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North Central Public Health District
"Caring For Our Communities"

North Central Public Health District Board of Health Meeting

May 12, 2015
3:00 PM
Meeting Room @
NCPHD

AGENDA -

1. **Minutes**
 - a. Approve from April 14, 2015 meeting
 - b. Set Next Meeting Date
2. **Additions to the Agenda**
3. **Public Comment**
4. **Unfinished Business**
 - a. Updates from Wasco County – Wasco County Project Plan
 - b. HWR Program Transition – Consideration of potential resolution for transfer of program if received by counsel.
5. **New Business**
 - a. Adopt Resolution 2015-02
 - b. Review of A/P checks issued (April 2015)
 - c. 3rd Quarter Fiscal Report
 - d. Program Highlights
 - ✓ Preparedness Responsibilities
 - e. Contracts Review
 - ✓ Regency BCBS Med Adv PPO Amendment
 - ✓ OHSU CCN 1004395-1
 - ✓ OHSU CCN 1004395-2
 - ✓ PSU Contract #35069/240480
 - ✓ OCDC 02-031 Amendment 3
 - ✓ NACCHO MRC 15-2464 Modification
 - f. Director's Report

Note: This agenda is subject to last minute changes.

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

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



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NORTH CENTRAL PUBLIC HEALTH DISTRICT

“Caring For Our Communities”

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**North Central Public Health District
Board of Health
Meeting Minutes
April 14, 2015 (3:00 pm)**

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

Staff Present: Teri Thalhofer – Director, Jane Palmer – Nursing Supervisor, Dr. McDonell – Health Officer

Guests: Bridget Bailey, Neita Cecil – The Dalles Chronicle, Widge, Ken Farner, Tyler Stone – Wasco County and Hans Graichen – Pauly, Rogers & Co.

Minutes taken by Gloria Perry

Meeting called to order on April 14, 2015 at 3:00m by Chair Commissioner Mike Smith.

Summary of Actions Taken

Motion by Commissioner Kramer, second by Judge Steve Shaffer, to approve the minutes from the March 10, 2015 Board meeting as corrected.

Vote: 6-0
Yes: Commissioner Mike Smith, Roger Whitely, Commissioner Steve Kramer, Fred Schubert, Michael Takagi, and Judge Steve Shaffer
No: 0
Abstain: 0
Motion carried.

Motion by Judge Steve Shaffer, second by Michael Takagi, to approve audit as presented.

Vote: 6-0
Yes: Commissioner Mike Smith, Roger Whitely, Commissioner Steve Kramer, Fred Schubert, Michael Takagi, and Judge Steve Shaffer
No: 0
Abstain: 0
Motion carried.

WELCOME

1. MINUTES

- a. Approval of past meeting minutes.
 - Commissioner Kramer apologized to the board for not sending out the sample HHW transfer resolution by email to the board as promised.
 - Minutes were approved with the following correction:
 - Correct the spelling of Judge Steve Shaffer's last name.
- b. Set next meeting date:
 - The next regular meeting was scheduled for Tuesday, May 12, 2015 at 3 pm. Meeting location will be at the North Central Public Health District, Meeting Room. (419 E. 7th St., The Dalles).

2. ADDITIONS TO THE AGENDA

- a. Public Comment Period
 - Bridget Bailey asked if Wasco County has a plan where its clinic is going to be.
 - Commissioner Smith stated this would be addressed during updates from Wasco County.

3. UNFINISHED BUSINESS

- a. Audit Presentation
 - Teri introduced Han Graichen from the auditing firm of Pauly, Rogers. This auditing firm was hired to provide an opinion over NCPHD's financial statements whether they are fairly presented and in accordance with GASB.
 - Mr. Graichen explained that they have issued an unmodified opinion on NCPHD's financial statements. This means they have given a "clean" opinion with no reservations. He also stated that the audit went smoothly and staff was very helpful and courteous.
 - Pauly, Rogers provided a management letter to the board. Mr. Graichen explained that there would be three levels of comments in this letter.
 - Material weakness (This is where you would have control deficiency that essentially is going to result in material mistakes in the financial statements). **NONE FOUND**
 - Significant Deficiency (This is anything that the auditors feel is important enough to warrant putting into a letter to notify the board of).
 - Because of a limited number of available personnel, it is not always possible to adequately segregate certain incompatible duties so that no one employee has access to both physical assets and the related accounting records or to all phases of a transaction. Specifically, the Executive Assistant can enter vendors, initiate checks, input Purchase Orders and process Purchase Orders in the accounting software Eden. Consequently, the possibility exists that unintentional or intentional errors or irregularities could exist and not be promptly detected and increases possibility of management override of controls.
 - The auditors recommend that that Board continually monitor the financial activities to mitigate this risk and consider reviewing check listings for sequence, payees and the amount to compensate for this risk.
 - Best Practice (These are not control deficiencies but are items the auditors like to put in the management letter just to be helpful to the board).
 - In reviewing fidelity insurance (employee theft) coverage, the auditors noticed that NCPHD carries cash and investment balances in excess of the insurance coverage amount. The auditors recommend that the Board examine this exposure risk and make a determination as to the amount of insurance coverage they feel is prudent in regard to their oversight.
 - An integral part of internal controls is the monitoring of financial activities by those charged with governance (the Board). This can be accomplished by asking specifically designed questions to senior staff, by reviewing financial statements and projections and by comparing financial results to pre-established benchmarks. While the Board participates in the budget adoption process and receives staff prepared financial statements, these only partially fulfill the monitoring function.

A review by the Board of the check sequence issued each month should be performed. Since the Board has final governance over the District, it is a good practice for them to review the check sequence each month for any breaks in sequence that they may want to question. This can be documented in the minutes, indicating the sequence of checks and the total amount (i.e. "The Board authorizes check numbers 001-025 in the amount of \$10,000"). This improves internal control and can be a mitigating control over improper segregation of duties. We recommend that the Board articulate their monitoring practices and record in the minutes when those activities occur.

- An example of checks issued in the month of March was handed out to the board. Going forward, this report will be provided to the Board at their monthly board meetings.

b. Updates from Wasco County

- Commissioner Smith stated he thought there was a plan about moving forward in 30 days. He asked Commissioner Kramer for an update.
- Commissioner Kramer stated, "We have an afternoon update tomorrow from Kathy Schwartz and Tyler Stone. They are going to update us on where and what's happened and where everybody's at right now. That's really all I can give you. To answer the question about a clinic. There's been no discussion that I've been aware of for any Wasco County clinic."
- Commissioner Smith stated, "Whether they're moving or closing or what?"
- Commissioner Kramer stated, "I was addressing Bridget's question. I'm assuming that was designed on where Wasco County was going if we decided to move out of this partnership, but we rescinded that. We are still a partner and we're still moving forward. At this point, we're still gathering information."
- Commissioner Smith asked Bridget Bailey if that answered her question and she responded that yes it does.
- Commissioner Smith stated to Commissioner Kramer, "So you'll have an update tomorrow? Is that something you could share with the board?"
- Commissioner Kramer stated, "Yes. It's opened to the public. It's at 2:00pm on our agenda tomorrow afternoon."
- Commissioner Smith stated, "If you could, if there is actually a presentation that's electronic to share that would be great because there is just no way for me to attend."
- Teri Thalhofer stated, "It's not in the board packet."
- Commissioner Kramer stated, "I don't have it. We didn't get it, so it will be handed out tomorrow."
- Tyler Stone stated, "It's probably on the website by now. There were some last minute changes this morning. It should be on the website by now."
- Teri Thalhofer reviewed the following documents with the board:
 - Service Plan Draft Handout:
 - Teri Thalhofer stated, "This is a document that Kathy Schwartz sent as an example of what information Wasco County was looking for. Much of this information has already been presented to the board of health in different formats, but we're willing to put it forward in this format. But what I want to know from this board is what else? Is there something else you want on here, is there different information. You can respond to me now or you can respond to me later, but is there other information that would be helpful to you moving forward. Is this format helpful?"
 - Commissioner Smith stated, "This document is incomplete."
 - Teri Thalhofer stated, "It came originally with only one program listed as an example. Before Kathi Hall went on vacation she added a lot of information. We haven't yet filled in the rest of it, but we will be working on that."
 - Commissioner Smith stated, "Okay, so we are talking about doing a presentation to Wasco County Commission on the afternoon of May 20th."
 - CD Look Back Handout:
 - Teri Thalhofer stated, "This is a snapshot of communicable disease work in the three counties. Next month, Allyson Smith our CD Nurse is going to do a larger presentation for you on communicable disease, but I had heard a couple of different times the question about if you're not having family planning clients come into the clinic and you're not having immunization clients, what does it matter, just close the clinic. But the reality is, is that

nurse that was seeing family planning clients is picking up this significant communicable disease burden that has increased. From 2010 to 2014 the total reported cases of illness in Wasco County have gone from 109 to 153. That's a significant increase and what we know is that for every CD that meets a case definition, there are two more that have to be investigated that don't meet case definition. As the reports go up, so do the reports that don't turn into a case. Total outbreaks in Wasco County, we've gone from 3 to 6."

- Commissioner Smith asked for an example of an outbreak.
- Teri Thalhofer stated, "Outbreaks are often non-reportable diseases. So if one of the long-term care facilities has Norovirus, a case of Norovirus is not reportable, however an outbreak of Norovirus is reportable. The sexually transmitted infections are broken out separately on this report. You can see that the Chlamydia in Wasco County has almost doubled and that takes a significant amount of work. For the sexually transmitted infections, there's partner notification that has to happen so you do a lot of work with the person whose sick trying to figure out who their partners are and then chase down their partners trying to get them treated. We've investigated a total of 5 outbreaks in the first quarter of 2015. It continues to increase. One was in Gilliam County, 4 were in Wasco County. We've also assisted in testing and interviewing Wasco County residents who were affected by a Deschutes County outbreak. We have a higher level outbreak reporting in comparison to the rest of the state. We feel that reflects a better relationship with our community partners, whether in long-term care or organizational camps. We're seen as a resource to those organizations and they trust us and seek our help in containing outbreaks rather than waiting until things explode."
- Commissioner Kramer stated, "These are pretty broad numbers as far as age. Let's take Chlamydia because it jumped 50%. Are we at 16 to 18 or are we at 18 to 30?"
- Teri Thalhofer stated, "That's everybody."
- Commissioner Kramer stated, "So we are just lumping it all together."
- Teri Thalhofer stated, "In this report we can get it by age, but probably won't present it to this body by age because it can be identifying. We have to be careful about how small our numbers get."
- Jane Palmer stated, "The vast majority of our cases are less than 25 years old."
- Commissioner Kramer stated, "So the proper folks are being notified so that maybe that education piece can lower that number. Is that what I'm hearing or is that a direction we..?"
- Teri Thalhofer stated, "We are working diligently with community partners to get them to use expedited partner therapy which doesn't require a name on a prescription, it just requires a prescription so they don't have to identify their partner. We work really hard to get people notified but the problems with sexually transmitted diseases is everyone of them has a time in the case where you don't have any symptoms and people don't believe they've got it. Men can have Chlamydia for years and never have a symptom. Men don't get tested. Women get tested as part of their annual exams and contraceptive services. Men often, because they don't have symptoms, refuse to get treatment so they re-infect their partner. We've seen women 3 and 4 times in the same year infected by the same partner who refuses to come in for treatment and this is a very treatable disease."

➤ County Contribution Handout:

- Teri discussed this handout in item 3d.

- c. HWR Program Transition – Consideration of potential resolution for transfer of program if received by counsel.
- Commissioner Smith stated, "We have a Resolution in our packet. Commissioner Kramer, I think your counsel said this looks good and everything was fine."
 - Commissioner Kramer stated, "Yes, but I think that Tyler I'm going to turn it over to you because he's had Timmons take a look at it so I'm not sure where that's at."
 - Tyler Stone stated, "Timmons is in the process of reviewing that and has had some questions back and forth. They and Olsen are going to have a conference call about some of those things."

- Teri Thalhofer stated, “My understanding from Mr. Sponslor is this does not need Wasco County approval. It was only given to Dan Olsen as a courtesy. This is a board of health resolution and it incorporates the two asks of Wasco County. One that it be effective with the new budget so it didn’t have to go to the three counties for approval for a budget adjustment and two, that there is no facilitated meeting to talk about the processes.”
 - Commissioner Smith stated, “And then there are the transfer steps that go along with it as a reference. Is Wasco County asking us to delay the board of health from signing this resolution?”
 - Tyler Stone stated, “Mike, it would be wise to hold off until we can get a read back on that because if it turns around and the attorneys aren’t okay with it, then you guys have taken an action and we end up not accepting that action, then we’re right back to square one. One of the clauses in this agreement is that we accept, I think, all pending liabilities. I can’t remember what the wording was and or issue in it as you know you’ve got some issues around a \$54.00 dollar can of paint.”
 - Commissioner Smith stated, “We? This board does not.”
 - Tyler Stone stated, “And if that ends up being a legal issue, we don’t know that’s something we would take on as part of a transfer.”
 - Commissioner Smith stated, “Okay. So you’re asking for delay then?”
 - Tyler Stone stated, “Yes.”
 - Commissioner Smith stated, “Okay, thank you. This doesn’t need to take place until the first of the fiscal year. It can be done at the May or June meeting. I don’t want to force the issue. This is something you wanted us to have ready and it’s ready. So your legal counsels you have are working together?”
 - Tyler Stone stated, “Yes. They’ll have that discussion and we should have an answer here in the next several days.”
 - Commissioner Smith stated, “So perhaps at the next board meeting we can take care of this for you.”
 - Commissioner Kramer asked if the board of health was okay with the resolution as it is presented today.
 - Both Judge Shaffer and Commissioner Smith stated they were okay with the resolution as it reads today.
 - Commissioner Kramer stated he was okay with it as well. He also stated he was going on good faith on this that everything is going to move smoothly and he wanted the board to know that’s where he’s at and he’s tired of sending money to attorneys and he thinks we just need to get past it and get on with it.
 - Commissioner Smith stated, “Clearly you are a representative on the board and if you want to delay we will delay.”
 - Commissioner Kramer stated, “I’m convinced that they’re not going to find anything and everything’s going to be fine so let’s put it off for one more meeting so they can come back and tell us this and then we can move forward.”
 - It was the consensus of the board to postpone signing the HHW transfer resolution.
 - Teri Thalhofer asked Commissioner Kramer if he had any issues with the process timeline.
 - Commissioner Kramer stated he did not have any issues.
- d. Budget (FY 2015-16) Update
- Commissioner Smith stated, “I know we have a definite misunderstanding of contribution level. At the last board meeting I had said current service level, Judge you had said current funding level and Commissioner Kramer, I think you were taking it back to your board. Do you have some clarity on this?”
 - Commissioner Kramer stated, “What we sent forward was the current at \$314,000 and hold the level of service there, if possible. Then also maybe look at a reduction of \$275,000 to \$250,000 as our general fund contribution. That what the commission had agreed to send forward.”
 - Commissioner Smith stated, “And that’s where we get confused because \$314,000 was not the number we budgeted for.”
 - Commissioner Kramer stated, “Well okay. Clarification, \$314,000; \$30,000 with the conditions, as we move forward and then there was another \$30,000 that was set in reserve in case of a disaster outbreak, whatever you want to call it – an emergency. In order for Wasco County to give you \$344,000 we had to budget \$344,000, but the original cash contribution was to be \$314,000 with the \$30,000 if we got the plan and what we’re working on right now. What you guys are coming to us with the quarterly report on May 20th. I got all your guys email streams right here between you and Monica and the rest of us. So that was basically, here it is right here. Contribution \$314,014, increase of \$30,000 with provisions that are outlined below, regular updates at commissions, service plan to be used as budget guide as agreed with

and then available through demonstration of a crisis, emergency or other type of urgent need up to \$30,000. That's what we all agreed upon last year so anyway...."

- Commissioner Smith stated, "I'm not 100% sure, forgive me, I was really confused by a lot of our interactions so I looked back at the public health budget meeting and we all agreed, unanimously, to send the budget to Wasco County at \$376,000. There was a presentation for it because if you went from \$314,000 to \$376,000 it was quite a jump so we worked through that and came up with \$344,000 setting \$30,000 aside in case of an emergency. I'm not sure how that went to \$314,000. There was an increase of \$30,000 and we certainly did our best to meet those conditions. We gave a service plan that you had asked for – it wasn't accepted so we are re-doing it again and we certainly are going to ask, because we've had some reductions, for the additional \$30,000. We've been paid all along on \$344,000. I just dug back through all my old emails and I've got an email from Ms. Morris today and I even pulled out an email from May 28th that we were all talking about it and it says, 'Wasco County will increase the cash contribution by \$30,000 bringing it to a total of \$344,014. The additional \$30,000 will be available within our budget in the event of a demonstrated need at the discretion of the commission.' So the budget committee had budgeted \$376,000 and sent that forward. The Wasco commission had approved \$344,000 with a conditional \$30,000. So for us to go back down to \$314,000 and try to cut that is about a \$100,000 cut in our contribution and that's where we are really confused."
- Commissioner Kramer stated, "I'm just as confused Mike. I wasn't in the room. I didn't get to be part of that conversation that you guys had and so I don't know. All I can tell you is what I read and what I've been told."
- Commissioner Smith stated, "I can give you the notes I have. It's been an ongoing discussion but to go back down to \$314,000 and then try to cut that again is a massive cut and I'll just say, Sherman County..."
- Commissioner Kramer stated, "Now wait a minute. I'm not....you might still get that \$30,000. You're going to have to..."
- Commissioner Smith stated, "That's true and that would bring it to \$376,000."
- Teri Thalhofer stated, "Is he talking \$30,000 to \$344,000?"
- Commissioner Kramer stated, "Yes."
- Teri Thalhofer stated, "So you're saying that the \$376,000 is out of the question unless there's some sort of massive disaster."
- Commissioner Kramer stated, "I believe so."
- Teri Thalhofer stated, "That's not what the budget adoption meeting for the board of health reflects which happened after the Wasco County budget hearing."
- Commissioner Smith stated, "It really does. It clearly, reading through the notes and reading through the emails it says its increasing the \$30,000 to \$344,000 which is what we've been paid for all throughout the year and then if there's a demonstrated need we could ask for another \$30,000 if there is a shortfall. The original idea was when we talked about this with the finance director she had felt because we transitioned we may have more revenue coming in than we realized so that putting it at \$344,000 instead of \$376,000 it would work out fine. We didn't get that and we had a lot more work that needed to be done to get this to go forward so again, I can give you some highlighted notes if it would help. We're right in the middle of the budget process. I'm not sure how to go forward because we have a variety of numbers and we simply can't put a budget together without having some kind of clarity on what to do. I'm not sure how to move that forward. I can give you the notes I have. I'll be glad to help in any way."
- Commissioner Kramer stated, "All I can say is maybe we can get some clarity tomorrow. The three of us are at the table."
- Commissioner Smith stated, "I'll give you the notes I have because there's a lot of different numbers we are working with. We originally had the facilitated agreements that never really went into effect and we ended up doing a lot of that work too. It's not a dollar amount; it's the amount of work we're doing that we didn't originally plan on doing."
- Commissioner Kramer stated, "I know we are. I'm hearing what you're saying Mike but I'm only one voice out of three so that was the direction so I'm going to have to take it back. That's all I can offer today. I understand what we go through up here but on the other hand I've got the other side as well. We are all in the same boat, we all know that. I want to do the best we can for our citizens, you know that and I hope all of you know that, but it's a tough job and I'm trying to do my best at it."

- Teri Thalhofer stated, "We need to be clear. We cannot, at \$344,000 you will not get the same service you are getting now. That's just not possible. There will be a service reduction to Wasco County at \$344,000 this year or next year and at \$250,000 (which was the level of funding that Wasco County provided ten years ago to the health department), there will be significant reductions in service to Wasco County."
- Commissioner Smith stated, "I'll give you what I have in notes. The only other question I have is if we're being asked to cut, I have to ask, are there other departments being cut as well."
- Commissioner Kramer stated, "Our road department has eliminated a position and they are going flat. They are not starting with any beginning fund balance. So yes, our guys have been working really hard for the last five years, if you want to know it. But that's another issue."
- Mike Takagi stated, "Do you have the information on the per capita that Wasco's paying vs. the per capita of Gilliam and Sherman Counties."
- Teri Thalhofer stated, "The administrative in-kind is a moving target constantly and it hasn't been evaluated recently. The amount of fiscal support that we're getting is minimal compared to what was initially figured in the administrative in-kind. The amount of HR support is almost non-existent compared to what was originally discussed and the IT support of the purchase of hardware has been eliminated and so we have not re-evaluated the admin. There was an agreement that that would not be a dollar for dollar reduction. But no, Wasco County does not pay as much per capita as Gilliam and Sherman do in cash and in the old in-kind formula they paid less per capita than Gilliam and Sherman did."
- Judge Shaffer stated, "Is there a way that we can get that worked out Teri in a short period of time."
- Commissioner Smith stated, "I think we've actually had it in the past."
- Teri Thalhofer stated, "I can look at what was in the past."
- Judge Shaffer stated, "That did include the in-kind portion."
- Teri Thalhofer stated, "I can pull the old for you. It's not itemized in such a way that I can pick out what's no longer being done and what we've taken on; it's not itemized that way. It will be hard to change it but we can asterisk those things. When Kathi Hall returns we will look at that."
- Commissioner Smith stated, "But we do have to go to budget the 27th of this month so we need to have some kind of number to work with or we will be working in the dark."
- Judge Shaffer stated, "Well we did that last year and it's gotten us into a real difficult situation. I thought we had pin-pointed exactly at budget time what the cash contribution from Wasco County was going to be. Initially, the ask was \$376,000, which Wasco County felt that was too much - \$60,000 too much. The agreement was during the budget time was that we would split that and the additional \$30,000 Monica felt was there would be some additional revenue sources that were possible in coming in and I'm a little lost as to why it went from the \$344,000 that we agreed to at budget time to the \$314,000. I'm completely confused on this Commissioner."
- Commissioner Kramer stated, "Wasn't \$344,000 agreed upon when and if the service plan and all those questions got answered."
- Judge Shaffer stated, "No, \$376,000 was agreed upon."
- Commissioner Smith stated, "To be clear, we talked about having a service plan, putting a service plan together and we had hoped to have our operational agreements together as well but we were never able to complete those, not for lack of trying, but we did submit a service plan."
- Judge Shaffer stated, "I'm really concerned about it because one of the obligations that public health had was that we would be at the November commissioners meeting and we didn't make it there until December which was a tad bit concerning to me. I didn't express anything at that time."
- Teri Thalhofer stated, "That had to do with when we could get scheduled."
- Judge Shaffer stated, "Right, but I just wanted to make sure that the commissioners were aware of our financial situation the entire time. Apparently some place there is a disconnect and I'm trying to pinpoint where that might've been. Obviously, we're not going to get that accomplished today. Clarity I guess is something that we're going to have to make sure of at the budget process this year."
- Teri Thalhofer stated, "I can share with you all the board of health budget hearing where we adopted the budget. The board of health adopted the budget with Wasco County's contribution being the \$376,000. Commissioner Kramer was in the room and Monica Morris was in the room and we were not instructed to reduce it to \$344,000. I think that to me, is the most telling."

- Commissioner Kramer stated, "If you go back in the minutes Ms. Thalhofer, you'll see that I was instructed to give you \$314,000 and so...."
- Teri Thalhofer stated, "I'm talking about the board of health budget hearing adoption, after you had your board meeting, not our budget meeting but the day the board of health looked at the budget and after all three counties had had their budget meetings and adopted and made their own budget decision. We were not instructed to reduce the budget at that time to \$344,000. It was adopted at \$376,000 unanimously."
- Tyler Stone stated, "So it appears that there is a whole bunch of confusion about what the actual number currently is and we're not doing any good other than point and counter point in this scenario. To me, we need to go back and actually figure out what that dollar amount was and whether it was \$314,000 or \$344,000 we also need to figure out what the additional \$30,000 was conditioned on because there were conditions upon that and then we can come back and have another discussion. I think \$314,000 is the number that was thrown out there because that's what we thought it was \$314,000 plus \$30,000. Maybe we're wrong so let's go back and take a look at and see if we can get to the bottom of it."
- Commissioner Smith stated, "I'll give you what I have in minutes and notes. Clearly the \$344,000 with a service plan, which we did. Whether or not it was accepted or not – we are redoing it for you and our best guess. The \$30,000 was noted there as, in Monica's response, as needed. It wasn't necessarily emergency or disaster. If we can get some clarity that would be great because we have to go to budget here pretty soon and we need something to hang our hat on."
- Tyler Stone stated, "I would further follow that up with if we use the \$314,000 number when we asked you to do a current cost budget and a cost reduction budget as two different models, if the number was \$344,000 then I think we would come back and ask that you do a \$314,000 model which is a current cost model and a model that, I can't remember what the range was, \$25,000 to \$50,000 less than. And, keep in mind, these are models."
- Teri Thalhofer stated, "Models create a significant amount of work and it creates an incredible amount of stress to staff. We are talking about losing people at a \$50,000 to \$75,000 reduction. You are talking about people losing their jobs in this entity. This workforce has already been under considerable stress because of the actions that have already taken place."
- Commissioner Smith stated, "The other thing I want to make clear is I know for sure Sherman County and I believe Gilliam County, if Wasco County wants to cut their contribution, I don't feel Sherman or Gilliam should have that reflected in their services. We're paying clearly more than our fair share in this."
- Judge Shaffer stated, "I think the key is the per capita cost that we would be looking at and I know we are substantially higher now. To answer your question Mike, I don't feel we should have to increase our cost to keep the services where they're at."
- Commissioner Kramer stated, "Respectfully Judge, our costs are more to go to Gilliam County from our offices here."
- Judge Shaffer stated, "Absolutely, there is no doubt about that. That's why we are more than happy to pay the additional."
- Fred Schubert stated, "It was also very clear at the time of the facilitated agreement, which has been alluded to, hasn't been followed very well. But that if those funding were cut, it would fall on that county to lose services and not the other two. That was agreed to by everybody as was this service plan which was a once a year budgeting tool not a regular report. So that's been a change also."
- Tyler Stone stated, "Mike, I just want to say, we're not trying to cause problems. We don't have our budget together so we don't know what the bottom line looks like yet. It may be we have tons of money or maybe we have no money. North Central Public Health is ahead of us on their budgeting process and you're asking for numbers and right now the number is just a number. There's nothing behind it or there's nothing in front of it because we have no idea where we are currently with our budget process until we pull all of our departmental budgets together. Patience I guess."
- Commissioner Smith stated, "Well you have a meeting tomorrow and hopefully you'll learn something. We do have to come up with something to go forward with our budget because you need it. All departments have to do budgets early in front of the county so that we can get them to the county to be approved. I'm not sure this is early for us or not, regardless."
- Teri Thalhofer stated, "When does the Wasco County budget meet?"

- Tyler Stone stated, “Our hearings are in May. The 18th & 19th, something like that.”
 - Mike Smith stated, “So we’re kind of getting to you right on time, I would think.”
 - Teri Thalhofer stated, “My understanding is that departments have already been meeting with the budget team putting budgets together; the Wasco County departments.”
 - Commissioner Kramer stated, “Not all of them.”
 - Mike Takagi stated, “Just to clarify, when we’re talking about this money, we’re talking about money that was for last year’s fiscal year, not the future fiscal year.”
 - Teri Thalhofer stated, “No, we’re talking about both.”
 - Mike Takagi stated, “So is there still an amount that we budgeted that hasn’t been paid for last year.”
 - Teri Thalhofer stated, “Yes.”
 - Mike Takagi stated, “And then we don’t know what to build on for next year.”
 - Teri Thalhofer stated, “Yes.”
 - Teri Thalhofer stated, “In your packet, you’ll see a document titled County Contribution. It’s been asked what the county contribution is spent on. Kathi made two examples, one if it’s \$344,000 and one if it’s \$376,000. But \$66,000 of the county contribution is budgeted for the targeted case management and maternity case management local match. Both of those programs are matched for federal Medicaid dollars and require local money and that number is not going to move no matter what because that’s a dedicated number. General fund salary and benefits is \$384,724. General fund Material & then the balance for program support. With the reduction down to \$344,000 you’ll see that the biggest reduction is in program support.”
 - Commissioner Smith stated, “We would hope for clarity as soon as possible. If there is nothing else on the budget on to TCM Integration update.”
- e. TCM Integration Update
- Targeted case management is a local match for federal Medicaid dollars. With the CCO model, there was an expectation that targeted case management would roll into the CCO global budget July 1st. The division of Medicaid Assistance Program which used to be called DMAP and now is MAP has informed us that that will not happen July 1st because they are waiting for CMS (Center for Medicaid & Services) to do rate settings with the State. Not sure when this is going to happen. For NCPHD this doesn’t change the amount we budget as the match. We’re continuing to work with Columbia Gorge CCO on how this integration will happen.

4. NEW BUSINESS

- a. Commissioner Smith advised the board that the Sherman County Board of Health representative vacancy has been filled with Linda Thompson. This appointment takes effect on 5/1/2015. In the past, Linda also served on NCPHD’s budget committee and will also serve again this year on the budget committee.
- b. Program Highlights – Health Officers & ME Role
 - District Attorney Eric Nisley reviewed with the board the role and responsibilities of the Medical Examiner (ME).
 - The appointed ME for Wasco and Sherman Counties recently left the area and was unable to find a replacement at the current rate of compensation in Wasco County.
 - Oregon Revised Statute states that in the case that no other ME is appointed the County Health Officer is the ME, so by default, Dr. McDonell is the current ME for the counties of Wasco and Sherman.
 - We need to have a way to pay the ME. It’s a county general fund obligation that is paid through the DA’s office as it is part of the DA’s budget.
 - Eric has briefly reviewed the proposal from NCPHD. In the proposal there are amounts for the ME \$78.00 an hour, Program Secretary \$26.00 per hour and a 5% program administration fee. He estimates that it will be about \$300.00 per case. In 2013, there were 29 cases in Wasco County. Currently, Wasco County pays \$100.00 per case. In Hood River, they pay \$100 an hour. It does not have to be a physician it can be another person to actually do the death investigation. What is involved in non-autopsy cases is getting a call from the police, authorizing the moving of the body to take it to the funeral home. You then need to look at the extenuating circumstances, sometimes read the medical records. Some cases will have pretty extensive amount of work for somebody in the role Dr. McDonell’s now in. Eric stated this is not an easy job but most of the time it’s pretty straight forward. The \$300.00 proposal is reasonable

- Commissioner Kramer asked Eric if he had a chance to look at his budget to see what was budgeted for the year.
 - Eric stated he had not had a chance to do that but he thought his budget was around \$5,000.
 - Eric stated he needs to know how much the budget will be and who it will be to. He needs this information in order to change his budget proposal. If it's directly with Dr. McDonell we will need some kind of agreement with her. If it's through public health we will still need some kind of agreement because we will need invoices to pay.
 - Commissioner Kramer stated that just for information he had talked to David Merriweather from Hood River and he has a line item of \$30,000 and they typically spend \$18,000 to \$20,000. As Eric said, they pay \$100.00 an hour and they typically have about 5 hours a case. Commissioner Kramer thought budgeting \$12,000 would be a good number.
 - Teri Thalhofer stated she needs direction from this board. As we really don't have a choice, the health officer is, by Statute, the medical examiner but she doesn't think that it's the responsibility of the health district to pick up the cost of this for two of the three counties.
 - After further discussion it was the consensus of the board to send this request off to the respective courts and pursue an MOU for services at the proposed rate schedule.
 - Dr. McDonell reviewed with the board the role and responsibilities of the Health Officer.
 - Teri commented that the most valuable asset we've had in having local health officers is their ability to build relationships with the local provider community.
- c. Elected Officials Training Video
- All elected officials on NCPHD's board have previously viewed this training video; therefore it was not watched at today's board of health meeting.
- d. E-Cigarette Policy
- HB 2546 A is current legislation in the Oregon legislator about regulating the use of c-cigarettes.
 - Jane Palmer reviewed this policy with the board.
 - Oregon is one of only nine states that allow minors to purchase electronic cigarettes and there are currently no restrictions on where electronic cigarettes can be used. This policy will address this matter.
- e. Director's Report
- Teri reviewed report with the board.
 - Teri mentioned that at our April staff meeting Reliant Health came out and worked with staff around institutional trauma. They worked around the questions staff had posed to the board of health around the uncertainty of the separation. This was well received by staff and appreciated the training. They are waiting for assurance that we are going to move forward intact.

At this point Tyler Stone readdressed the issue of the amount budgeted for FY 2014-15:

- Tyler Stone stated, "Mike, I looked up an email on when we were talking about the budget numbers and this kind of sums it up. The contribution was \$314,000. We agreed to increase that by \$30,000 to \$344,000 and the conditions on that were that the Wasco County Commission was regularly updated and that we were provided a service plan to be used as a budget guide as was agreed upon in that original facilitated meeting. Additionally, another \$30,000 could be made available and I'm going to make an assumption here, through Wasco County's contingency if there was a demonstrated public health crisis or emergency or other type of catastrophic type of event. So, 314 to 344 with some conditions. 344 to 376 in the event of an emergency."
- Teri Thalhofer stated, "That's the same email you have Mike."
- Commissioner Smith stated, "That's the same email. I think I handed that to you. That's what I had been reading from. It says demonstrated need not crisis."
- Commissioner Kramer stated, "I have the same email – it's the same thing."
- Judge Shaffer stated, "If you go back to the time of 5/28/14 which was the time that we were working on the budget, that's not what was said what you just read Tyler. March 5th of 2015 is completely different than what was said on May 28, 2014. That's what I have an issue with – completely different. On May 28th of 2014 it says that Wasco County had agreed to come up to the \$344,000 and that the additional \$30,000 would be set aside."

- Commissioner Kramer stated, “There was only two folks in that room and that one person isn’t here tonight so anyway.”
- Judge Shaffer stated, “I have no problem with you guys, it’s that individual that I have a problem with.”
- Commissioner Kramer stated, “With all due respect, to give them a fair share of this as well so..”
- Teri Thalhofer stated, “I would just ask going forward that any discussions happen in a public meeting so that we have all of the public record to back it up because when I look at all the public meetings that were held, Wasco County dedicated the \$344,00 with the \$30,000 available. I would be glad to share those minutes with the rest of the board. Both in their budget hearings and in their participation in the NCPHD budget hearings \$376,000 was discussed – it was not asked to be reduced.”
- Commissioner Kramer stated, “Well okay. Maybe we don’t have \$376,000 and all we have is \$219,000 so that’s all we write the check for. I’ve heard you say that before. I don’t know where we go from here but we’ll work at it and we’ll do the best we can and move forward. I’m not going to beat up Monica when she’s not here. I’m not going to do that anymore. I think that’s unfair.”

Motion to adjourn was made and the meeting was adjourned at 4:52 pm

{Copy of 3/10/15 board of health meeting minutes, Audit Reports, County Contribution Handout, CD Look Back Handout, Transfer Resolution 2015-01, HHW Transfer Steps, Budget Calendar, ME Rate Proposal Memo, ME Letter from State of Oregon, E-Cigarette Policy Handout and Director’s Report attached and made part of this record.}

Public Health Review and Analysis

OVERVIEW

Wasco County has been engaged in converting public health services to an ORS 190 entity in partnership with Sherman and Gilliam Counties for the last 6 years. This model is relatively unique in the State and as such we are on the leading edge. As with any new venture regular review and analysis is necessary to evaluate the service model. We are proposing to conduct a review process that will hopefully answer some questions, address some challenges, and provide some direction for future decisions.

Questions to be answered include: What are the actual costs of public health services. Is this model the most cost effective approach to providing public health services? Do better models exist? What should be looked at for benchmarks and what can we expect for ongoing services. What needs to happen with the governance model in order for this to be a viable solution for Wasco County. Communication Plan should be developed and implemented.

History

For the last 6 years Wasco County has been working on the transition of public health services from a county department to an ORS 190 tri-county health district with limited success. This transition was partially completed in January of 2014 but several steps remain incomplete. Still outstanding is an analysis of in-kind services provided by Wasco County and the value of said services. Formal agreements for these services have not been completed and are currently stalled due to disagreement about what is provided and included as part of in-kind services. A formal business plan for the new entity has not been completed. A fiscal analysis of the cost of services needs to be completed and evaluated to make sure that tax dollars are being spent wisely. The statement has been made several times that this new model will cost more to operate but an analysis of the added benefits (if any) of this costlier model has yet to be completed. Governance challenges currently exist and must be remedied in order for this to be a viable solution for Wasco County.

Deliverable: County Court Discussion/Project Plan Presentation (April 15th, 2015)

Validation of the new model: This model has been in effect for five years and is in need of validation. This analysis should validate whether the new model for providing public health is the appropriate model for this region and the partners involved in the District. Challenges include fundamental differences between frontier counties and the more robust service deliverables of larger populated counties. How can this model work in a region that has a mix of both?

Cost control: The largest user of services and the primary funding entity (Wasco County) has significant funding challenges in their future. The District is the second largest expense to the Wasco County General Fund. Wasco County has worked hard to reduce costs in all departments but it becomes more difficult to effect change in an external entity. Wasco County does not currently have enough control over costs and program offerings of the District. This item should identify the cost benefit of traditional and non-traditional delivery methods in the changing environment of CCO's, Affordable Care Act, and local options for non-traditional delivery of services.

Deliverable: Revised IGA (October, 2015)

Cost benefit analysis of services: An analysis of the cost benefit for each individual service must be completed. This aspect should identify the unit level costs for services and determine if those services should remain a part of any public health offerings.

Deliverable: 2014-2015 YTD Cost Benefit Report (May 1, 2015)

Address governance shortfalls: Equal governance of an entity that distributes services heavily weighted toward one partner must be evaluated to address the voting powers of each entity. Unequal representation as a function of service currently exists. Powers of the Director must be evaluated and tied to the needs of the counties where services are being provided. The size and makeup of the Board does not lend to good decision making on a county by county basis.

Deliverable: Revised IGA (October 2015)

Efficiency and Effectiveness analysis of programs: Public health programs need to be evaluated for efficiency and effectiveness. An analysis of current service delivery methods and alternative service delivery methods needs to be completed and recommendations presented. Programs will be evaluated to determine if they are being staffed and administered appropriately. This includes looking at alternative service delivery models such as contracting.

Deliverable: YTD Full Fiscal /Program/targets/results/FTE/state/GF/revenue \$\$\$\$ /Trend Data/Future Projections (November 2015)

Transparency: Mechanisms need to be created to ensure that information is gathered and disseminated in a regular and routine manner. When changes to a program or work process affect a member County concurrence needs to be obtained from that County prior to implementation. Development of a process to ensure agreement by the County needs to be developed.

Deliverable: Revised IGA (October 2015)

Intended results

- Full fiscal analysis by program and cost of the current model and past model of providing public health.
- An understanding of what the county is purchasing and the ability to control its' costs.
- Public education of the strengths and weaknesses of the current model and recommendations for change.
- Understanding of the changing landscape of healthcare and how we could be better utilizing available service in the community. This will include an analysis of structure of public health on this new playing field, services offered, staff credentials, and contracting opportunities. Recommendations for program changes.
- Governance: Gain an understanding of what issues currently exist with the structure of governance as it sits today. Understand what would be needed for Wasco County to continue services under this model and will include a mechanism to control the budget and services offered. Process for acceptance of the Wasco County budget position and support from the district to achieve that position. Board make up, voting powers, and majority position.

Roles

Project Coordinator : implements project plan and regularly updates WC Court.

Public Health Investigator: assists Project Coordinator and NCPHD Leadership Team

Financial Analyst: financial data

State Support: financial and program data

County Commissioners: Governance Agreement

Schedule

This project will take approximately 2 months to complete the initial steps. This project plan will likely take months to several years to fully implement and the full cooperation of NCPHD and member partners; provided services continue in the manner in which they are delivered today.

Deliverable: Timeline (April 2015 - November 2015)

Communication

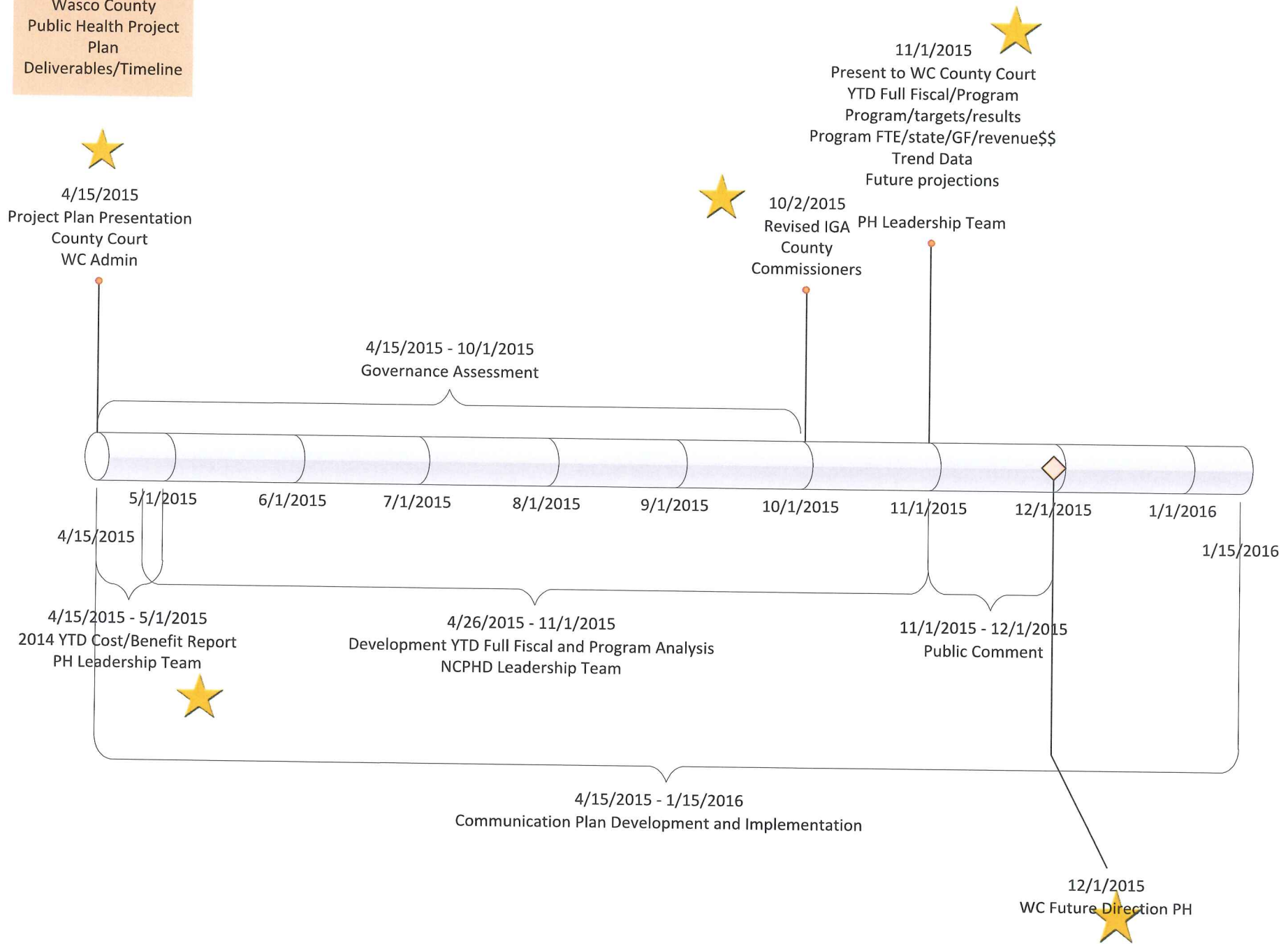
Full project report shall be presented to the Commission, Board of Health and the Public. Commission will hold a public hearing on the matter to take testimony. County Commission will follow up with a decision about next steps.

Deliverable: Public Comment November - December 2015

Wasco County Future Direction Public Health (December 2015)

Communication Plan: April 2015 -

Wasco County
Public Health Project
Plan
Deliverables/Timeline



NORTH CENTRAL PUBLIC HEALTH DISTRICT
DISTRICT BOARD

Resolution No. 2015-01

A Resolution transferring Household Hazardous Waste Program to Wasco County

The District Board Finds:

- a. In 2004, Wasco, Hood River and Sherman counties and the cities of The Dalles, Hood River, Cascade Locks, Mosier, Dufur and Maupin adopted an Intergovernmental Agreement (IGA) to implement a ORS Chapter 459 Tri-County Hazardous Waste and Recycling Program (HHW), including a steering committee to govern the program and designated Wasco County as the lead agency to implement the HHW Program, with the Wasco-Sherman Public Health Department to perform the responsibilities of the program.
- b. In 2013 Wasco County, Sherman County and Gilliam County approved an Intergovernmental Agreement (IGA) and adopted ordinances that created the North Central Public Health District (District) as a Chapter 190 entity with ORS Chapter 431 responsibilities and duties, and granted the District governing body all powers necessary and proper to govern the District.
- c. The 2013 IGA called for transfer of all Wasco County Public Health Department staff, vehicles, office and medical equipment to District, and those transfers were completed,
- d. The 2013 IGA called for Wasco County to assign its rights under two household hazardous waste facility leases to the District, and those assignments were not completed.
- e. In 2013 the HHW steering committee authorized assignment of HHW program lead agency responsibilities to District.
- f. The HHW program was included in the 2014-2015 budget proposed by the District Board on June 10, 2014 and approved by the governing bodies of Wasco, Sherman and Gilliam counties in compliance with the District IGA and Bylaws.
- g. In 2014 the HHW steering committee designated Wasco County as the lead agency. Wasco County has stated that it wishes to assume responsibility for the HHW program as of the close of business on June 30, 2015.

The District Board Resolves:

1. The District transfers, assigns, releases and relinquishes to Wasco County any and all authority, responsibility or duties associated with the HHW program that District may have obtained under the 2013 IGA or under the 2014-2015 budget.
2. The District 2015-2016 budget will not include the HHW program. Wasco County has agreed to include the HHW program in its 2015- 2016 budget.

3. The District will work together with Wasco County and take the steps reasonably necessary to effectuate this transfer on July 1, 2015. These steps will include the transfer and assignment of HHW related contracts with third-parties and written and electronic program documents.

4. This Resolution is effective as of the date of its adoption. The HHW program including remaining 2014- 2015 HHW program funds held by District, program equipment and materials, and the one full time staff position are transferred as of July 1, 2015. The transfer is subject to the condition that this Resolution is formally acknowledged and accepted by Wasco County.

THIS RESOLUTION IS ADOPTED BY THE NORTH CENTRAL PUBLIC HEALTH DISTRICT ON APRIL 14, 2015.

Michael Smith, Board Chair
North Central Public Health District

Teri Thalhofer, Administrator
North Central Public Health District

ACKNOWLEDGED AND TRANSFER ACCEPTED:

Wasco County

Dated

IN AND FOR THE BOARD OF HEALTH OF THE NORTH CENTRAL PUBLIC HEALTH
DISTRICT FOR WASCO, SHERMAN AND GILLIAM COUNTIES

Resolution No. 2015-02

A RESOLUTION ACCEPTING AND APPROPRIATING ADDITIONAL AND UNANTICIPATED
FAMILY PLANNING GRANT FUNDS DURING FISCAL YEAR 2014-2015

NOW ON THIS DAY, the above-entitled matter having come on regularly for consideration, said day being one duly set in term for the transaction of public business and a majority of the North Central Public Health District (NCPHD) Board of Health being present; and

IT APPEARING TO THE NCPHD BOARD OF HEALTH: That at the time of the adoption of the 2014-2015 Budget Document NCPHD did not anticipate receiving additional Family Planning Grant Funding from the State of Oregon during said Fiscal Year; and

IT FURTHER APPEARING TO THE NCPHD BOARD OF HEALTH: That NCPHD will receive \$8,000.00 in additional and unanticipated Family Planning Grant Funding for expenditure during Fiscal Year 2014-2015; and

NOW, THEREFORE, IT IS HEREBY RESOLVED: That \$8,000.00 in additional and unanticipated Family Planning Grant Funds are accepted to the Health Grants Fund Family Planning Account #201.23.7144.413.865 entitled "Family Planning Grants" and are appropriated to the Health Grants Fund Family Planning Account #201.23.7144.53502 entitled "Capital Software" for expenditures during Fiscal Year 2014-2015.

ADOPTED by the North Central Public Health District Board of Health this 12th day of May, 2015.

Michael Smith, Sherman County Commissioner,
Chair, NCPHD Board of Health

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

Check Date	Check Number	Vendor Name	Amount
4/10/2015	126	IRS	\$11,990.28
4/10/2015	127	ASIFLEX	\$390.00
4/10/2015	128	P E R S	\$9,212.41
4/10/2015	129	OREGON STATE, DEPT OF REVENUE	\$2,803.69
4/24/2015	131	IRS	\$11,866.63
4/24/2015	132	ASIFLEX	\$390.00
4/24/2015	134	OREGON STATE, DEPT OF REVENUE	\$2,745.45
4/1/2015	10754	CARDINAL HEALTH	\$345.61
4/1/2015	10755	CLASS ACT CATERING & CAFE	\$147.00
4/1/2015	10756	CURASCRIPT SPECIALTY, DISTRIBUTION	\$4,777.50
4/1/2015	10757	OFFICE MAX INCORPORATED	\$126.27
4/1/2015	10758	OREGON STATE, DEPT HUMAN SERVICES- OFS	\$260.00
4/1/2015	10759	OREGON STATE, DEPT OF ENVIRONMENTAL OUA	\$1,300.00
4/1/2015	10760	PAULY, ROGERS & CO., P.C.	\$13,000.00
4/1/2015	10761	RICOH USA INC.	\$149.66
4/1/2015	10762	SECRETARY OF STATE	\$250.00
4/1/2015	10763	SKAKEL, DAVID	\$28.00
4/1/2015	10764	STAEHNKE, DAVID	\$150.12
4/1/2015	10765	TOTAL ACCESS GROUP INC	\$620.71
4/1/2015	10766	UPS	\$90.40
4/1/2015	10767	WASCO COUNTY	\$119.53
4/6/2015	10768	OREGON STATE, DEPT OF HUMAN SERVICES	\$10,000.00
4/7/2015	10769	CARDINAL HEALTH	\$33.46
4/7/2015	10770	CIS TRUST	\$23,548.04
4/7/2015	10771	HOOD RIVER GARBAGE	\$666.66
4/7/2015	10772	MID-COLUMBIA MEDICAL CENTER	\$337.50
4/7/2015	10773	OFFICE MAX INCORPORATED	\$61.93
4/7/2015	10774	OPTIMIST PRINTERS	\$101.00
4/7/2015	10775	QWIK CHANGE LUBE CENTER INC.	\$35.95
4/7/2015	10776	SATCOM GLOBAL INC.	\$51.70
4/7/2015	10777	STERICYCLE INC.	\$460.41
4/7/2015	10778	TEMPLE DISTRIBUTING INC.	\$8.00
4/7/2015	10779	THE DALLES DISPOSAL	\$666.66
4/7/2015	10780	U.S. CELLULAR	\$116.89
4/7/2015	10781	WASCO COUNTY	\$476.14
4/13/2015	10782	CA STATE DISPURSEMENT UNIT	\$231.50
4/13/2015	10783	NATIONWIDE RETIREMENT SOLUTION	\$2,519.71
4/16/2015	10784	AHLERS & ASSOCIATES	\$180.00
4/16/2015	10785	CARDINAL HEALTH	\$335.39
4/16/2015	10786	DEVIN OIL CO INC.	\$48.02
4/16/2015	10787	EAGLE NEWSPAPERS, INC	\$232.50

Payroll A/P (EFT)

**PAYROLL A/P
(paper checks)**

4/16/2015	10788	H2OREGON BOTTLED WATER INC.	\$61.50
4/16/2015	10789	NORTHWEST ATTC	\$750.00
4/16/2015	10790	THE DALLES CHRONICLE	\$309.00
4/16/2015	10791	US BANK	\$1,340.70
4/28/2015	10792	BEERY ELSNER & HAMMOND LLP	\$855.00
4/28/2015	10793	CARDINAL HEALTH	\$34.57
4/28/2015	10794	CYTOCHECK LABORATORY LLC	\$130.00
4/28/2015	10795	LEAN TO CAFE	\$61.35
4/28/2015	10796	OFFICE MAX INCORPORATED	\$228.84
4/28/2015	10797	OPTIMIST PRINTERS	\$28.80
4/28/2015	10798	OREGON STATE PUBLIC, HEALTH LABORATORY	\$619.39
4/28/2015	10799	OREGON STATE, DEPT OF HUMAN SERVICES	\$40.00
4/28/2015	10800	QWIK CHANGE LUBE CENTER INC.	\$76.45
4/28/2015	10801	RICOH USA INC.	\$147.66
4/28/2015	10802	SMITH MEDICAL PARTNERS LLC	\$4,557.18
4/28/2015	10803	UPS	\$90.40
4/28/2015	10804	WEBROCK LLC	\$225.00
4/28/2015	10805	CA STATE DISPURSEMENT UNIT	\$231.50
4/28/2015	10806	NATIONWIDE RETIREMENT SOLUTION	\$2,519.71
60	TOTAL AMOUNT:		\$113,181.77

PAYROLL A/P
(paper checks)

NCPHD Board of Health authorizes check numbers 10754 through 10806 and payroll EFT check numbers 126 through 134 totalling \$113,181.77.

Signed: _____
Commissioner Michael Smith, Chair

Date

NORTH CENTRAL PUBLIC HEALTH DISTRICT

7/1/2014 through 3/31/2015

Account Number		Adjusted Estimate	Year to Date	REV - EXP	Balance	Prct Rcvd	Comments
201.00.1201	PUBLIC HEALTH RESOURCES		711.28			0.21	LGIP interest
201.23.7141	PUBLIC HEALTH	REV	664,019	472,894.24		274,607	71.22
		EXP	559,340	406,190.54	66,704	290,906	72.62
201.23.7142	WIC	REV	173,808	125,738.68		89,860	72.34
		EXP	166,910	136,811.67	-11,073	73,764	81.97 Increased Dietician Services
201.23.7143	MCH - CAH	REV	83,516	46,961.02		53,203	56.23
		EXP	123,805	83,534.73	-36,574	69,094	67.47
201.23.7144	REPRODUCTIVE HEALTH	REV	301,125	204,262.18		172,990	67.83
		EXP	364,028	280,067.24	-75,805	172,867	76.94
201.23.7145	STATE SUPPORT	REV	47,708	32,760.47		24,356	68.67
		EXP	47,170	34,190.81	-1,430	24,520	72.48
201.23.7146	ENVIRONMENTAL HEALTH	REV	94,300	87,051.00		31,879	92.31 Rec. bulk of license fees at beg of calendar year
		EXP	68,314	47,841.42	39,210	37,790	70.03
201.23.7148	PERINATAL HEALTH	REV	94,682	98,956.90		25,034	104.52 Medicaid Match amt.\$85,658
		EXP	80,245	51,869.84	47,087	48,187	64.64 Budgeted at \$70,000
201.23.7149	PHEP	REV	159,974	109,550.00		99,374	68.48
		EXP	167,928	114,540.73	-4,991	92,505	68.21
201.23.7152	HEALTH PROMOTION	REV	44,486	35,802.15		20,421	80.48 Unreimbursed grant funding
		EXP	44,399	29,291.22	6,511	28,816	65.97
201.23.7153	IMMUNIZATION SPECIAL PAYMENTS	REV	18,418	13,455.00		9,448	73.05
		EXP	15,701	12,220.02	1,235	7,508	77.83
201.23.7154	CACOON & CCN	REV	23,800	35,988.18		2,272	151.21 Amt. Incl \$6600 AR invoices for 2014
		EXP	32,042	21,365.41	14,623	18,355	66.68 began tracking Cacoon TCM separately
201.23.7155	TOBACCO PREV & ED (OHA \$93,666 (Tob Grant PHN II \$35,849)	REV	132,266	57,024.00		95,436	43.11
		EXP	145,374	60,098.03	-3,074	111,765	41.34 Bud amt incl. Tob. Grant

NORTH CENTRAL PUBLIC HEALTH DISTRICT

Account Number		Adjusted Estimate	Year to Date	REV - EXP	Balance	Prct Rcvd	Comments
201.23.7156 WATER	REV	42,184	31,617.00		21,106	74.95	
	EXP	44,254	36,031.57	-4,415	20,150	81.42	
201.23.7158 BABIES FIRST	REV	85,825	146,469.00		-15,016	170.66	Rev. Incl. Jan - June 2014 TCM
	EXP	142,997	132,077.70	14,391	54,374	92.36	Exp. Incl. match for 2014 TCM
201.23.7159 OREGON MOTHERS CARE	REV	8,701	6,102.00		4,633	70.13	
	EXP	12,552	9,722.82	-3,621	5,938	77.46	
201.23.7500 PASS THROUGH	REV	3,900	8,300.00		-1,900	212.82	under estimated DEQ Fee pass through
	EXP	3,900	7,000.00	1,300	-1,000	179.49	
201.23.7999 NON-DEPARTMENTAL		0	0			0.00	
		204,238			204,238	0.00	
TOTAL FUND 201	REV	2,223,195	1,512,931.82		907,703	68.05	
	EXP	2,223,195	1,462,853.75	50,078		65.80	Rev. incl. approx. \$62,390 2014 TCM and \$6600 CCN for 2014
(Programs with negative amounts are either supported by Medicaid Match or county contribution)							
Beginning Fund Balance		243,483	222,586				1 mo avg expenses \$162,539

207 HAZARDOUS WASTE FUND

207.23.7207 HAZARDOUS WASTE & RECYCLING

REV	479,739	98,748.33		287,880	20.58
EXP	479,739	191,761.19	-93,013	361,182	39.97
Beginning Fund Balance			84,679		
			-8,334		requested \$68,865.00 for 4th qtr received 4/6/15

8

ESF 8 – Public Health and Medical Services

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ESF 8. Public Health and Medical Services

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ESF 8. Public Health and Medical Services

ESF 8 Tasked Agencies	
Primary Agencies	<p>Community Counseling Solutions Mid-Columbia Center for Living North Central Public Health District</p>
Supporting Agencies	<p>American Red Cross and other volunteer organizations Area Trauma Advisory Board (ATAB 6) County and City Public Works Departments: Wasco County, City of The Dalles, City of Mosier, City of Dufur, City of Maupin Sherman County, Grass Valley, Moro, Wasco, Rufus Gilliam County, Arlington, Condon Emergency Communications: Wasco County Communications Center (9-1-1), Tri-County Communications Dispatch Emergency Management: Wasco County, Sherman County, Gilliam County EMS Agencies: Wasco County, Sherman County, Gilliam County Federally Qualified Health Center: La Clinica del Cariño Fire Service Agencies: Wasco County, Sherman County, Gilliam County Healthcare Preparedness Program, Region 6 Hospitals: Mid-Columbia Medical Center Providence Hood River Memorial Hospital Skyline Hospital Klickitat Valley Hospital Local Medical Examiners Mid-Columbia Medical Group Oregon Health Authority, Public Health Division Regional HAZMAT teams Rural Health Clinics: Deschutes Rim Health Clinic Moro Medical Clinic South Gilliam Health Center Arlington Medical Center US Army National Guard, NBC Response Team Wasco County Animal Control</p>
Adjunct Agencies	<p>FEMA Oregon Department of Agriculture Oregon Department of Human Services Oregon Department of Transportation Oregon Emergency Management Oregon Medical Examiner Division</p>

ESF 8. Public Health and Medical Services**1 Purpose and Scope**

Emergency Support Function (ESF) 8 ensures that the following services are provided to disaster victims and emergency response workers to supplement disrupted or overburdened local medical personnel and facilities:

- Public health and sanitation;
- Emergency medical, dental, and hospital services;
- Crisis counseling and mental health services;
- Animal and vector control; and
- Mortuary services.

ESF 8 also refers to services, equipment, and personnel needed to protect the health of the public from communicable disease, contamination, and epidemics, including health and symptomatic monitoring, food and water inspections, immunization and mass prophylaxis delivery, laboratory testing, and animal health/disease management (as it pertains to potential or actual impacts on public health). Other essential tasks included within this support function involve providing professional personnel, services, and facilities to relieve victims and their families, first responders, and/or special needs populations of trauma and mental health conditions caused or aggravated by an emergency/disaster or its aftermath. Depending on the nature and severity of an incident, services and resources may be in demand for prolonged periods of time.

NOTE: Refer to ESF Annex 11 – Agriculture and Natural Resources for information regarding incidents/disasters potentially or actually impacting the health of livestock, wildlife, and other animals.

2 Policies and Agreements

Wasco County will use the North Central Public Health District's ESF 8 document to guide provision of Public Health and Medical Services in Wasco County.

3 Roles and Responsibilities**3.1 Primary Agencies****3.1.1 North Central Public Health District**

Responsibilities residing with the Public Health District Administrator and/or the Health Officer (or designee) are summarized below:

ESF 8. Public Health and Medical Services

- Ensuring services are provided to the public according to law. ORS 431.416 states that Local Public Health Authority or Health District shall:
 - (1) Administer and enforce the rules of the local public health authority or the health district and public health laws and rules of the Oregon Health Authority.
 - (2) Assure activities necessary for the preservation of health or prevention of disease in the area under its jurisdiction as provided in the annual plan of the authority or district are performed. These activities shall include but not be limited to:
 - a) Epidemiology and control of preventable diseases and disorders;
 - b) Parent and child health services, including family planning clinics as described in ORS 435.205;
 - c) Collection and reporting of health statistics;
 - d) Health information and referral services;
 - e) Environmental health services.
- Coordinating information, incident status, and resource requests among private medical facilities, business, and industry for emergency medical services, laboratory, and sanitation services required in support of district wide emergency operations.
- Maintaining a file of all written, typed, or verbal reports, decisions, policies and directions as a legal record of emergency public health operations.
- With support from the first responder community, gathering information concerning injuries and fatalities resulting from disaster occurrences and sharing this information with the County EOCs as soon as available.
- North Central Public Health District, in cooperation with County Public Works agencies, has responsibility for evaluating damage to water treatment facilities following disaster occurrences. Because of system vulnerability to numerous forms of contamination and because of the impact a prolonged shutdown of water treatment facilities could have on public health and welfare, completion of rapid and accurate damage assessment is essential. In addition, the Health District Administrator and/or Health Officer must be prepared to receive

ESF 8. Public Health and Medical Services

damage assessment reports from the various medical facilities in the county. Each facility administrator or designee will gather initial damage reports and identify which patients must be removed pending repairs. This data will be provided directly to the Health District Administrator/Health Officer, who will then forward reports directly to the County EOCs for evaluation and action.

3.1.2 Behavioral Health

Mid-Columbia Center for Living/Community Counseling Solutions
Community Mental Health Program(s)

The community mental health program (CMHP) in Hood River, Wasco and Sherman counties is Mid-Columbia Center for Living, an inter-governmental agency under ORS 190. Gilliam County contracts its CMHP with Community Counseling Solutions, a non-profit corporation based in Morrow County. Both programs are considered to be the CMHP serving under the local mental health authority (LMHA), comprised of local county boards of commissioners, mandated to provide behavioral health services to their county (*Oregon, 2001*). *During a major incident, LMHAs are responsible for continuing to serve the existing county mental health client population to the extent that this is possible given the scope of the event.* A CMHP Director or designated representative leads this service.

During a major incident, a surge in service demand is likely. The roles and responsibilities will depend on the scope of the incident and the designated lead agency. The CMHP -in addition to serving the existing mental health client population- may also be responsible for assessing the need for behavioral health interventions throughout their entire county. Upon completion of an initial assessment, the CMHP reports their findings to the local public health authority and/or emergency manager. CMHPs may take the lead in working with their contract agencies and community partners to address an identified surge in service demand and then coordinate the delivery of needed services including the activation of local behavioral health responders. The following list represents six typical functions (*Porter, 2007*) that CMHPs may be called upon to provide during response and recovery phases of a major incident:

- Maintain services to current clients;
- Crisis intervention for those affected throughout the community;
- Information and education:
 - On disaster stress reactions,
 - On behavioral health resources,
 - To various public media;

ESF 8. Public Health and Medical Services

- Mutual aid to other agencies;
- Consultation and training;
- Stress management for responders;
- Maintain list of non-agency responders;

Mental health services may be subject to the availability of funding.

3.2 Supporting Agencies**3.2.1 County and City Public Works Departments**

- Wasco County, City of The Dalles, City of Mosier, City of Dufur, City of Maupin;
- Sherman County, City of Grass Valley, City of Moro, City of Wasco, City of Rufus;
- Gilliam County, City of Arlington, City of Condon

(Refer to ESF 3 for roles & responsibilities)

3.2.2 Hospitals

- Mid-Columbia Medical Center
- Providence Hood River Memorial Hospital
- Skyline Hospital
- Klickitat Valley Hospital

During a response, report the status and resource needs and obtain or provide assistance in support of the community-wide response.

http://www.jointcommission.org/performance_measurement.aspx

3.2.3 Mid-Columbia Medical Group

Assist with medical needs existing within the Public Health District.

3.2.4 Federally Qualified Health Center

- La Clinica del Cariño

Assist with medical needs existing within the Public Health District.

3.2.5 Rural Health Clinics

- Deschutes Rim Health Clinic
- Moro Medical Clinic

ESF 8. Public Health and Medical Services

- South Gilliam Health Center
- Arlington Medical Center

Assist with medical needs existing within the Public Health District.

3.2.6 EMS providers

Provide quality emergency care to victims of sudden illness or traumatic injury through use of fully trained responders, properly equipped emergency vehicles, and efficient, effectively functioning emergency systems.

http://www.oregon.gov/DHS/ph/ems/about_us.shtml

3.2.7 Fire Service Agencies

- Wasco County
- Sherman County
- Gilliam County

(Refer to ESF 4 for roles & responsibilities)

3.2.8 Emergency Management

- Wasco County
- Sherman County
- Gilliam County

(Refer to ESF 5 for roles & responsibilities)

3.2.9 Emergency Communications:

- Wasco County Communications Center (9-1-1)
- Tri-County Communications Dispatch

Provide the critical link between the citizen and responding public safety agencies while efficiently collecting and disseminating information needed to protect life, property, and the environment.

3.2.10 Wasco County Animal Control

(Refer to ESF 11 for roles & responsibilities)

3.2.11 American Red Cross and other volunteer organizations

Assist in establishing, coordinating and managing sheltering needs. Support reunification efforts. Provide other emergency services as capable.

ESF 8. Public Health and Medical Services**3.2.12 Healthcare Preparedness Program, Region 6**

Ensure that standards of preparedness are met among area hospitals and health systems in order to adequately respond to events concerning public health and safety.

3.2.13 Area Trauma Advisory Board (ATAB 6)

Coordinate regional ambulance services to ensure that high-quality community resources are available to respond to medical emergencies within the district.

3.2.14 Regional HAZMAT teams

(Refer to ESF 10 for roles & responsibilities)

3.2.15 Oregon Health Authority, Public Health Division

Coordinate state assistance to provide public health and medical care needs (to include veterinary and/or animal health issues when appropriate) during a major disaster or incident and/or a developing potential health and medical situation.

http://www.oregon.gov/OMD/OEM/plans_train/docs/eop/esf_8.pdf

3.2.16 US Army National Guard, NBC Response Team

Provide support to local or state agencies in the event of a nuclear, biological or chemical event.

3.2.17 Local Medical Examiners

Provide death investigation services.

3.3 Adjunct Agencies

- Oregon Emergency Management
- Oregon Department of Human Services
- Oregon Department of Agriculture
- Oregon Department of Transportation
- Oregon Medical Examiner Division
- FEMA
- Local Public Health Departments
- School Districts: Wasco County, Sherman County, Gilliam County

4 Concept of Operations

North Central Public Health District (NCPHD) Director and/or County Health Officer (or designee) will serve as the initial Incident Commander and shall direct initial operations.

ESF 8. Public Health and Medical Services

Incident response will be managed using the Incident Command System (ICS) under the National Incident Management System (NIMS).

Once ICS is activated the Agency Operations Center (AOC) will be established at the main NCPHD office and all activities are coordinated through ICS. During the initial activation, NCPHD will convene communication with local governments requesting support to discuss the situation and determine the appropriate response.

Based upon the concept that emergency functions for public health, medical, and mortuary services will generally parallel their normal, day-to-day functions, to the greatest extent possible, the same personnel and material resources will be employed in both cases. Day-to-day functions that do not contribute directly to the emergency operation may be suspended for the duration of the emergency. The efforts that would normally be required for those functions will be re-directed to the accomplishment of emergency tasks by the agency concerned.

The Public Health District will provide for district wide (Wasco, Sherman and Gilliam Counties) coordination and direction of all medical and health related services throughout the duration of an emergency. In the event of an incident involving hazardous materials, local public health and local Emergency Management, along with regional Hazardous Materials teams, will coordinate with other agencies for removal of contaminated materials. Local hospital emergency departments, emergency medical services and fire/rescue will follow decontamination procedures.

Personnel representing an ESF #8 organization are expected to have extensive knowledge of the resources and capabilities of their respective organization and have access to the appropriate authority for committing such resources during the activation.

ESF #8 Response Actions

- Response actions are organized in the ICS format in order to assure a timely and appropriate response to an emergency/disaster situation for public health and medical assessments, planning, and support operations of the event.
- Procedural protocols and manuals governing staff operations are in place to enhance effectiveness. Public health and medical experts are consulted as needed.
- In a large event requiring federal or mutual aid assistance, ESF #8 organizations will work with counterparts from such entities to seek, plan, and direct use of those assets.
- Throughout the response and recovery periods, ESF #8 organizations will:

ESF 8. Public Health and Medical Services

- Evaluate and analyze information related to medical, health, and public health assistance requests;
 - Develop and update assessments of medical and public health status in the impact area; and
 - Perform contingency planning to meet anticipated demands.
- NCPHD will coordinate with the State Public Health Division and may request an official from that agency to participate in field operations. Communication will be maintained via radio, internet or other mechanism set up at the local level for the duration of the incident.
 - In the early stages of an incident, it may not be possible to fully assess the situation and verify the level of assistance required. In these cases, every reasonable attempt is made to verify the need before deploying resources.
 - NCPHD will request assistance from the Department of Human Services and Oregon State Public Health Laboratory for incidents involving unusual or unknown substances. In the event the incident involves a criminal investigation, local law enforcement will be responsible for the collection and processing of evidence. Maintaining and protecting a chain of evidence is critical throughout the duration of emergency response and recovery operations.
 - The Strategic National Stockpile (SNS) Plan for NCPHD currently provides procedures for safety and protection measures to be implemented for the first responder community during a biological incident/contagious outbreak. Detailed procedures and information pertaining to requesting, allocating, prioritizing, distributing, and dispensing medications/pharmaceuticals to the first responder community, special needs populations, and the general public are included. Plans for activating and operating POD sites are also established for Wasco, Sherman, and Gilliam counties.
 - NCPHD does not maintain a roster of active and formerly active healthcare/medical personnel available to support emergency response activities. The State of Oregon currently maintains a volunteer registry (SERV-OR) with information on active and formerly active healthcare/medical personnel who are available to support emergency response activities.

ESF 8. Public Health and Medical Services**5 Supporting Plans and Procedures**

The following plans and procedures are currently in place:

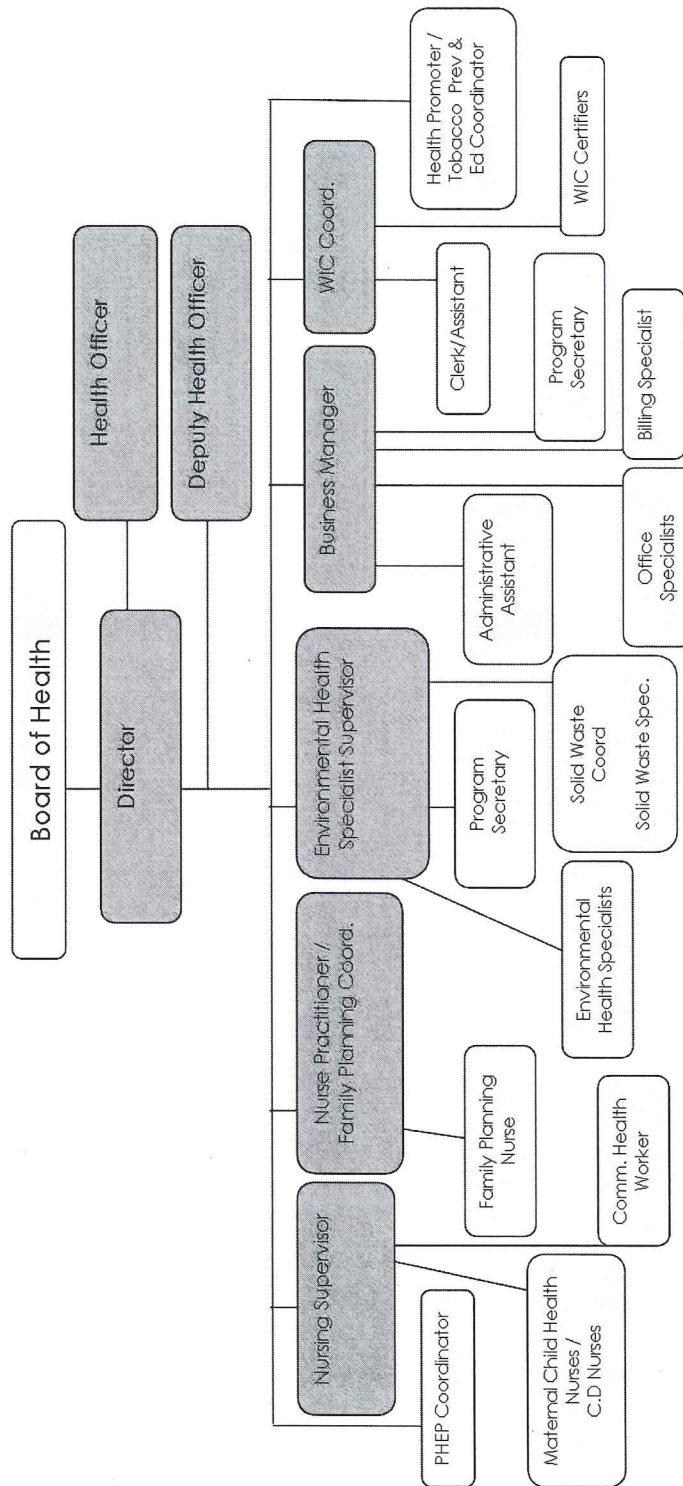
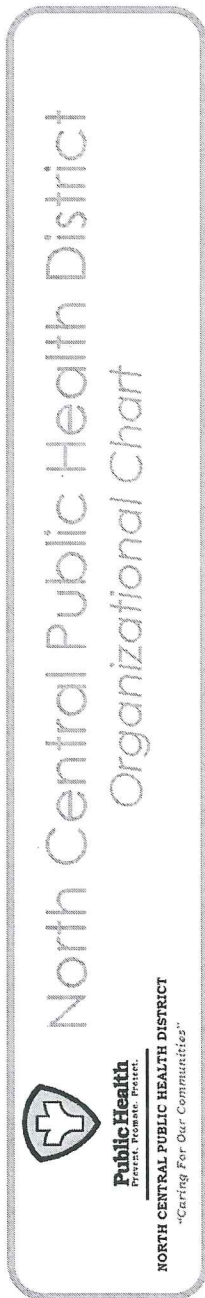
- National Response Framework, ESF 8 – Public Health and Medical Services
- State Emergency Operations Plan, ESF 8 – Public Health and Medical Services
- North Central Public Health District Public Health Emergency Preparedness Plan
- North Central Public Health District Mass Fatalities Incident Response Plan
- Public Health Incident Checklist 1A9
- Mid-Columbia Center for Living Behavioral Health Disaster Plan
- Wasco County Ambulance Service Area Plan
- Gilliam County Ambulance Service Area Plan
- Sherman County Ambulance Service Area Plan

6 Appendices

- Appendix A - NCPHD Organizational Chart
- Appendix B - PH Checklist

ESF 8. Public Health and Medical Services

Appendix A NCPHD Organizational Chart



Signifies Leadership Team

Revised: October 2010

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Appendix B Public Health Incident Checklist

Phase of Activity	Action Items	Supplemental Information
PRE-INCIDENT PHASE	<input type="checkbox"/> Have personnel participate in training and exercises, as determined by County Emergency Management and/or the North Central Public Health District.	
	<input type="checkbox"/> Participate in preparedness activities, seeking understanding of interactions with participating agencies in a public health emergency scenario.	
	<input type="checkbox"/> Ensure that emergency contact lists are updated and establish a pre-event duty roster allowing for 24/7 operational support.	<i>Appendix F – Emergency Call Lists & Resources of the Basic Plan</i>
	<input type="checkbox"/> Engage the other County public health departments, Oregon Department of Human Services, Centers for Disease Control and Prevention, and FEMA in public health planning and preparedness activities to ensure lines of communication and roles/responsibilities are clear across the participating entities.	
	<input type="checkbox"/> Inform Emergency Management of any major developments that could adversely affect response operations (e.g., personnel shortages, loss of equipment, etc.).	
	<input type="checkbox"/> Monitor and report the presence of contagious infections within the County.	
	<input type="checkbox"/> Evaluate the ability of existing health care facilities to handle public health emergencies.	
	<input type="checkbox"/> Maintain medical supplies and equipment.	<i>Hospital Standard Operating Procedures</i>
	<input type="checkbox"/> Coordinate with the Health Department to ensure drinking water quality.	<i>Water District Standard Operating Procedures</i> <i>Appendix A- Water Supply Emergency of ESF 3- Public Works and Engineering Annex</i>
	<input type="checkbox"/> Coordinate with the Health Department to provide safe wastewater and sewage disposal.	<i>Water District Standard Operating Procedures</i> <i>Appendix A- Water Supply Emergency of ESF 3- Public Works and Engineering Annex</i>

ESF 8. Public Health and Medical Services

Phase of Activity	Action Items	Supplemental Information
RESPONSE PHASE	<ul style="list-style-type: none"> <input type="checkbox"/> The North Central Public Health District will initially respond, assume initial IC responsibilities, and determine the level of EOC activation necessary to manage the public health threat. 	
	<ul style="list-style-type: none"> <input type="checkbox"/> Determine the type, scope, and extent of the public health incident (<i>recurring</i>). Verify reports and obtain estimates of the area that may be affected. 	<i>ICS Form 209: Incident Status Summary</i>
	<ul style="list-style-type: none"> - Notify 9-1-1 dispatch, support agencies, adjacent jurisdictions, ESF coordinators, and liaisons of the situation. 	
	<ul style="list-style-type: none"> - Assess the type, severity, and size of incident. If possible, characterize the public health threat and determine appropriate personal protection equipment requirements. 	
	<ul style="list-style-type: none"> - Ensure that a health and safety plan is developed by the designated Safety Officer, including health monitoring of first responders in accordance with all applicable guidance. 	
	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure that area hospitals have been notified. 	
	<ul style="list-style-type: none"> <input type="checkbox"/> Once the public health threat has been characterized, determine the appropriate methods needed to minimize the spread of disease through collaboration with other county public health departments and Oregon State Public Health Department. 	
	<ul style="list-style-type: none"> - If the pathogen or agent requires laboratory analysis, North Central Public Health District may request analytical assistance from the Oregon State Public Health Laboratory. 	
	<ul style="list-style-type: none"> - If animal health and vector control is required, these services are to be requested through Emergency Management or from Extension Services. 	
	<ul style="list-style-type: none"> - Coordinate sanitation activities and potable water supply provisions. 	
	<ul style="list-style-type: none"> - Determine the need for emergency disease control stations and, if necessary, implement such stations. 	
	<ul style="list-style-type: none"> <input type="checkbox"/> If a quarantine is in place, establish access control to the area through local law enforcement agencies. 	
	<ul style="list-style-type: none"> <input type="checkbox"/> Collect and report vital statistics. 	
	<ul style="list-style-type: none"> <input type="checkbox"/> Plan for transportation of mass casualties to suitable care facilities and mass fatalities to suitable emergency morgue facilities. 	<i>ATAB 6/ Sherman Co. Appendix D – Mass Casualty Incident of ESF 8– Public Health and Medical Services</i>
	<ul style="list-style-type: none"> - Implement the collection, identification, storage, and disposition of deceased victims in a mass fatality situation. 	<i>NCPHD MFI PLAN</i>
<ul style="list-style-type: none"> <input type="checkbox"/> If necessary, conduct a damage assessment for public health facilities and systems. 		

ESF 8. Public Health and Medical Services

Phase of Activity	Action Items	Supplemental Information
	<input type="checkbox"/> Hospital conducts an inventory of its Healthcare Preparedness Program (HPP) cache. If more health resources are needed, requests for these supplies should be made through the Local Health Authority.	<i>Oregon Healthcare Preparedness Program Region 6</i>
	<input type="checkbox"/> Activate the County EOC, coordinate response activities among agency operations centers and the Incident Command Post, and establish Incident Command or Unified Command, as appropriate. Staffing levels vary with the complexity and needs of the response. At a minimum, the IC, all Section Chiefs, the Resource Coordinator, and management support positions may be necessary.	
	<input type="checkbox"/> Estimate emergency staffing levels and request personnel support.	
	<input type="checkbox"/> Develop work assignments for ICS positions (<i>recurring</i>).	
	<input type="checkbox"/> Notify all other supporting agencies of the response, requesting additional support as necessary.	
	<ul style="list-style-type: none"> - Identify local, regional, State, and Federal agencies that may be able to mobilize resources to the County EOC for support. 	
	<input type="checkbox"/> Assign a liaison to other County EOCs to facilitate resource requests.	
	<input type="checkbox"/> Develop and initiate shift rotation plans, including briefing of replacements during shift changes.	
	<ul style="list-style-type: none"> - Dedicate time during each shift to prepare for shift change briefings. 	<i>ICS Form 201: Incident Briefing</i>
	<input type="checkbox"/> Confirm or establish communications links among primary and support agencies, other County EOCs, and the State ECC. Confirm operable phone numbers and backup communication links.	
	<input type="checkbox"/> The County Emergency Management Director, in collaboration with the North Central Public Health District, designates a County PIO representative. The PIO will issue public health information individually or through the Joint Information Center, if established, in coordination with appropriate local, regional, and State agencies.	
	<input type="checkbox"/> Manage and coordinate interagency functions. Providing multi-agency coordination is the primary goal. Assimilate into a Unified Command structure as dictated by the incident.	
	<input type="checkbox"/> Implement local plans and procedures for public health emergencies. Ensure that copies of all documents are available to response personnel. Implement agency-specific protocols and SOPs.	

ESF 8. Public Health and Medical Services

Phase of Activity	Action Items	Supplemental Information
	<input type="checkbox"/> Determine the need for implementing evacuation and sheltering activities (<i>recurring</i>). Evacuation assistance should be coordinated among ESF 5, ESF 6, ESF 15 and SA-A	<i>ESF 5 – Emergency Management, ESF 6 – Mass Care, Emergency Services, Housing, and Human Services, ESF 15 – External Affairs, and SA-A Evacuation</i>
	<input type="checkbox"/> Establish treatment area(s).	
	<input type="checkbox"/> Determine the need for additional resources and request as necessary through appropriate channels (<i>recurring</i>).	
	<input type="checkbox"/> Submit a request for emergency/disaster declaration, as applicable.	<i>Chapter 1 and Appendix A Disaster Declaration Process and Forms of the Basic Plan</i>
	<input type="checkbox"/> Activate mutual aid agreements. Activation includes placing backup teams on standby and alerting resource suppliers of both potential and current needs.	<i>Appendix D- Mutual Aid Agreements of the Basic Plan.</i>
	<input type="checkbox"/> Coordinate resource access, deployment, and storage in the operational area. Resources to coordinate include equipment, personnel, facilities, supplies, procedures, and communications. Track resources as they are dispatched and/or used.	<i>ICS Resource Tracking Forms and ESF-7 Logistics Management and Resource Support</i>
	<input type="checkbox"/> Establish a Joint Information Center, as needed.	
	<input type="checkbox"/> Formulate emergency public information messages and media responses, utilizing “one message, many voices” concepts (<i>recurring</i>).	
	- Public information will be reviewed and approved for release by the IC and the PIO prior to dissemination to the public and/or media partners.	
	- Develop and disseminate public information programs regarding personal health and hygiene.	
	<input type="checkbox"/> Record all AOC activity and completion of individual personnel tasks (<i>recurring</i>). All assignments, person(s) responsible, and significant actions taken should be documented in logbooks.	
	<input type="checkbox"/> Record all incoming and outgoing messages (<i>recurring</i>). All messages, and the names of those sending or receiving them, should be documented as part of the AOC log.	

ESF 8. Public Health and Medical Services

Phase of Activity	Action Items	Supplemental Information
	<input type="checkbox"/> Develop and deliver situation reports (<i>recurring</i>). At regular intervals the AOC Manager and staff will assemble a situation report.	<i>ICS Form 209: Incident Status Summary</i>
	<input type="checkbox"/> Develop an IAP (<i>recurring</i>). This document is developed by the Planning Section and approved by the IC. The IAP should be discussed at regular intervals and modified as the situation changes.	<i>ICS Form 202: Incident Objectives</i>
	<input type="checkbox"/> Implement objectives and tasks outlined in the IAP (<i>recurring</i>).	
	<input type="checkbox"/> Coordinate with private-sector partners as needed.	
	<input type="checkbox"/> Ensure that all reports of injuries and deaths due to a public health emergency are communicated to the Oregon State Public Health Department as soon as it is available.	
	<input type="checkbox"/> For handling of fatalities, coordination between North Central Public Health District and County EOC is needed for medical examiner services.	
RECOVERY/ DEMOBILIZATION PHASE	<input type="checkbox"/> Ensure an orderly demobilization of emergency operations, in accordance with current demobilization and community recovery plans.	<i>ICS Form 221 - Demobilization Plan</i>
	<input type="checkbox"/> Release mutual aid resources as soon as possible.	
	<input type="checkbox"/> Conduct a post-event debriefing to identify success stories, opportunities for improvement, and development of the After Action Report/Improvement Plan.	
	<input type="checkbox"/> Deactivate/demobilize the County EOC.	
	<input type="checkbox"/> Correct response deficiencies reflected in the Improvement Plan.	

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Regence

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

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

February 27, 2015

CDA 3701

MIRIAM DOROTHY MCDONELL, MD
419 E 7TH ST
THE DALLES, OR 97058-2676

2015 Regence MedAdvantage PPO Reimbursement Adjustment

Dear MIRIAM DOROTHY MCDONELL, MD:

Thank you for caring for our members and for your continued support and participation in our Regence MedAdvantage PPO Network.

Enclosed please find an amendment and fee schedule to your Regence BlueCross BlueShield of Oregon Agreement effective June 1, 2015. This will replace the current fee schedule.

If you have not already registered for eContracting, you have the option of receiving future amendments or addendums to your provider agreement through the convenience of email. After signing up, you can access your documents in a Health Insurance Portability and Accountability Act (HIPAA)-secure environment. Learn more on our website at regence.com: Contracting and Credentialing>Contracting.

If you have questions about the enclosures, please contact your provider relations representative. Contact information is available in the **Contact Us** section of our website.

Sincerely,

John Prassas
Vice President, Network Management and Regional Contract Strategy

Enclosures

**AMENDMENT TO
REGENCE BLUECROSS BLUESHIELD OF OREGON
AGREEMENT(S)**

The Agreement between Regence BlueCross BlueShield of Oregon (Regence) and **MIRIAM DOROTHY MCDONELL, MD** (Provider) is hereby amended as set forth below. This Amendment shall become effective on **June 1, 2015** unless the Provider gives Regence written notice of termination of the Agreement no later than thirty (30) days after Provider's receipt of this Amendment.

Regence BlueCross BlueShield of Oregon



John Prassas
Vice President, Network Management and
Regional Contract Strategy

THIS is an Amendment to one or more of the following Agreements (collectively the "Agreements" and each individually the "Agreement") by and between Regence BlueCross BlueShield of Oregon ("Regence"), and the Provider named therein.

1. Regence BlueCross BlueShield of Oregon Participating Physician and Other Health Care Professional Agreement
2. Regence BlueCross BlueShield of Oregon Medicare Physician and Other Health Care Professional Agreement
3. Regence BlueCross BlueShield of Oregon Medical Group Agreement
4. Regence BlueCross BlueShield of Oregon Medical Services Agreement

WHEREAS, Regence has a contract to serve as a Medicare Advantage (MA) plan for the U.S. Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS), to administer Medicare benefits within certain counties in the Regence service areas;

WHEREAS, Provider has entered into the Agreement to provide medical services to Members, as more particularly set forth in the Agreement;

WHEREAS, Provider is entering into this Amendment to provide medical services to MA Members in accordance with the terms set forth herein; and

WHEREAS, Provider and Regence are parties to one or more of the Agreements;

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

DEFINITIONS

1. All references herein to "Provider" shall mean "Physician or Other Health Care Professional", "Provider", "Medical Group", or "Medical Group Provider" as those terms are used and defined in the Agreement.

ATTACHMENT(S)

1. The Medicare Advantage PPO Fee Schedule is hereby deleted in its entirety and replaced with the new Medicare Advantage PPO Fee Schedule attached hereto and hereby incorporated in the Agreement.

This Amendment only amends current Agreements to which Provider and Regence are already parties. It in no way means that Provider is now a part of any Agreement listed above, unless the Agreement between Provider and Regence is already in effect on the effective date of this Amendment.

Any term not defined herein shall have the meaning set forth in the Agreement. Except as expressly amended by this Amendment, all other terms and conditions of the Agreement shall remain in effect and unchanged.

**REGENCE BLUECROSS BLUESHIELD OF OREGON
FEE SCHEDULE FOR
MEDICARE ADVANTAGE PPO (Preferred Plan)**

A. REIMBURSEMENT PROVISIONS

1. The fee schedule for professional Providers is structured on the most recent edition of the CPT Coding Manual. For most procedures, Regence BCBSO will determine Maximum Allowable Fees using the Resource Based Relative Value Scale (RBRVS) published by the Centers for Medicare & Medicaid Services (CMS). In the absence of CMS RBRVS unit values for specific procedures, Regence BCBSO will establish such unit values for purposes of its Maximum Allowable Fee determination. For certain procedures, the Maximum Allowable Fee will be individually determined at Regence BCBSO's discretion. Procedures assigned "by report" status are paid as determined by Regence BCBSO's Medical Director.
2. The allowance for each CPT procedure code is the lesser of the charge or the fee assigned to that CPT procedure code under the fee schedule. Payment for Covered Services is based upon this allowance.
3. For Covered Services provided by MDs, and DOs, the fee schedule shall be based upon one hundred and ten percent (110%) of the current Medicare fee schedule for the locale where the service is rendered.
4. Payments for Physician Assistants and Certified Registered Nurse First Assistants assisting at surgery shall be reimbursed based on Medicare guidelines.
5. For Covered Services provided by Nurse Practitioners and Physician Assistants, the fee schedule shall be based upon eighty five percent (85%) of the MD and DO rate listed above.
6. For Covered Services provided by other provider types (i.e., not, MDs, DOs, NPs, PAs), including but not limited to: CRNAs, DCs, DPMs, ODs, PMHNP, OT, PT, ST, the fee schedule shall be based upon one hundred percent (100%) of the current Medicare allowable for the provider type and locale where the service is rendered. Regence BCBSO follows Chapter 12 of the Medicare Claims Processing Manual for the provider type, example: Licensed Clinical Social Worker (LCSW), the allowable is seventy five percent (75%) of the current Medicare fee schedule.
7. For Covered Services for Laboratory and Pathology services for which Medicare has established a fee through its Clinical Laboratory Fee Schedule, reimbursement shall be based upon seventy five percent (75%) of the current Medicare fee schedule.
8. For Covered Services for Durable Medical Equipment, Prosthetics, Orthotics, Supplies (DMEPOS) reimbursement shall be based upon Regence BCBSO reimbursement policy.

B. GENERAL PROVISIONS

1. Regence BCBSO will not make any additional payment for facility or professional services based upon a rural health care designation under the Medicare program, including any designation such as a Critical Access Hospital (CAH), Health Professional Shortage Area (HPSA), Physician Scarcity Area (PSA) or any other designation, unless the resulting payment is agreed to by Regence BCBSO in advance and in writing.
2. Provider agrees to look solely to Regence BCBSO for compensation for Covered Services provided to Members. This Agreement shall not extend to co-payments or payments for supplemental services on other than a prepaid basis, but Provider shall not assert any claim for compensation against Member in excess of these co-payments or such payments for supplemental services. Provider agrees to collect directly from Member any outpatient co-payment which may be established from time to time by Regence BCBSO for each office call and for each home visit. The co-payment shall be a credit against the amount due from Regence BCBSO for Covered Services rendered to a Member, without regard to whether the Provider has actually collected any co-payment.



CCN Agreement Amendment	
University	Collaborator
Institution/Organization ("University") Name: Oregon Health & Science University Address: 3181 SW Sam Jackson Park Road Mail Code: L106RGC Portland, OR 97239	Institution/Organization ("Collaborator") Name: North Central Public Health District Address: 419 E 7 th Street, Room 100 The Dalles, OR 97058
Cost Sharing under HRSA Prime Award B04MC06604 and OHA Subaward 143021	Agreement No. 1004395_Wasco_CCN
University PI: Mariyn Sue Hartzell	Collaborator PI: Cynthia Villalobos
Agreement Period of Performance: 10/01/13-09/30/15	Amount Funded this Action: \$ 8,800
Budget Period: 10/01/13-09/30/14	Amendment No. 1
Project Title: Title V MCAH Block Grant Program: Community Connections Network (CCN)	

Amendment(s) to Original Terms and Conditions

Article 2. Period of Performance.

The Agreement period of performance start date is hereby updated to 10/01/2013.

Article 3. Estimated Cost and Expenditure Limitations.

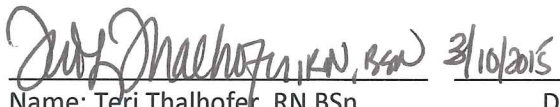
The maximum award available for the period 10/01/13-09/30/14 is \$8,800.00.

Article 7. Terms of Payment & invoicing.

Payment schedule is hereby updated to include the following:

Amendment 1 awarded amount of \$8,800, is payable in full upon invoice and acceptance by UNIVERSITY of COLLABORATOR's Financial Report on or after the data of execution of this Amendment 1.

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

By An Authorized Official of the PRIME RECIPIENT	By an Authorized Official of the SUBRECIPIENT
 <hr/> Charles Resare Policy & Financial Compliance Manager	 <hr/> Name: Teri Thalhofer, RN BSn Title: Director
<hr/> Date	<hr/> Date



CCN Agreement Amendment	
University	Collaborator
Institution/Organization ("University") Name: Oregon Health & Science University Address: 3181 SW Sam Jackson Park Road Mail Code: L106RGC Portland, OR 97239	Institution/Organization ("Collaborator") Name: North Central Public Health District Address: 419 E 7 th Street, Room 100 The Dalles, OR 97058
Cost Sharing under HRSA Prime Award B04MC06604 and OHA Subaward 143021	Agreement No. 1004395_Wasco_CCN
University PI: Mariyn Sue Hartzell	Collaborator PI: Meghan McAllister
Agreement Period of Performance: 10/01/13-09/30/15	Amount Funded this Action: \$576.80
Budget Period: 10/01/14-09/30/15	Amendment No. 2
Project Title: Title V MCAH Block Grant Program: Community Connections Network (CCN)	

Amendment(s) to Original Terms and Conditions

Article 3. Estimated Cost and Expenditure Limitations.

The maximum award available for the period 10/01/14-09/30/15 is increased by \$576.80 for a new total of ~~\$8,800.00~~ **\$9,376.80**




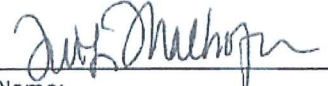
Article 7. Terms of Payment & invoicing.

Payment schedule for the current budget period from 10/01/14-9/30/15 is hereby replaced as follows:

PAYMENT SCHEDULE:

- (1) Initial Payment of \$1,760.00, payable upon execution of this Agreement and receipt of invoice on or after 10/1/2014.
- (2) Second Payment of \$1,904.20, payable upon invoice on or after 1/1/2015.
- (3) Third Payment of \$1,904.20, payable upon invoice on or after 04/1/2015.
- (4) Fourth Payment of \$1,904.20, payable upon invoice on or after 7/1/2015.
- (5) Final Payment of \$1,904.20, payable upon invoice and acceptance by UNIVERSITY of COLLABORATOR's Financial Report on or after 09/30/2015.

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

By An Authorized Official of the PRIME RECIPIENT	By an Authorized Official of the SUBRECIPIENT
 Charles Resare Policy & Financial Compliance Manager	 Julie Malhotra Director
3-13-15 Date	3/10/2015 Date

AGREEMENT for PROFESSIONAL SERVICES

Parties: This Agreement is made and entered into by and between North Central Public Health District (NCPHD) and Oregon Solutions by and through Portland State University, hereinafter referred to as "Consultant".

Consultant is willing to provide services to NCPHD and therefore is retained to provide services in accordance with the following terms and conditions.

SECTION 1. DESCRIPTION OF SERVICES.

Consultant will organize and facilitate four project team meetings and a Declaration of Cooperation signing ceremony in April or May of 2015. This includes scheduling, meeting preparation, communications, facilitation, preparing meeting summaries, follow up action items between meetings, and overall coordination. Oregon Solutions staff will also prepare the Declaration of Cooperation document and finalize it by gathering all the signatures. Finally, Oregon Solutions will plan, schedule and facilitate a single re-convening meeting about one year after the Declaration of Cooperation signing ceremony.

SECTION 2. PERFORMANCE OF SERVICES. Consultant shall coordinate with the NCPHD Director to determine the manner in which the services are to be performed.

SECTION 3. PERIOD OF AGREEMENT AND TERMINATION. The period of this Agreement shall be from the date of this Agreement and shall expire, unless terminated or extended, on May 31, 2015. Either party may terminate this agreement without cause upon thirty day written notice to the other.

SECTION 4. COMPENSATION. Consultant will be paid \$8,000.00 for the work described above.

SECTION 5. PAYMENT. Invoices may be submitted when desired by the Consultant, but no more frequently than monthly.

SECTION 6. RELATIONSHIP OF PARTIES. It is understood by the parties that Consultant is an independent contractor with respect to NCPHD, and not an employee or agent of NCPHD, and will be so deemed for purposes of the following:

- a) Consultant shall comply with the applicable provisions of ORS Chapters 316 (Personal Income Tax), 656 (Workers' Compensation), 657 (Unemployment Insurance) and 670.600 (Independent contractor; standards).
- b) Consultant will be solely responsible for payment of any Federal or State taxes required as a result of this Agreement.
- c) NCPHD will not provide fringe benefits, including health insurance benefits, paid vacation, or any other employee benefit, for the benefit of Consultant.
- d) Consultant agrees to satisfy all federal and state contract requirements concerning the provision of liability insurance coverage. Consultant agrees to hold the County harmless from any and all losses, claims, actions, costs, expenses, judgments, subrogation or other damages resulting from injury to any person (including injury resulting in death), or damage (including loss or destruction) to property, arising or resulting from the fault, negligence, wrongful act or wrongful omission of Consultant.
- e) Consultant is responsible for obtaining all assumed business registrations or professional occupation licenses required.

- f) Contractor furnishes the tools or equipment necessary for performance of services.

SECTION 7. ASSIGNMENT. Consultant's obligations under this Agreement may not be assigned or transferred to any other individual or group without the prior written consent of NCPHD.

SECTION 8. NOTICES. All notices required or permitted under this Agreement shall be in writing and shall be deemed delivered when delivered in person or deposited in the United States mail, postage prepaid, addressed as follows:

Consultant:	Oregon Solutions	North Central Public Health District
	Portland State University	419 E. 7th St.
	PO Box 751	The Dalles, OR 97058
	Portland, OR 97207	

Such addresses may be changed from time to time by either party by providing written notice to the other in the manner set forth above.

SECTION 9. AMENDMENT. This agreement may be modified or amended if the amendment is made in writing and is signed by both parties.

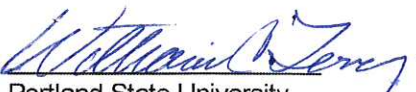
SECTION 10. SEVERABILITY. If any provision of the Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this Agreement is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.

SECTION 11. WAIVER OF CONTRACTUAL RIGHT. The failure of either party to enforce any provision of this Agreement shall not be construed as waiver of limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this Agreement.

SECTION 12. APPLICABLE LAW. The laws of the State of Oregon shall govern this Agreement. It is mutually agreed that both parties comply with all federal, state, county, and local laws, ordinances, and regulations applicable to this agreement. They further agree to comply with Title VI of the Civil Rights Acts of 1964, and with Section V of the Rehabilitation Act of 1973.

IN WITNESS WHEREOF, the parties have made and executed this Agreement which is effective as of the date of the last signature.

CONSULTANT


Portland State University
William C. Terry
Contracts Officer
Portland State University

1-21-15

NCPHD

Teri Thalhofer, Director



OREGON CHILD DEVELOPMENT COALITION
 Post Office Box 2780
 9140 S.W. Pioneer Court, Suite "E"
 Wilsonville, Oregon 97070

Contract Number: 02-031

AMENDMENT 3

Date: January 30, 2015

1. This amendment (the Amendment) is made by **OREGON CHILD DEVELOPMENT COALITION** and **NORTH CENTRAL PUBLIC HEALTH DISTRICT** parties to the Master Staffing Agreement No. 02-031 dated December 19, 2011 (the "Contract").
2. The Contract is amended as follows:
 - a. Add funding for Fiscal Year 2015 (starting January 1, 2015 through December 31, 2015).

	#Hrs. or #Child	Rate	Extended
Staff Training	10	\$41.47	\$ 414.70
Parent Training	4	\$41.47	\$ 165.88
Immunizations	0	\$21,96	\$ 00.00
Site Visit/Consult	144	\$18.77	\$2,702.88
Amendment #3 Total:			\$3,283.46

Except as set forth in this Amendment, the Contract is unaffected and shall continue in full force and effect in accordance with its Terms and Conditions. If there is a conflict between this Amendment and the Contract or any earlier amendments, the Terms of this Amendment will prevail

IN WITNESS WHEREOF, the PARTIES do mutually agree to the changes described herein and have caused this instrument to be executed. By my signature below, I certify that I have the authority to execute this instrument within the scope of my corporate powers.

**OREGON CHILD DEVELOPMENT
 COALITION, INC.**

Donald L. Horseman 2/23/15
 Donald L. Horseman, Date
 Director of Financial Services

**NORTH CENTRAL PUBLIC HEALTH
 DISTRICT**

Teri Thalhofer 2/12/2015
 Teri Thalhofer, Date
 Director

Donalda Dodson 2/24/15
 Donalda Dodson, RN, MPH, Date
 Executive Director

Program Processing

Received Apr 3 2015

Checked _____

Delivered _____

Entered _____

Initials JS Date _____

Original Contract # **MRC15-2464**

Modification of Agreement

This Contract Agreement Modification is entered on the subscribed day by the **National Association of County and City Health Officials** (hereinafter referred to as "NACCHO"), 1100 17th St., N.W., 7th Floor, Washington, D.C. 20036, [(202)783-5550, (202) 783-1583 Fax], and the following Contractor, hereinafter referred to as "Contractor:"

North Central Public Health District 936002315
Contractor Federal Tax ID Number

419 East 7th Street
Address

The Dalles, OR 97058 5415062614
City, State and Zip Phone

WHEREAS, the parties entered into an Agreement on the 13th day of Jan, 2015; and,

WHEREAS, the general purposes of the Agreement are unchanged; and

WHEREAS, both parties wish to make modifications to the Agreement, as described below;

THEREFORE, for the mutual consideration described in the original Agreement, the parties hereto agree to the modifications below through the signatures of the person(s) who have the authority to bind the parties to the changes in this Agreement:

1. This Modification of Agreement, amends the funding source to the following: **Department of Health and Human Services, GRANT# 1 HITEP150026-01-00, CFDA #93.008; entitled "Promote, Support and Build Capacity in the Medical Reserve Corp"**.

NACCHO

CONTRACTOR:

Dawn P. Richardson 4/14/2015
Dawn P. Richardson, JD, MA
Senior Director, Grants and Contracts

Teri L. Thalhoffer, RN, BSN 3/27/2015
Name Date
Teri L. Thalhoffer, RN, BSN



Public Health
Prevent. Promote. Protect.

NORTH CENTRAL PUBLIC HEALTH DISTRICT

“Caring For Our Communities”

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

NCPHD Directors Report for May 12, 2015

EARLY LEARNING: The application for the 4Rivers Early Learning HUB has been submitted to the Early Learning Division for approval. We should hear about moving to contract later this month. The work with partners has been exciting and rewarding.

Healthy Communities: Oregon Solutions work to support a community Declaration of Cooperation around childhood obesity continues. Sub-Committees have been formed to look at the issues of Sports Facilities in The Dalles, and Sugar Sweetened Beverages. NCPHD was successful in securing a Safe Routes to Schools Planning Grant to work with D21 Elementary Schools to create an Action Plan to increase active transportation to school. The Declaration signing ceremony is scheduled for May 27.

Public Health Accreditation: We received notice that our work plan was accepted and now we have one year to complete the plan. Jane Palmer and I attended a training in Pendleton on strategic planning processes. It is time to update our NCPHD strategic plan. This training provided great insight around the tie to the CHA, CHIP and other documents and plans as part of a performance management system.

Cherry Festival: NCPHD has an entry in the Cherry Festival Parade and promoted the 5210 Concept (5 servings of fruits and vegetables a day, no more than 2 hours of screen time, 1 hour of activity daily and 0 sugar sweetened beverages) This concept will become more visible as our work with partners around childhood obesity continues.

HWR Transition: Staff continues to work to meet the deadlines in the transfer plan. Work is going smoothly at this time and the transition should go as planned July 1.

Submitted May 8, 2015