



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

**North Central Public Health District**  
“Caring For Our Communities”

# North Central Public Health District Board of Health Meeting

March 13, 2018  
3:00 PM  
Meeting Room @  
NCPHD

## **AGENDA -**

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1. **Minutes**
  1. Approve from 3-6-2018 Special Executive Committee meeting
  2. Set Next Meeting Date (4/10/2018)
2. **Additions to the Agenda**
3. **Public Comment**
4. **Unfinished Business**
  1. Election of Chair and Vice-Chair for NCPHD Board
  2. 2018-2019 Budget Process
  3. Administrative Restructure Proposal
5. **New Business**
  1. Environmental Health Presentation – Presented by John Zalaznik
  2. Intersection of Health System Reform, Early Learning, Public Health Modernization and Maternal Child Health – Presented by Teri Thalhofer
  3. Grant Updates
  4. Quarterly Report – By Kathi Hall
  5. Approval of A/P Check Report (January 2018 & February 2018)
  6. Contracts Review
  7. Director’s Report

Note: This agenda is subject to last minute changes.

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

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



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**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

*“Caring For Our Communities”*

419 East Seventh Street  
The Dalles, OR 97058-2676  
541-506-2600  
[www.ncphd.org](http://www.ncphd.org)

**North Central Public Health District  
Board of Health  
Meeting Minutes  
March 6, 2018**

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

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

Minutes taken by: Gloria Perry

Meeting called to order at 4:02pm by Chair Scott Hege

**SUMMARY OF ACTIONS TAKEN**

**WELCOME AND INTRODUCTIONS**

**PUBLIC COMMENT**

1. None

**UNFINISHED BUSINESS**

1. None

**NEW BUSINESS**

1. Fiscal Philosophy Discussion & Board Budget Guidance
  1. After discussion, it was recommended by the board to explore in further detail NCPHD’s 2018-2019 proposed budget with a current funding request of \$652,405.00 with a percentage split between the three counties as follows: Wasco County 62%; Sherman County 19%; and Gilliam County 19%.
  2. Kathi Hall will meet later this week with Commissioner Scott Hege and Wasco County’s Finance Director Mike Middleton to breakdown in further detail what this request represents.

Being no further business to be conducted at this time, Commissioner Hege adjourned the board of health meeting at 5:05PM

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

- {Copy of Draft Proposed County 2018 – 2019 Budget Amounts; County Funding Analysis 2019; PERS 2019-20 Estimated Increase; and NCPHD Salary Survey Summary Comparison attached and made part of this record.}

DRAFT

## BUDGET CALENDAR FOR 2018/2019 BUDGET

1. Budget meetings with program managers – **Jan. 2018**
2. First draft of budget will be put together between **2/20 – 2/23** by Kathi.
3. Budget Team (Teri & Kathi) will meet as needed to balance budget.
4. Complete second draft done **3/1**
5. Executive Committee reviews and makes recommendations to budget – **3/6**
6. 1st notice of NCPHD Budget Committee Meeting to paper by Mon. **3/12** for publication Thurs. **3/15** (17 days prior to budget committee meeting).
7. Send draft - budget request amounts to Counties – **week of 3/12.**
8. 2nd notice of NCPHD Budget Committee Meeting to paper by Mon. **3/19** for publication Thurs. **3/22** (10 days prior to budget committee meeting)
9. Compile Budget Document for distribution week of **3/19.**
10. Budget Document to be distributed to Budget Committee week of **3/26.**
11. Budget Committee Session – **April 3, 2018**
  - Receive Budget Message
  - Review Proposed Budget
  - Approve Budget
12. Sherman County Budget Committee meeting **4/**
13. Gilliam County Budget Committee meeting **4/25**
14. Wasco County Budget Committee meeting **5/16 & 17**
15. Complete final Proposed Budget Document
16. Legal Notice of Budget Hearing to paper by **5/21** for publication **5/24.**  
(18 days prior to Budget Hearing)
17. Hold Budget Hearing (Governing Body) and Adopt Budget at **6/12** board meeting.

**Position Budget Summary Report**  
**NORTH CENTRAL PUBLIC HEALTH DISTRICT**  
Model: 3% COLA Date Range: 07/01/2018 thru fiscal 2019

**ADMIN PROPOSAL**

**NEW POSITIONS**

**AD04-03 Office Manager**

**New Position**

Thru end 2019

o1/3

100.0%

49,052.00

21,955.32

71,007.32

**Total for AD04-03 Office Manager :**

**49,052.00**

**21,955.32**

**71,007.32**

**AD05-02 Finance Manage**

**New Position**

Thru end 2019

s1/5

80.0%

57,168.00

28,944.21

86,112.21

**Total for AD05-02 Finance Manager :**

**57,168.00**

**28,944.21**

**86,112.21**

**AD06-05 Accounting Cler**

**New Position**

Thru end 2019

m1/1

100.0%

40,488.00

19,831.96

60,319.96

**Total for AD06-05 Accounting Clerk :**

**40,488.00**

**19,831.96**

**60,319.96**

**CL03-04 Program Secreta**

**New Position**

Thru end 2019

h1/1

100.0%

31,464.00

20,269.06

51,733.06

**Total for CL03-04 Program Secretary :**

**31,464.00**

**20,269.06**

**51,733.06**

**Grand Totals:**

**178,172.00**

**91,000.55**

**269,172.55**

**CURRENT POSITIONS**

**AD06-02 ACCOUNTING C**

**2031**

Thru end 2019

m1/5

60.0%

29,280.00

21,786.09

51,066.09

**Total for AD06-02 ACCOUNTING CLERK :**

**29,280.00**

**21,786.09**

**51,066.09**

**AD05-01 Finance Manage**

**2001**

Thru end 2019

s1/4

100.0%

63,504.00

31,086.28

94,590.28

**Total for AD05-01 Finance Manager :**

**63,504.00**

**31,086.28**

**94,590.28**

**AD07-02 EXECUTIVE ASSE**

**2024**

Thru end 2019

l1/4

100.0%

44,516.00

20,822.44

65,338.44

**Total for AD07-02 EXECUTIVE ASSISTANT :**

**44,516.00**

**20,822.44**

**65,338.44**

**CL03-01 Program Secreta**

**2008**

Thru end 2019

h1/5

100.0%

38,544.00

19,346.56

57,890.56

al for CL03-01 Program Secretary :

38,544.00

19,346.56

57,890.56

**Grand Totals:**

175,844.00

93,041.37

268,885.37



# What is Environmental Health?

- Environmental Health involves a very wide range of issues. This office focuses on Basic Public Health Sanitation Issues (things that can make a large number of people sick in a relatively short time).
- The function of the Environmental Health Section is to identify health risks in the environment and implement solutions that eliminate or reduce risk.





# What We Do: Licensed Facilities

Facilities licensed by NCPHD include:

- 112 Restaurants
- 29 Pools / Spas
- 3 Organizational Camps
- 9 RV Parks
- 26 Travelers Accommodations
- 1 Bed & Breakfast
- 94 Temporary Restaurants licensed in 2017



All facilities licensed by NCPHD receive regular unannounced inspections, frequency of inspections may vary based on facility type, operating season, and other factors.

# Outstanding Performers

SECOND HALF OF 2017

## OUTSTANDING PERFORMERS

2 Country Girls	100
Arlington SR Citizen Mealsite	100
Bent River	97
Biggs McDondalds	97
Burger King	97
Burgerville	100
Calvary Baptist Church	100
Class Act Catering & Café	100
Columbia Cinemas	100
Condon Senior Nutrition Site	100
Country Café	97
Cousins	97
Denny's Restaurant	100
Domino's Pizza	100
Dutch Bros	100
Fairfield Inn & Suites	100
Four C's Catering	100
Grand Central Subway	100
Grinders	100
Happy Canyon Pizza	100
Historic Balch Hotel	100
Historical Hotel Condon	100
Imperial River Co	100
Ixtapa Restaurant	100
Jack in the Box	100

KFC	100
Liberty Tapworks	100
McDonald's Restaurant #1	100
Mid Columbia Senior Center	100
MOD Pizza	100
Montra's Thai Cuisine	100
Mosier Company	97
Pat's Pheasant Grill	100
Pine Meadows Golf Course	100
Pioneer Potlatch - Dufur	97
Pioneer Potlatch - Mosier	100
Pioneer Potlatch - Tygh Valley	100
Pioneer Potlatch - Wasco	100
Pizza Hut	100
Rack & Cloth	97
Rainbow Tavern	100
River Run Lodge	100
Rivers Edge Deli	100
Sahara Pizza	100
Sedition Brewing	100
Sherman Co Senior Center	100
Spooky's	100
Starbucks	100
Subway	100
Taco Bell	100

Tacos Del Rio	100
The Bulldog Diner	97
The Cottage Café	100
The Craftsman Inn	100
The Dalles Inn	97
The Drive In	100
The Round Up Grill	100
Waters Edge Bistro	97
WE3 Coffee & Deli	100
Windy River	100



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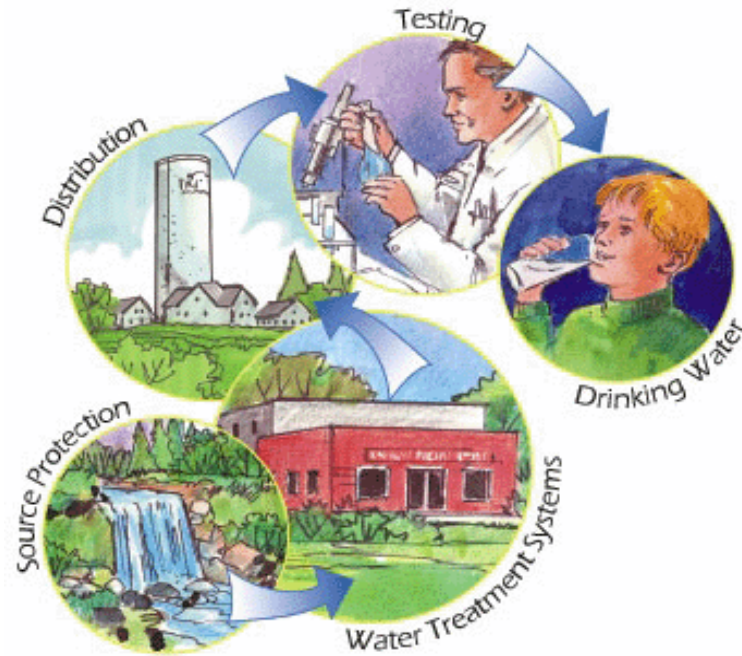
# What We Do: Septic

- **Site Evaluations:** A site evaluation determines which type & size of system is suitable for a property.
- **New Installation Permits:** An installation permit gives specifics on what type of system and where to place the system.
- **Repair Permits:** A repair permit is a permit to improve a failing tank and/or drain field.
- **Site Visit Authorizations:** Authorizations authorize the hook up of a new home to an existing system.



# What We Do: Drinking Water

- Sanitary Survey
- Contact Report
- Technical Assistance





# What We Do: Miscellaneous

- Animal Bite Reports
- Day Care Inspections
- School Inspections



# Current Issues

Completed in 2017:

- 314 Restaurant inspections
- 22 Pool/Spa inspections
- 14 Tourist Accommodations inspections
- 119 Septic Permits issued
- 14 Sanitary Surveys
- 47 Contact Reports
- 64 Animal Bite Reports



# Available Data

Our website:

<http://ncphd.org/records-licensing/environmental-health-food/>

Other Resources:

Look up latest restaurant inspections @

<https://healthspace.com/Clients/Oregon/northcentral/Web.nsf/home.xsp>

Look up the small water system information @

<https://yourwater.oregon.gov>

Keep up to date on the latest DEQ changes/requirements @

<http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx>

# Community Partners

- We work with City & County Planning Departments in Wasco / Sherman / Gilliam Counties on new property development and existing property improvements.
- We work with Building Codes for construction & remodels of licensed facilities, and septic approval for new homes.
- We work closely with restaurateur's to establish good working relationships were we viewed as an accessible learning resource and not just a regulator.
- We work with small water system operators providing guidance to ensure community access to safe drinking water.





# How Environmental Health Affects the Community

Environmental Health involves a very wide range of issues. This office focuses on Basic Public Health Sanitation Issues (things that can make a large number of people sick in a relatively short time).

- There's a whole host of communicable diseases that can travel through our food supply through improper food handling.
- Communicable diseases have affected thousands of people through water transfer of bacteria, viruses and protozoans. Chemical poisoning can also be carried by water & food, which can impact hundreds of thousands of people.
- Communicable diseases can thrive in waste. This includes everything from human bodily waste to solid waste generated from our everyday activities.

# Field Trip!

We invite you to join an REHS in the field... if you're interested please contact one of us to schedule your very own field trip!



John Zalaznik, REHS  
Environmental Health  
Specialist Supervisor  
[johnz@ncphd.org](mailto:johnz@ncphd.org)



Kevin Dworschak, REHS  
Environmental Health  
Specialist  
[kevind@ncphd.org](mailto:kevind@ncphd.org)



Nicole Bailey, REHS  
Environmental Health  
Specialist Trainee  
[nicoleba@ncphd.org](mailto:nicoleba@ncphd.org)

# Questions?





THANK  
YOU



# *Sewing the Crazy Quilt*

*Exploring the Links between MCH/Title V and Public Health Modernization, Early Learning, and Health Systems Transformation*



# *Presentation Objectives*

- *Understanding of Health Reform in Oregon*
- *Understanding of Early Learning Transformation in Oregon*
- *Understanding of Public Health Modernization in Oregon*
- *Exploring the Links with MCH/Title V*



*What is Public Health?*

*Public Health Connects Us All*

# What is Public Health?

- *Public Health saves money, improves our quality of life, helps children thrive and reduces human suffering.*





# Health Systems Transformation

*Where it all began...*

# The Triple Aim

- *Improve the lifelong health of all Oregonians;*
- *Increase the quality, reliability and availability of care for all Oregonians*
- *Lower or contain the cost of care so it is affordable for everyone.*

# *Federal Affordable Care Act*



# *Oregon Health Reform*



# Coordinated Care Organizations

*CCOs have engaged in a variety of innovative efforts to change the delivery of care for their patients, including:*

- Incentives for primary care home enrollment*
- Data utilization to target high-risk patients*
- Care transition programs for emergency department patients*
- Flexible funds to support social services that are intended to improve health and reduce the use of the medical care system*



# CCO Intersections

- Eastern Oregon CCO



COMMUNITY

# *CCO Intersections With Title V*

- *Patient Centered Primary Care Home*
  - *Well woman care*
  - *Adolescent well-visit*
  - *Medical Home*
  - *Oral Health*

# *CCO Intersections with Title V*

- *Flexible Funding*
  - *Physical Activity for Children*
  - *Smoking*
  - *Toxic Stress, ACE's*
  - *Nutrition and food insecurity*
  - *Culturally and linguistically responsive services*



# Early Learning System Reform

Oregon Commission on Children and Families and Local County

Commissions on Children and Families

Sunset



# *Oregon Early Learning Council*



# ELC Mission

- *The Council is committed to making measurable progress to ensure that all Oregon children enter kindergarten ready to succeed and are raised in stable families with caregivers to whom they are attached.*
- *The Council is also committed to ensuring services and systems are coordinated and aligned to support achieving these goals.*

# ELC Guiding Principles

- *Focusing strategies on children who are over-represented in the academic achievement gap and under-represented in accessing strong services and supports.*
- *Listening to stakeholders across the state and acting on what we hear and learn from them.*
- *Focusing on results and using data to drive decisions.*
- *Having the courage necessary to make change.*
- *Holding onto a sense of urgency.*
- *Focusing its message and broadening its communication.*

# Early Learning Division

- Under the direction and leadership of the Early Learning System Director and governed by the Early Learning Council, the Early Learning Division (ELD) implements state policies for about 190,300 at-risk children, age zero to six, and their families.
- Some of the programs ELD oversees include Oregon Pre-Kindergarten, Early Head Start, Head Start, Healthy Families Oregon, Relief Nurseries, and Oregon's Quality Rating and Improvement System. ELD is also responsible for the redesign of service delivery in Oregon through the Early Learning Hubs. In addition to programs and system redesign, the division oversees the licensing of 4,340 child care providers throughout the state.

# Early Learning Intersections with Title V

- *Children Ready to Enter Kindergarten*
  - *Breastfeeding-improved child health*
  - *Medical Home-improved child health*
  - *Oral Health-improved child health*
  - *Culturally and linguistically responsive services*



# *Early Learning Intersections with Title V*

- *Stable and Attached Families*
  - *Toxic Stress, Trauma and Adverse Childhood Experiences*
  - *Nutrition and Food Insecurity*
  - *Culturally and linguistically responsive services*

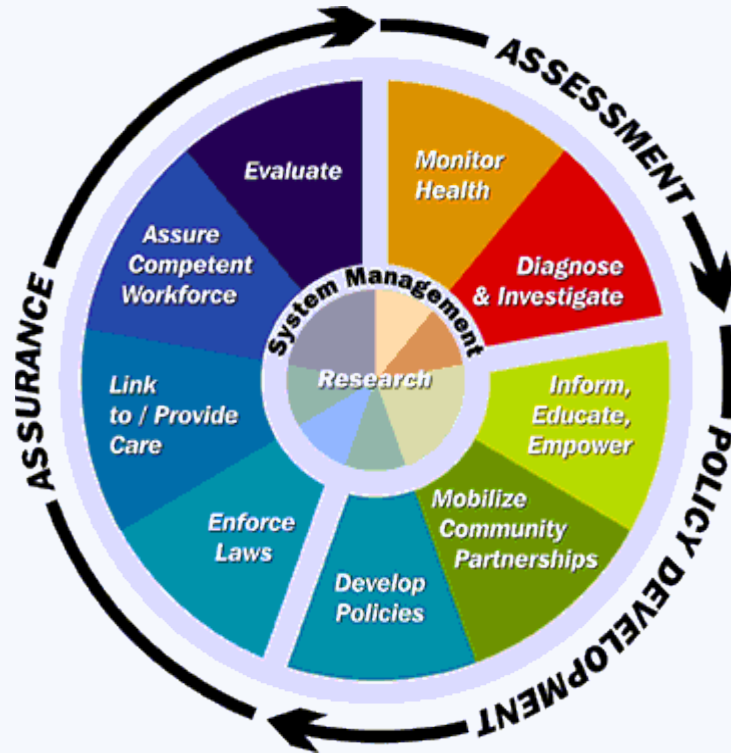
# Early Learning Intersections with Title V

- *Services and Systems are Coordinated and Aligned*
  - *Title V Strategies are aligned with:*
    - *The Oregon Public Health Division Strategic Plan*
    - *The State Health Improvement Plan*
    - *CCO Incentive Measures*



# Public Health Modernization

- Task Force on the Future of Public Health



# Modernized Framework for Governmental Public Health



# Modernized framework for governmental public health services





# Public Health Modernization Intersections with Title V

*“They’re everywhere”!!!*



# *Foundational Capabilities*

- *Leadership and Organizational Capacity*
- *Health Equity and Cultural Responsiveness*

# *Foundational Capabilities*

- *Community Partnership Development*
- *Assessment and Epidemiology*



# *Foundational Capabilities*

- *Policy and Planning*
- *Communications*
- *Emergency Preparedness and Response*

# Foundational Programs

- *Communicable Disease Control*
- *Environmental Health*
- *Access to Clinical Preventative Services*

# Foundational Programs

- *Prevention and Health Promotion*
  - *Prevention and health promotion programs focus on health issues that affect social, emotional and physical health and safety. Programs specifically address contributors to chronic disease such as poor nutrition and inadequate physical activity, substance use disorders, tobacco use, mental health, oral health, intentional and unintentional injuries and suicide.*

# Maternal Child Health: Promotion and Prevention

- Oral Health
  - Prevent Communicable Disease
  - Economic Impacts of Employability due to Poor Tooth Condition
- Smoking
  - Decrease life long health effects from maternal smoking including poor birth weight, asthma

# Maternal Child Health: Prevention and Health Promotion

- Toxic Stress, trauma, and adverse childhood experiences
  - Prevention of family violence, suicide
  - Obesity, substance abuse

Nutrition and food Insecurity

Prevention of obesity

Impacting poverty

# Maternal Child Health: Prevention and Health Promotion

- *Culturally and linguistically responsive services*
  - *Prevent further health disparities by ensuring appropriate access to all*
  - *Promote and develop a competent work force to affect poverty*



# MCH Programs

- Title V policy efforts, One Key Question, ACE's, Breastfeeding Support, PHN Homevisiting, WIC, Reproductive Health and Family Planning



*Thank you!*

[terit@ncphd.org](mailto:terit@ncphd.org)

**Recap Report**  
**7/1/2017-12/31/2017**

<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	REV 3,000.00		4,442.58		148.09	LGIP interest & SAIF div.
		REV 670,285.00		327,503.37		48.86	
201.23.7141	PUBLIC HEALTH	EXP 533,027.00	265,924.93		61,578.44	49.89	
		REV 171,693.00		84,704.00		49.33	
201.23.7142	WIC	EXP 186,440.00	93,171.06		-8,467.06	49.97	incl. cost allocation amt
		REV 25,786.00		17,841.46		69.19	
201.23.7143	MCH - CAH	EXP 67,819.00	30,358.58		-12,517.12	44.76	
		REV 192,002.00		83,382.83		43.43	
201.23.7144	REPRODUCTIVE HEALTH	EXP 290,774.00	122,845.91		-39,463.08	42.25	
		REV 36,478.00		16,420.43		45.01	
201.23.7145	STATE SUPPORT	EXP 41,207.00	19,138.89		-2,718.46	46.45	
		REV 110,923.00		75,058.00		67.67	
201.23.7146	ENVIRONMENTAL HEALTH	EXP 121,084.00	55,901.86		19,156.14	46.17	
		REV 194,282.00		40,658.39		20.93	Budgeted grants did not come in as expected
201.23.7148	PERINATAL HEALTH	EXP 186,810.00	72,779.50		-32,121.11	38.96	staff will be doing more home visits, B2H, Stepp grant
		REV 161,190.00		103,999.00		64.52	rcvd MRC grant
201.23.7149	PHEP	EXP 167,375.00	79,122.41		24,876.59	47.27	
		REV 101,023.00		12,213.34		12.09	rcvd 3 grants in Jan & Feb
201.23.7152	HEALTH PROMOTION	EXP 85,294.00	48,697.85		-36,484.51	57.09	Rev. recvd prior fiscal year
		REV 18,006.00		9,354.00		51.95	
201.23.7153	IMMUNIZATION SPECIAL PAYM	EXP 17,332.00	9,659.34		-305.34	55.73	
		REV 42,958.00		13,583.60		31.62	rcvd 2017 pmts in Feb
201.23.7154	CACOON & CCN	EXP 48,279.00	26,415.42		-12,831.82	54.71	Waiting for 2018 contract
		REV 93,619.00		38,889.00		41.54	
201.23.7155	TOBACCO PREV & ED	EXP 95,641.00	42,048.54		-3,159.54	43.96	
		REV 44,326.00		24,840.00		56.04	
201.23.7156	WATER	EXP 44,592.00	29,928.11		-5,088.11	67.12	
		REV 214,939.00		83,981.00		39.07	rcvd \$25,915 in Jan
201.23.7158	BABIES FIRST	EXP 254,695.00	124,657.44		-40,676.44	48.94	
		REV 7,248.00		3,048.00		42.05	
201.23.7159	OREGON MOTHERS CARE	EXP 14,702.00	7,250.61		-4,202.61	49.32	
		REV 15,000.00		5,300.00		35.33	
201.23.7500	PASS THROUGH	EXP 15,000.00	4,600.00		700.00	30.67	
		REV 0.00		0.00		0.00	
201.23.7999	NON-DEPARTMENTAL	EXP 202,687.00	0.00		0.00	0.00	
		REV 0.00		0.00		0.00	
	TOTAL REVENUE	2,102,758.00		945,219.00		44.95	
	TOTAL EXP	2,372,758.00	#####		-87,281.45	43.51	

**NCPHD**  
**Accounts Payable Checks**  
**Issued January 2018**

Check Date	Check Number	Vendor Name	Amount	
1/10/2018	426	IRS	\$11,274.50	PAYROLL A/P (EFT)
1/10/2018	427	ASIFLEX	\$105.00	
1/10/2018	428	P E R S	\$11,626.70	
1/10/2018	429	OREGON STATE, DEPT OF REVENUE	\$2,591.58	
Held in Que	430	OREGON STATE, EMPLOYMENT DEPT.		
1/25/2018	431	IRS	\$10,987.99	
1/25/2018	432	ASIFLEX	\$105.00	
1/25/2018	433	P E R S	\$12,047.46	
1/25/2018	434	OREGON STATE, DEPT OF REVENUE	\$2,780.96	
1/5/2018	12184	COLUMBIA GORGE COMM. COLLEGE	\$14.95	
1/5/2018	12185	HENRY SCHEIN	\$453.60	
1/5/2018	12186	OPTIMIST PRINTERS	\$423.00	
1/5/2018	12187	OREGON STATE, DEPT OF ENVIRONMENTAL QUA	\$600.00	
1/5/2018	12188	OREGON STATE, DEPT OF HUMAN SERVICES	\$10,000.00	
1/5/2018	12189	SMITH MEDICAL PARTNERS LLC	\$2,666.31	
1/5/2018	12190	STAEHNKE, DAVID	\$106.33	
1/5/2018	12191	STERICYCLE INC.	\$502.54	
1/5/2018	12192	THE DALLES CHRONICLE	\$135.00	
1/5/2018	12193	UPS	\$103.20	
1/5/2018	12194	US BANK	\$1,829.68	
1/5/2018	12195	WASCO COUNTY	\$577.78	
1/9/2018	12196	CIS TRUST	\$27,399.72	
1/11/2018	12197	CA STATE DISPURSEMENT UNIT	\$231.50	PAYROLL A/P
1/11/2018	12198	NATIONWIDE RETIREMENT SOLUTION	\$1,265.00	
1/12/2018	12199	AHLERS & ASSOCIATES	\$910.00	
1/12/2018	12200	BEERY ELSNER & HAMMOND LLP	\$164.50	
1/12/2018	12201	FORD, DAVID	\$24.84	
1/12/2018	12202	H2OREGON BOTTLED WATER INC.	\$35.80	
1/12/2018	12203	MID-COLUMBIA MEDICAL CENTER	\$315.00	
1/12/2018	12204	NATHAN P. FOX DBA, BIG SCREEN ADVERTISING	\$1,050.00	
1/12/2018	12205	OREGON STATE, DEPT OF HUMAN SERVICES	\$12,912.99	
1/12/2018	12206	PEEWEE'S AUTO DETAIL	\$650.00	
1/12/2018	12207	RICOH USA INC.	\$150.34	
1/12/2018	12208	SAIF CORPORATION	\$505.94	
1/12/2018	12209	U.S. CELLULAR	\$302.80	
1/26/2018	12210	ACTION AUTO GLASS	\$235.00	
1/26/2018	12211	CAREERTRACK	\$149.00	
1/26/2018	12212	CIS TRUST	\$175.00	
1/26/2018	12213	CYTOCHECK LABORATORY LLC	\$50.00	
1/26/2018	12214	NELSON TIRE FACTORY DBA, GILL'S POINT S	\$788.00	
1/26/2018	12215	OFFICE DEPOT	\$90.89	

1/26/2018	12216	OHA/OEI HEALTH CARE, INTERPRETER PROGRAM	\$25.00
1/26/2018	12217	OREGON STATE, DEPT HUMAN SERVICES-OFS	\$490.00
1/26/2018	12218	PAULY, ROGERS & CO., P.C.	\$14,500.00
1/26/2018	12219	QWIK CHANGE LUBE CENTER INC.	\$154.63
1/26/2018	12220	SATCOM GLOBAL INC.	\$58.24
1/26/2018	12221	STERICYCLE INC.	\$1,037.85
1/26/2018	12222	THE POOL & SPA HOUSE INC.	\$79.83
1/26/2018	12223	WASCO COUNTY	\$350.20
1/29/2018	12224	CA STATE DISPURSEMENT UNIT	\$231.50
1/29/2018	12225	NATIONWIDE RETIREMENT SOLUTION	\$1,265.00
		<b>TOTAL:</b>	\$134,530.15

PAYROLL A/P

NCPHD Board of Health authorizes check numbers 12184 - 12225 and payroll EFT numbers 426 - 434 totalling \$134,530.15.

Signature \_\_\_\_\_

Printed Name Scott Hege

**NCPHD  
Accounts Payable Checks  
Issued February 2018**

Check Date	Check Number	Vendor Name	Amount
2/9/2018	435	IRS	\$11,176.17
2/9/2018	436	ASIFLEX	\$105.00
2/9/2018	437	P E R S	\$12,249.76
2/9/2018	438	OREGON STATE, DEPT OF REVENUE	\$2,832.11
2/23/2018	439	IRS	\$11,048.60
2/23/2018	440	ASIFLEX	\$105.00
Held in Que	441	P E R S	\$12,219.15
2/23/2018	442	OREGON STATE, DEPT OF REVENUE	\$2,783.39
2/2/2018	12226	OREGON STATE, DEPT OF HUMAN SERVICES	\$10,000.00
2/2/2018	12227	CIS TRUST	\$28,225.59
2/2/2018	12228	OREGON STATE, DEPT HUMAN SERVICES- OFS	\$260.00
2/2/2018	12229	OREGON STATE, DEPT OF HUMAN SERVICES	\$25.00
2/2/2018	12230	STAEHNKE, DAVID	\$112.59
2/2/2018	12231	UPS	\$108.00
2/12/2018	12232	WATERS, LISA	\$96.00
2/12/2018	12233	CA STATE DISPURSEMENT UNIT	\$231.50
2/12/2018	12234	NATIONWIDE RETIREMENT SOLUTION	\$1,265.00
2/13/2018	12235	CYTOCHECK LABORATORY LLC	\$55.00
2/13/2018	12236	HENRY SCHEIN	\$50.70
2/13/2018	12237	OFFICE DEPOT	\$237.08
2/13/2018	12238	OR GOV'T ETHICS COMMISSION	\$475.12
2/13/2018	12239	OREGON STATE, DEPT OF HUMAN SERVICES	\$10,031.14
2/13/2018	12240	QWIK CHANGE LUBE CENTER INC.	\$9.95
2/13/2018	12241	RICOH USA INC.	\$150.04
2/13/2018	12242	SATCOM GLOBAL INC.	\$59.21
2/13/2018	12243	SPARKLE CAR WASH, LLC	\$32.40
2/13/2018	12244	THE DALLES CHRONICLE	\$260.00
2/13/2018	12245	U.S. CELLULAR	\$303.15
2/13/2018	12246	US BANK	\$2,021.25
2/13/2018	12247	WASCO COUNTY	\$129.85
2/15/2018	12248	AHLERS & ASSOCIATES	\$910.00
2/15/2018	12249	BEERY ELSNER & HAMMOND LLP	\$92.00
2/15/2018	12250	CITY OF THE DALLES	\$30.00
2/15/2018	12251	ERNIE'S LOCKS AND KEYS	\$100.00
2/15/2018	12252	H2OREGON BOTTLED WATER INC.	\$77.45
2/15/2018	12253	MID-COLUMBIA MEDICAL CENTER	\$315.00
2/15/2018	12254	OFFICE DEPOT	\$200.03
2/15/2018	12255	OPTIMIST PRINTERS	\$429.00
2/15/2018	12256	OREGON STATE, DEPT HUMAN SERVICES- OFS	\$2,642.70
2/15/2018	12257	OREGON STATE, DEPT OF ENVIRONMENTAL OUA	\$1,500.00

PAYROLL A/P (EFT)

PAYROLL A/P



2/15/2018	12258	QWIK CHANGE LUBE CENTER INC.	\$87.00
2/15/2018	12259	RUIZ, YARED	\$20.96
2/15/2018	12260	SAIF CORPORATION	\$505.94
2/15/2018	12261	SHRED-IT USA	\$96.30
2/15/2018	12262	SMITH MEDICAL PARTNERS LLC	\$3,349.91
2/15/2018	12263	TYLER TECHNOLOGIES, INC.	\$4,923.87
2/15/2018	12264	WASCO COUNTY	\$596.01
2/26/2018	12265	INTERPATH LABORATORY INC.	\$70.28
2/26/2018	12266	OFFICE DEPOT	\$107.07
2/26/2018	12267	OREGON BOARD OF PHARMACY	\$75.00
2/26/2018	12268	QWIK CHANGE LUBE CENTER INC.	\$73.45
2/26/2018	12269	UPS	\$108.00
2/26/2018	12270	YMCA OF METRO ATLANTA	\$15,000.00
2/26/2018	12271	CA STATE DISPURSEMENT UNIT	\$231.50
2/26/2018	12272	NATIONWIDE RETIREMENT SOLUTION	\$1,790.00
		<b>TOTAL:</b>	\$139,989.22

PAYROLL A/P

NCPHD Board of Health authorizes check numbers 12226 - 12272 and payroll EFT numbers 435 - 432 totalling \$139,989.22.

Signature \_\_\_\_\_

Printed Name Scott Hege

Agreement #154126



**FOURTH 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](mailto:dhs-oha.publicationrequest@state.or.us) or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

This Fourth 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 set of Program Element Descriptions set forth in Exhibit B of the Agreement;

WHEREAS, OHA and LPHA wish to modify the Financial Assistance Award and Revenue and Expenditure Reporting form 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**

- Exhibit A “Definitions”, Section 16 “Program Element” is amended to add Program Element titles and funding source identifiers as follows:

<b>PE NUMBER AND TITLE • SUB-ELEMENT(S)</b>	<b>FUND TYPE</b>	<b>FEDERAL AGENCY/ GRANT TITLE</b>	<b>CFDA#</b>	<b>HIPAA RELATED (Y/N)</b>	<b>SUB-RECIPIENT (Y/N)</b>
PE 51 Public Health Modernization: Regional Partnership Implementation	GF			N	N

- Exhibit B is hereby amended to add Program Element #51 “Public Health Modernization: Regional Partnership Implementation” by Attachment A attached hereto and hereby incorporated into the Agreement by this reference.
- Section 1 of Exhibit C entitled “Financial Assistance Award” of the Agreement is hereby superseded and replaced in its entirety by Attachment B attached hereto and incorporated herein by this reference. Attachment B must be read in conjunction with Section 3 of Exhibit C, entitled “Explanation of Financial Assistance Award” of the Agreement.
- Section 2 of Exhibit C entitled “Oregon Health Authority Public Health Division Expenditure and Revenue Report (for all Programs)” of the Agreement is hereby superseded and replaced in its entirety by Attachment C attached hereto and incorporated herein by this reference.

- 5. 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 D, attached hereto and incorporated herein by this reference.
- 6. 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.
- 7. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.
- 8. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.
- 9. The parties expressly ratify the Agreement as herein amended.
- 10. 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.
- 11. 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.

12. Signatures.  
 By: Lillian Shirley  
 Name: /for/ Lillian Shirley, BSN, MPH, MPA  
 Title: Public Health Director  
 Date: 2-3-18

GILLIAM, WASCO, AND SHERMAN COUNTIES LOCAL PUBLIC HEALTH AUTHORITY

By: Ken L. Thalhofer, BSN  
 Name: Ken L. Thalhofer, RN, BSN  
 Title: Director, NCPHD  
 Date: 1/30/2018

DEPARTMENT OF JUSTICE - APPROVED FOR LEGAL SUFFICIENCY

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

REVIEWED BY OHA PUBLIC HEALTH ADMINISTRATION

By: Mai Quach  
 Name: Mai Quach (or designee)  
 Title: Program Support Manager  
 Date: 2-9-18

**Attachment A**  
**Program Element Description**

**Program Element #51: Public Health Modernization: Regional Partnership Implementation**

1. **Description.** Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver Public Health Modernization: Regional Partnership Implementation.
  - a. **Establish a Regional Partnership of local public health authorities (LPHAs) and other stakeholders.** Develop and sustain Regional Infrastructure through a Regional Partnership of LPHAs and other stakeholders.
  - b. **Implement regional strategies to control communicable disease and reduce health disparities.** Implement regional strategies to control communicable disease within the region. Place emphasis on reducing communicable disease-related disparities.
  - c. **Demonstrate new approaches for providing public health services.** Participate in learning communities and ongoing evaluation. Share emerging practices and demonstrate how these practices can be applied across the public health system.

The 2016 public health modernization assessment<sup>1</sup> showed that health equity and cultural responsiveness is the least implemented foundational capability across Oregon's public health system, and that one in four people live in an area in which communicable disease control programs are limited or minimal.

LPHA must use funds provided through this Program Element to establish a regional approach for communicable disease control that is tailored to a specific communicable disease risk within the region. LPHA must place emphasis on identifying and reducing communicable disease-related disparities. LPHA must demonstrate models for Regional Infrastructure that are scalable in other areas of the state or for other public health programs.

All changes to this Program Element are effective upon receipt of grant award unless otherwise noted in Exhibit C of the Financial Assistance Award.

2. **Definitions Specific to Public Health Modernization: Regional Partnership Implementation.**
  - a. Foundational Capabilities. The knowledge, skills and abilities needed to successfully implement Foundational Programs.
  - b. Foundational Programs. The public health system's core work for communicable disease control, prevention and health promotion, environmental health, and assuring access to clinical preventive services.
  - c. Public Health Accountability Outcome Metrics. A set of data used to monitor statewide progress toward population health goals.
  - d. Public health accountability process measures. A set of data used to monitor local progress toward implementing public health strategies that are necessary for meeting Public Health Accountability Outcome Metrics.

<sup>1</sup> 2016. Oregon Health Authority. State of Oregon Public Health Modernization Assessment Report. Available at [www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/PHModernizationFullDetailedReport.pdf](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/PHModernizationFullDetailedReport.pdf).

- e. Public Health Modernization Manual: A document that provides detailed definitions for each Foundational Capability and program for governmental public health, as identified in ORS 431.131-431.145. The Public Health Modernization Manual is available at: [http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public\\_health\\_modernization\\_manual.pdf](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf).
- f. Regional Partnership. A group of two or more LPHAs and at least one other organization that is not an LPHA that is convened for the purpose of implementing strategies for communicable disease control and reducing health disparities.
- g. Regional Infrastructure. The formal relationships established between LPHAs and other organizations to implement strategies under this funding.
- h. Regional Governance. The processes and tools put in place for decision-making, resource allocation, communication and monitoring of the Regional Partnership.

3. **Program Components**. Activities and services delivered under this Program Element align with Foundational Programs and Foundational Capabilities, as defined in [Oregon’s Public Health Modernization Manual](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf), ([http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public\\_health\\_modernization\\_manual.pdf](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf)) as well as with Public Health Accountability Outcome Metrics and Process Measures (if applicable) as follows:

a. **Foundational Programs and Capabilities** (As specified in the Public Health Modernization Manual)

Program Components	Foundational Program					Foundational Capabilities						
	CD Control	Prevention and health promotion	Environmental health	Population Health	Access to clinical preventive services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
Establish a Regional Partnership	X					X		X		X		
Implement communicable disease control strategies	X						X	X	X	X	X	X
Demonstrate new approaches for providing public health services	X					X		X		X		X

**b. Public Health Accountability Outcome Metrics:**

The 2017-2019 public health accountability metrics adopted by the Public Health Advisory Board for communicable disease control are:

- Two year old immunization rates
- Gonorrhea rates

LPHA is not required to select two year-old immunization rates or gonorrhea rates as areas of focus for funds made available through this Program Element. LPHA is not precluded from using funds to address other high priority communicable disease risks based on local epidemiology and need.

**c. Public Health Accountability Process Measure:**

The 2017-19 public health accountability process measures adopted by the Public Health Advisory Board for communicable disease control are listed below. LPHA must select a high priority communicable disease risk based on local epidemiology and need, the following process measures may not be relevant to all LPHAs.

- Percent of Vaccines for Children clinics that participate in the Assessment, Feedback, Incentives and eXchange (AFIX) program
- Percent of gonorrhea cases that had at least one contact that received treatment
- Percent of gonorrhea case reports with complete “priority” fields

**4. Procedural and Operational Requirements.** By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct activities in accordance with the following requirements:

- a. Implement activities in accordance with this Program Element.
- b. Engage in activities as described in its Public Health Modernization Regional Work Plan, which has been approved by OHA and as set forth in Attachment 1, incorporated herein with this reference.
- c. Use funds for this Program Element in accordance with its Regional Program Budget, which has been approved by OHA and as set forth in Attachment 2, incorporated herein with this reference. Modification to the Regional Program Budget of 10% or more for any line item may only be made with OHA approval.
- d. Develop Regional Infrastructure through formation of a Regional Partnership of LPHA and other partners.
  - (1) Maintain a Regional Partnership leadership team list for communication with OHA.
  - (2) Use a formal Regional Governance structure for decision-making, resource allocation and implementation of approved regional work plan for LPHA and partners participating in the Regional Partnership.
  - (3) Ensure the Regional Partnership is staffed at the appropriate level to address all sections in this Program Element and to fulfill work plan objectives and activities.
  - (4) Ensure funding is used to support Regional Partnership goals as well as meet the needs of all participating LPHA and partners.



- e. Implement regional strategies to address a specific communicable disease risk for the region with an emphasis on reducing communicable disease-related health disparities.
  - (1) Engage local organizations as strategic partners to control communicable disease transmission.
  - (2) Develop and implement a system for identification and control of communicable disease with strategic partners.
  - (3) Use established best practices whenever possible.
  - (4) Establish partnerships with Regional Health Equity Coalitions, federally recognized tribes, community-based organizations and other entities in order to develop meaningful relationships with populations experiencing a disproportionate burden of communicable disease and poor health outcomes.
  - (5) Work directly with communities to co-create strategies to control communicable disease transmission. Ensure that health interventions are culturally responsive.
  - (6) Communicate to the general public and/or at risk populations about communicable disease risks.
  - (7) Provide training to health care and other strategic partners about communicable disease risks and methods of control. Provide technical assistance to health care and other strategic partners to implement best and emerging practices.
  - (8) Develop and implement a system for communications with strategic partners about disease transmission.
  - (9) Demonstrate capacity to routinely evaluate communicable disease control systems through the response to disease reports and make changes to practice based on evaluation findings.
  - (10) Complete an assessment of the region's capacity to apply a health equity lens to communicable disease control programs and services and to provide culturally responsive communicable disease control programs and services.
  - (11) Complete an action plan that addresses key findings from the regional health equity assessment for communicable disease control.
- f. Implement and use a performance management system to monitor achievement of work plan activities, deliverables and milestones.
- g. Participate in quarterly calls with OHA to discuss progress toward regional work plan activities, deliverables and milestones.
- h. Ensure members of the Regional Partnership leadership team participate in the planning of and attend two in person collaborative learning opportunities and other remote collaborative learning opportunities.
- i. Participate in evaluation of public health modernization implementation in the manner prescribed by OHA.
- j. Seek opportunities to share information about Regional Partnership strategies for communicable disease control and reducing health disparities with outside organizations.

- 5. General Budget and Expense Reporting.** LPHA must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of the Agreement. These reports must be submitted to OHA each quarter, by the 25<sup>th</sup> of the month following the end of the fiscal year quarter.
- 6. Reporting Requirements.**
- a. Have on file with OHA an approved Regional Work Plan no later than four weeks after initial funding is received.
  - b. Submit quarterly Regional Work Plan progress reports using the timeline and format prescribed by OHA.
  - c. Submit to OHA the following deliverables, in the timeframe specified:
    - (1) A minimum of one new policy (e.g., Memorandum of Understanding, Joint Agreement, County Resolution) describing the Regional Partnership by March 31, 2018
    - (2) Regional Partnership organizational chart by March 31, 2018
    - (3) Regional health equity assessment and action plan by December 31, 2018
    - (4) At least two additional products (e.g., regional policies for implementation of a best or emerging practice, data sharing agreements, or communication materials) by June 30, 2019

**7. Performance Measures.**

If Regional Partnership completes fewer than 75% of the planned activities in its approved work plan for two consecutive calendar quarters in one state fiscal year, LPHA shall not be eligible to receive funding under this Program Element during the next state fiscal year.

**Attachment 1  
Regional Work Plan**

<b>Public Health Modernization Work Plan</b>	
<b>Lead Fiscal Agent</b>	North Central Public Health District
<b>Strategic Partner(s)</b>	Hood River Public Health Department, Center for Human Development (Union County Public Health), Umatilla County Public Health Department, Baker County Public Health Department, Grant County Public Health Department (Community Counseling Solutions), Harney County Public Health Department, Malheur County Public Health Department, Morrow County Public Health Department, Lake County Public Health Department, Wallowa County Public Health Department, Wheeler County Public Health Department, Eastern Oregon Coordinated Care Organization, Mid-Columbia Health Equity Advocates
<b>SMART objective(s)</b>	<ol style="list-style-type: none"> <li>1. Complete a regional health equity assessment and action plan, with particular attention to disparities in gonorrhea burden of disease, by December 31, 2018.                             <ol style="list-style-type: none"> <li>A. If possible, choose an evidence based or promising practice tool to complete the assessment.</li> <li>B. Work with Local Health Administrators to identify ethnic or cultural groups that may not appear in statewide data sources.</li> <li>C. Ask MCHEA, the regional health equity coalition, to participate on the steering committee for the assessment and action plan. Also include other large demographic groups in the region including Tribal representatives.</li> </ol> </li> <li>2. Create a regional policy for gonorrhea intervention based on best practices, with attention to cultural issues, by June 30, 2018                             <ol style="list-style-type: none"> <li>A. Engage EOCCO and CGCCO Clinical Advisory groups for input and vetting of policy.</li> <li>B. Provide information sessions to provider groups related to current burden of disease.</li> <li>C. Work with EOCCO to incentivize implementation among providers.</li> </ol> </li> <li>3. Six Community Based Organization or partners will be engaged by Local Public Health Departments to decrease gonorrhea rates through shared education and targeted interventions by June 30, 2019 by participating in a communications assessment led by the regional communications specialist.</li> <li>4. At least one staff person from each of the ten participating Local Public Health Authorities will be trained in gonorrhea case management by June 30, 2019.                             <ol style="list-style-type: none"> <li>A. Regional Disease Intervention Specialist and Regional Epidemiologist will also be trained in gonorrhea case management.</li> <li>B. Ideally, training will be provided by the California Prevention Training Center following CDC evidence based models.</li> <li>C. Regional staff will provide resources to local staff around burden of disease among specific populations, assistance during outbreaks and general support as local staff become more</li> </ol> </li> </ol>

	<p>comfortable in the roll. Regional staff will lead a shared learning collaborative for local staff to provide an opportunity for shared learning. Regional staff will lead implementation efforts in local communities with local guidance.</p> <p>5. All partner Counties and agencies will convene and provide representation to a facilitated leadership summit by March 31, 2018. The results of the summit will include the following:</p> <p>A. Formation of a Steering Committee with a mission and values statement</p> <p>B. Formation of an Executive Committee of the Steering Committee which is able to take action between Steering Committee meetings and to be accountable for the deliverables outlined in the Program Element.</p> <p>C. Formation of Sub-Committees to guide financial management, work plan management and personnel management (specifically hiring and reviewing staff).</p> <p>D. Confirmation of a decision making process if consensus cannot be reached.</p>		
<b>Target region</b>	<b>The target region is the Counties served by Eastern Oregon Coordinated Care Organization and Columbia Gorge Coordinated Care Organization.</b>		
<b>Target population</b>	<b>Rural populations of north central and eastern Oregon</b>		
<b>Activity</b>	<b>Timeline (start-end dates)</b>	<b>Lead Staff and Key Associate(s)</b>	<b>Outcome Measure or Deliverable</b>
Assess and evaluate health disparities and burden of disease related to gonorrhea using local data, published and unpublished	Beginning January 1, 2018-June 30, 2018	Epidemiologist and DIS to be hired by NCPHD	Completion of Assessment shared with full Steering Committee
Identify local organizations to engage as strategic partners to decrease gonorrhea case incidence	Beginning January 1, 2018-June 30, 2018	Communications Specialist to be hired by NPCHD	List of participating organizations shared with Steering Committee
Create culturally responsive strategies and policies to control disease across the region	June 30-2018 to January 1, 2019	DIS, Communications Specialist hired by NCPHD in partnership with RHEC and identified community based organizations	Policy or policies complete and shared with Steering Committee for dissemination
Training for Local staff to become trained in gonorrhea case management	Training held each 6 months: Jan-June 2018; June to Jan 2019, Jan-June 2019	NCPHD to organize training	At least one staff person from each of the 10 participating LPHA's will be trained, as well as regional staff. Regional staff will then act as surge and resource capacity for local agencies during outbreaks, staff transitions, and times of need.

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

Activity	Timeline (start-end dates)	Lead Staff and Key Associate(s)	Outcome Measure or Deliverable
Train Local Public Health Administrators and leaders to assess and recognize health equity issues in their communities	By January 2019	NCPHD to work with Mid-Columbia Health Equity Advocates to organize training	At least 10 members of LPHA leadership will gain capacity in understanding and assessing health equity in their communities.
After assessing the needs of the region, create culturally responsive health communications, with an emphasis on materials related to gonorrhea identification and treatment	Beginning January 1, 2018-June 30, 2018	Communications Specialist to be hired by NPCHD working with Community Based Organizations.	At least one brochure created by June 30, 2018 for review by the Steering Committee. Plan created for distribution to communities and how recommendations will be implemented with care providers and community partners.

**Definitions for use in this document:**

*SMART Objective* - A measurable change in supportive policy, systems or environment that affects healthy behavior. Objective must be specific, measurable, attainable, realistic and time-limited.

*Activities* - A list of key events or actions that will be implemented. Key events, if possible, shall be specific, measurable and sufficient in quantity such that their completion will lead to the accomplishment of the objective.

*Timeline* - The timeframe for which activities will be initiated and completed.

*Key Associate* – Organization, either funded or unfunded, who will play a significant role in accomplishing the activity.

*Lead Staff* - Staff member of position with the responsibility for ensuring the completion of the activity.

*Measure* – How will the activity be measured? Include outcome measures or deliverables.

## Attachment 2 Local Program Budget

18-Month Budget for Public Health Modernization (1/1/18-6/30/19)											
Identify only funds requested under Public Health Modernization. List any applicable in-kind or matching funds provided by the fiscal agent and/or strategic partner.											
	Fiscal Agent:	North Central Public Health District									
	Fiscal Contact:	Kathi Hall									
	E-mail address:	<a href="mailto:kathih@ncphd.org">kathih@ncphd.org</a>									
	Phone Number:	541-506-2628			Fax Number:	541-506-2601					
<b>Budget Categories</b>	<b>Description</b>								<b>Total</b>		
(A) Salary	<b>Position #</b>	<b>Title of Position</b>	<b>Salary (annual)</b>	<b>% of time (FTE)</b>	<b># of months requested</b>	<b>Total Salary</b>			<b>In-Kind Salary</b>	<b>Matching Salary</b>	
	1	Epidemiologist	\$54,876	100.00%	18	81,170.75			0.00	0.00	
	2								0.00	0.00	
	3	CD Investigator	\$47,364	100.00%	18	70,059.25			0.00	0.00	
	4	Communications Spec.	\$49,752	100.00%	18	73,591.50			0.00	0.00	
	5	NCPHD Director (Supr.)							24278.00		
	<b>TOTAL SALARY</b>						<b>\$224,821.50</b>		<b>\$224,822</b>	<b>\$24,278.00</b>	<b>\$0.00</b>
	Narrative*: 2 Epidemiologists, one CD Investigator, one Communications Specialist, .20 FTE NCPHD Administrator as Program Supervisor										
(B) Fringe Benefits	<b>Position #</b>	<b>Total Salary</b>	<b>Base if Applicable</b>	<b>%</b>	<b>=</b>	<b>Total Fringe</b>			<b>In-Kind Fringe</b>	<b>Matching Fringe</b>	
	1	81,170.75		48.00%	=	38,961.96			0.00	0.00	
	2	0.00		48.00%	=	0.00					
	3	70,059.25		48.00%	=	33,628.44					
	4	73,591.50		48.00%	=	35,323.92					
	5	0.00		48.00%	=	0.00			11,654.00		
	<b>TOTAL FRINGE</b>						<b>\$107,914.32</b>	<b>\$107,914</b>	<b>\$11,654.00</b>	<b>\$0.00</b>	
(C) Equipment	<b>List equipment.</b> Include all equipment necessary for program (i.e. computer, printer).						\$20,000		<b>\$0</b>	<b>\$0</b>	
	<b>TOTAL EQUIPMENT</b>						<b>\$20,000</b>		<b>\$0</b>	<b>\$0</b>	
	Narrative*: 1 printer, 10 webcams, meeting room camera setups, 4 PCs, desks										
(D) Supplies	<b>Do not list.</b> These items include supplies for meetings, general office supplies ie. paper, pens, computer disks, highlighters, binders, folders, etc.						\$3,814	<b>\$3,814</b>	<b>\$0</b>	<b>\$0</b>	
(E) Travel	This covers in-state, out-of-state, and travel to all required trainings.										
	In state			Out Of State			Subtotal		<b>In-Kind Travel</b>	<b>Matching Travel</b>	
	Narrative*: For 2 staff 72 days of travel; for 2 one day Administrator trainings; 3 day training for 15 local CD staff										
	Per Diem:	12000		0		\$12,000			\$0	\$0	
	Hotel:	15000		0		\$15,000			\$0	\$0	
	Air fare:	0		0		\$0			\$0	\$0	
	Reg. fees:	0		0		\$0			\$0	\$0	
	Other:	0		0		\$0			\$0	\$0	
	Mileage:	Miles:	30000	X	0.565	per mile	\$16,950		\$0	\$0	
	<b>TOTAL TRAVEL</b>						<b>\$43,950</b>	<b>\$43,950</b>	<b>\$0</b>	<b>\$0</b>	
(F) Other	<b>Please list.</b>										
	Employee IT set up						\$10,000		\$0	\$0	
	LPHA 2 meetings						\$9,000		\$0	\$0	
	CD staff 3 day meeting						\$4,000		\$0	\$0	
	Office Rent \$1000/mo for 18 months						\$18,000		\$0	\$0	
	Printing						\$4,000		\$0	\$0	
	<b>TOTAL OTHER</b>						<b>\$45,000</b>	<b>\$45,000</b>	<b>\$0</b>	<b>\$0</b>	
(G) Contractual:	<b>List total of all subcontracts</b> and all contractual costs. Include a separate budget worksheet for each subcontractor.										
							\$0		\$0	\$0	
							\$0		\$0	\$0	
	<b>TOTAL CONTRACTUAL</b>						<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
(H) Total Direct Charges	(Sum of A through G)						<b>\$445,500</b>	<b>\$445,500</b>	<b>\$35,932</b>	<b>\$0</b>	
(I) Indirect	Indirect @						<b>\$49,500</b>	<b>\$49,500</b>	<b>\$0</b>	<b>\$0</b>	
(J) TOTALS	(Sum of H & I). Should equal Public Health Modernization Award Request.						<b>\$495,000</b>	<b>\$495,000</b>	<b>\$35,932</b>	<b>\$0</b>	



## Budget Narrative

### BUDGET

Expenses for the project fall into four main areas of expenditure. By far, the greatest expenditure is personal services. We anticipate hiring 3 FTE to work throughout the region.

Training expenses are also a significant expenditure. We anticipate training for local communicable disease staff to gain expertise. We also plan training for local public health leaders to gain understanding and capacity in the area of health equity.

Travel is also a large portion of the budget. The geographic area of the Eastern Oregon Modernization Collaborative is large and in person meetings and technical assistance will help the region gain capacity for response and intervention.

Technology will also be a significant investment. When time is of the essence, technology can help bring technical assistance quickly when it might otherwise be delayed by travel time.

**Attachment B  
Financial Assistance Award**

State of Oregon Oregon Health Authority Public Health Division		Page 1 of 3	
<b>1) Grantee</b> Name: North Central Public Health District		<b>2) Issue Date</b> December 26, 2017	<b>This Action</b> AMENDMENT FY2018
Street: 419 E. 7th Street, Room 100 City: The Dalles State: OR Zip Code: 97058-2676		<b>3) Award Period</b> From July 1, 2017 Through June 30, 2018	
<b>4) OHA Public Health Funds Approved</b>			
Program	Previous Award	Increase/ (Decrease)	Grant Award
PE 01 State Support for Public Health	36,493	0	36,493
PE 03 TB Case Management	622	0	622 ( g,h )
PE 11 Oregon Climate and Health Collaborative	28,500	0	28,500 ( k )
PE 12 Public Health Emergency Preparedness	143,440	0	143,440 ( d )
PE 13 Tobacco Prevention & Education	93,833	0	93,833
PE 40 Women, Infants and Children FAMILY HEALTH SERVICES	157,558	0	157,558 ( b,c,m )
PE 41 Reproductive Health Program FAMILY HEALTH SERVICES	33,808	0	33,808 ( a )
PE 42 MCH/Child & Adolescent Health -- General Fund FAMILY HEALTH SERVICES	8,973	0	8,973 ( i )
PE 42 MCH-TitleV -- Child & Adolescent Health FAMILY HEALTH SERVICES	13,914	0	13,914 ( i,j )
PE 42 MCH-TitleV -- Flexible Funds FAMILY HEALTH SERVICES	32,466	0	32,466 ( i,j )
PE 42 MCH/Perinatal Health -- General Fund FAMILY HEALTH SERVICES	4,781	0	4,781 ( i )
PE 42 Babies First FAMILY HEALTH SERVICES	15,313	0	15,313
<b>5) FOOTNOTES:</b>			
a) \$33,808 Award amount is estimated for FY2018. OHA/PHD has not received the Notice of Grant Award for the title X funding. Adjustment might be needed once the Notice of Award is received.			
b) The July-September 2017 grant is \$473,979 ; \$8,796 must be expended for Nutrition Education. \$1,929 must be expended for Breastfeeding Promotion.			
c) The October-June FY2018 grant is \$113,580 ; \$22,716 must be expended for Nutrition Education. \$5,787 must be expended for Breastfeeding Promotion.			
d) \$143,440 Award amount is estimated for FY2018. OHA/PHD has not received the Notice of Award for funding. Adjustments might be needed once Notice of Award has been received by OHA/PHD.			
e) Funds provided under this Agreement are intended to enable Local Public Health Authorities to assume primary responsibility for the quality and safety of drinking water provided by most of the public water systems located within the Local public Health Authority's jurisdiction, and may only be used in accordance with and subject to the requirements and limitations set forth below, to deliver the Safe Drinking Water services described in the Program Element Description.			
<b>6) Capital Outlay Requested in This Action:</b>			
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	
<b>1) Grantee</b> Name: North Central Public Health District  Street: 419 E. 7th Street, Room 100 City: The Dalles State: OR Zip Code: 97058-2676		<b>2) Issue Date</b> December 26, 2017	<b>This Action</b> AMENDMENT FY2018
		<b>3) Award Period</b> From July 1, 2017 Through June 30, 2018	
<b>4) OHA Public Health Funds Approved</b>			
<b>Program</b>	Previous Award	Increase/ (Decrease)	Grant Award
PE 42 MCH Title V -- Oregon MothersCare FAMILY HEALTH SERVICES	6,103	0	6,103 ( i,j )
PE 43 Immunization Special Payments	18,704	0	18,704
PE 49 Private Domestic Wells & Public Health	7,500	0	7,500 ( l )
PE 50 Safe Drinking Water Program	42,184	0	42,184 ( e,f )
PE 51 Public Health Modernization Implementation	0	182,368	182,368 ( n )
<b>5) FOOTNOTES:</b> 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.			
<b>6) Capital Outlay Requested in This Action:</b> 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.			
<b>PROGRAM</b>	<b>ITEM DESCRIPTION</b>	<b>COST</b>	<b>PROG. APPROV</b>

State of Oregon Oregon Health Authority Public Health Division		Page 3 of 3	
<b>1) Grantee</b> Name: North Central Public Health District  Street: 419 E. 7th Street, Room 100 City: The Dalles State: OR Zip Code: 97058-2676	<b>2) Issue Date</b> December 26, 2017	<b>This Action</b> AMENDMENT FY2018	
		<b>3) Award Period</b> From July 1, 2017 Through June 30, 2018	
<b>4) OHA Public Health Funds Approved</b>			
<b>Program</b>	Previous Award	Increase/ (Decrease)	Grant Award
TOTAL	644,192	182,368	826,560
<b>5) FOOTNOTES:</b>			
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) \$182,368 is for the period December 1st, 2017 to June 30th, 2018.			
<b>6) Capital Outlay Requested in This Action:</b>			
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.			
<b>PROGRAM</b>	<b>ITEM DESCRIPTION</b>	<b>COST</b>	<b>PROG. APPROV</b>

Attachment C

OREGON HEALTH AUTHORITY			
PUBLIC HEALTH DIVISION EXPENDITURE AND REVENUE REPORT			
EMAIL TO: OHA-PHD.Expend&RevReport@state.or.us			
Agency:			
Program:			
Period:		July 1,	to
Please read instructions carefully.			
YEAR TO DATE			
A.	EXPENDITURES	Non-OHA/PHD Expenditures	OHA/PHD Expenditures
1.	Personal Services (Salaries and Benefits)		
2.	Services and Supplies		
3.	Capital Outlay		
4.	<b>TOTAL EXPENDITURES (see Note 1)</b>	\$ -	\$ -
5.	Less Total Program Income (see Note 2)		
6.	<b>TOTAL REIMBURSABLE EXPENDITURES</b>	\$ -	
<b>WIC Program Only:</b> Enter the Public Health Division Year to Date Expenditures Column			
breakdown in the following categories:			
	Client Services		Nutrition Education
	Breastfeeding Promotion		General Administration
YEAR TO DATE			
B.	PROGRAM INCOME/REVENUE		
1.	Revenue from Fees		
2.	Donations		
3.	3rd Party Insurance		
4.	Other Program Income		
5.	<b>TOTAL PROGRAM INCOME</b>	\$ -	
6.	Other Local Funds (identify)		
	6a.		
	6b.		
7.	Medicaid/OHP/CCare		
8.	Volunteer and In-Kind (estimated value)		
9.	Other (Specify)		
10.	Other (Specify)		
11.	<b>TOTAL REVENUE</b>	\$ -	
C. CERTIFICATE			
I certify that revenues reported were authorized for use by the agency in support of this program and that expenditures and encumbrances reported are true and correct to the best of my knowledge and belief.			
<b>PREPARED BY</b>		<b>PHONE</b>	<b>AUTHORIZED AGENT</b>
			<b>DATE</b>
Note 1: If Section A. Line 4. Expenditures are reimbursed by State Medicaid, State General Funds, State Other Funds, do not report Program Income on Section A. Line 5.			
Note 2: 45 CFR 92.25(b). Income directly generated by grant supported activity (Section B. Line 5.).			
Form Number 23-152		Revised December 2017	

<b>TITLE OF FORM:</b> <u>OHA Public Health Division Expenditure and Revenue Report</u>	<b>FORM NUMBER:</b> <u>23-152</u>
<b>WHO MUST COMPLETE THE 23-152:</b> All agencies receiving funds awarded through Oregon Health Authority Intergovernmental Agreement for Financing Public Health Services must complete this report for each grant-funded program. Agencies are responsible for assuring that each report is completed accurately, signed and submitted in a timely manner.	
<b>WHERE TO SUBMIT: Email to:</b> <u>OHA-PHD.Expend&amp;RevReport@state.or.us</u>	
<b>WHEN TO SUBMIT:</b> Reports for grants are due <u>25 days</u> following the end of the 3-, 6-, and 9-month periods (10/25, 1/25, 4/25) and <u>50 days</u> after the 12-month period (8/25) in each fiscal year. <b>Any</b> expenditure reports due and not received by the 25th will delay payments for <b>all</b> grant programs until reports for <b>all</b> programs have been received from the payee for the reporting period.	
<b>INSTRUCTIONS FOR COMPLETION:</b> Report expenditures of Non-OHA/PHD (Oregon Health Authority/Public Health Division) funds in addition to those for which reimbursement is being claimed. This reporting feature is necessary for programs due to the requirement of matching federal dollars with state and/or local dollars.	
A. YEAR TO DATE expenditures are reported when payment is made or a legal obligation is incurred.	
B. YEAR TO DATE revenue is reported when recognized.	
<b>A. EXPENDITURES</b>	
Enter cumulative expenditures in appropriate column.	
<ul style="list-style-type: none"> <li>● <b>Non-OHD/PHD Expenditures</b> are all program expenditures <b>not</b> reimbursed by Public Health Division.</li> <li>● <b>PHD Expenditures</b> are reimbursable expenditures <b>less</b> program income.</li> </ul>	
WIC grantees must break down PHD cumulative expenditures into the 4 categories listed on the form. Refer to Policy 315: Fiscal Requirements of the Oregon WIC Program Policy and Procedure Manual for definitions of the categories.	
<b>Line 1. Personal Services:</b> Report total salaries that apply to the program. Since payroll expenses may vary from month to month, an approximate amount may be listed for each reporting period <b>except</b> the final period. <b>Exact yearly cost must be reported.</b>	
Federal guidelines, 2 CFR 225 Appendix B.8. (OMB Circular A-87), require the maintenance of adequate time-activity reports for individuals paid from grant funds.	
<b>Line 2. Services and Supplies:</b> Report all services and supplies expenditures for the program.	
<b>Line 3. Capital Outlay:</b> Capital Outlay is defined as expenditure of a single item costing more than \$5,000 with a life expectancy of more than one year. Itemize all capital outlay expenditures by cost and description. Federal regulations require that capital equipment (desk, chairs, laboratory equipment, etc.) continue to be used within the program area. Property records for non-expendable personal property shall be maintained accurately per Subtitle A-Department of Health and Human Services, 45 Code of Federal Regulation (CFR) Part 92.32 and Part 74.34. <b>Prior approval must be obtained for any purchase of a single item or special purpose equipment having an acquisition cost of \$5,000 or more (PHS Grants Policy Statement; WIC, see Federal Regulations Section 246.14).</b>	
<b>B. REVENUES</b>	
Enter revenues that support program on appropriate lines. Identify sources of <i>Other Local Funds</i> on lines 6 through 6b.	
<b>Line 7. Medicaid/OHP/CCare:</b> Medicaid includes CCare, OHP and other Medicaid programs.	
<b>WHEN A BUDGET REVISION IS REQUIRED:</b> It is understood that the pattern of expenses will follow the estimates set forth in the approved budget application. To facilitate program development, however, transfers between expense categories may be made by the local agency except in the following instances, when a budget revision will be required: <ul style="list-style-type: none"> <li>● If a transfer would result in or reflect a significant change in the character or scope of the program.</li> <li>● If there is a significant expenditure in a budget category for which funds were not initially budgeted in approved application.</li> </ul>	
<b>REIMBURSEMENT FROM THE STATE:</b> Transfer document will be forwarded to the county treasurer (where appropriate) with a copy to the local agency when Public Health Division makes reimbursement.	
From Number: 23-152	Revised December 2017



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

<b>PE 12: Public Health Emergency Preparedness Program</b>		
<b>Federal Award Identification Number(FAIN):</b>	1 NU90TP921916-01	
<b>Federal Award Date:</b>	07/17/17	
<b>Performance Period:</b>	07/01/17-06/30/18	
<b>Federal Awarding Agency:</b>	CDC	
<b>CFDA Number:</b>	93.069	
<b>CFDA Name:</b>	Public Health Emergency Preparedness	
<b>Total Federal Award:</b>	\$8,012,510	
<b>Project Description:</b>	Public Health Emergency Preparedness	
<b>Awarding Official:</b>	CDC	
<b>Indirect Cost Rate:</b>	17.45%	
<b>Research And Development(Y/N):</b>	N	
<b>Agency/Contractors Name</b>	<b>DUNS</b>	<b>Award Amount</b>
NCPHD	032640580	\$ 143,440

<b>PE 41: Reproductive Health</b>		
<b>Federal Award Identification Number(FAIN):</b>	1 FPHPA106296-01-00	
<b>Federal Award Date:</b>	N/A	
<b>Performance Period:</b>	07/01/17-06/30/18	
<b>Federal Awarding Agency:</b>	DHHS/PHS/PA	
<b>CFDA Number:</b>	93.217	
<b>CFDA Name:</b>	Family Planning Services	
<b>Total Federal Award:</b>	\$3,076,000	
<b>Project Description:</b>	Oregon Reproductive Health Program	
<b>Awarding Official:</b>	Robin Fuller, robin.fuller@hhs.gov	
<b>Indirect Cost Rate:</b>	17.45%	
<b>Research And Development(Y/N):</b>	N	
<b>Agency/Contractors Name</b>	<b>DUNS</b>	<b>Initial Award</b>
NCPHD	032640580	\$33,808

<b>PE 42 Maternal And Child Health Programs - Title V Flexible</b>					
<b>Federal Award Identification Number(FAIN):</b>	6B04MC30636	1B04MC31511			
<b>Federal Award Date:</b>	1/5/2017	10/20/2017			
<b>Performance Period:</b>	10/01/16-09/30/18	10/01/17-9/30/19			
<b>Federal Awarding Agency:</b>	DHS/HRSA	DHS/HRSA			
<b>CFDA Number:</b>	93.994	93.994			
<b>CFDA Name:</b>	MCH Block Grant	MCH Block Grant			
<b>Total Federal Award:</b>	\$3,113,086	\$1,073,224			
<b>Project Description:</b>	Maternal and Child Health Services	Maternal and Child Health Services			
<b>Awarding Official:</b>	Mary Worrell mworrell@hrsa.gov	Mary Worrell mworrell@hrsa.gov			
<b>Indirect Cost Rate:</b>	10%	10%			
<b>Research And Development(Y/N):</b>	N	N			
<b>Agency/Contractors Name</b>	<b>DUNS</b>	<b>Award Amount</b>	<b>Award Amount</b>	<b>Total Award</b>	
NCPHD	032640580	\$ 8,117	\$ 24,350	\$ 32,466	

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

PE 42 Maternal And Child Health Programs - Title V CAH				
<b>Federal Award Identification Number(FAIN):</b>		6B04MC30636	1B04MC31511	
<b>Federal Award Date:</b>		1/5/2017	10/20/2017	
<b>Performance Period:</b>		10/01/16-09/30/18	10/01/17-9/30/19	
<b>Federal Awarding Agency:</b>		DHS/HRSA	DHS/HRSA	
<b>CFDA Number:</b>		93.994	93.994	
<b>CFDA Name:</b>		MCH Block Grant	MCH Block Grant	
<b>Total Federal Award:</b>		\$3,113,086	\$1,073,224	
<b>Project Description:</b>		Maternal and Child Health Services	Maternal and Child Health Services	
<b>Awarding Official:</b>		Mary Worrell mworrell@hrsa.gov	Mary Worrell mworrell@hrsa.gov	
<b>Indirect Cost Rate:</b>		10%	10%	
<b>Research And Development(Y/N):</b>		N	N	
Agency/Contractors Name	DUNS	Award Amount	Award Amount	Total Award
NCPHD	032640580	\$ 3,479	\$ 10,436	\$ 13,914

PE 42 Maternal And Child Health Programs - Oregon Mother's Care Title V				
<b>Federal Award Identification Number(FAIN):</b>		6B04MC30636	1B04MC31511	
<b>Federal Award Date:</b>		1/5/2017	10/20/2017	
<b>Performance Period:</b>		10/01/16-09/30/18	10/01/17-9/30/19	
<b>Federal Awarding Agency:</b>		DHS/HRSA	DHS/HRSA	
<b>CFDA Number:</b>		93.994	93.994	
<b>CFDA Name:</b>		MCH Block Grant	MCH Block Grant	
<b>Total Federal Award:</b>		\$3,113,086	\$1,073,224	
<b>Project Description:</b>		Maternal and Child Health Services	Maternal and Child Health Services	
<b>Awarding Official:</b>		Mary Worrell mworrell@hrsa.gov	Mary Worrell mworrell@hrsa.gov	
<b>Indirect Cost Rate:</b>		10%	10%	
<b>Research And Development(Y/N):</b>		N	N	
Agency/Contractors Name	DUNS	Award Amount	Award Amount	Total Award
NCPHD	032640580	\$ 1,526	\$ 4,577	\$ 6,103

## **Memorandum of Agreement**

Between

**Nutrition and Health Screening Program (WIC)  
Center for Prevention and Health Promotion  
Oregon Health Authority**

and

**North Central Public Health District WIC Program**

This agreement represents a mutual understanding between The Nutrition and Health Screening Program with the Center for Prevention and Health Promotion, Oregon Health Authority, hereinafter referred to as Oregon State WIC Program, and North Central Public Health District WIC Program.

As part of the 2018 Farm Direct Nutrition Program (FDNP) mini-infrastructure grant, the Oregon State WIC Program has awarded North Central Public Health WIC Program \$1,500.00 to implement their submitted proposal to develop new and sustainable strategies to increase the use of FDNP redemption and increase WIC families' access to fresh, locally grown fruits and vegetables.

### **Project Description**

North Central Public Health WIC Participating Partners:

- Wasco County Department of Human Services
- Oregon State University Extension Services
- The Dalles Farmers Market
- Evans' Fruit Stand

### **Activities:**

Increase awareness of FDNP among market vendors and WIC recipients through outreach, education and purchase of visible markers to be used at the market site.

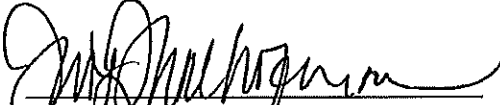
**Funding Approved: 1,500.00**

This Memorandum of Agreement is effective on the date of the last agency signature and North Central Public Health WIC Program may send an invoice to [tove.larsen@state.or.us](mailto:tove.larsen@state.or.us) for the approved amount.

Nutrition & Health Screening  
Oregon WIC Program

North Central Public Health District  
WIC Program

  
\_\_\_\_\_  
Oregon WIC Director

  
\_\_\_\_\_  
NCPHD Administrator

Susan Woodbury  
\_\_\_\_\_  
Printed Name

Jeni L. Thuhofek RN, BSW  
\_\_\_\_\_  
Printed Name

2/1/18  
\_\_\_\_\_  
Date

1/30/2018  
\_\_\_\_\_  
Date



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

**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

*“Caring For Our Communities”*

## **Directors Report for the Board of Health March 13, 2018**

- I attended the Leadership Summit for the Eastern Oregon Modernization Collaborative in Hermiston this week. Partners from most of the counties included in the project were able to participate on site or on the phone. The group agreed on a governance and leadership structure to move the work forward. Interviews for the three grant positions are complete and we are currently in the reference check stage of hiring.
- Staff has received training on blood borne pathogens and respiratory protection in the last month. This important annual training is just one of the ways we keep our staff up to date on best practices. We also had Claire Ranit, from the Resiliency Project as a guest speaker. Claire trained the staff on trauma informed theory and practice.
- Staff also worked with schools and childcare facilities last month to complete the State required immunization exclusion process. Data is still being collected on this work.
- Our WIC staff received a congratulatory letter from the state program for maintaining caseload numbers. This has been a difficult task across the state.
- I was honored to be asked to speak at the Oregon Title V conference on the Intersections between health care reform, early learning reform, public health modernization and maternal child health. I was glad to have the opportunity to speak to these very dedicated public health professionals.
- Leadership team is looking at distribution of duties and efficiency of assignments as we move toward a modernized public health system. We have completed two sessions and will be sharing some proposals with the Board.
- We are moving through the annual budget process so that participating counties have information and we can move forward smoothly.

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