as Deferral Contributions for all Plan purposes except as provided in Article II of this amendment. The Employer may, in operation, implement deferral election procedures provided such procedures are communicated to Participants and permit Participants to modify their elections at least once each Plan Year.
- 3.2 Deferral Contributions. The Plan's definition of Deferral Contributions at Section 1.08 is deleted and replaced as follows: "Deferral Contributions" means Salary Reduction Contributions, Nonelective Contributions, Matching Contributions and Designated Roth Contributions. The Employer or the Administrative Services Provider (if applicable) in applying the Code § 457(b) limit will take into account Deferral Contributions in the Taxable Year in which contributed. The Employer or Administrative Services Provider (if applicable) in determining the amount of a Participant's Deferral Contributions disregards the net income, gain and loss attributable to Deferral Contributions.
- 3.3 Salary Reduction Contributions. The Plan's definition of Salary Reduction Contributions at Section 1.27 is deleted and replaced as follows: "Salary Reduction Contributions " means a Participant's Elective Deferrals which are not includible in the Participant's gross income at the time deferred and have been irrevocably designated as Salary Reduction Contributions by the Participant in his or her

NRN-0377AO-0611

deferral election. A Participant's Salary Reduction Contributions will be separately accounted for, as will net income, gain or loss, attributable to those Salary Reduction Contributions. All Deferral Contributions prior to this amendment are Salary Reduction Contributions.

3.4 Designated Roth Contributions. "Designated Roth Contributions" means a Participant's Deferral Contributions that are includible in the Participant's gross income at the time deferred and have been irrevocably designated as Designated Roth Contributions by the Participant in his or her deferral election. A Participant's Designated Roth Contributions will be separately accounted for, as will gains and losses attributable to those Designated Roth Contributions. However, forfeitures may not be allocated to such account. The Plan must also maintain a record of a Participant's investment in the contract (i.e., designated Roth contributions that have not been distributed) and the year in which the Participant first made a Designated Roth Contribution.

3.5 Distribution Rule. Withdrawals (including, but not limited to, withdrawals on account of an unforeseeable emergency) from Participant's accounts may be directed by the Participant from either Salary Reduction Contributions, Designated Roth Contributions or pro rata from Salary Reduction Contributions and Designated Roth Contributions.

3.6 Corrective distributions attributable to Designated Roth Contributions. For any Plan Year in which a Participant may make both Designated Roth Contributions and Salary Reduction Contributions, the corrective distribution from the Participant's accounts will be taken pro rata from a Participant's Salary Reduction Contributions and Designated Roth Contributions. Furthermore, such procedure may permit the Participant to elect which type of Deferral Contributions shall be distributed first.

3.7 Loans. If Participant loans are permitted under the Plan, the loan policy or program is amended to provide the ability by a Participant to borrow from, or use as security, a Participant's Designated Roth Contribution account. Additionally, the loan policy or program is modified to provide that, with respect to the default of a loan which is attributable to Salary Reduction Contributions and Designated Roth Contributions, such default will be attributed to the Participant's Salary Reduction Contribution and Designated Roth Contribution accounts on a pro rata basis.

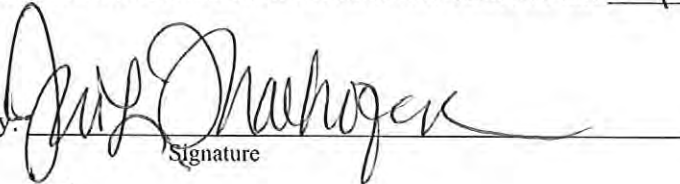
3.8 Rollovers. A direct rollover of a distribution from Designated Roth Contributions shall only be made to a Plan which includes Designated Roth Contributions as described in Code Section 402A(e)(1) or to a Roth IRA as described in Code Section 408A, and only to the extent the rollover is permitted under the rules of Code Section 402(c).

3.8.1 The Plan shall accept a rollover contribution of Designated Roth Contributions only if it is a direct rollover from another Plan which permits Designated Roth Contributions as described in Code Section 402A(e)(1) and only to the extent the rollover is permitted under the rules of Code Section 402(c). The Employer, operationally and on a uniform and nondiscriminatory basis, may decide whether to accept any such rollovers.

3.8.2 The Plan shall not provide for a direct rollover (including an automatic rollover) for distributions from a Participant's Designated Roth Contribution account if the amount of the distributions that are eligible rollover distributions are reasonably expected to total less than \$200 during a year. In addition, any distribution from a Participant's Designated Roth Contributions are not taken into account in determining whether distributions from a Participant's other accounts are reasonably expected to total less than \$200 during a year. Furthermore, the Plan will treat a Participant's Designated Roth Contribution account and the Participant's other accounts as held under two separate plans for purposes of applying the automatic rollover rules. However, eligible rollover distributions of a Participant's Designated Roth Contributions are taken into account in determining whether the total amount of the Participant's account balances under the Plan exceed the Plan's limits for purposes of mandatory distributions from the Plan.

3.9 Operational Compliance. The Plan and the Administrative Services Provider will administer Designated Roth Contributions in good faith with applicable regulations or other binding authority not reflected in this amendment. Any applicable regulations or other binding authority shall supersede any contrary provisions of this Amendment

This Amendment has been executed and effective this 17 day of October, 2017.

By: 
Signature

Title: Director

Name of Plan: North Central Public Health District

Plan Number: 0049850-001



Nationwide®

Nationwide Retirement Solutions

Roth Contribution Amendment to the Deferred Compensation Plan for Public Employees 457 Governmental Plan and Trust

Plan Name:

Page 1 of 3

Preamble

1.1 Adoption and effective date of amendment - The Employer adopts this Amendment to reflect Code Section 402A, as amended by the Small Business Jobs Act of 2010 ("SBJA"). This Amendment is intended as good faith compliance with the requirements of Code Section 402A and guidance issued thereunder, and this Amendment shall be interpreted in a manner consistent with such guidance. This Amendment shall be effective as of the date specified below.

1.2 Eligible governmental 457 plan - The Employer is an eligible employer as defined in Code §457(e)(1)(A).

1.3 Supersession of inconsistent provisions - This Amendment shall supersede the provisions of the Plan to the extent those provisions are inconsistent with the provisions of this Amendment.

Article II: Effective Date and Unforeseeable Emergency

2.1 Effective Date of Designated Roth Contributions - Designated Roth Contributions are permitted under the Plan as of the date this Amendment is executed below, which is no earlier than the earlier of (i) the Effective Date as defined herein or (ii) the effective date of any prior adoption of Designated Roth Contribution provisions.

2.2 Unforeseeable Emergency - If the Plan permits distributions of Elective Deferrals on account of an unforeseeable emergency, Designated Roth Contributions may be withdrawn on account of an unforeseeable emergency subject to the same qualifications that apply to Pre-tax Elective Deferrals.

Article III: Designated Roth Contributions

3.1 Designated Roth Contributions are permitted - The Plan's definitions and terms shall be amended as follows to allow for Designated Roth Contributions as of the Effective Date. Designated Roth Contributions shall be treated in the same manner as Deferral Contributions for all Plan purposes except as provided in Article II of this amendment. The Employer may, in operation, implement deferral election procedures provided such procedures are communicated to Participants and permit Participants to modify their elections at least once each Plan Year.

3.2 Deferral Contributions - The Plan's definition of Deferral Contributions at Section 1.08 is deleted and replaced as follows: "Deferral Contributions" means Salary Reduction Contributions, Non-elective Contributions, Matching Contributions and Designated Roth Contributions. The Employer or the Administrative Services Provider (if applicable) in applying the Code § 457(b) limit will take into account Deferral Contributions in the Taxable Year in which contributed. The Employer or Administrative Services Provider (if applicable) in determining the amount of a Participant's Deferral Contributions disregards the net income, gain and loss attributable to Deferral Contributions.

3.3 Salary Reduction Contributions - The Plan's definition of Salary Reduction Contributions at Section 1.27 is deleted and replaced as follows: "Salary Reduction Contributions" means a Participant's Elective Deferrals which are not includible in the Participant's gross income at the time deferred and have been irrevocably designated as Salary Reduction Contributions by the Participant in his or her deferral election. A Participant's Salary Reduction Contributions will be separately accounted for, as will net income, gain or loss, attributable to those Salary Reduction Contributions. All Deferral Contributions prior to this amendment are Salary Reduction Contributions.

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3.4 Designated Roth Contributions - "Designated Roth Contributions" means a Participant's Deferral Contributions that are includible in the Participant's gross income at the time deferred and have been irrevocably designated as Designated Roth Contributions by the Participant in his or her deferral election. A Participant's Designated Roth Contributions will be separately accounted for, as will gains and losses attributable to those Designated Roth Contributions. However, forfeitures may not be allocated to such account. The Plan must also maintain a record of a Participant's investment in the contract (i.e., designated Roth contributions that have not been distributed) and the year in which the Participant first made a Designated Roth Contribution.

3.5 Distribution Rule - Withdrawals (including, but not limited to, withdrawals on account of an unforeseeable emergency) from Participant's accounts may be directed by the Participant from either Salary Reduction Contributions, Designated Roth Contributions or pro rata from Salary Reduction Contributions and Designated Roth Contributions.

3.6 Corrective distributions attributable to Designated Roth Contributions - For any calendar year in which a Participant may make both Designated Roth Contributions and Salary Reduction Contributions, the corrective distribution from the Participant's accounts will be taken pro rata from a Participant's Salary Reduction Contributions and Designated Roth Contributions made during such calendar year. Furthermore, the Participant may elect which type of Deferral Contributions shall be distributed first.

3.7 Loans - If Participant loans are permitted under the Plan, all Participant Roth Accounts will be considered for the purposes of loans in accordance with this Section. Roth Accounts include the following: Designated Roth Contribution accounts, all Rollover and Transfer accounts, to the extent those accounts constitute Roth Accounts.

For any loans made on or after the Effective Date of this Amendment, the loan policy or program is amended to enable a Participant to use a Participant's Roth Account in the calculation of the loanable amount; however, loans may not be funded from the Participant's Roth Account.

For Plans that adopt or amend a loan policy or program on or after the date of this Amendment, the Plan's loan policy or program shall govern in the event of a conflict.

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3.8 Rollovers - A direct rollover of a distribution from the Designated Roth Contribution account shall only be made to a plan which includes Designated Roth Contributions as described in Code Section 402A(e)(1) or to a Roth IRA as described in Code Section 408A, and only to the extent the rollover is permitted under the rules of Code Section 402(c).

3.8.1 The Plan shall accept a rollover contribution of Designated Roth Contributions only if it is a direct rollover from another Plan which permits Designated Roth Contributions as described in Code Section 402A(e)(1) and only to the extent the rollover is permitted under the rules of Code Section 402(c). The Employer, operationally and on a uniform and nondiscriminatory basis, may decide whether to accept any such rollovers.

3.8.2 The Plan shall not provide for a direct rollover (including an automatic rollover) for distributions from a Participant's Designated Roth Contribution account if the amounts of the distributions that are eligible rollover distributions are reasonably expected to total less than \$200 during a year. In addition, any distribution from a Participant's Designated Roth Contribution account is not taken into account in determining whether distributions from a Participant's other accounts are reasonably expected to total less than \$200 during a year. Furthermore, the Plan will treat a Participant's Designated Roth Contribution account and the Participant's other accounts as held under two separate plans for purposes of applying the automatic rollover rules. However, eligible rollover distributions of a Participant's Designated Roth Contributions are taken into account in determining whether the total amount of the Participant's account balances under the Plan exceed the Plan's limits for purposes of mandatory distributions from the Plan.

3.9 Operational Compliance - The Plan and the Administrative Services Provider will administer Designated Roth Contributions in good faith with applicable regulations or other binding authority not reflected in this amendment. Any applicable regulations or other binding authority shall supersede any contrary provisions of this Amendment

This Amendment has been executed by a duly authorized individual this 31 day of October

20

By:

Signature

Title:

Email Address:

Name of Plan:

Plan Number:

Effective Date of Amendment:

Clinical/Practicum Affiliation Agreement

This agreement ("Agreement") is made and entered into this September 20, 2017 by and between NORTH CENTRAL PUBLIC HEALTH DISTRICT ("Facility") and COLUMBIA GORGE COMMUNITY COLLEGE ("College").

RECITALS

- A. The purpose of this Agreement is to guide and direct the parties respecting their affiliation, working arrangements, and agreements in furtherance thereof to provide high-quality clinical learning experiences for students enrolled in the nursing and health occupations programs offered by the College.
- B. It is to the mutual benefit of the College and Facility to provide satisfactory clinical experiences for students enrolled in the Associate Degree Nursing, Practical Nursing, Nursing Assistant, Medical Assisting, and Emergency Medical Services ("EMS") classes and programs/classes of the College
- C. Neither party intends for this Agreement to alter in any way its respective legal rights or its legal obligations to any third party.

NOW, THEREFORE, in consideration of the mutual covenants and agreements contained herein, the parties agree as follows:

1. Responsibilities of the College

1.1 The College will use its best efforts to prepare students selected for participation in the clinical training program for effective participation in the clinical training phase of their overall education.

1.2 The College will retain ultimate responsibility for the education of its students. The days and hours of clinical experience are to be planned by the instructors of the College, in cooperation with the Facility liaison person. Clinical experiences for students are to be selected and monitored by the College instructors.

1.3 The College will advise all students assigned to the Facility facilities regarding the confidentiality of patient/client records and patient/client information imparted during the training experience. The College will also advise all students that the confidentiality requirements survive the termination or expiration of this Agreement.

1.4 The College will advise students that they are required to comply with Facility rules, regulations, and procedures and to adhere to the dress code policy of the agency.

1.5 If requested by the Facility, the College will provide instruction to the Facility's staff with respect to the expectations/performance of all the College's students at the Facility.

1.6 The College will provide the Facility with a list of students assigned to the Facility.

1.7 The College will provide the Facility with copies of clinical schedules and objectives in advance of the beginning of clinical assignments upon request.

1.8 The College will:

1.8.1 Comply with Oregon Health Authority ("OHA") policy on Administrative Standards for Health Profession Student Clinical Training, Exhibit B: Table 1.

1.8.2 Provide, upon request, verification of completion of these OHA Administrative Standards, including immunizations and screenings status (including TB screening and a 10-panel drug screen), criminal history and sex offender background check, and current CPR/Basic Life Support (BLS) for healthcare providers. In accordance with these rules, the College agrees to provide as part of its curriculum blood-borne pathogen training (OSHA) and OSHA-recommended safety guidelines (including fire and electrical safety; personal protective equipment; hazard communications; and infection prevention practices).

1.8.3 Provide HIPAA (Health Insurance Portability and Accountability Act) privacy and confidentiality training to students.

1.8.4 Provide to the Facility a list of completed trainings and related names upon request.

1.9 The College will advise students to report any accidental (occupational) exposures immediately to their instructor and advise instructors to report any accidental (occupational) exposures of students or themselves immediately to the charge nurse/person of the unit/setting.

1.10 The College will withdraw any student from the clinical area when the student is unacceptable to the Facility for reasons of health or other reasonable cause.

1.11 The College will be responsible for all student records.

1.12 The College shall provide professional liability and general liability insurance and Worker's Compensation coverage for participating students. The College will provide the Facility with certificates of insurance evidencing compliance with this paragraph on an annual basis. The certificates of insurance will name Facility as additional insured. The College will provide the Facility with the contact information of the College's Worker's Compensation carrier in the event of a student or instructor injury.

2. Responsibilities of the Facility

2.1 The Facility has a responsibility to maintain a positive, respectful, and adequately resourced learning environment so that sound educational experiences can occur. Therefore, the Facility will provide students and instructors with access to appropriate resources for nursing & health occupations student education including: (a) access to patients at Facility facilities in an appropriately supervised environment in which the students can complete the College's curriculum; (b) student security badges, as applicable, or other required security access to Facility premises; (c) access and required training for nursing & health occupations students in the proper use of electronic medical records or paper charts, as applicable; (d) computer access; and (e) some secure storage space for personal items of student when at the Facility.

2.2 The Facility will retain full responsibility for the care of its patients. The Facility will maintain staffing of sufficient personnel to deliver safe patient/client care and, when appropriate, provide teaching/coaching of students. Students assigned to the Facility will have the status of "learners" and will not replace the Facility's staff employees. The Facility will notify the College when it is unable to provide staffing to facilitate student learning.

2.3 The responsibility of the Facility for patient care should not diminish or preclude opportunities for students to undertake patient care duties when in the Facility.

2.4 The Facility staff will, upon request, assist the College by providing feedback of the learning and performance of participating students verbally or by completing evaluation forms provided by and returned to the College in a timely fashion.

2.5 The Facility will provide for the orientation of College's participating students as to the Facility's rules, regulations, procedures, and policies of the Facility.

2.6 The Facility will provide College instructors with dress code expectations for both instructors and students.

2.7 The Facility will make available clinical areas for student experience, including the necessary equipment and supplies. This shall include the personal protective clothing, gloves, masks, equipment, etc. that are needed to protect against exposure to blood-borne pathogens.

2.8 The Facility will make available patient/client records, procedure manuals, and reasonable reference materials for learning purposes at times that are convenient for the College's students and instructors to access them.

2.9 The Facility will provide reasonable parking and meeting space for College students and instructors.

2.10 In the event a student or instructor is exposed to an infectious or environmental hazard or other occupational injury (i.e., needle stick) while at the Facility, the Facility will provide such emergency care as is provided its employees, including, where applicable: examination and evaluation by Facility's emergency department or other appropriate facility as soon as possible after the injury; emergency medical care immediately following the injury as necessary; initiation of the HBV, Hepatitis C (HCV), and HIV protocol as necessary, including testing of a source person and informing the exposed person of the testing results; and HIV counseling and appropriate testing as necessary. In the event that Facility does not have the resources to provide such emergency care, Facility will refer such student to the nearest emergency facility.

2.11 The Facility, its employees, agents, and representatives shall maintain in confidence student records and personal information and limit access to only those employees or agents with a need to know and agrees to comply with the Family Educational Rights and Privacy Act ("FERPA"), 20 USC § 1232g and corresponding state and federal regulations (34 CFR Part 99; OAR 581-041-0410 through 581-041-0500).

2.12 The Facility shall follow Oregon Health Authority policy on Administrative Standards for Health Profession Student Clinical Training as outlined in Exhibit B: Table 1 unless Facility has a State-granted exemption to these requirements. Exhibit B is incorporated herein by this reference. Per the OHA policy, Facility will provide training or information regarding site-specific "privacy and confidentiality practices" and "site-specific orientation" (Facility-specific protocols for safety, security, standards of behavior, etc.) for students prior to students participating in a clinical experience at the Facility.

2.13 If requested by the College and agreed to by the Facility, the Facility will work with College instructors to designate specific Facility staff as Clinical Teaching Associates (CTAs)/Preceptors (RNs for Associate Degree Nursing students; LPNs or RNs for Practical Nursing students; Nursing Assistant, LPNs or RNs for Nursing Assistant students; Medication Aides or LPNs or RNs for Medication Aide students; Medical Assistants or RNs for Medical Assisting students; and EMTs or RNs for EMS students) to facilitate the College student learning during agreed upon clinical term(s). CTAs/Preceptors may be provided by the Facility in courses where College instructors provide indirect supervision and Facility CTAs/Preceptors provide direct supervision of students. The Facility agrees to abide by the guidelines for the function, roles and responsibilities, and selection criteria and process found in Exhibit A: Columbia Gorge Community College's Clinical Teaching Associate (CTA)/Preceptor Selection Process/Function, Policy for Clinical Teaching Associate (CTA)/Preceptor Selection, and CTA/Preceptor Agreement. Exhibit A is incorporated herein by this reference.

2.14 Upon request, the Facility will provide proof that it maintains liability insurance in an amount that is commercially reasonable.

2.15 The Facility will provide written notification to the College promptly if a claim arises involving a student.

2.16 The Facility will immediately notify the College or College instructor of the removal of a student from a clinical experience and provide an explanation of the basis for removal. The Facility will provide an explanation for the removal in writing if requested by the College. Circumstances surrounding issues of unlawful discrimination shall be thoroughly investigated prior to action being taken.

2.17 The Facility has identified a Contact Person in Section 9 below who will communicate and cooperate with the College Director of Nursing & Health Occupations or designated College instructors/staff regarding the clinical training experience.

2.18 The Facility will orient College instructors with the Facility's policies and practices prior to the arrival of students for patient/client care assignments.

3. Mutual Responsibilities

3.1 Representatives for each party are set forth in Section 9 below. Either party may change its representative by written notice to the other party.

3.2 The parties will work together to maintain an environment of high quality patient care. At the request of either party, a meeting or conference will promptly be held between

College and Facility representatives to resolve any problems or develop any improvements in the operation of the clinical training program.

3.3 The College will provide qualified and competent individuals in adequate number for the instruction and supervision of students when in the Facility facilities. The Facility will provide qualified and competent staff in adequate number for the teaching/coaching of students using the Facility facilities.

3.4 The College and the Facility will not discriminate against any College employee or student enrolled in their respective programs because of age, disability, color, national origin, race, religion, sex, sexual orientation, or any other basis protected by law.

3.5 The College, including its instructors, staff, students, and Facility share responsibility for creating an appropriate learning environment that includes both formal learning activities and the attitudes, values, and informal "lessons" conveyed by individuals who interact with the student. The Facility shall require its staff who interact with students to adhere to the expectations set forth in this Agreement and communicate student violations to the College. The College agrees to require its students to adhere to the expectations set forth in this Agreement.

3.6 The Facility may remove any student whom the Facility determines is not performing in accordance with its applicable administrative and patient care policies, procedures, rules, and/or regulations. Such removal shall require Facility to submit a request for removal in writing and must include a statement of the reason or reasons why Facility desires to have the student removed. The student shall be given an opportunity to respond in writing to the statements. After consideration of the student's submission, if any, Facility shall advise the College of its decision. However, Facility may immediately remove from the premises any student who poses an immediate threat or danger to personnel or patients/clients, or for unprofessional behavior. The Facility will notify the appropriate office of the College if such an action is required. The College may terminate a student's participation when, in its sole discretion, further participation by the student would no longer be appropriate. The College will notify the Facility if such action is required.

3.7 The parties agree to comply with all federal, state, and municipal laws, advice, rules, and regulations that are applicable to the performance of this Agreement, including OAR Chapter 411, Division 009 (Senior and Disabled Services Division) rules regarding active monitoring of students and criminal history checks.

3.8 Each party represents that it has received the appropriate current approval and accreditation as required by state regulatory agencies and pertinent health care and professional accrediting bodies and will immediately notify the other party of any changes in such approvals or accreditation. The parties shall take reasonable measures to maintain the standards necessary for the College and the Facility to be and remain eligible for approval/accreditation by the appropriate agency or body. The Facility will notify the College and the College will notify the Facility of any change in accreditation status. The Facility will permit, at Facility's convenience, authorities responsible for accreditation of the College's curriculum/programs to inspect the Facility's clinical facilities and services as necessary.

4. Term and Termination

This Agreement will commence as of the date first written above and will continue indefinitely or until terminated. This Agreement may be terminated as follows:

4.1 By mutual consent of both parties in writing.

4.2 At any time and for any reason by either party upon not less than ninety (90) days prior to written notice to the other party. Should notice of termination be given under this Section, students then scheduled to Facility will be permitted to complete any previously scheduled clinical assignment at Facility.

4.3 The College or Facility may terminate this Agreement effective upon delivery of written notice to Facility or College, respectively, or at such later date as may be established by either party under any of the following conditions:

4.3.1 If funding from federal, state, or other sources is not obtained or continued at levels sufficient to allow for the continuation of services, this Agreement may be modified to accommodate a reduction in funds.

4.3.2 If federal or state regulations or guidelines are modified, changed, or interpreted in such a way that the services are no longer allowable or appropriate under this Agreement.

4.3.3 If any license or certificate required by law or regulation to be held by Facility or College to provide the services required by this Agreement is for any reason denied, revoked, or not renewed.

4.4 Either party may terminate this Agreement upon the other's material breach of any of its terms by giving written notice to the party in breach at least 60 days in advance of the effective date of termination. Cure of the breach by the party in breach within the 60-day period shall void the notice of termination. The sole remedy for breach of this Agreement will be immediate termination.

5. Employment Disclaimer

The students participating in the program will not be considered employees or agents of the Facility or College for any purpose. Students will not be entitled to receive any compensation from Facility or College or any benefits of employment from Facility or College, including but not limited to health care or workers' compensation benefits, vacation, sick time, or any other benefit of employment, direct or indirect. Facility will not be required to purchase any form of insurance for the benefit or protection of any student of the College.

6. No Agency Relationship Between the Parties

Nothing in this Agreement is intended to or shall be construed to constitute or establish an agency, employer/employee, partnership, franchise, or fiduciary relationship between the parties; and neither party shall have the right or authority or shall hold itself out to have the right or

authority to bind the other party, nor shall either party be responsible for the acts or omissions of the other except as provided specifically to the contrary herein.

7. Assignment

This Agreement will not be assigned by either party without the prior written consent of the other.

8. Notices

All notices provided by either party to the other will be in writing and will be deemed to have been duly given when delivered personally or when deposited in the United States mail, First Class, postage prepaid, and addressed as follows:

FOR THE FACILITY:

North Central Public
Health District
419 E. Seventh St.
The Dalles, OR 97058

FOR THE COLLEGE:

Columbia Gorge Community College
400 E Scenic Drive
The Dalles, OR 97058
Attn: President

9. Contact Persons for This Agreement

FOR THE FACILITY:

Kathi Hall
Name
Finance Manager
Title
541-506-2628
Phone

FOR THIS COLLEGE:

Doris R. Jepson, RN, MSN
Name
Director Nursing & Health Occupations
Title
(541) 506-6140
Phone

10. Hold Harmless

10.1 The Facility agrees to be responsible for any claim or cause of action arising from the negligent act or omission of its employees and agents who were acting within the course and scope of their employment and involved in providing services related to this Agreement except where the Oregon Constitution, Oregon Tort Claims Act or other applicable law bars or limits the action against the Facility.

10.2 The College agrees to be responsible for any claim or cause of action arising from the negligent act or omission of its employees, agents and its students that arises out of or is related to this Agreement except where the Oregon Constitution, Oregon Tort Claims Act, or other applicable law bars or limits the action against the College.

10.3 Notwithstanding the foregoing, in no event shall either party be liable hereunder (whether in an action in negligence, contract or tort or based on a warranty or otherwise) for any indirect, incidental, special or consequential damages incurred by the other party or any third party, even if the party has been advised of the possibility of such damages.

11. No Payments

No payments shall be made between the parties or to the students in connection with this Agreement.

12. Severability

The invalidity of any provision of this Agreement will not affect the validity of any other provisions.

13. Headlines

Headlines in this Agreement are for convenience only.


14. Entire Agreement

This Agreement contains the entire Agreement of the parties as it relates to this subject matter and may be modified only by a properly executed written amendment.

SIGNATURES

In witness whereof, the parties hereto have caused this Agreement to be executed on the date set forth below.

FOR THE FACILITY:



Signature

Teri L. Thalhofer, RN, IBAC

Name (printed)

Director

Title

FOR THE COLLEGE:



Signature

Lori Ufford

Name (printed)

President, CGCC

Title

Exhibit B:

Table 1. Standards that health professions students must meet before clinical placements from the Oregon Health Authority policy on Administrative Standards for Health Profession Student Clinical Training <http://www.oregon.gov/oha/OHPR/Pages/sct.aspx> is added to this Agreement and is incorporated herein by this reference.

Columbia Gorge Community College
Nursing Program

Policy for Selecting Clinical Teaching Associate (CTA)/Preceptor

Each CTA/Preceptor candidate will be evaluated by the instructors according to the following criteria. Each criterion must be met before a CTA/Preceptor candidate will be approved.

The CTA/Preceptor will:

- Be an RN currently licensed in the state of Oregon (or Washington if facility in WA).
- Be willing to assume the role of a CTA/Preceptor.
- Have at least one year of registered nursing practice.
- Be approved by the healthcare facility and the college instructors.
- Be able to communicate and relate effectively with patients, students, and health care team.
- Demonstrate self-confidence and a realistic perception of his or her nursing performance.
- Be able to explain to student the rationale, as well as demonstrate the skills, involved in the nursing care being provided.
- Show interest and ability in facilitating the learning of students.

CTA/Preceptor Agreement

Facility / Unit / Shift _____

Number of days scheduled per week _____

Do you assume charge nurse responsibility? If yes, number of days per week? _____

Preceptorship Dates: _____

I am willing to be a CTA/preceptor during the above dates.

CTA/Preceptor Signature: _____ Date: _____

Printed Preceptor Name: _____

Primary _____ Secondary _____

Instructor's Liaison: _____ Date: _____

Exhibit A:

Columbia Gorge Community College's Clinical Teaching Associate (CTA)/Preceptor Selection Process/Function, Policy for Clinical Teaching Associate (CTA)/Preceptor Selection and CTA/Preceptor Agreement is added to this Agreement and is incorporated herein by this reference.

Clinical Teaching Associate (CTA)/Preceptor Selection Process/Function

In courses where a preceptorship clinical teaching model is used, Clinical Teaching Associates (CTAs)/Preceptors will be selected according to the school's Clinical Teaching Associate (CTA)/Preceptor Selection Criteria.

Definition of a Clinical Teaching Associate (CTA)/Preceptor: A CTA/Preceptor is a registered nurse who has undergone specific education/training to serve as a role model, resource, and coach for nursing students. The CTA/Preceptor functions under the direction of the nurse educator or nurse educator associate (adjunct instructors). (From Oregon State Board of Nursing, Oregon Administrative Rules, Division 21 Standards for the Approval of Education Programs in Nursing, Preparing Candidates for Licensure as Practical or Registered Nurses, 2010.)

Any course requiring the use of CTAs/Preceptors will follow procedures developed by instructors:

1. The Nurse Manager/Designee of the unit/agency will recommend appropriate CTAs/Preceptors for students placed in that unit/agency based on the Clinical Teaching Associate (CTA)/Preceptor Selection criteria.
2. The instructor's liaison will discuss with the CTA/Preceptor selection criteria and the roles of the Clinical Teaching Associate (CTA)/Preceptor, student and instructors liaison.
3. The instructor's liaison will keep the signed Columbia Gorge Community College Nursing Program's Policy for Clinical Teaching Associate (CTA)/Preceptor Selection and CTA/Preceptor Agreement and include it in the Clinical Teaching Associate (CTA)/Preceptor database.
4. The instructor's liaison will provide a copy of the *Columbia Gorge Community College Nursing Preceptorship Survival Kit* to new CTAs/Preceptors.
5. The instructor's liaison will provide a copy of the preceptorship policy manual to all CTAs/Preceptors.

Date

Date

Electronic Health Record Interface and Data Sharing Agreement

This Electronic Health Record Interface Support Agreement ("Agreement") is entered into the 17 day of September, 2017 ("Effective Date") by and between the Jefferson Health Information Exchange, an Oregon nonprofit corporation, dba Reliance eHealth Collaborative (hereinafter, "Reliance") that operates a Health Information Exchange (hereinafter, "the HIE"), and, NCPHD, (hereinafter, "Provider").

Recitals:

Reliance is a membership organization governed by a community-based Board of Directors ("Board"), which is representative of its constituents.

Definitions:

Member: Members include those organizations that send data to the HIE, as well as those who benefit from the HIE (e.g., health plans and CCOs). Members have a responsibility to Reliance both financially as well as to ensure accurate delivery of data into the system for consumption by Users. Members also ensure appropriate use of the HIE by its Users in accordance with Reliance policies and procedures. Reliance is governed by applicable Federal and State laws with regard to the privacy and security of Protected Health Information (PHI).

User: An individual who enrolls in Reliance's products and services and is authorized by Reliance and a respective Member to send, receive, and/or access PHI on a need to know basis. Users are, for example, but not limited to, health care providers and their workforce members (as defined by HIPAA) of a Member, who must agree to Reliance requirements to maintain the privacy and security of the PHI they access and/or obtain through the HIE.

Consumers: Patients whose clinical information is available through the HIE are "consumers" and are represented via the Reliance Consumer Advisory Committee. The Consumer Advisory Committee provides comment and develops policy on privacy and use of clinical data.

Regulatory Compliance: This Agreement shall be interpreted consistently with HIPAA and HITECH, including the Health Information Technology for Economic and Clinical Health Act ("HITECH"); Subtitle F of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"); the implementing regulations for HITECH and HIPAA at 45 CFR Part 160 Subpart A ("General Provisions") and Subpart B ("Preemption of State Law"), and 45 CFR Subpart A ("General Provisions"), Subpart C ("Security Rule"), Subpart D ("Breach Rule") and Subpart E ("Privacy Rule") (collectively, "HIPAA and HITECH").

Background:

Participating providers (practices/clinics) that interface their electronic health record (EHR) with the HIE will contribute clinical data (e.g. Admission, Discharge and Transfer (ADT) summaries) and submit Continuity of Care Documents (CCDs) to the HIE. Reliance makes this data available for query through a Community Health Record (CHR) to authorized health care

providers. Reliance also provides data to payors (including Coordinated Care Organizations) in accordance with Federal and State law.

Restrictions on Use:

Is it mutually understood and agreed that none of the clinical, financial or operational data will be shared, sold, offered or otherwise provided to any parties other than those directly involved in the patient care process, as documented in the Business Associate Agreement that will be executed before any data will be made available to or from the HIE.

PROVIDER shall:

1. Reasonably cooperate with Reliance on issues related to this Agreement or the HIE.
2. Comply with all applicable laws, including but not limited to HIPAA and HITECH, in accessing the HIE, and using and disclosing data and PHI obtained from other parties through the HIE.
3. Access the HIE and use data and PHI obtained from other parties through the HIE only for purposes permitted by this Agreement, Reliance Policies and applicable law, including the use of data and PHI received from any party through the HIE.
4. Refrain from disclosing to any other person any password, identifier, log-on or other security measures issued to PROVIDER or its Users by Reliance.
5. Require Users accessing the HIE, and obtaining, using and disclosing PHI obtained from other parties through the HIE, to comply with PROVIDER's obligations applicable to HIE access and PHI obtaining, use and disclosure under this Agreement, Reliance Policies, and applicable law including HIPAA and HITECH.
6. Send Admission, Discharge and Transfer (ADT) summaries and Continuity of Care Documents (CCDs) to the HIE for all closed encounters.
7. Not accept a Consumer's request for additional restrictions on disclosure of PHI which would prohibit the disclosure of such PHI for Treatment or Health Care Operations purposes which are otherwise permitted by law.
8. Authorize Reliance to make contributed CCDs available for query to Users in the Community Health Record.
9. Authorize Reliance to provide contributed CCDs to participating CCOs and commercial payers based on their fiduciary responsibility to the patient, in order to enable care management, clinical quality reporting metrics and population health management.
10. Receive clinical results through the HIE.
11. Assign a single point of contact and clinical resource to implement and test the HIE interface and validate the data integrity, and be available for participation on project related calls and meetings.
12. Participate in Reliance implementation training sessions as necessary.

13. Access to the HIE will only be granted for Users working under the appropriate medical director authority. PROVIDER agrees to maintain and update their HIE User profiles in the timeframes defined by the Reliance Policies (including the User Management Policy).
14. All Users will be assigned user roles within the HIE based on their job function and need to view PHI for Treatment, Payment or Health Care Operations purposes as defined and permitted by HIPAA.
15. Identify and supply contact information for an appropriate official responsible for monitoring use of the HIE by PROVIDER's Users and establishing appropriate internal business processes and policies to prevent unauthorized uses and disclosures of PHI obtained by or on behalf of PROVIDER through the HIE.
16. Ensure that PHI obtained by or on behalf of PROVIDER through the HIE is not used or disclosed for any purpose or in any manner not permitted by HIPAA and HITECH, this Agreement and Reliance Policy, and authorized by PROVIDER policy.
17. Notify Reliance when planning changes to the Electronic Medical Record system and/or interfaces that affect the flow of data to Reliance or as soon as change is known and at least three (3) months in advance of the change.
18. Notify Reliance as soon as reasonably possible if PROVIDER reasonably suspects there has been a Breach of PHI received from another party through the HIE, and no later than two (2) business days from PROVIDER's determination that such a Breach has occurred. Any such notification shall include all information required under the Breach Notification Rule, to the extent available at the time of notification, and provided that PROVIDER shall update the notification as it obtains additional information.
19. Cooperate with Reliance, and with any affected Member, in the investigation and response to a Breach, mitigation of any harmful consequences of the Breach, and prevention of future Breaches.
20. Notify all PROVIDER patients that certain clinical information may be obtained through the HIE operated by Reliance and that patients may request an audit of disclosures by contacting Reliance in accordance with Reliance Policy (the Privacy Policy).
21. Obtain prior approval from Reliance on all PROVIDER communications referencing the HIE or Reliance (including marketing materials, printed publications, presentations, use of the Reliance logo, and online/website postings) and comply with Reliance's Communication Policy.
22. Indemnify, hold harmless and defend Reliance against losses caused to Reliance by PROVIDER's violation of this Agreement, or due to PROVIDER's negligent conduct for which there is a civil remedy under applicable law, but only to the extent that such losses are caused by PROVIDER's violation or negligence.

Reliance shall:

1. Assign an interface development team member who will act as the single point of contact and coordinate project tasks and will work with the project team identified by the Provider and/or their EHR vendor. The respective project teams will be responsible for the appropriate escalation of issues within their organizations.

2. Send data contributed via CCDs to participating CCOs and commercial payers based on their fiduciary responsibility to the patient, in order to enable care management, clinical quality reporting metrics and population health management.
3. Provide training at the time of installation of new interfaces and functionality as well as on future enhancements.
4. Provide 24/7 Help Desk support for all Reliance Members and Users.
5. Protect PHI from unauthorized disclosure within the HIE in accordance with 42 CFR Part 2 (should the Member contribute such data).
6. Conduct routine monitoring of Users' access to PHI in the HIE to identify unauthorized uses or disclosures that may violate Reliance's policies and procedures or applicable laws.
7. Ensure that all Members Reliance permits to access the HIE have entered into a valid and enforceable agreement with such Member including terms and conditions no less stringent than the terms and conditions in this Agreement.
8. Require that all Members and Users access and use the HIE only in accordance with the terms and conditions of the Agreement with the Member, Reliance Policies, and the End User License Agreement (as applicable) including without limitation those governing the use, confidentiality, privacy, and security of data and PHI.
9. Upon discovery of a Breach by Reliance or notification by another Member of the other Member's determination that a Breach which affects, or Reliance reasonably believes may affect, PHI of PROVIDER has occurred, notify the Member of the Breach within two (2) business days. Any such notification shall include all information required under the Breach Notification Rule, to the extent available at the time of notification, and provided that Reliance shall update the notification as it obtains additional information.
10. Cooperate with PROVIDER, and with any other affected Member, in the investigation and response to a Breach, mitigation of any harmful consequences of the Breach, and prevention of future Breaches.
11. Take appropriate contractual action with respect to a Member or User, who fails to act in accordance with the applicable Agreement(s), Reliance Policies, or the End User License Agreement (as applicable).
12. Require any and all Users of the HIE to agree to the terms and conditions of the Reliance End User License Agreement and all other applicable Reliance Policies.
13. Monitor the Service Level Agreements (SLA) established in the technical vendor contract to ensure compliance, and seek to satisfy all Reliance stakeholders and work to resolve issues as they arise. Reliance will provide timely response to questions, issues and concerns and escalate issues to the Reliance technical team and/or Board of Directors as needed.
14. Provide training at the time of installation of new interfaces and functionality as well as on future enhancements.
15. Manage all relationships with technology vendors, electronic medical records vendors, and other vendors as necessary to implement and operate the HIE.

16. Direct all management activities, including: overseeing the project plan with appropriate tasks and mutually agreeable dates, managing issues logs, overseeing the testing and certification process, and managing the overall operations of the HIE.
17. Manage costs and budget to ensure the project is conducted within budget and scope and to leverage resources to minimize stakeholder costs.
18. Secure adequate funding from multiple sources and prudently administer such funds in accordance with financial policies for the purpose of implementing and operating the HIE.
19. Support outreach, enrollment and user training activities to ensure rapid and widespread user adoption and ongoing use of the HIE.
20. Maintain such insurance policies sufficient to protect against applicable risks, including general and professional liability insurance, and cyber liability insurance, with at least \$2 million (\$2,000,000) per occurrence. Reliance will provide PROVIDER with certificates of insurance and other supporting materials as PROVIDER may reasonably request to evidence Reliance's continuing compliance with these insurance requirements.
21. Indemnify, hold harmless and defend PROVIDER against losses caused to the Member by Reliance's violation of this Agreement, or due to Reliance's negligent conduct for which there is a civil remedy under applicable law, but only to the extent that such losses are caused by Reliance's violation or negligence.

General Provisions:

This Agreement constitutes the entire agreement and understanding of the parties with respect to the subject matter of the Agreement, and may be amended only by a written instrument executed by all the parties. This Agreement shall be governed by and construed in accordance with the laws of the State of Oregon, and all disputes shall be heard within the jurisdiction of Jackson County. Any dispute arising out of this Agreement shall first be submitted to mediation. If mediation is not successful, and if any arbitration, suit, or action is instituted to interpret or enforce the provisions herein, the party prevailing on an issue shall be entitled to recover, in addition to costs, reasonable attorney fees incurred in preparation or in prosecution or defense of such arbitration, suit, or action as determined by the arbitrator or trial court.

Terms:

1. This Agreement will not be construed to create a partnership, joint venture, or employment relationship between Reliance and PROVIDER.
2. As between Members, including PROVIDER, each Member shall be responsible for (a) its acts and omissions, (b) the acts and omission of Users acting under its authority, and (c) the acts and omissions of any other person using any password, identifier, or log-on received or obtained directly or indirectly, lawfully or unlawfully, from the Member or any of the Member's Users.
3. Each Member, including PROVIDER, shall each indemnify, hold harmless and defend all other Members against losses caused to those Members by the indemnifying Member's violation of this Agreement, or due to the indemnifying Member's negligent conduct for

which there is a civil remedy under applicable law, but only to the extent that such losses are caused by the indemnifying Member's violation or negligence.

4. Notwithstanding any provision in this Agreement to the contrary, PROVIDER shall not be liable for any act or omission if a cause of action for such act or omission is otherwise permitted by applicable law.
5. This Agreement shall become effective on the date of signature and will remain in effect until one or both parties submits written notice to terminate the agreement, with or without cause, at least ninety (90) days before the effective date of such termination.
6. The signatures on this document are the authorized signatures to enter into contractual agreements on behalf of the parties in agreement.

Signatories:

[Provider Name]

North Central Public
Health District

Teri Thalhofer, RN, BSN
Printed Name

Director
Title

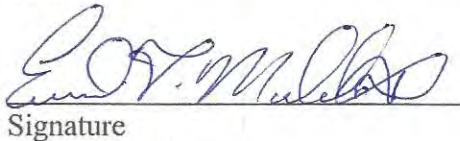

Signature

10/12/2017
Date

Jefferson Health Information Exchange
dba Reliance eHealth Collaborative

ERICK F. MADDOX
Printed Name

EXECUTIVE DIRECTOR
Title


Signature

10/20/2017
Date

Agreement #154126



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

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

This First Amendment to Oregon Health Authority 2017-2019 Intergovernmental Agreement for the Financing of Public Health Services, effective July 1, 2017 (as amended the "Agreement"), is between the State of Oregon acting by and through its Oregon Health Authority ("OHA") and Gilliam, Wasco, and Sherman Counties, acting by and through its North Central Public Health District ("LPHA"), the entity designated, pursuant to ORS 431.003, as the Local Public Health Authority for Gilliam, Wasco, and Sherman Counties.

RECITALS

WHEREAS, OHA and LPHA wish to modify the Financial Assistance Award set forth in Exhibit C of the Agreement.

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

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

AGREEMENT

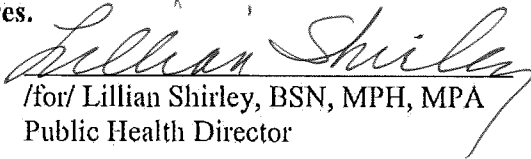
1. Section 1 of Exhibit C entitled "Financial Assistance Award" of the Agreement is hereby superseded and replaced in its entirety by Attachment A attached hereto and incorporated herein by this reference. Attachment A must be read in conjunction with Section 3 of Exhibit C, entitled "Explanation of Financial Assistance Award" of the Agreement.
2. Exhibit J "Information required by 2 CFR Subtitle B with guidance at 2 CFR Part 200" is amended to add to the federal award information datasheet as set forth in Attachment B, attached hereto and incorporated herein by this reference.
3. LPHA represents and warrants to OHA that the representations and warranties of LPHA set forth in Section 2 of Exhibit E of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.
4. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.
5. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.
6. The parties expressly ratify the Agreement as herein amended.
7. This Amendment may be executed in any number of counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of this Amendment so executed shall constitute an original.

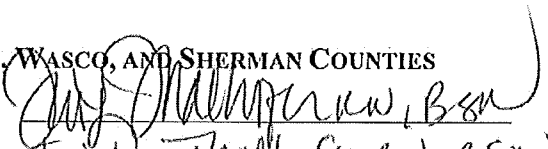
OHA - 2017-2019 INTERGOVERNMENTAL AGREEMENT - FOR THE FINANCING OF PUBLIC HEALTH SERVICES

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

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

9. Signatures.

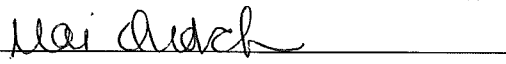
By: 
Name: /for/ Lillian Shirley, BSN, MPH, MPA
Title: Public Health Director
Date: 11-3-17

GILLIAM, WASCO, AND SHERMAN COUNTIES
By: 
Name: Teri L. Thalhoffer, BSN
Title: Director
Date: 10/18/2017

DEPARTMENT OF JUSTICE – APPROVED FOR LEGAL SUFFICIENCY

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

REVIEWED BY OHA PUBLIC HEALTH ADMINISTRATION

By: 
Name: Mai Quach (or designee)
Title: Program Support Manager
Date: 11-2-17

**Attachment A
Financial Assistance Award**

State of Oregon Oregon Health Authority Public Health Division		Page 1 of 3	
1) Grantee Name: North Central Public Health District		2) Issue Date August 24, 2017	This Action AMENDMENT FY2018
Street: 419 E. 7th Street, Room 100 City: The Dalles State: OR Zip Code: 97058-2676		3) Award Period From July 1, 2017 Through June 30, 2018	
4) OHA Public Health Funds Approved			
Program	Previous Award	Increase/ (Decrease)	Grant Award
PE 01 State Support for Public Health	8,321	0	8,321 (e)
PE 03 TB Case Management	622	0	622 (g,h)
PE 11 Oregon Climate and Health Collaborative	28,500	0	28,500 (k,n)
PE 12 Public Health Emergency Preparedness	143,440	0	143,440 (d)
PE 13 Tobacco Prevention & Education	93,833	0	93,833
PE 40 Women, Infants and Children FAMILY HEALTH SERVICES	151,439	6,119	157,558 (b,c,m)
PE 41 Reproductive Health Program FAMILY HEALTH SERVICES	33,808	0	33,808 (a)
PE 42 MCH/Child & Adolescent Health -- General Fund FAMILY HEALTH SERVICES	8,973	0	8,973 (i)
PE 42 MCH-TitleV -- Child & Adolescent Health FAMILY HEALTH SERVICES	13,914	0	13,914 (i, j)
PE 42 MCH-TitleV -- Flexible Funds FAMILY HEALTH SERVICES	32,466	0	32,466 (i, j)
PE 42 MCH/Perinatal Health -- General Fund FAMILY HEALTH SERVICES	4,781	0	4,781 (i)
PE 42 Babies First FAMILY HEALTH SERVICES	15,313	0	15,313
5) FOOTNOTES:			
a) \$33,808 Award amount is estimated for FY2018. OHA/PHD has not received the Notice of Grant Award for the title X funding. Adjustment might be needed once the Notice of Award is received. b) The July-September 2017 grant is \$473,979 ; \$8,796 must be expended for Nutrition Education. \$1,929 must be expended for Breastfeeding Promotion. c) The October-June FY2018 grant is \$113,580 ; \$22,716 must be expended for Nutrition Education. \$5,787 must be expended for Breastfeeding Promotion. d) \$143,440 Award amount is estimated for FY2018. OHA/PHD has not received the Notice of Award for funding. Adjustments might be needed once Notice of Award has been received by OHA/PHD. e) \$8,321 Award amount is estimated for the period from 7/1/17-9/30/17. OHA/PHD has not yet received the funding amount for Fiscal Year 2018. Adjustments might be needed once the funding is received by OHA/PHD.			
6) Capital Outlay Requested in This Action:			
Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.			
PROGRAM	ITEM DESCRIPTION	COST	PROG. APPROV

State of Oregon Oregon Health Authority Public Health Division			Page 2 of 3
1) Grantee Name: North Central Public Health District	2) Issue Date August 24, 2017	This Action AMENDMENT FY2018	
Street: 419 E. 7th Street, Room 100 City: The Dalles State: OR Zip Code: 97058-2676	3) Award Period From July 1, 2017 Through June 30, 2018		
4) OHA Public Health Funds Approved			
Program	Previous Award	Increase/ (Decrease)	Grant Award
PE 42 MCH Title V -- Oregon MothersCare FAMILY HEALTH SERVICES	6,103	0	6,103 (i, j)
PE 43 Immunization Special Payments	18,704	0	18,704
PE 49 Private Domestic Wells & Public Health	7,500	0	7,500 (l)
PE 50 Safe Drinking Water Program	42,184	0	42,184 (f)
5) FOOTNOTES:			
f) \$42,184 Award amount is estimated for Fiscal Year 2018. OHA/PHD has not yet received the Notice of Award for the funding. Adjustments might be needed once the Notice of Award is received by OHA/PHD.			
g) \$122 Award amount for the period 7/1/2017 - 12/31/17 must be spent by 12/31/2017.			
h) \$122 Award amount for period from 1/1/2018 - 6/30/2018 is estimated. OHA/PHD has not yet received the Notice of Award for that period's funding. Adjustments might be needed once the Notice of Award is received by OHA/PHD.			
i) Funds will not be shifted between categories or fund types. The same program may be funded by more than one fund type, however, federal funds may not be used as match for other federal funds (such as Medicaid).			
j) Funds for the MCH Title V programs for the period of 7/1/17-9/30/17 must be spent by 9/30/17.			
k) \$28,500 Must be spent by August 31st, 2017.			
6) Capital Outlay Requested in This Action:			
Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.			
PROGRAM	ITEM DESCRIPTION	COST	PROG. APPROV

State of Oregon Oregon Health Authority Public Health Division		Page 3 of 3	
1) Grantee Name: North Central Public Health District		2) Issue Date August 24, 2017	This Action AMENDMENT FY2018
Street: 419 E. 7th Street, Room 100 City: The Dalles State: OR Zip Code: 97058-2676		3) Award Period From July 1, 2017 Through June 30, 2018	
4) OHA Public Health Funds Approved			
Program	Previous Award	Increase/ (Decrease)	Grant Award
TOTAL	609,901	6,119	616,020
5) FOOTNOTES:			
l) \$7,500 Award amount is estimated for Fiscal Year 2018. OHA/PHD has not yet received the Notice of Award for the funding. Adjustments might be needed once the Notice of Award is received by OHA/PHD. m) The July-September portion must be spent by September 30th, 2017. \$5,866 is the year-end one-time funding adjustment. \$253 is the second fresh fruit and veggies grant adjustment. n) \$28,500 Award amount is estimated for Fiscal Year 2018. OHA/PHD has not yet received the Notice of Award for the funding. Adjustments might be needed once the Notice of Award is received by OHA/PHD.			
6) Capital Outlay Requested in This Action:			
Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.			
PROGRAM	ITEM DESCRIPTION	COST	PROG. APPROV

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

PE 40: WIC NSA												
Federal Award Identification Number(FAIN):	12-3510-0-1-605											
Federal Award Date:	02/01/17											
Performance Period:	10/01/17-9/30/18											
Federal Awarding Agency:	Department of Agriculture/Food and Nutrition Service											
CFDA Number:	10.557											
CFDA Name:	Special Supplemental Nutrition Program for Women Infants											
Total Federal Award:	24,757,038											
Project Description:	WIC Program											
Awarding Official:	Debra Whitford Debbie.Whitford@fns.usda.gov											
Indirect Cost Rate:	16.41%											
Research And Development(Y/N):	N											
Agency/Contractors Name	DUNS	Total Initial FY18 Award	Base award adjustment	Increase Year-end one-time funding, \$7/part.	Increase 2nd fresh fruit and veggie grant	Revised July-Sept 2017 Award	Of the Grant, this must be spent on Nutrition Ed	Of the Grant, this must be spent on BF Promotion	Oct 2017 - Jun 2018 Grant	Of the Grant, this must be spent on Nutrition Ed	Of the Grant, this must be spent on BF Promotion	Revised FY18 Award
NORTH CENTRAL PHD	032640580	\$ 151,439.38	\$ -	\$ 5,866.00	\$ 253.00	\$ 43,979	\$ 8,796	\$ 1,929	\$ 113,580	\$ 22,716	\$ 5,787	\$ 157,558



PacificSource Community Solutions
PO Box 5729, Bend, OR 97708-5729
800.431.4135 Central Oregon
855.204.2965 Columbia Gorge
CommunitySolutions.PacificSource.com

September 20, 2017

Teri Thalhofer
North Central Public Health District
419 E 7th Street
The Dalles, OR 97058

Re: **Letter of Agreement**

Dear Mrs. Thalhofer:

This Letter of Agreement (this "LOA") is being sent to you to memorialize an agreement between PacificSource Community Solutions, Inc., an Oregon corporation ("PacificSource"), and North Central Public Health District ("You"). This LOA shall be effective as of the date you sign accepting this LOA (the "Effective Date").

By way of background, PacificSource has entered into Contract No. 143903, as amended, with the Oregon Health Authority ("OHA"), as amended and restated, for the purpose of providing Covered Services to Members of the Coordinated Care Organization ("CCO") for the Columbia Gorge region, as that area is defined in the contract, as well as to enhance the capacity and effectiveness of those services. You are a provider or subcontractor that has contracted with PacificSource to provide Covered Services to Members, or to otherwise assist PacificSource in meeting its obligations under Agreement No. 143903. PacificSource is disbursing and administering noncompetitive grants using money paid to the PacificSource Columbia Gorge Coordinated Care Organization and derived from the State Quality Pool. These grants are being disbursed through process authorized and defined by the board of directors of the Columbia Gorge Health Council.

The terms of this LOA are as follows:

- I. **Term.** This LOA shall commence on the Effective Date and shall terminate on 12/31/2018. PacificSource may terminate this LOA, without cause, by providing You with written notice at least five (5) business days' in advance.
- II. **Scope of LOA.** You have agreed to participate in a project for the purpose of enhancing the quality of care and experience for patients, including members of PacificSource. The scope of work is detailed on the Project Description attached as Attachment A. This LOA applies only to your participation in the project described in Attachment A and does not impact or alter any other contract you may have with PacificSource.
- III. **Funding.** As part of Your participation, You will receive funds in the amount represented on the budget attached as Attachment B. These funds do not represent any other payment due to You under any other contract with PacificSource. These funds are being provided solely for the purpose of allowing You to complete the scope of work described in Attachment A.
- IV. **Other State and Federal Requirements.** Contract No. 143903 contains a number of terms and conditions that OHA requires PacificSource to pass through to subcontractors and vendors in certain

instances. To the extent that You are providing services or acting in such a manner so as to require the application of those terms and conditions to You, and to the extent You have not already agreed to be bound thereby, You hereby agree to comply with those terms and conditions. If you have not already received a copy of the terms and conditions, please contact PacificSource as described below to request that a copy be sent to You. By signing this LOA, you are indicating that you have read and, where applicable, agree to be bound by those terms and conditions.

V. **Anti-Kickback / Stark.** The funds provided for in this LOA are for the purpose of allowing You to complete the QIM. These funds are not provided to You for any purpose that would or could violate 42 U.S.C. § 1320a-7b (the "Anti-Kickback Statute"), or 42 U.S.C. § 1395nn (the Stark law).

VI. **No Modifications to Other Contracts.** To the extent You have already executed a Participating Provider Agreement, Participating Facility Agreement, or any other contract for services with PacificSource, the terms and conditions of that agreement remain unchanged and unaffected by this LOA.

VII. **Community Reporting.** The funds provided for in this LOA are being disbursed to You as a result of a collaborative community process. As a result, You agree to provide PacificSource and the Columbia Gorge Health Council (or its designee) an update on the status of Your project when requested and in accord with the timeline listed in Attachment A.

No funds will be disbursed until PacificSource receives the executed version of this LOA and an invoice from you. By signing this document you are representing and warranting that you have read this LOA, agree to the terms of this LOA, and are authorized to execute this LOA.

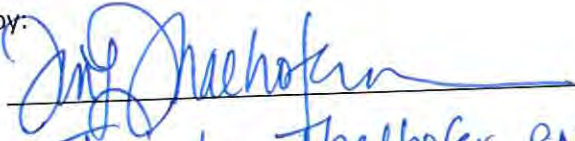
Please return this document and direct any questions to:

Kristen Dillon
Columbia Gorge CCO Director
kristen.dillon@pacificsource.com
541-706-5019

Sincerely,

Lindsey Hopper
Vice-President for Medicaid Programs, PacificSource Community Solutions

Accepted by:

Signature: 

Printed Name: Ten L. Thalhofer, RN, BOA

Title: Director

Date: 11/15/2017

Letter of Agreement
Attachment A – Scope of Work

PacificSource Columbia Gorge Coordinated Care Organization 2017 Regional Quality Pool Distribution – Project Description

Thank you for providing care to the members of the PacificSource Columbia Gorge CCO. Your organization has earned a portion of the payment that we received from the State Quality Pool for our 2016 performance. You are welcome to use this money to continue work that you started with a prior distribution from the Quality Pool.

Description and Budget due:	September 15, 2017
Due date for you to return signed LOA:	October 15, 2017
Project work period:	Start by January 2018, continue thru December 2018
Last day for project modification:	July 1, 2018
Final reports due:	January 31, 2019

Based on the project and budget description, you will receive a Letter of Agreement from PacificSource and be paid within a month of returning it. Interim reports may be requested with 30 days' notice for you to respond. Future Regional Quality Pool payments will be held if prior final reports are outstanding. Return completed documents and direct questions to:

Kristen Dillon, Columbia Gorge CCO Director
kristen.dillon@pacificsource.com, 541-706-5019

This document will be shared with the members of the Columbia Gorge Health Council Board and its subcommittees. Thank you - Kristen

Organization: North Central Public Health District

Completed by: Teri Thalhofer, RN, BSN

Email and phone number: terit@ncphd.org, 541-506-2614

Organization name and mailing address for initial payment:

North Central Public Health District

419 East 7th Street, The Dalles, OR 97058

Please indicate below the focus area(s) of your work.

Improve capacity for advanced primary care:

- Integrate Behavioral Health workforce or services in Primary Care
- Community Health Workers integrated with clinics
- Clinical Pharmacy integration
- Improve organizational capacity for Clinical Quality Improvement
- Obtaining, maintaining or increasing Patient-Centered Primary Care or Medical Home certifications

Improve care for identified group of patients:

Funding not to exceed: \$29,400

Request Date: September 14, 2017

X Improve clinical performance as assessed by a Quality Improvement Metric or Community Health Improvement Process focus area. Which QIM(s) or CHIP focus area? QIM(**Childhood Immunizations**); CHIP (**Strengthening Integration of Health Services and Systems**) _____

Improve outcomes or care for people with Diabetes, Hypertension, Chronic Pain, Opiate Use or Substance Use Disorder or for other defined population with health needs such as justice-involved people or children in DHS custody.

What population(s)? _____

Other, describe here:

Project Description – Please complete the table(s) that tie to the focus areas you chose above.

Improve capacity	
What program or staff position will you continue or implement?	Program Manager
Please provide any details you have about the model, how it has been successful in the past, and/or training or qualifications of staff.	<p>North Central Public Health hopes to work with community partners on systems development to align clinical based services with community based interventions. Community based interventions, including nurse home visiting, show improved rates of prenatal visits, well-child visits, immunization and decreased rates of preterm delivery among participants.</p> <p>This work would build upon the long running Home Visiting Connections (formerly Home Visiting Network) that currently serves Wasco and Hood River County residents and is being expanded to serve Gilliam, Sherman and Wheeler County residents through the efforts of the Four Rivers Early Learning HUBS.</p> <p>Home Visiting Connections(HVC) has participation from NCPHD, The Next Door, Early Head Start, One Community Health, Oregon Child Development Coalition, and Early Intervention, as well as Columbia River Women’s Center. CRWC has generously screened clients for HVC from the inception of the program. The screens are gathered by NCPHD, medical information is removed, and client’s are referred to the most appropriate home visiting intervention through agreement by the group. This process has work well for many years but has some clear deficiencies:</p> <ul style="list-style-type: none"> • Families receiving prenatal care in Hood River County may or may have a referral sent to the Wasco County HVC • Enthusiasm toward encouraging participation may be based on a providers personal knowledge and experience

	<ul style="list-style-type: none"> • Providers are often unaware of the benefits of the homevisiting services and find the number of programs confusing • The HVC system hasn't been successfully transferred to pediatric and family practices <p>What NCPHD hopes to do, unique from the work of the Four Rivers Early Learning HUB, is to work with medical providers to create a continuum of care that starts in the clinic and is supported by interventions in the community, most often, the client's home. Building a sense of a single team, working together in the best interest of the family, will boost participation in the community based programs.</p> <p>Participants in the community based programs have been shown to have improved clinical outcomes. Currently, greater than 90% of children enrolled in Babies First! Home Visiting at NCPHD are up to date on immunizations by age 2.</p>
<p>What information will you collect to evaluate this program or position?</p>	<p>Systems development is tracked initially by identifying process measures. We will track the number of community based clinics that have adopted an integrated model of clinical and community based services through policy adoption and work flow.</p>

<p>Improve care</p>	
<p>Identified need for change or improvement</p>	
<p>What do you want to change by how much for whom by when?</p>	
<p>What will you implement or change to accomplish this goal?</p>	
<p>What information will you collect to evaluate your project?</p>	
<p>What is your baseline or starting point for work? If not known, how will you find your baseline?</p>	

Other Information:

Please limit this Project Description to no more than 3 pages.

The sample final report below is included for your information only.

2017 Regional Quality Pool Distribution – Recipient Final Report

Completed by:

Report Date:

Email and best contact phone number:

Final Report – to be completed December 2017	
What changed or happened?	
Were there any changes in your patients' experience? For OHP patients specifically?	
What did you learn?	
What would you do differently if you were starting to do this work again?	
Will you be taking additional actions that result from this work?	
Do you have any recommendations for others who might want to do this in the future?	

Other information:

With final report, please attach budget template depicting actual expenditures for this project.

PacificSource Columbia Gorge CCO

Regional Quality Pool - Recipient Budget Description

Information in shaded boxes will be redacted before sharing this information

Date:	9/14/17
Organization:	North Central Public Health District
Person completing budget:	Kathi Hall, Finance Manager

Personnel name with Project Role and FTE	Salary Cost	35% Benefits	Sub-Total	%
Judy Bankman, Community Engagement Coordinator .20 FTE	9,472	3,315	12,787	
Public Health Programs Secretary .20 FTE	7,488	2,621	10,109	
Glenda Clark, Accounting Clerk .10 FTE	4,818	1,686	6,504	
		0	0	
Sub-total	\$21,778	\$7,622	\$29,400	100%

Category	Description	Cost	Sub-Total	%
Equipment costs		0		
<i>Itemize any item over \$500</i>		0		
		0	0	0
Materials and supplies		0		
<i>Group in broad categories</i>		0		
		0	0	0
Travel and Other Expenses		0		
<i>Group in broad categories</i>		0		
		0		
		0		
		0		
		0		
		0		
		0	0	0
Total amount requested for project			\$29,400	100%

OREGON MILITARY DEPARTMENT

FACILITY AND EQUIPMENT RENTAL CONTRACT

The State of Oregon, acting by and through the Oregon Military Department, hereafter referred to as STATE or OMD, and the USER, agree as follows: (Please print all information)

ARMORY: Fort Dalles RC

EVENT TITLE: Walking Group

USER: North Central Public Health District

DATE(S) OF EVENT: Tues & Wed Dec. 2017 - March 2018

START TIME(S): Tues 8am / Wed 5:15am END TIME(S): Tues 9am / Wed 6:15pm

(User's custody begins the moment User takes possession and ends when the State regains possession. This time includes set-up and clean up.) The Rental Lease Agent represents the Oregon Military Department and will make sure all provisions of this agreement are met and is authorized to terminate a rental event if the renter is not abiding by this agreement.) The Rental Contract shall be effective when signed by the OMD's Rental Program Manager, who may approve the agreement after all other parties have signed it.

 CAT I - Government CAT II - Private/Non-Profit CAT III - Commercial/Profit Generating
 FACILITIES NEEDED Drill Floor Kitchen Classroom Parking Lot

Rental Rate: (Base Rate) \$ 30⁰⁰ X (Hours/Days/Month) Invoice Hours = \$ Monthly

Set-up Rental Rate (50% of Base Rate) \$ X (Hours) = \$ N/A

Personnel Charge: (Rate) \$25.00 per hour X (Hours) = \$

Alcoholic Beverage Fee: Review ORARNG Pam 405-2 = \$

Kitchen Use: (Rate) \$ X (Days) = \$

Classroom Use: (Rate) \$ X (Days) = \$

Lodging Fee: (#People) X (Rate) \$ X (#Nights) = \$

Table Rental: (# Tables) X (Rate) \$ X (Days) = \$

Chair Rental: (# Chairs) X (Rate) \$ X (Days) = \$

Parking Fee: (# Vehicles) X (Rate) \$ X (Days) = \$

Security Fee: (# Guards) X (Rate) \$ X (Hours) = \$

Range Fee: (# Fires) X (Rate) \$ X (Days) = \$

Concessionaire Fees: (% of Gross or Flat Fee) = \$

Additional Charges: = \$

(Garbage/Trash Disposal, Audio-Visual Equipment, etc.)

Cleaning/Damage Deposit: waived see Page B-5 = \$ N/A

Total Renter Fee: (Note: Add all charges above for total renter fee) = \$ 30⁰⁰ per Hour

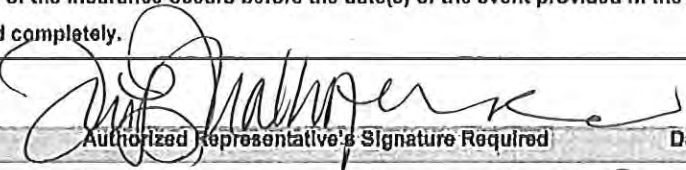
Nonrefundable Reservation Deposit \$ Cleaning/Damage Deposit \$ = \$ N/A

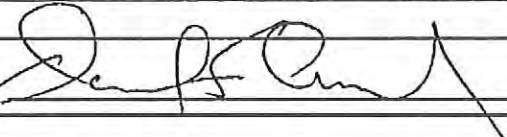
Balance Owed: (Note: Enter balance owed after subtracting deposits) = \$ Invoice Monthly

Non-Refundable Reservation Deposit: At the time of execution of this agreement, a minimum of \$50 (if the Total Renter Fee is less than \$500.00) or a minimum of \$100 (if Total Rental Fee is over \$500.00) non-refundable reservation deposit shall be paid. Deposit shall be applied to the Total Rental Fee of lease contract. This is to hold the date for the event. A receipt shall be provided for all rental payments received. This reservation deposit is forfeited if the user cancels lease.

* **FEES:** Fees will be paid with money order or cashier check made out to the Oregon Military Department prior to the event.

- * Governmental agencies, who need to be involved, can use a Purchase Order. Governmental agencies may be self-insured.
- * User shall obtain, at User's expense, and keep in effect during the term of the contract, General Liability Insurance, provided by an insurer authorized to do business in the State of Oregon. This insurance shall include contractual liability coverage for indemnity provided under this agreement. The minimum limits of liability shall be \$1,000,000.00 per occurrence for each bodily injury and property damage. As evidence of this coverage, the User shall furnish a Certificate of Insurance to OMD naming OMD an additional insured prior to OMD's approval of this agreement. A certificate of insurance shall be provided to OMD and shall provide for notice to OMD 30 days before cancellation, if such cancellation of the insurance occurs before the date(s) of the event provided in the contract.
- * Please fill out User's Information legibly and completely.

NCPHO			
USER: (Please Print Name)		Authorized Representative's Signature Required	
419 E 7th St The Dalles OR 97058		Date	
ADDRESS: STREET/P.O. BOX		City, State, Zip Code	
541 506 2625		N/A	
Work Phone	Fax Phone	(SSN #/Federal ID Number is NOT Required by State for Refund Check)	

Signature: Armory Ops Tech/Rental Agent: 	Date: 8 NOV 17
FOR THE ADJUTANT GENERAL (State Rental Program Manager) (503) 584-3867 Fax: (503) 583-3584 Date: _____	

Cleaning/Damage Deposit: Check Date: _____ Check#: _____ = \$ _____ Return Deposit: Yes ___ NO ___ Retained for Cleaning \$ _____ Retained for Damage \$ _____ Date Returned: _____ Amount Returned = \$ _____
CHECK DATE: _____ MO#/CHECK#: _____ RESERVATION DEPOSIT: \$ _____ DEPOSIT DATE: _____
CHECK DATE: _____ MO#/CHECK#: _____ CLEANING/DAMAGE DEPOSIT LIABILITY: \$ _____ DEPOSIT DATE: _____
CHECK DATE: _____ MO#/CHECK#: _____ BALANCE PAYMENT: \$ _____ DEPOSIT DATE: _____
CHECK DATE: _____ MO#/CHECK#: _____ BALANCE PAYMENT: \$ _____ DEPOSIT DATE: _____
CHECK DATE: _____ MO#/CHECK#: _____ BALANCE PAYMENT: \$ _____ DEPOSIT DATE: _____
CHECK DATE: _____ MO#/CHECK#: _____ BALANCE PAYMENT: \$ _____ DEPOSIT DATE: _____
LEASE CONTRACT SUBTOTAL: \$ _____ LESS CLEANING/DAMAGE DEPOSIT REFUND or OTHER REFUND (IF APPLICABLE): \$ _____ LEASE CONTRACT TOTAL: \$ _____

TERMS AND CONDITIONS**USER AGREES TO:**

1. Comply with all federal, state, and local laws, codes, regulations, and ordinances applicable to its use of said premise, including but not limited to any licensing requirements applicable to its activities at the premise, noise or nuisance ordinance, occupancy limitations and, civil rights or nondiscrimination statutes. User shall comply with local County Health Department requirements on food sales. User shall not apply any pesticides while using STATE premises.
2. Defend, save, hold harmless, and indemnify the STATE, and its officers, employees and agents from and against all claims, suits, actions, losses, damages, liabilities, costs, and expenses of any nature whatsoever, including attorneys fees, resulting from, arising out of, or relating to the use of the property by the User, its officers, subcontractors, agents, employees, or invitees.
3. Obtain and display an appropriate Oregon Liquor Control Commission (OLCC) special events permit or license prior to event starting when intoxicating beverages are to be sold on STATE premises. Alcohol shall be served by an individual with all proper licenses and covered by not less than \$1,000,000.00 worth of liquor liability insurance. Events such as wedding receptions or birthday parties with the number of guests less than 300 people and where no fee for alcohol is charged or donations accepted are exempted from obtaining a special events permit or liquor license. However, exempted events are required to obtain \$1,000,000 worth of liquor liability insurance. As evidence of this coverage, the user shall furnish a Certificate of Insurance to OMD naming OMD an additional insured. A Certificate of Insurance shall be provided to OMD and shall provide for notice to OMD 30 days before cancellation if such cancellation occurs before the date(s) of the event provided in this contract. No visibly intoxicated person shall be served during any event. No patrons or guests under the age of 21 shall be served during any event. User shall not permit any game or amusement on STATE premises contrary to the laws of the State of Oregon. A designated drinking area shall be set up and clearly marked unless the function is a dinner. Consumption of alcohol outside of buildings or in parking lots is not authorized unless approved in advance of the event by the State Rental Program Manager. Security is required at all functions where alcohol is present. Alcohol shall be served in plastic cups only, no bottles or cans. **No hard liquor or distilled spirits shall be sold or served during any event on STATE premises without approval in advance by the State Rental Program Manager.**
4. Be responsible for and pay any taxes and assessments resulting from user's activities under this rental contract.
5. Be an independent contractor as defined by ORS 670.600 and not an officer, employee, or agent of the State of Oregon as those terms are used in ORS 30.265. User shall not assign or sublet premises without the written consent of the STATE.
6. Cause no damage to the leased premises or property and at the termination of this lease, to return the leased premises or property in the same condition the premises were at the time of user taking possession. User shall be charged for any damage or required cleaning resulting from this lease. If a substantial amount of garbage is left in the facility or parking lot, User shall have a portion of cleaning/damage deposit deducted for labor and garbage disposal costs.
7. Not affix banners, signs, or other items to walls or doors or interfere with the business of the state agency providing the facility to include the hindering of foot traffic on premises or blocking any fire exits.
8. Understand that the security personnel work on behalf of the State of Oregon and are present to protect the interests of the State of Oregon, as well as the safety and security of those attending the user's event. Security personnel enforce rules as instructed only by the Oregon Military Department and under Oregon law.
9. Not put up or operate any engine or motor or machinery on the premises or use oils, burning fluids, camphene, kerosene, propane, naphtha or gasoline for either mechanical or other purposes or any agent other than electricity for illumination of the premises. Smoking in state owned public building is prohibited. **Smoking shall be allowed in outdoor designated areas only.**

ADDITIONAL TERMS AND CONDITIONS:

10. Subcontracts, Successors, Assignments: User shall not assign, delegate, or transfer any of its rights or obligations under this contract without the Agency's prior written consent.

11. Severability: If any term or provision of this agreement is by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the agreement did not contain the particular term or provision held to be invalid.

12. Notice: All notices, certificates, or communications shall be delivered or mailed postage prepaid to the parties at their respective places of business as set forth below or at a place hereafter designated in writing by the parties.

Lessee: OMD will use User's name and address on page two of this rental contract unless otherwise specified in writing.

Lessor: Oregon Military Department
Joint Force Headquarters, Oregon National Guard
Installations Office/State Rental Program Manager
P.O. Box 14350, 1776 Militia Way
Salem, OR 97309-5047

13. Default: User shall be in default under this contract if User commits any material breach or default of any term, condition, covenant, warranty, obligation or agreement under this Contract. Upon such default, the STATE may at its option, pursue any or all of the remedies available to it under this Contract and at law or in equity, including, but not limited to termination of this Contract, initiation of an action or proceeding for damages, specific performance, or declaratory or injunctive relief, or exercise of its right of setoff. These remedies are cumulative to the extent the remedies are not inconsistent, and OMD may pursue any remedy or remedies singly, collectively, successively or in any order whatsoever.

14. Termination: At its sole discretion, OMD may terminate this Contract (A) for its convenience upon thirty (30) days prior written notice to User, (B) immediately upon notice to User if User is in default under Paragraph 14 or for other cause or (C) immediately, if the premises covered by this Rental Contract are, at the sole discretion of the STATE, required for military purpose by either the state or federal military forces. User, upon notification of termination, is required to remove user's property from the premises.

15. Default of Payment: User agrees that in the event of default for nonpayment, or the return of check for insufficient funds, that user shall be responsible for all reasonable administrative costs, collection costs, attorney's fees and all other costs and charges necessary for the collection of any amount not paid when due, including but not limited to collection charges assessed by the Department of Revenue or by a collection agency.

16. Non-waiver: Failure to enforce a term of this agreement does not waive the terms and conditions as specified in this rental contract.

17. Governing Law; Venue; Consent to Jurisdiction; This Contract shall be governed by and construed in accordance with the laws of the State of Oregon without regard to principles of conflicts of law. Any claim, action, suit, or proceedings (collectively, "Claim") between the OMD, (and/or any agency or department of the State of Oregon) and Contractor that arises from or relates to this Contract shall be brought and conducted solely and exclusively within the Circuit Court of Marion County for the State of Oregon; provided, however, if a Claim must be brought in a federal forum, then it shall be brought and conducted solely and exclusively within the United States District Court for the District of Oregon. In no event shall this section be construed as a waiver by the State of Oregon of any form of defense or immunity, whether it is sovereign immunity, governmental immunity, immunity based on the Eleventh Amendment to the Constitution of the United States or otherwise, from any Claim or from the jurisdiction of any court. CONTRACTOR, BY EXECUTION OF THIS CONTRACT, HEREBY CONSENTS TO THE IN PERSONAM JURISDICTION OF SAID COURTS.

B-4

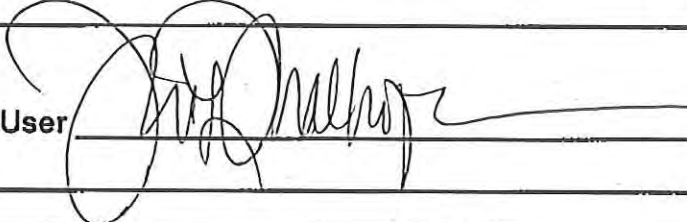
ARMORY 21150

RENTAL/INVOICE # 20181242

ADDITIONAL TERMS AND CONDITIONS:

18. **Merger Clauses:** The rental contract, including any attached exhibits, constitutes the entire agreement between the parties on the subject matter of this contract. There are no understandings, oral or written, not specified herein. Any modification of this agreement must be in writing and signed by both parties.

SPECIAL REQUIREMENTS: See Attachment A

Signature of User  Date 11/8/2017

B-5

**OREGON MILITARY DEPARTMENT
FACILITY AND EQUIPMENT RENTAL CONTRACT****CUSTOMER SURVEY FORM**

The Oregon Military Department is interested in providing quality customer service to the citizens of the State of Oregon and others who lease our facilities. We would appreciate you taking time to complete this customer survey form. Please give us your opinion on how well we met your expectations. You can either return this survey form to the Oregon Military Department Lease Agent working your event or mail to:

Oregon Military Department, Joint Force Headquarters Oregon National Guard, Attention: Installations Office/State Rental Program Manager, PO Box 14350, 1776 Military Way S. E., Salem, OR 97309-5047.

1. Did you have an Oregon Military Lease Agent present for your event?

2. Do you feel that the terms and requirements of the rental agreement were adequately communicated to you?

3. Were you able to gain access to the facility at the time agreed to on your rental agreement?

4. Was the facility cleaned to your satisfaction prior to your event?

5. Did the facility meet the needs of your event?

6. Did the Oregon Military Department Agent provide good customer service?

7. Would you recommend our services to others?

Lease 20181242 Attachment A

Special requirements:

Cleaning Damage deposit waived. User agrees to pay for any cleaning, if needed, after their use @ \$35.00 per hour. Any damage, caused from the use of the building, will be added to the monthly invoice for payment.

Invoice monthly to:

North Central public health district

419 E 7th st

The Dalles 97058

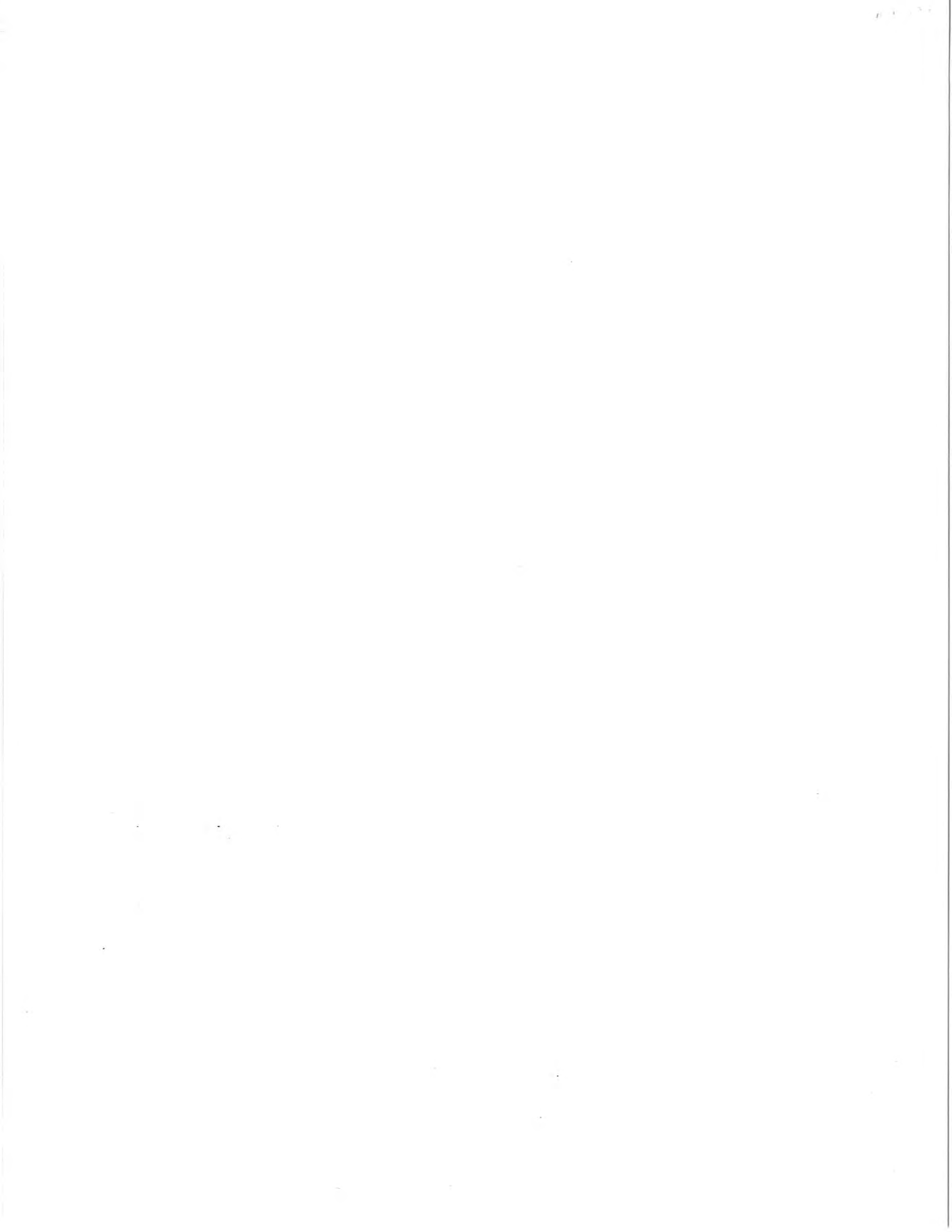
POC

Judy Bankman

541 506-2625

judyb@ncphd.org

Signature  Date 11/8/2017





Photographer Agreement

Agreement, between

The Client: Local Agency Name: North Central Public Health District and

The Photographer: Name: Cecilia Lachino

with respect to the licensing of certain rights in the Photographer's photograph(s) (referred to as the "Work").

1. Description of Work. The Client wishes to license certain rights in the Work which the Photographer has created and which is described as follows:

Two photo sessions of WIC families & breastfeeding
momms in The Dalles.

2. Delivery Date. The Photographer agrees to deliver the Work within thirty (30) days after the signing of this Agreement. The Work shall consist of high-resolution JPGS to be delivered via CD to the Client; all deliverable photos should be accompanied by a PDF contact sheet.

3. Payment. Client agrees to pay the following: \$ 500.00 for the photo session, any digital processing and usage rights granted. Client agrees to pay the Photographer within thirty (30) days of the date of Photographer's billing. All Work, to include the bill for services, will be completed and delivered to the Client prior to September 30, 2017.

4. Grant of Rights. Upon receipt of full payment, Photographer grants to the Client the following rights in the Work:

For use in promotional and educational materials, social media posts and clinic advertising.

5. Releases. All subjects will require a completed 'Media Release/Consent Form.' Release forms will be given to the Client to be maintained in their files.

Client Representative: Judy Bankman | Jill Oakes Date: 9/13/17

Printed name of Client Representative Judy Bankman

Photographer: Cecilia Lachino Date: 9/13/17

Printed name of Photographer: Cecilia Lachino



Public Health
Prevent. Promote. Protect.

NORTH CENTRAL PUBLIC HEALTH DISTRICT

“Caring For Our Communities”

Directors Report for the Board of Health December 12, 2017

WOW!!! What a year for NCPHD!!!!

Here’s a summary of what we’ve been up to in the last few months:

- Our collaborative work with the 4Rivers Early Learning HUB continues in full force. We have been working as part of a logistics team for a key project of the HUB, Our Kids Network. The Network is a data base that serves as a central site for referral to services as well as a curator of information which would be helpful for pregnant and parenting families. We look forward to rolling out the Network in the 5 counties in the New Year. Additionally, we will be sharing a position with the parenting HUB arm of 4RELH to provide Community Health Worker capacity in Gilliam and Sherman Counties. This staff person will help replace some of the ‘in community’ presence we had prior to the retirement of Eloise Mortimore, RN.
- Grant writing is never ending. NCPHD is serving as the lead agency for an OHA grant to move toward a modernized public health system adding to the foundational capabilities of leadership and organizational competencies, health equity and cultural responsiveness, community partnership development, assessment and epidemiology, prevention and health promotion, policy and planning, and communications all in the foundational program area of communicable disease control. The grant will focus on regional work to decrease rates of gonorrhea. There are 13 partner counties, along with EOCCO and the Mid-Columbia Health Equity Advocates. Although 2 counties who are members of EOCCO were not able to provide letters of commitment for the application, they will still be able to participate in all the resources and training and learning opportunities. We are very excited to move forward in this work. I was honored to be asked to present on our proposal at the Association of Oregon Counties Convention.
- We continue to work with regional partners to address issues that lead to poor health outcomes. We were successful in securing some funding through CGHC to develop local tobacco cessation resources and systems.

- We also secured some funding to institute an evidence based recess program in Hood River Schools to reduce childhood obesity. We are hopeful that additional funding will be available to scale the program to additional counties.
- We are still waiting to hear the outcome of some additional funding opportunities. As always, we look to the strategic plan, approved by the Board of Health, for alignment with those priorities.

Again this month, at a full board meeting, you will hear presentations around program areas at NCPHD. We currently have programs scheduled to present through March of 2019. Please let me know if there is something specific you would like to know more about and we will get you the information.

Wishing you all a healthy 2018.

Respectfully submitted,
Teri Thalhofer, RN, BSN
Director, NCPHD