



Public Health
Prevent. Promote. Protect.

North Central Public Health District
"Caring For Our Communities"

North Central Public Health District Board of Health Meeting

June 13, 2017
3:00 PM
Meeting Room @
NCPHD

AGENDA -

1. **Minutes**
 - a. Approve from 5/9/2017 executive committee meeting.
 - b. Set Next Meeting Date (7/11/2017)
2. **Additions to the Agenda**
3. **Public Comment**
4. **Unfinished Business**
 - a. Fee Increases for:
 - i. On-site Waste Water Management Program
 - ii. Licensed Facility Program
 - iii. Clinic
5. **New Business**
 - a. 2017-18 Budget Hearing and Adoption
 - i. Resolution No. 2017-01 Adopting FY 2017-18 Budget
 - ii. Resolution No. 2017-02 Appropriations FY 2017-18
 - b. Work Force Development Approval - Presented by Judy Bankman
 - c. Quality Improvement / Performance Management Plan Approval - Presented by Judy Bankman
 - d. Communications Plan Approval - Presented by Teri Thalhofer
 - e. Celilo Partnership Presentation – Shellie Campbell
 - f. Approval of A/P Check Report (May 2017)
 - g. Contracts
 - i. Hood River County Service Agreement
 - ii. OHSU 1010448 – CCN
 - iii. OHSU 1010448 - LHD
 - iv. WIC Service Agreement
 - h. Director's Report

Note: This agenda is subject to last minute changes.

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

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



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NORTH CENTRAL PUBLIC HEALTH DISTRICT

“Caring For Our Communities”

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

**North Central Public Health District
Board of Health
Meeting Minutes
May 9, 2017**

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

Staff Present: Teri Thalhofer, RN/BSN – Director NCPHD; Shelli Campbell-Clinical Programs Supervisor NCPHD; John Zalaznik, REHS-Environmental Health Specialist Supervisor NCPHD; Alyssa Borders-Environmental Health Program Technician NCPHD

Guests Present: Tara Koch – Director Haven; Mercedes Hill – Haven, Lirio Cuevas –Haven, Becca Simmons – Haven, Neita Cecil – The Dalles Chronicle

Minutes taken by: Alyssa Borders and transcribed by Gloria Perry

Meeting called to order at 3:03pm by Chair Scott Hege

SUMMARY OF ACTIONS TAKEN

Judge Steve Shaffer motioned to accept the 4/11/17 board of health meeting minutes as presented; Commissioner Tom McCoy seconded.

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

Commissioner Tom McCoy motioned to accept the A/P Checks Issued report for April 2017 as presented; Judge Steve Shaffer seconded.

Vote: 3-0
Yes: Commissioner Tom McCoy, Judge Steve Shaffer, Commissioner Scott Hege
No: 0
Abstain: 0
Motion Carried

WELCOME AND INTRODUCTIONS

MINUTES / NEXT MEETING DATE

1. Approval of past meeting minutes.
 1. A motion was made to approve the 4/11/17 board of health meeting minutes as presented.
2. Set next meeting date.
 1. The next executive committee meeting was scheduled for Tuesday, June 13, 2017, at 3:00PM. Meeting location will be at the North Central Public Health District office located at 419 E. 7th St., The Dalles, OR.

ADDITIONS TO THE AGENDA

1. Teri requested Strategic Plan be added to Unfinished Business on Agenda

PUBLIC COMMENT

1. None

UNFINISHED BUSINESS

1. Strategic Plan 2017-2019
 1. Strategic Plan had been presented to the executive committee at the April meeting and approved; however it did not get signed at that time.
 2. Teri gave a brief overview of the strategic plan.
 1. Plan talks about our processes
 2. SWOT analysis
 3. SMART objectives created
 4. Action plan created
 5. Listing of regional, state and national health improvement plan priorities
 6. *Cross-walk about where NCPHD cross-walk with those priorities. Where our strategies cross-walk with the Columbia Gorge CCO health improvement plan and then with the individual Gilliam and Sherman county health improvement plans.
 7. Since the document seen at last month's board meeting, there has been one change.
 - ✓ One of our objectives under the goal to support wellness at every age, size and ability, under the area of immunization was to monitor influenza immunization rates among healthcare providers and then provide assistance to agencies who wanted to increase their immunization rates.
 - ✓ **This objective has been eliminated and replaced with an objective to work with MCMC on increasing the rate of uptake for the birth Hepatitis B dose. Our partners at MCMC are agreeable to creating a workplan to address this objective.**
 - *Every one of our goals matches up with other local, state or national benchmark.
2. 2017-2018 Budget
 1. County Contributions Update:
 1. Sherman County's 5% (\$5,103) increase has gone through their budget committee and has been approved.
 2. Gilliam County's 5% (\$5,179) increase is still proposed. We have not heard yet if proposed amount was approved yet.
 3. The \$349,180 is an amount we received from Mike Middleton who is the Finance Director at Wasco County. Wasco County budget hearing is scheduled next week. This is a 2.7% increase over their contribution from 16-17.
 - ✓ Scott Hege had proposed through the budget process a 5% increase and the 2.7% is what came out of the internal process.
 - ✓ At Wasco County's budget committee meeting, Scott stated he would be supporting and encouraging a 5% increase.
 - ✓ John Zalaznik asked if there would be an additional .2 for the EH Specialist Trainee position. *Scott replied that that is in the budget document as an addition. Scott's goal is to get the 5% back in Wasco's budget.*

4. Commissioner McCoy commented if Sherman County funds a 5% increase and Wasco County decides to just give 2.7% that puts the funding formula even more out of whack. It makes you wonder how our future can go forward without some kind of agreement on establishing a funding formula.
2. Major Changes to budget:
 1. Reduced the hours of the EH Specialist Trainee from .80 FTE (4-days a week) to .60 FTE (3-days a week). We were hopeful that Wasco County would fund a day a week of that; reflecting that the work load which has been comparable to the planning department of Wasco County which has received significant support for the increase workload and when that lever pulls, environmental health pulls as well. Hood River County had originally hoped to at least support a day a week for this position in the upcoming budget year, however they had an un-anticipated significant budget hole this year with new management and so they were not able to fund part of the FTE. They may have funds to support work for special events.
 2. Pacific Source CCO reduction of \$64,300. (2017 amount was \$90,000 – 2018 amount is \$25,700).
3. Possible opportunities for increased revenue:
 1. Early Learning Hub - \$20,000
 2. Knight Grant - \$25,000
 3. CGHC – Bridges to Health - \$20,000
 4. EOCCO – Per member per month (amount unknown at this time)
 5. Pacific Source – Conversation around alternative payment method for public health (amount unknown)
4. Reductions to balance budget
 1. Personal Services
 - ✓ Health Officer reduced FTE – no longer receiving benefits
 - ✓ Account Clerk reduced FTE in October due to reduction of CCN program revenue
 - ✓ Not extending temporary Office Specialist position
 - ✓ Reduced FTE EH Trainee from .80 FTE to .60 FTE
 2. Materials & Services
 - ✓ No reserve for vehicle amount in 2018 budget; 2017 amount was \$20,000.
 - ✓ Reduced Meals, Lodging & Training – Only required or reimbursed training will be allowed
 - ✓ Deleted amount to replace PCs
 - ✓ Reduced Office Supplies

NEW BUSINESS

1. HAVEN Partnership Presentation – Presented by Becca Simmons
 1. The primary purpose of HAVEN is to advocate for a non-violent, non-oppressive society for over 30,500 citizens in Wasco, Sherman, Gilliam, and Wheeler counties and surrounding communities along the Columbia River Gorge and the Confederated Tribes of Warm Springs Reservation.
 2. Brief overview of presentation:
 1. HAVEN Programs:
 - ✓ Comprehensive Advocacy Services
 - ✓ Housing Assistance
 - ✓ Primary Prevention Programming
 - ✓ Sexual Assault Services
 - ✓ Safer Futures in the Gorge
 - ✓ Trauma-Informed Counseling
 - ✓ Volunteer Program
 2. Intimate Partner Violence (IPV)
 - ✓ IPV has been linked up to 163 million dollars in healthcare costs for the state. On an individual level, women who are suffering from ongoing IPV compared to non-abused women healthcare costs are 42% higher.
 3. Project Connect Intervention
 - ✓ This project began in Oregon in 2012 and it looks at universal screening for patients that are coming into a healthcare setting.

- ✓ It's not only a screening but also an intervention. If domestic violence is disclosed within a healthcare consultation, what do you do with that, what intervention needs to happen in order to support the survivor in becoming safe and healing.
 - ✓ Women receiving an intervention are 60% more likely to use that intervention and leave a relationship if they feel it like it is unsafe.
4. Safer Futures Project
- ✓ Strategies are 1) Provide women greater access to advocacy services; 2) Train health care providers on how to identify, respond and effectively intervene on behalf of women affected by IPV; 3) Develop organization capacity and advocate skill in delivering services; and 4) Change how health care systems understand and respond to IPV.
 - ✓ It's important to include an intervention for domestic and sexual violence or IPV within a clinical healthcare setting. This has proven to be effective because the doctor visit or nurse visit might be the only time that a survivor is alone with somebody that they might have the opportunity to disclose to. At NCPHD, seeing patients alone is their policy.

3. Questions / Comments

1. Does HAVEN receive funding from the two CCO's? *It is being worked on.*
2. How does HAVEN determine what day of the week is the most effective day to be present at NCPHD? *Currently, HAVEN is present on one of the days Dr. McDonell has clinic; however they are available to NCPHD at any time needed.*
3. Is the Safer Futures project happening in Sherman and Gilliam Counties at their clinics? *It's happening when WIC is in the community and it's happening through NCPHD's nurse home visitors. However, HAVEN has not been able to engage the primary care clinics at this time.*
4. Can you provide information on the teen component? *HAVEN has a comprehensive prevention program, meaning that there are 3 staff for primary prevention that are in all of the schools through the 4 counties (Wasco, Sherman, Gilliam and Wheeler. In the primary prevention program, HAVEN makes presentations on violence prevention, sexual violence prevention and what does a health teen relationship look like.*
5. Judge Shaffer commented that HAVEN has done some work with Gilliam County's juvenile department and they work closely with DHS so his experience with HAVEN's program on 2 or 3 different occasions has been fantastic. He didn't realize that this program (Safer Futures) was sun setting. He stated whatever he can do to help create an opportunity to have this program continue, to let him know. Judge Shaffer wanted it on the record, that HAVEN does a fantastic job. *HAVEN may ask for a 'letter of support'. They are working on obtaining support from a variety of foundations.*

2. Approval of A/P Check Report (April 2017)

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

3. Contract(s) Review

1. The following agreements were reviewed with the board:
 - a. NACCHO MRC 17-2464 Agreement
 - b. OHA 153478 Agreement
 - c. Pauly, Rogers, & Co. Engagement Letter
 - d. Oregon Immunization Program Addendum Agreement w/ So. Gilliam County Medical Clinic

4. Director's Report – By Teri Thalhofer

1. Report presented to the board and feedback requested.

Meeting adjourned at 4:36PM

Signature

Date

Printed Name

{Copy of 4/11/2017 Executive Committee Meeting Minutes , HAVEN Safer Futures Flyer, HAVEN Brochure, Handout Proposed County Budget Amounts (updated with reductions); Revenue Report as of 5/4/17; Expenditure Report as of 5/4/2017; Estimate 2017 YE Recap Summary; A/P Check Report (April 2017); NACCHO MRC agreement; Pauly, Rogers & Co Engagement Letter, OHA – So. Gilliam County Medical Center Agreement, and Directors Report attached and made part of this record.}

DRAFT

ON-SITE SEWAGE DISPOSAL SYSTEMS

		10% increase (rounded to nearest multiple of 5)
A. New Site Evaluation:		
Single Family Dwelling	\$536	\$590
Authorized by DEQ to Contract County:		
1) For first one thousand (1,000) gallons projected daily flow	\$562	\$620
2) For each five hundred (500) gallons or part thereof above 1,000 gallons but less than 2,500 gallons	\$223	\$245
B. Construction-Installation Permit:		
a. For first 1,000 gallon projected daily sewage flow:		
Standard On-Site System	\$557	\$615
New System with Holding Tank	\$557	\$615
Alternative System:		
Aerobic System	\$1,098	\$1,210
Capping Fill	\$958	\$1,055
Disposal Trenches in Sapolite	\$573	\$630
Gray Water Waste Disposal Sump	\$336	\$370
Pressure Distribution	\$947	\$1,040
Redundant	\$683	\$750
Sand Filter	\$1,098	\$1,210
Seepage Trench	\$625	\$685
Steep Slope	\$625	\$685
Tile Dewatering	\$1,098	\$1,210
Alternative Treat Technologies	\$1,098	\$1,210
With the exception of sand filters and pressure distribution systems, a \$42 fee may be added to all permits that specify the use of a pump or dosing siphon		
Permit Transfer, Reinstatement or Renewal:		
If Field Visit Required	\$305	\$335
No Field Visit Required	\$144	\$160
b. For systems with projected daily sewage flow greater than 1,000 gallons, the construction installation permit fee shall be equal to the fee required in (B) (a) plus \$60 for each 500 gallons or part thereof above 1,000 gallons.		
Alteration Permit:		
Major	\$447	\$490
Minor	\$226	\$250
Repair Permit (single family dwelling):		
Major	\$450	\$495
Minor	\$300	\$330
Authorization Notice		
If Field Visit Required	\$400	\$440
No Field Visit Required	\$200	\$220
Hardship Authorization	\$336	\$370
Renewal of Hardship Authorization for Temporary Dwelling		
If Field Visit Required	\$326	\$360
No Field Visit Required	\$231	\$255
Annual Evaluation of Alternative System (where required)	\$326	\$360
Existing System Evaluation Report	\$336	\$370
Site Evaluation or permitting of any commercial facility system delegated to county shall follow same fee schedule as the Department of Environmental Quality.		
Plan Review fee for commercial facility systems greater than 600gpd would be \$418 up to 1,000gpd then an extra \$63 for each 500 gallons or part thereof above 1,000gpd up to 2,500 gallons.	\$418/\$63	\$460/\$70

Refunds:		
A refund may be made of all or a portion of a fee accompanying an application if the applicant withdraws the application before any field work or other substantial review of the application has been done.		
Each of the above fees includes a \$100 DEQ surcharge that will be forwarded to the State Department of Environmental Quality.		
Annual Report Evaluation Fee Holding Tank	\$63	\$70
Record Search, if not part of an onsite application (half hour minimum)	\$40 (first hour) \$60 (additional hours)	\$45 (first hour) \$65 (additional hours)
Field Consultation Fee	\$63/hr (1hr min)	\$70/hr (1 hour min)
Annual Maintenance Report Fee (ATT & Holding Tanks)	\$50	\$55
Reinspection Fee	\$100	\$110
Pumper Truck Inspections		\$150 (each)
First Vehicle, Each Inspection	\$113	
Each Additional Vehicle, Each Inspection	\$76	

10% fee increase (rounded to nearest multiple of 5)

Draft

North Central Public Health District Licensed Facility Fee Schedule

FOOD SERVICE FEES:

Full service restaurant fees based on seating criteria:

0 - 15 Seats.....	\$512	\$565
16 - 50 Seats.....	\$575	\$630
51 - 150 Seats.....	\$656	\$700
> 150 Seats.....	\$732	\$750
Not for Profit Restaurant.....	\$150	\$165
Bed & Breakfast.....	\$222	\$245
Commissary.....	\$366	\$405
Mobile unit.....	\$347	\$425
Warehouse.....	\$146	\$160

Drink Fit Fees:

\$460.80	\$508.50
\$517.50	\$567.00
\$590.40	\$648.00
\$658.80	\$724.50
\$135.00	\$148.50
\$199.80	\$220.50

10% discount of Fee will be given to restaurants that qualify for NCPHD's Fit in Beverage program.

*A license expires annually on Dec. 31. To reinstate a license after the Dec. 31 expiration, the applicant must pay a reinstatement fee of \$100 in addition to the license fee required. The reinstatement fee shall increase by an additional \$100 on the first day of each succeeding month until the license is reinstated.

TEMPORARY RESTAURANT LICENSES:

One Day Events... \$54 **\$60** Two or More Days Events... \$76 **\$85**

If **NOT** received at least four business days prior to event-

One Day Events... \$76 **\$85** Two or More Days Events... \$130 **\$145**

Seasonal/Intermittent:

Seasonal - A food operation at a specific location in connection to an event arranged by one oversight organization.

Intermittent - A food operation at a specific location in connection with multiple public events having different oversight organizations.

Seasonal/Intermittent License Fee	\$ 75	\$125
Seasonal/Intermittent Plan Review Fee	\$ 75	\$80
Seasonal/Intermittent Reinspection Fee	\$ 50	\$55
Benevolent Application Fee	\$20	same

PLAN REVIEW FEES FOR FOOD SERVICE:

For Initial Construction:

Full Service Restaurant	\$353	\$390
Bed & Breakfast	\$105	\$115
Commissary	\$177	\$195
Mobile Unit	\$122	\$134
Warehouse	\$72	\$80

For Remodeling:

Full Service Restaurant	\$141	\$155
All Other food Facilities	\$76	\$85

Vending Machines (by # of machines):

1 - 10	\$41	\$45	101 - 250 ...	\$511	\$565
11 - 20	\$75	\$80	251 - 500 ...	\$808	\$890
21 - 30	\$111	\$120	501 - 750 ...	\$1098	\$1210
31 - 40	\$145	\$160	751 - 1000 ...	\$1347	\$1480
41 - 50	\$180	\$200	1001 - 1500 ..	\$1755	\$1930
51 - 75	\$221	\$245	1500	\$2196	\$2415
76 - 100	\$291	\$320			

OTHER FOOD SERVICE FEES:

Mobile Inspection Fee -

(For units licensed through other jurisdictions)\$ 25 per inspection

Quarterly Inspection Fee - (A result of getting a score of less than 70 on 2 consecutive, unannounced semi-annual inspections)

.....\$222 per inspection **\$245**

Hard Copy of Food Sanitation Rules\$ 10 per copy

TOURIST FACILITY FEES:**

Bed & Breakfast.....	\$ 92	\$100
Travelers Accommodation.....	\$ 98	\$110
Organizational Camp 0 to 300 campers.....	\$325	\$355
301 to 600 campers	\$434	\$475
601 + campers.....	\$1844	\$2030
Picnic Park.....	\$92	\$100

Recreation Park:

Base Fee.....	\$98 plus	\$110
	\$3 per space for 1 - 50 RV spaces, plus	same
	\$2.50 per space for 51 - 100 RV spaces, plus	same
	\$2 per space for >100 RV spaces	same

**Facilities that renew later than January 15 will be assessed a penalty fee of 50% of the original fee, and another 50% on the first day of each successive month of delinquency.

SWIMMING POOL & SPA FEES:

First Pool/Spa.....	\$212	\$235
Additional Pool/Spa.....	\$127	\$140
Plan Review Fees for Pools & Spas.....	\$421	\$465

UNLICENSED FACILITIES:

School (food service inspection)	\$ 150 (per inspection)	\$165
Daycare Inspection.....	\$ 150 (per inspection)	\$165
Institutional Inspection (Jail, Nursing Home, etc.)...	\$ 200 (per inspection)	\$220

ALL FACILITIES:

A \$100 **\$110** fee will be charged per inspection for any facility requiring more than two reinspections per year.



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419 East Seventh Street, The Dalles, OR 97058

Phone: 541-506-2600 Fax: 541-506-2601

Website: www.wshd.org

Memorandum

To: NCPHD Board Members
From: Kathi Hall
Date: 6/13/17
Re: Fee Schedule

NCPHD Clinic Fee Schedule for 2017 is attached. The fees were last amended in 2015. The NCPHD Clinic charges fees for services based on the actual cost of the time and materials required to provide the service and in accordance with State and Federal Guidelines. Staff completed time studies, then personal services and materials and services costs were entered into a cost analysis spreadsheet.

Many of our clients qualify for state and federal programs that pay for all or most of their services. Others pay for services based on a sliding fee scale based on individual need. The need is determined by Federal Poverty guidelines based on income and family size.

**North Central Public Health District
Clinic Fee Schedule**

Effective 7-1-2015

IMMUNIZATIONS Cost of Vaccines + Admin Fee (\$21.96 OHP; \$46.80 Private)

Prices subject to change pending vendor price changes. Clients will be charged according to current cost.

1/1 - 6/30/17

Vaccine	Brand	Cost
Hep A (Adult)	Havrix	\$34.28
Hep A (ped/adol)	Havrix	\$21.69
DTaP/IPV	Kinrix	\$47.55
DTaP	Infanrix	\$19.51
eIPV	IPOL	\$30.17
MMR	MMR II	\$66.97
MMR-V	ProQuad	\$190.93
Hib	ActHIB	\$15.75
Hep A/B	Twinrix	\$65.67
Hep B Newborn – 19	Energix-B	\$16.60
Hep B 20 & over	Energix-B (Adult)	\$40.01
Varicella	Varivax	\$115.04
HPV4	Gardasil	\$153.79
Meningococcal	Menactra	\$109.66
	Menveo	\$97.78
DTaP/IPV/Hib	Pentecel	\$87.48
Pcv 13	Prevnar 13	\$169.11
DTaP/Hep B/IPV	Pediarix	\$68.22
PPD		Admin only
Rotavirus	Rota Teq	\$81.20
Tdap	Boostrix	\$34.13
	Adacel	\$34.33
Td	Tenivac	\$32.27

FAMILY PLANNING/STD FEES

All costs are dependent on charges of supplies to Health Dist. and will be adjusted as needed.

**North Central Public Health District
Clinic Fee Schedule**

Effective 7-1-2015

FPL Sliding Fee schedule will be applied based on individual need based on Income and family size.

	2015	2017
Minimal/Brief, new	\$107.00	\$113.00
Minor/Limited, new	\$184.00	\$194.00
Low/Intermediate, new	\$267.00	\$280.00
Moderate/Comprehensive, new	\$411.00	\$428.00
High/Complete, new	\$514.00	\$537.00
Minimal/Brief, est.	\$50.00	\$52.00
Minor/Limited, est	\$108.00	\$112.00
Low/Intermediate, est	\$181.00	\$189.00
Moderate/Comprehensive, est	\$268.00	279.00
High/Complete, est	\$360.00	376.00
Preventive visit, new, 12-17	\$306.00	354.00
Preventive visit, new, 18-39	\$235.00	342.00
Preventive visit, new, 40-64	\$344.00	397.00
Preventive visit, new, 65 +	\$265.00	431.00
Preventive visit, est, 12-17	\$205.00	302.00
Preventive visit, est, 18-39	\$267.00	309.00
Preventive visit, est, 40-64	\$236.00	329.00
Preventive visit,est., 65 +	\$306.00	354.00
Individual Counseling	\$91.00	130.00
Smoking Cessation Counseling 3-10 min	\$39.00	37.00
Smoking Cessation Counseling > 10 min min	\$77.00	72.00
IUD Insertion	\$176.00	189.00
IUD Removal	\$238.00	246.00
Diaphragm/Cervical Cap Fit	\$152.00	158.00
Contraceptive Capsule Insert	\$337.00	327.00
Contraceptive Capsule Removal	\$384.00	413.00
Contraceptive Capsule Insert & Removal	\$540.00	578.00

In house Laboratory tests:

COST (based on lab charges and testing supplies) + Office Visit Fee

**North Central Public Health District
Clinic Fee Schedule**

Effective 7-1-2015

Hematocrit/Hemoglobin	\$13.00
Hemocult	\$18.00
HIV Rapid Test	\$35.00
Pregnancy Test	\$20.00
Orasure	\$7.00
Urinalysis, dip stick	\$12.50
Venipuncture, routine	\$15.00
Wet Mount	\$34.00

Medications/Supplies (Fees based on actual cost, prices subject to change pending supplier price changes)

MISCELLANEOUS FEES

Vital Records

First copy	\$20
Additional copies of the same record ordered at the same time	\$15

Medical Record Copies

No charge to healthcare providers, other authorized persons will be charged according to their current contract with the Health District. Clients or other authorized persons without a contract, may be responsible for a payment of \$40 per hour for File Search Fee plus \$.25 per page for photocopies. The fee for fax transmission is \$3.00 plus \$.25 per page. Immunization records are excluded. If the client is low income he/she may qualify for a sliding fee schedule. However, there is a \$5.00 minimum fee for any request.

Revenue
NORTH CENTRAL PUBLIC HEALTH DISTRICT

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

<u>Account Number</u>	<u>2015</u> <u>Actuals</u>	<u>2016</u> <u>Actuals</u>	<u>2017</u> <u>Revised Budget</u>	<u>2018</u> <u>Proposed</u>	<u>2018</u> <u>Approved</u>	<u>2018</u> <u>Adopted</u>
201.00.1201.400 BEGINNING FUND BALANCE						
201.00.1201.400.201 BEGINNING FUND BALANCE	0.00	0.00	350,000.00	241,500.00	241,500.00	270,000.00
Total BEGINNING FUND BALANCE	0.00	0.00	350,000.00	241,500.00	241,500.00	270,000.00
201.00.1201.417 INTEREST EARNED						
201.00.1201.417.104 INTEREST EARNED	1,201.01	2,089.12	1,500.00	3,000.00	3,000.00	3,000.00
Total INTEREST EARNED	1,201.01	2,089.12	1,500.00	3,000.00	3,000.00	3,000.00
201.00.1201.421 MISCELLANEOUS						
201.00.1201.421.250 SAIF DIVIDEND	0.00	934.00	0.00	0.00	0.00	0.00
Total MISCELLANEOUS	0.00	934.00	0.00	0.00	0.00	0.00
Total PUBLIC HEALTH RESOURCES	1,201.01	3,023.12	351,500.00	244,500.00	244,500.00	273,000.00
Total NON-DEPARTMENTAL RESOURCES	1,201.01	3,023.12	351,500.00	244,500.00	244,500.00	273,000.00

Revenue
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7141 PUBLIC HEALTH

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Revised Budget</u>	<u>2018 Proposed</u>	<u>2018 Approved</u>	<u>2018 Adopted</u>
201.23.7141.411 LICENSES FEES & PERMITS						
201.23.7141.411.167 SEWAGE SYSTEM FEES	34,182.00	32,935.40	36,000.00	45,000.00	45,000.00	45,000.00
201.23.7141.411.181 VITAL RECORD FEES	27,200.00	32,800.00	28,000.00	30,000.00	30,000.00	30,000.00
Total LICENSES FEES & PERMITS	61,382.00	65,735.40	64,000.00	75,000.00	75,000.00	75,000.00
201.23.7141.412 INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7141.412.641 STATE - HEALTHY START	13,000.00	6,500.00	0.00	0.00	0.00	0.00
Total INTERGOV'T REV - NON SINGLE AUDIT	13,000.00	6,500.00	0.00	0.00	0.00	0.00
201.23.7141.414 CHARGES FOR SERVICES						
201.23.7141.414.322 SCHOOLS CONTRACT	8,792.75	8,810.00	9,000.00	10,000.00	10,000.00	10,000.00
201.23.7141.414.323 SHERMAN COUNTY	97,194.00	102,054.00	102,054.00	107,157.00	107,157.00	107,157.00
201.23.7141.414.324 SHERMAN COUNTY - ME SERVICES	0.00	1,303.58	1,000.00	1,000.00	1,000.00	1,000.00
201.23.7141.414.360 GILLIAM COUNTY	98,656.00	103,589.00	103,589.00	108,768.00	108,768.00	108,768.00
201.23.7141.414.365 WASCO COUNTY	375,717.80	314,000.00	340,000.00	356,360.00	356,360.00	356,360.00
201.23.7141.414.366 WASCO COUNTY - ME SERVICES	2,102.10	18,536.71	18,000.00	12,000.00	12,000.00	12,000.00
Total CHARGES FOR SERVICES	582,462.65	548,293.29	573,643.00	595,285.00	595,285.00	595,285.00
201.23.7141.421 MISCELLANEOUS						
201.23.7141.421.241 MISC RECEIPTS	601.79	2,485.40	0.00	0.00	0.00	0.00
201.23.7141.421.245 PAYROLL REIMBURSEMENT	15,643.39	7,735.75	0.00	0.00	0.00	0.00
Total MISCELLANEOUS	16,245.18	10,221.15	0.00	0.00	0.00	0.00
Total PUBLIC HEALTH	673,089.83	630,749.84	637,643.00	670,285.00	670,285.00	670,285.00

Revenue
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7142 WIC

<u>Account Number</u>	<u>2015</u> <u>Actuals</u>	<u>2016</u> <u>Actuals</u>	<u>2017</u> <u>Revised Budget</u>	<u>2018</u> <u>Proposed</u>	<u>2018</u> <u>Approved</u>	<u>2018</u> <u>Adopted</u>
201.23.7142.413 INTERGOV'T REV - SINGLE AUDIT						
201.23.7142.413.897 WIC - #10.557	165,716.00	158,361.00	158,361.00	156,895.00	156,895.00	156,895.00
201.23.7142.413.902 MCH - TITLE V CAH - #93.994	0.00	0.00	12,241.00	14,798.00	14,798.00	14,798.00
Total INTERGOV'T REV - SINGLE AUDIT	165,716.00	158,361.00	170,602.00	171,693.00	171,693.00	171,693.00
201.23.7142.421 MISCELLANEOUS						
201.23.7142.421.241 MISC RECEIPTS	1,842.68	0.00	0.00	0.00	0.00	0.00
201.23.7142.421.268 MISC. REIMBURSEMENT	0.00	996.03	0.00	0.00	0.00	0.00
Total MISCELLANEOUS	1,842.68	996.03	0.00	0.00	0.00	0.00
Total WIC	167,558.68	159,357.03	170,602.00	171,693.00	171,693.00	171,693.00

Revenue
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7143 MCH - CAH

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Revised Budget</u>	<u>2018 Proposed</u>	<u>2018 Approved</u>	<u>2018 Adopted</u>
201.23.7143.411	LICENSES FEES & PERMITS					
201.23.7143.411.151	10,377.17	4,655.88	6,000.00	6,000.00	6,000.00	6,000.00
201.23.7143.411.164	534.52	2,100.19	1,200.00	2,000.00	2,000.00	2,000.00
201.23.7143.411.190	3,786.26	3,679.60	2,400.00	4,000.00	4,000.00	4,000.00
Total	14,697.95	10,435.67	9,600.00	12,000.00	12,000.00	12,000.00
201.23.7143.412	INTERGOV'T REV - NON SINGLE AUDIT					
201.23.7143.412.501	8,069.01	4,198.02	5,000.00	5,000.00	5,000.00	5,000.00
201.23.7143.412.525	284.86	0.00	0.00	0.00	0.00	0.00
201.23.7143.412.683	5,202.00	0.00	0.00	0.00	0.00	0.00
201.23.7143.412.684	2,229.00	0.00	0.00	0.00	0.00	0.00
201.23.7143.412.688	4,393.00	4,393.00	8,786.00	8,786.00	8,786.00	8,786.00
201.23.7143.412.882	4,393.00	4,393.00	0.00	0.00	0.00	0.00
Total	24,570.87	12,984.02	13,786.00	13,786.00	13,786.00	13,786.00
201.23.7143.413	INTERGOV'T REV - SINGLE AUDIT					
201.23.7143.413.854	10,404.00	28,560.00	0.00	0.00	0.00	0.00
201.23.7143.413.902	4,464.00	12,241.00	0.00	0.00	0.00	0.00
Total	14,868.00	40,801.00	0.00	0.00	0.00	0.00
201.23.7143.421	MISCELLANEOUS					
Total	0.00	0.00	0.00	0.00	0.00	0.00
Total	54,136.82	64,220.69	23,386.00	25,786.00	25,786.00	25,786.00

Revenue
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7144 REPRODUCTIVE HEALTH

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Revised Budget</u>	<u>2018 Proposed</u>	<u>2018 Approved</u>	<u>2018 Adopted</u>
201.23.7144.411	LICENSES FEES & PERMITS					
201.23.7144.411.138	3,762.98	309.69	3,700.00	2,000.00	2,000.00	2,000.00
201.23.7144.411.189	1,480.00	1,117.86	1,500.00	1,000.00	1,000.00	1,000.00
201.23.7144.411.190	11,250.27	8,776.53	11,000.00	10,000.00	10,000.00	10,000.00
201.23.7144.411.193	676.60	0.00	500.00	500.00	500.00	500.00
Total	17,169.85	10,204.08	16,700.00	13,500.00	13,500.00	13,500.00
201.23.7144.412	INTERGOV'T REV - NON SINGLE AUDIT					
201.23.7144.412.105	10,275.00	0.00	0.00	0.00	0.00	0.00
201.23.7144.412.501	86,167.20	26,927.98	85,000.00	40,000.00	40,000.00	40,000.00
201.23.7144.412.510	101,022.54	47,823.33	80,000.00	70,000.00	70,000.00	70,000.00
201.23.7144.412.525	863.16	0.00	0.00	0.00	0.00	0.00
Total	198,327.90	74,751.31	165,000.00	110,000.00	110,000.00	110,000.00
201.23.7144.413	INTERGOV'T REV - SINGLE AUDIT					
201.23.7144.413.854	0.00	0.00	28,560.00	34,525.00	34,525.00	34,525.00
201.23.7144.413.863	39,365.00	42,260.00	44,281.00	32,977.00	32,977.00	32,977.00
201.23.7144.413.898	8,770.00	7,773.00	0.00	0.00	0.00	0.00
Total	48,135.00	50,033.00	72,841.00	67,502.00	67,502.00	67,502.00
201.23.7144.421	MISCELLANEOUS					
201.23.7144.421.241	0.00	0.00	0.00	1,000.00	1,000.00	1,000.00
201.23.7144.421.245	36,501.27	18,050.09	0.00	0.00	0.00	0.00
Total	36,501.27	18,050.09	0.00	1,000.00	1,000.00	1,000.00
Total	300,134.02	153,038.48	254,541.00	192,002.00	192,002.00	192,002.00

Revenue
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7145 STATE SUPPORT

<u>Account Number</u>	<u>2015</u> <u>Actuals</u>	<u>2016</u> <u>Actuals</u>	<u>2017</u> <u>Revised Budget</u>	<u>2018</u> <u>Proposed</u>	<u>2018</u> <u>Approved</u>	<u>2018</u> <u>Adopted</u>
201.23.7145.411	LICENSES FEES & PERMITS					
201.23.7145.411.128	2,569.32	958.63	2,500.00	1,000.00	1,000.00	1,000.00
201.23.7145.411.173	3,938.85	441.09	2,000.00	500.00	500.00	500.00
201.23.7145.411.190	144.50	224.81	200.00	400.00	400.00	400.00
Total	6,652.67	1,624.53	4,700.00	1,900.00	1,900.00	1,900.00
201.23.7145.412	INTERGOV'T REV - NON SINGLE AUDIT					
201.23.7145.412.501	3,680.84	509.26	2,500.00	800.00	800.00	800.00
201.23.7145.412.525	14.37	0.00	0.00	0.00	0.00	0.00
201.23.7145.412.657	32,415.00	33,555.00	33,555.00	33,130.00	33,130.00	33,130.00
201.23.7145.412.666	522.00	539.00	542.00	474.00	474.00	474.00
Total	36,632.21	34,603.26	36,597.00	34,404.00	34,404.00	34,404.00
201.23.7145.413	INTERGOV'T REV - SINGLE AUDIT					
201.23.7145.413.890	494.00	270.00	267.00	174.00	174.00	174.00
Total	494.00	270.00	267.00	174.00	174.00	174.00
201.23.7145.421	MISCELLANEOUS					
Total	0.00	0.00	0.00	0.00	0.00	0.00
Total	43,778.88	36,497.79	41,564.00	36,478.00	36,478.00	36,478.00

Revenue
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7146 ENVIRONMENTAL HEALTH

<u>Account Number</u>	<u>2015</u> <u>Actuals</u>	<u>2016</u> <u>Actuals</u>	<u>2017</u> <u>Revised Budget</u>	<u>2018</u> <u>Proposed</u>	<u>2018</u> <u>Approved</u>	<u>2018</u> <u>Adopted</u>
201.23.7146.411						
LICENSES FEES & PERMITS						
201.23.7146.411.124	83,198.00	83,504.50	80,000.00	92,500.00	92,500.00	92,500.00
LICENSE FEES						
201.23.7146.411.139	5,568.00	4,272.00	3,500.00	3,000.00	3,000.00	3,000.00
FOOD HANDLER FEES						
201.23.7146.411.178	5,402.00	5,107.00	5,000.00	5,500.00	5,500.00	5,500.00
TEMPORARY RESTAURANT LICENSE F						
201.23.7146.411.183	7,411.00	8,096.00	5,500.00	6,000.00	6,000.00	6,000.00
FACILITY INSPECTION FEES						
Total	101,579.00	100,979.50	94,000.00	107,000.00	107,000.00	107,000.00
LICENSES FEES & PERMITS						
201.23.7146.412						
INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7146.412.699	0.00	1,500.00	0.00	2,500.00	2,500.00	2,500.00
EOCCO						
Total	0.00	1,500.00	0.00	2,500.00	2,500.00	2,500.00
INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7146.421						
MISCELLANEOUS						
201.23.7146.421.241	1,649.00	1,535.00	1,200.00	1,423.00	1,423.00	1,423.00
MISC RECEIPTS						
Total	1,649.00	1,535.00	1,200.00	1,423.00	1,423.00	1,423.00
MISCELLANEOUS						
Total	103,228.00	104,014.50	95,200.00	110,923.00	110,923.00	110,923.00
ENVIRONMENTAL HEALTH						

Revenue
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7148 PERINATAL HEALTH

<u>Account Number</u>	<u>2015</u> <u>Actuals</u>	<u>2016</u> <u>Actuals</u>	<u>2017</u> <u>Revised Budget</u>	<u>2018</u> <u>Proposed</u>	<u>2018</u> <u>Approved</u>	<u>2018</u> <u>Adopted</u>
201.23.7148.411 LICENSES FEES & PERMITS						
201.23.7148.411.186 MCM FEES	1,574.07	1,695.31	2,000.00	35,500.00	35,500.00	35,500.00
201.23.7148.411.701 SCHWAB CHARITABLE	0.00	0.00	0.00	45,600.00	45,600.00	45,600.00
201.23.7148.411.702 COLUMBIA GORGE HEALTH COUNCIL	0.00	0.00	0.00	20,000.00	20,000.00	20,000.00
Total LICENSES FEES & PERMITS	1,574.07	1,695.31	2,000.00	101,100.00	101,100.00	101,100.00
201.23.7148.412 INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7148.412.553 PERINATAL - STATE GENERAL FUND	2,341.00	2,341.00	4,682.00	4,682.00	4,682.00	4,682.00
201.23.7148.412.651 MEDICAID MATCH	110,255.31	69,011.73	90,000.00	80,000.00	80,000.00	80,000.00
201.23.7148.412.881 MCH - PERINATAL - #93.778	2,341.00	2,341.00	0.00	0.00	0.00	0.00
Total INTERGOV'T REV - NON SINGLE AUDIT	114,937.31	73,693.73	94,682.00	84,682.00	84,682.00	84,682.00
201.23.7148.413 INTERGOV'T REV - SINGLE AUDIT						
201.23.7148.413.848 MEDICAID INCENTIVE PAYMENTS #93.	0.00	0.00	8,500.00	8,500.00	8,500.00	8,500.00
Total INTERGOV'T REV - SINGLE AUDIT	0.00	0.00	8,500.00	8,500.00	8,500.00	8,500.00
201.23.7148.421 MISCELLANEOUS						
201.23.7148.421.268 MISC. REIMBURSEMENT	0.00	380.00	0.00	0.00	0.00	0.00
Total MISCELLANEOUS	0.00	380.00	0.00	0.00	0.00	0.00
Total PERINATAL HEALTH	116,511.38	75,769.04	105,182.00	194,282.00	194,282.00	194,282.00

Revenue
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7149 PHEP

<u>Account Number</u>	<u>2015</u> <u>Actuals</u>	<u>2016</u> <u>Actuals</u>	<u>2017</u> <u>Revised Budget</u>	<u>2018</u> <u>Proposed</u>	<u>2018</u> <u>Approved</u>	<u>2018</u> <u>Adopted</u>
201.23.7149.412 INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7149.412.599 MEDICAL RESERVE CORPS	3,500.00	15,000.00	15,000.00	13,000.00	13,000.00	13,000.00
Total INTERGOV'T REV - NON SINGLE AUDIT	3,500.00	15,000.00	15,000.00	13,000.00	13,000.00	13,000.00
201.23.7149.413 INTERGOV'T REV - SINGLE AUDIT						
201.23.7149.413.847 CLIMATE CHANGE AND PUBLIC HEALT	0.00	0.00	0.00	4,750.00	4,750.00	4,750.00
201.23.7149.413.850 HOMELAND SECURITY	0.00	14,845.00	21,809.00	0.00	0.00	0.00
201.23.7149.413.899 PHEP - #93.069	156,522.00	154,709.00	143,392.00	143,440.00	143,440.00	143,440.00
Total INTERGOV'T REV - SINGLE AUDIT	156,522.00	169,554.00	165,201.00	148,190.00	148,190.00	148,190.00
201.23.7149.421 MISCELLANEOUS						
201.23.7149.421.241 MISC RECEIPTS	0.00	808.25	0.00	0.00	0.00	0.00
Total MISCELLANEOUS	0.00	808.25	0.00	0.00	0.00	0.00
Total PHEP	160,022.00	185,362.25	180,201.00	161,190.00	161,190.00	161,190.00

Revenue
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7152 HEALTH PROMOTION

<u>Account Number</u>	<u>2015</u> <i>Actuals</i>	<u>2016</u> <i>Actuals</i>	<u>2017</u> <i>Revised Budget</i>	<u>2018</u> <i>Proposed</i>	<u>2018</u> <i>Approved</i>	<u>2018</u> <i>Adopted</i>
201.23.7152.412 INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7152.412.693 PACIFIC SOURCE - HEALTHY WEIGHT	9,475.20	0.00	0.00	0.00	0.00	0.00
201.23.7152.412.694 MARCH OF DIMES	7,000.00	0.00	0.00	0.00	0.00	0.00
201.23.7152.412.695 EOCCO - Nursing	19,326.95	8,446.30	10,901.00	0.00	0.00	0.00
201.23.7152.412.696 COMMUTE OPTIONS - SAFE ROUTES	0.00	2,733.04	0.00	0.00	0.00	0.00
201.23.7152.412.697 OPHI	344.96	0.00	0.00	0.00	0.00	0.00
201.23.7152.412.698 PACIFIC SOURCE	0.00	90,000.00	0.00	25,700.00	25,700.00	25,700.00
201.23.7152.412.700 OHSU	0.00	0.00	50,000.00	25,000.00	25,000.00	25,000.00
201.23.7152.412.703 4 RIVERS EARLY LEARNING HUB	0.00	0.00	0.00	20,000.00	20,000.00	20,000.00
201.23.7152.412.704 EOCCO - LCAC - GORGE GROWN	0.00	0.00	0.00	22,323.00	22,323.00	22,323.00
Total INTERGOV'T REV - NON SINGLE AUDIT	36,147.11	101,179.34	60,901.00	93,023.00	93,023.00	93,023.00
201.23.7152.414 CHARGES FOR SERVICES						
201.23.7152.414.323 SHERMAN COUNTY	0.00	0.00	0.00	8,000.00	8,000.00	8,000.00
201.23.7152.414.360 GILLIAM COUNTY	0.00	0.00	16,017.00	0.00	0.00	0.00
Total CHARGES FOR SERVICES	0.00	0.00	16,017.00	8,000.00	8,000.00	8,000.00
201.23.7152.421 MISCELLANEOUS						
Total MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00
Total HEALTH PROMOTION	36,147.11	101,179.34	76,918.00	101,023.00	101,023.00	101,023.00

Revenue
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7153 IMMUNIZATION SPECIAL PAYMENTS

<u>Account Number</u>	<u>2015</u> <u>Actuals</u>	<u>2016</u> <u>Actuals</u>	<u>2017</u> <u>Revised Budget</u>	<u>2018</u> <u>Proposed</u>	<u>2018</u> <u>Approved</u>	<u>2018</u> <u>Adopted</u>
201.23.7153.412 INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7153.412.686 ISP - STATE OF OREGON	8,970.50	8,872.00	8,872.00	8,703.00	8,703.00	8,703.00
201.23.7153.412.873 ISP - #93.778	8,970.50	8,872.00	8,872.00	8,703.00	8,703.00	8,703.00
Total INTERGOV'T REV - NON SINGLE AUDIT	17,941.00	17,744.00	17,744.00	17,406.00	17,406.00	17,406.00
201.23.7153.413 INTERGOV'T REV - SINGLE AUDIT						
201.23.7153.413.872 IMMUN - CONF TRAVEL #93.268	0.00	0.00	0.00	600.00	600.00	600.00
Total INTERGOV'T REV - SINGLE AUDIT	0.00	0.00	0.00	600.00	600.00	600.00
201.23.7153.421 MISCELLANEOUS						
Total MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00
Total IMMUNIZATION SPECIAL PAYMENTS	17,941.00	17,744.00	17,744.00	18,006.00	18,006.00	18,006.00

Revenue
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7154 CACOON & CCN

<u>Account Number</u>	<u>2015</u> <i>Actuals</i>	<u>2016</u> <i>Actuals</i>	<u>2017</u> <i>Revised Budget</i>	<u>2018</u> <i>Proposed</i>	<u>2018</u> <i>Approved</i>	<u>2018</u> <i>Adopted</i>
201.23.7154.412 INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7154.412.652 OHP - TARGETED CASE MANAGMENT	30,999.56	22,720.00	26,000.00	32,000.00	32,000.00	32,000.00
201.23.7154.412.671 COMMUNITY CONNECTIONS NETWOF	11,431.62	7,627.00	8,800.00	0.00	0.00	0.00
201.23.7154.412.672 CCN - PHYSICIAN	2,595.60	2,439.86	6,000.00	0.00	0.00	0.00
201.23.7154.412.673 CACOON	9,314.40	9,497.04	10,958.00	10,958.00	10,958.00	10,958.00
Total INTERGOV'T REV - NON SINGLE AUDIT	54,341.18	42,283.90	51,758.00	42,958.00	42,958.00	42,958.00
201.23.7154.421 MISCELLANEOUS						
201.23.7154.421.241 MISC RECEIPTS	200.24	0.00	0.00	0.00	0.00	0.00
Total MISCELLANEOUS	200.24	0.00	0.00	0.00	0.00	0.00
Total CACOON & CCN	54,541.42	42,283.90	51,758.00	42,958.00	42,958.00	42,958.00

Revenue
NORTH CENTRAL PUBLIC HEALTH DISTRICT

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

<u>Account Number</u>	<u>2015</u> <u>Actuals</u>	<u>2016</u> <u>Actuals</u>	<u>2017</u> <u>Revised Budget</u>	<u>2018</u> <u>Proposed</u>	<u>2018</u> <u>Approved</u>	<u>2018</u> <u>Adopted</u>
201.23.7155.412 INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7155.412.668 TOBACCO PREVENTION & EDUCATIO	93,666.00	93,666.00	93,619.00	93,619.00	93,619.00	93,619.00
Total INTERGOV'T REV - NON SINGLE AUDIT	93,666.00	93,666.00	93,619.00	93,619.00	93,619.00	93,619.00
201.23.7155.421 MISCELLANEOUS						
201.23.7155.421.241 MISC RECEIPTS	0.00	80.00	0.00	0.00	0.00	0.00
Total MISCELLANEOUS	0.00	80.00	0.00	0.00	0.00	0.00
Total TOBACCO PREV & ED	93,666.00	93,746.00	93,619.00	93,619.00	93,619.00	93,619.00

Revenue
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7156 WATER

<u>Account Number</u>	<u>2015</u> <u>Actuals</u>	<u>2016</u> <u>Actuals</u>	<u>2017</u> <u>Revised Budget</u>	<u>2018</u> <u>Proposed</u>	<u>2018</u> <u>Approved</u>	<u>2018</u> <u>Adopted</u>
201.23.7156.412 INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7156.412.632 WATER SYSTEM	17,394.00	16,875.00	13,499.00	13,500.00	13,500.00	13,500.00
Total INTERGOV'T REV - NON SINGLE AUDIT	17,394.00	16,875.00	13,499.00	13,500.00	13,500.00	13,500.00
201.23.7156.413 INTERGOV'T REV - SINGLE AUDIT						
201.23.7156.413.895 WATER SYST - #66.432	14,250.00	13,918.00	15,186.00	15,180.00	15,180.00	15,180.00
201.23.7156.413.896 WATER/SURVEY FEES #66.468	10,539.00	11,390.00	13,499.00	13,504.00	13,504.00	13,504.00
Total INTERGOV'T REV - SINGLE AUDIT	24,789.00	25,308.00	28,685.00	28,684.00	28,684.00	28,684.00
201.23.7156.421 MISCELLANEOUS						
201.23.7156.421.241 MISC RECEIPTS	0.00	0.00	0.00	2,142.00	2,142.00	2,142.00
Total MISCELLANEOUS	0.00	0.00	0.00	2,142.00	2,142.00	2,142.00
Total WATER	42,183.00	42,183.00	42,184.00	44,326.00	44,326.00	44,326.00

Revenue
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7158 BABIES FIRST

<u>Account Number</u>	<u>2015</u> <u>Actuals</u>	<u>2016</u> <u>Actuals</u>	<u>2017</u> <u>Revised Budget</u>	<u>2018</u> <u>Proposed</u>	<u>2018</u> <u>Approved</u>	<u>2018</u> <u>Adopted</u>
201.23.7158.412 INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7158.412.613 BABIES FIRST	14,947.00	14,951.00	14,951.00	14,939.00	14,939.00	14,939.00
201.23.7158.412.652 OHP - TARGETED CASE MANAGMENT	179,630.00	158,685.00	200,000.00	200,000.00	200,000.00	200,000.00
Total INTERGOV'T REV - NON SINGLE AUDIT	194,577.00	173,636.00	214,951.00	214,939.00	214,939.00	214,939.00
201.23.7158.421 MISCELLANEOUS						
Total MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00
Total BABIES FIRST	194,577.00	173,636.00	214,951.00	214,939.00	214,939.00	214,939.00

Revenue
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7159 OREGON MOTHERS CARE

<u>Account Number</u>	<u>2015</u> <i>Actuals</i>	<u>2016</u> <i>Actuals</i>	<u>2017</u> <i>Revised Budget</i>	<u>2018</u> <i>Proposed</i>	<u>2018</u> <i>Approved</i>	<u>2018</u> <i>Adopted</i>
201.23.7159.412 INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7159.412.685 OREGON MOTHERS CARE STATE SPL	2,034.00	0.00	0.00	0.00	0.00	0.00
Total INTERGOV'T REV - NON SINGLE AUDIT	2,034.00	0.00	0.00	0.00	0.00	0.00
201.23.7159.413 INTERGOV'T REV - SINGLE AUDIT						
201.23.7159.413.879 OREGON MOTHERS CARE - #93.994	4,070.00	7,124.00	7,124.00	7,248.00	7,248.00	7,248.00
Total INTERGOV'T REV - SINGLE AUDIT	4,070.00	7,124.00	7,124.00	7,248.00	7,248.00	7,248.00
201.23.7159.421 MISCELLANEOUS						
Total MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00
Total OREGON MOTHERS CARE	6,104.00	7,124.00	7,124.00	7,248.00	7,248.00	7,248.00

Revenue
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7500 PASS THROUGH

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Revised Budget</u>	<u>2018 Proposed</u>	<u>2018 Approved</u>	<u>2018 Adopted</u>
201.23.7500.411 LICENSES FEES & PERMITS						
201.23.7500.411.199 DEQ FEES	12,000.00	10,800.00	10,000.00	15,000.00	15,000.00	15,000.00
Total LICENSES FEES & PERMITS	12,000.00	10,800.00	10,000.00	15,000.00	15,000.00	15,000.00
Total PASS THROUGH	12,000.00	10,800.00	10,000.00	15,000.00	15,000.00	15,000.00

Revenue
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7999 NON-DEPARTMENTAL

<u>Account Number</u>	<u>2015</u> <i>Actuals</i>	<u>2016</u> <i>Actuals</i>	<u>2017</u> <i>Revised Budget</i>	<u>2018</u> <i>Proposed</i>	<u>2018</u> <i>Approved</i>	<u>2018</u> <i>Adopted</i>
201.23.7999.421 MISCELLANEOUS						
Total MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00
Total NON-DEPARTMENTAL	0.00	0.00	0.00	0.00	0.00	0.00
Total PUBLIC HEALTH	2,075,619.14	1,897,705.86	2,022,617.00	2,099,758.00	2,099,758.00	2,099,758.00
Total PUBLIC HEALTH FUND	2,076,820.15	1,900,728.98	2,374,117.00	2,344,258.00	2,344,258.00	2,372,758.00
Grand Total	2,076,820.15	1,900,728.98	2,374,117.00	2,344,258.00	2,344,258.00	2,372,758.00

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7141 PUBLIC HEALTH

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Revised Budget</u>	<u>2018 Proposed</u>	<u>2018 Approved</u>	<u>2018 Adopted</u>
201.23.7141.51000 PERSONAL SERVICES						
201.23.7141.51175 PUBLIC HEALTH DIRECTOR	68,684.08	74,578.08	79,416.00	79,416.00	79,416.00	79,416.00
201.23.7141.51176 FINANCE MANAGER	29,278.27	38,041.28	36,759.00	38,592.00	38,592.00	38,592.00
201.23.7141.51177 PROGRAM SECRETARY	40,981.25	40,772.63	28,635.00	30,074.00	30,074.00	30,074.00
201.23.7141.51178 PROGRAM SUPERVISOR	33,715.14	31,485.67	35,378.00	37,144.00	37,144.00	37,144.00
201.23.7141.51181 EH SPECIALIST	20,506.33	28,375.35	28,800.00	28,800.00	28,800.00	28,800.00
201.23.7141.51182 ACCOUNTING CLERK	6,724.37	11,636.11	14,208.00	14,208.00	14,208.00	14,208.00
201.23.7141.51184 HEALTH OFFICER	28,554.96	36,884.79	35,408.00	37,668.00	37,668.00	37,668.00
201.23.7141.51185 NURSE PRACTITIONER	23,751.05	11,875.55	0.00	0.00	0.00	0.00
201.23.7141.51186 EXECUTIVE ASSISTANT	0.00	0.00	12,162.00	9,359.00	9,359.00	9,359.00
201.23.7141.51188 EH SPECIALIST TRAINEE	0.00	0.00	0.00	18,467.00	18,467.00	18,467.00
201.23.7141.51190 OFFICE SPECIALIST	4,971.72	2,582.46	2,386.00	2,444.00	2,444.00	2,444.00
201.23.7141.51191 BILLING CLERK	5,865.23	121.50	0.00	0.00	0.00	0.00
201.23.7141.51192 PHN II	36,110.14	22,169.95	20,537.00	23,587.00	23,587.00	23,587.00
201.23.7141.51195 SUPERVISING EH SPECIALIST	21,395.79	37,548.72	38,117.00	38,117.00	38,117.00	38,117.00
201.23.7141.51602 OVERTIME	32.74	0.00	0.00	0.00	0.00	0.00
201.23.7141.51621 CELL PHONE ALLOWANCE	900.00	1,251.25	1,350.00	1,350.00	1,350.00	1,350.00
201.23.7141.51640 LONGEVITY	1,975.88	2,768.84	2,897.00	2,950.00	2,950.00	2,950.00
201.23.7141.51681 COMP/HOLIDAY BANK CASHOUT	204.53	0.00	0.00	0.00	0.00	0.00
201.23.7141.51701 FICA	27,017.48	25,242.23	24,535.00	27,103.00	27,103.00	27,103.00
201.23.7141.51703 UNEMPLOYMENT INSURANCE	3,570.58	3,209.80	3,132.00	404.00	404.00	404.00
201.23.7141.51705 WORKERS COMP	2,819.74	1,966.39	2,058.00	2,294.00	2,294.00	2,294.00
201.23.7141.51721 PERS	45,859.71	49,394.44	48,136.00	72,858.00	72,858.00	72,858.00
201.23.7141.51729 HEALTH INSURANCE	49,612.47	52,752.02	57,625.00	45,882.00	45,882.00	45,882.00

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7141 PUBLIC HEALTH

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Revised Budget</u>	<u>2018 Proposed</u>	<u>2018 Approved</u>	<u>2018 Adopted</u>
201.23.7141.51730 DENTAL INSURANCE	3,494.62	3,336.20	3,497.00	2,957.00	2,957.00	2,957.00
201.23.7141.51732 LTD	1,605.90	1,556.92	1,547.00	1,457.00	1,457.00	1,457.00
201.23.7141.51733 LIFE INSURANCE	32.86	47.06	91.00	96.00	96.00	96.00
Total PERSONAL SERVICES	457,664.84	477,597.24	476,674.00	515,227.00	515,227.00	515,227.00
201.23.7141.52000 MATERIALS & SERVICES						
201.23.7141.52101 ADVERTISING & PROMOTIONS	500.00	105.00	0.00	0.00	0.00	0.00
201.23.7141.52103 AGENCY LICENSES/ASSESS/PERMITS	6,486.35	4,982.46	6,400.00	6,500.00	6,500.00	6,500.00
201.23.7141.52104 BANK CHARGES	1,365.20	1,240.38	1,400.00	1,200.00	1,200.00	1,200.00
201.23.7141.52113 INSURANCE & BONDS	13,534.18	13,955.49	14,807.00	14,000.00	14,000.00	14,000.00
201.23.7141.52115 LEGAL NOTICES & PUBLISHING	595.08	165.63	600.00	600.00	600.00	600.00
201.23.7141.52116 POSTAGE	3,972.11	3,047.82	3,000.00	3,000.00	3,000.00	3,000.00
201.23.7141.52122 TELEPHONE	3,063.67	1,422.32	4,000.00	4,000.00	4,000.00	4,000.00
201.23.7141.52325 LEGAL COUNSEL	5,952.50	3,359.48	6,000.00	5,000.00	5,000.00	5,000.00
201.23.7141.52340 REFUNDS	556.00	0.00	0.00	0.00	0.00	0.00
201.23.7141.52351 TRANSITIONAL SERVICES	1,232.92	0.00	0.00	0.00	0.00	0.00
201.23.7141.52370 MISCELLANEOUS EXPENDITURES	363.75	281.25	0.00	0.00	0.00	0.00
201.23.7141.52398 ADMINISTRATIVE COST	66,060.85-	62,716.00-	66,900.00-	62,800.00-	62,800.00-	62,800.00-
201.23.7141.52429 CONTRACTED SERVICES	17,724.80	13,874.08	20,200.00	15,300.00	15,300.00	15,300.00
201.23.7141.52510 COMPUTER SOFTWARE	0.00	503.28	0.00	0.00	0.00	0.00
201.23.7141.52526 COMPUTER SOFTWARE - MAINTENANC	4,460.41	4,609.83	4,700.00	5,000.00	5,000.00	5,000.00
201.23.7141.52656 FUEL	5,488.85	5,156.27	5,000.00	5,000.00	5,000.00	5,000.00
201.23.7141.52657 VEHICLE REPAIR & MAINT	3,384.79	2,347.09	5,000.00	4,000.00	4,000.00	4,000.00
201.23.7141.52658 COPIER LEASE & MAINT	0.00	0.00	1,500.00	0.00	0.00	0.00
201.23.7141.52661 TIRES	807.65	561.52	2,000.00	1,000.00	1,000.00	1,000.00
201.23.7141.52701 TRAINING AND EDUCATION	0.00	0.00	5,000.00	0.00	0.00	0.00

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7141 PUBLIC HEALTH

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Revised Budget</u>	<u>2018 Proposed</u>	<u>2018 Approved</u>	<u>2018 Adopted</u>
201.23.7141.52711 MEALS LODGING & REGISTRATION	3,932.58	6,924.68	3,000.00	4,500.00	4,500.00	4,500.00
201.23.7141.52731 TRAVEL & MILEAGE	1,362.86	1,049.34	500.00	500.00	500.00	500.00
201.23.7141.52910 SUPPLIES - OFFICE	11,173.23	10,893.67	12,000.00	10,000.00	10,000.00	10,000.00
201.23.7141.52919 SUPPLIES - EQUIPMENT	0.00	12,000.00	10,000.00	0.00	0.00	0.00
201.23.7141.52929 SUPPLIES - MEDICAL	2,317.44	2,736.71	2,400.00	1,000.00	1,000.00	1,000.00
Total MATERIALS & SERVICES	22,213.52	26,500.30	40,607.00	17,800.00	17,800.00	17,800.00
201.23.7141.53000 CAPITAL						
Total CAPITAL	0.00	0.00	0.00	0.00	0.00	0.00
Total PUBLIC HEALTH	479,878.36	504,097.54	517,281.00	533,027.00	533,027.00	533,027.00

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7142 WIC

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Revised Budget</u>	<u>2018 Proposed</u>	<u>2018 Approved</u>	<u>2018 Adopted</u>
201.23.7142.51000						
PERSONAL SERVICES						
201.23.7142.51176	1,102.25	3,974.45	3,841.00	4,032.00	4,032.00	4,032.00
FINANCE MANAGER						
201.23.7142.51177	1,451.19	5,693.58	0.00	0.00	0.00	0.00
PROGRAM SECRETARY						
201.23.7142.51178	2,932.50	1,597.25	1,089.00	2,857.00	2,857.00	2,857.00
PROGRAM SUPERVISOR						
201.23.7142.51182	0.00	2,884.91	2,557.00	1,989.00	1,989.00	1,989.00
ACCOUNTING CLERK						
201.23.7142.51186	0.00	0.00	6,081.00	5,530.00	5,530.00	5,530.00
EXECUTIVE ASSISTANT						
201.23.7142.51187	25,353.48	3,246.57	0.00	0.00	0.00	0.00
NUTRITION PROG ASSIST						
201.23.7142.51190	0.00	13,549.03	14,910.00	15,276.00	15,276.00	15,276.00
OFFICE SPECIALIST						
201.23.7142.51192	14,256.13	13,736.58	14,508.00	14,515.00	14,515.00	14,515.00
PHN II						
201.23.7142.51197	62,541.48	64,005.84	66,674.00	65,712.00	65,712.00	65,712.00
NUTRITION PROG TECH						
201.23.7142.51602	155.45	0.00	0.00	0.00	0.00	0.00
OVERTIME						
201.23.7142.51621	0.00	13.75	12.00	30.00	30.00	30.00
CELL PHONE ALLOWANCE						
201.23.7142.51640	396.00	462.00	540.00	660.00	660.00	660.00
LONGEVITY						
201.23.7142.51681	6.60	0.00	0.00	0.00	0.00	0.00
COMP/HOLIDAY BANK CASHOUT						
201.23.7142.51701	7,980.57	8,012.69	8,088.00	8,213.00	8,213.00	8,213.00
FICA						
201.23.7142.51703	967.88	1,036.81	1,058.00	139.00	139.00	139.00
UNEMPLOYMENT INSURANCE						
201.23.7142.51705	490.16	441.22	464.00	464.00	464.00	464.00
WORKERS COMP						
201.23.7142.51721	13,947.34	14,305.64	14,433.00	17,783.00	17,783.00	17,783.00
PERS						
201.23.7142.51729	27,102.41	26,672.14	26,984.00	28,776.00	28,776.00	28,776.00
HEALTH INSURANCE						
201.23.7142.51730	1,999.95	1,859.45	1,871.00	1,793.00	1,793.00	1,793.00
DENTAL INSURANCE						
201.23.7142.51732	561.85	555.29	551.00	547.00	547.00	547.00
LTD						
201.23.7142.51733	12.80	19.81	24.00	24.00	24.00	24.00
LIFE INSURANCE						
Total	161,258.04	162,067.01	163,685.00	168,340.00	168,340.00	168,340.00
PERSONAL SERVICES						
201.23.7142.52000						
MATERIALS & SERVICES						
201.23.7142.52116	1,154.65	2,042.80	1,500.00	500.00	500.00	500.00
POSTAGE						

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7142 WIC

<i>Account Number</i>	<i>2015 Actuals</i>	<i>2016 Actuals</i>	<i>2017 Revised Budget</i>	<i>2018 Proposed</i>	<i>2018 Approved</i>	<i>2018 Adopted</i>
201.23.7142.52398 ADMINISTRATIVE COST	14,650.54	11,561.00	15,000.00	11,500.00	11,500.00	11,500.00
201.23.7142.52429 CONTRACTED SERVICES	4,275.00	3,858.75	4,000.00	4,600.00	4,600.00	4,600.00
201.23.7142.52656 FUEL	505.93	483.12	500.00	500.00	500.00	500.00
201.23.7142.52711 MEALS LODGING & REGISTRATION	1,279.19	888.72	0.00	0.00	0.00	0.00
201.23.7142.52731 TRAVEL & MILEAGE	483.20	34.20	0.00	0.00	0.00	0.00
201.23.7142.52910 SUPPLIES - OFFICE	2,879.80	1,238.12	500.00	500.00	500.00	500.00
201.23.7142.52918 SUPPLIES - EDUCATION	19.21	38.83	0.00	0.00	0.00	0.00
201.23.7142.52929 SUPPLIES - MEDICAL	794.08	658.40	200.00	500.00	500.00	500.00
201.23.7142.52936 SUPPLIES - PROGRAM/ED	0.00	0.00	1,000.00	0.00	0.00	0.00
Total MATERIALS & SERVICES	26,041.60	20,803.94	22,700.00	18,100.00	18,100.00	18,100.00
Total WIC	187,299.64	182,870.95	186,385.00	186,440.00	186,440.00	186,440.00

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7143 MCH - CAH

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Revised Budget</u>	<u>2018 Proposed</u>	<u>2018 Approved</u>	<u>2018 Adopted</u>
201.23.7143.51000	PERSONAL SERVICES					
201.23.7143.51176	FINANCE MANAGER	2,204.50	1,135.63	1,097.00	1,152.00	1,152.00
201.23.7143.51177	PROGRAM SECRETARY	4,267.11	6,096.86	5,303.00	5,569.00	5,569.00
201.23.7143.51178	PROGRAM SUPERVISOR	2,932.50	1,597.25	1,089.00	2,857.00	2,857.00
201.23.7143.51180	COMMUNITY HEALTH WORKER	1,829.49	0.00	0.00	0.00	0.00
201.23.7143.51182	ACCOUNTING CLERK	0.00	995.02	1,137.00	853.00	853.00
201.23.7143.51183	FAMILY PLANNING AIDE	2,843.21	0.00	0.00	0.00	0.00
201.23.7143.51186	EXECUTIVE ASSISTANT	0.00	0.00	1,622.00	1,702.00	1,702.00
201.23.7143.51190	OFFICE SPECIALIST	7,623.21	3,616.46	3,280.00	3,361.00	3,361.00
201.23.7143.51191	BILLING CLERK	8,158.27	121.50	0.00	0.00	0.00
201.23.7143.51192	PHN II	37,055.52	15,424.79	30,975.00	22,177.00	22,177.00
201.23.7143.51621	CELL PHONE ALLOWANCE	0.00	13.75	12.00	30.00	30.00
201.23.7143.51640	LONGEVITY	250.24	120.40	121.00	186.00	186.00
201.23.7143.51681	COMP/HOLIDAY BANK CASHOUT	13.20	0.00	0.00	0.00	0.00
201.23.7143.51701	FICA	5,086.35	2,104.98	3,247.00	2,716.00	2,716.00
201.23.7143.51703	UNEMPLOYMENT INSURANCE	665.57	273.42	395.00	42.00	42.00
201.23.7143.51705	WORKERS COMP	377.54	173.98	367.00	200.00	200.00
201.23.7143.51721	PERS	8,157.16	3,249.10	3,725.00	5,880.00	5,880.00
201.23.7143.51729	HEALTH INSURANCE	12,484.74	6,609.20	7,949.00	8,799.00	8,799.00
201.23.7143.51730	DENTAL INSURANCE	908.96	385.15	485.00	423.00	423.00
201.23.7143.51732	LTD	335.28	143.23	185.00	162.00	162.00
201.23.7143.51733	LIFE INSURANCE	5.97	10.62	17.00	10.00	10.00
Total	PERSONAL SERVICES	95,198.82	42,071.34	61,006.00	56,119.00	56,119.00
201.23.7143.52000	MATERIALS & SERVICES					
201.23.7143.52340	REFUNDS	0.00	286.67	0.00	0.00	0.00

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7143 MCH - CAH

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Revised Budget</u>	<u>2018 Proposed</u>	<u>2018 Approved</u>	<u>2018 Adopted</u>
201.23.7143.52354 VACCINE	10,188.47	10,105.13	10,000.00	3,700.00	3,700.00	3,700.00
201.23.7143.52398 ADMINISTRATIVE COST	3,769.08	2,886.00	3,000.00	3,000.00	3,000.00	3,000.00
201.23.7143.52429 CONTRACTED SERVICES	154.00	2,339.00	400.00	400.00	400.00	400.00
201.23.7143.52526 COMPUTER SOFTWARE - MAINTENANC	3,002.88	9,691.42	4,000.00	4,000.00	4,000.00	4,000.00
201.23.7143.52711 MEALS LODGING & REGISTRATION	480.00	0.00	0.00	0.00	0.00	0.00
201.23.7143.52731 TRAVEL & MILEAGE	49.18	9.85	0.00	0.00	0.00	0.00
201.23.7143.52910 SUPPLIES - OFFICE	87.00	0.00	300.00	100.00	100.00	100.00
201.23.7143.52929 SUPPLIES - MEDICAL	257.61	289.10	500.00	500.00	500.00	500.00
Total MATERIALS & SERVICES	17,988.22	25,607.17	18,200.00	11,700.00	11,700.00	11,700.00
Total MCH - CAH	113,187.04	67,678.51	79,206.00	67,819.00	67,819.00	67,819.00

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7144 REPRODUCTIVE HEALTH

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Revised Budget</u>	<u>2018 Proposed</u>	<u>2018 Approved</u>	<u>2018 Adopted</u>
201.23.7144.51000						
PERSONAL SERVICES						
201.23.7144.51176	5,511.03	5,110.05	4,938.00	5,184.00	5,184.00	5,184.00
FINANCE MANAGER						
201.23.7144.51177	5,441.85	23,463.62	17,676.00	18,564.00	18,564.00	18,564.00
PROGRAM SECRETARY						
201.23.7144.51178	2,932.50	1,597.25	1,089.00	2,857.00	2,857.00	2,857.00
PROGRAM SUPERVISOR						
201.23.7144.51182	0.00	3,879.88	3,694.00	3,410.00	3,410.00	3,410.00
ACCOUNTING CLERK						
201.23.7144.51183	25,589.32	19,313.80	22,313.00	12,826.00	12,826.00	12,826.00
FAMILY PLANNING AIDE						
201.23.7144.51184	1,984.14	12,308.81	37,668.00	26,368.00	26,368.00	26,368.00
HEALTH OFFICER						
201.23.7144.51185	55,418.95	27,709.45	0.00	0.00	0.00	0.00
NURSE PRACTITIONER						
201.23.7144.51186	0.00	0.00	7,702.00	5,105.00	5,105.00	5,105.00
EXECUTIVE ASSISTANT						
201.23.7144.51190	16,572.34	8,156.40	7,455.00	7,638.00	7,638.00	7,638.00
OFFICE SPECIALIST						
201.23.7144.51191	13,597.30	303.73	0.00	0.00	0.00	0.00
BILLING CLERK						
201.23.7144.51192	65,433.45	25,158.52	47,608.00	53,630.00	53,630.00	53,630.00
PHN II						
201.23.7144.51621	0.00	13.75	12.00	30.00	30.00	30.00
CELL PHONE ALLOWANCE						
201.23.7144.51640	469.32	380.18	513.00	389.00	389.00	389.00
LONGEVITY						
201.23.7144.51681	32.99	0.00	0.00	0.00	0.00	0.00
COMP/HOLIDAY BANK CASHOUT						
201.23.7144.51701	14,708.61	9,525.89	10,902.00	10,051.00	10,051.00	10,051.00
FICA						
201.23.7144.51703	1,917.89	1,202.23	1,243.00	156.00	156.00	156.00
UNEMPLOYMENT INSURANCE						
201.23.7144.51705	917.72	532.14	1,319.00	572.00	572.00	572.00
WORKERS COMP						
201.23.7144.51721	24,252.12	15,430.92	13,340.00	21,887.00	21,887.00	21,887.00
PERS						
201.23.7144.51729	30,645.63	24,713.31	34,241.00	23,368.00	23,368.00	23,368.00
HEALTH INSURANCE						
201.23.7144.51730	2,345.48	1,594.15	2,107.00	1,447.00	1,447.00	1,447.00
DENTAL INSURANCE						
201.23.7144.51732	949.93	606.46	582.00	513.00	513.00	513.00
LTD						
201.23.7144.51733	15.54	23.30	47.00	29.00	29.00	29.00
LIFE INSURANCE						
Total	268,736.11	181,023.84	214,449.00	194,024.00	194,024.00	194,024.00
201.23.7144.52000						
MATERIALS & SERVICES						

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7144 REPRODUCTIVE HEALTH

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Revised Budget</u>	<u>2018 Proposed</u>	<u>2018 Approved</u>	<u>2018 Adopted</u>
201.23.7144.52340 REFUNDS	0.00	215.87	0.00	0.00	0.00	0.00
201.23.7144.52369 LAB EXPENSES	3,245.41	2,485.60	4,000.00	1,000.00	1,000.00	1,000.00
201.23.7144.52398 ADMINISTRATIVE COST	15,430.80	13,559.00	14,600.00	13,000.00	13,000.00	13,000.00
201.23.7144.52429 CONTRACTED SERVICES	2,080.41	3,186.00	0.00	1,500.00	1,500.00	1,500.00
201.23.7144.52526 COMPUTER SOFTWARE - MAINTENANC	6,098.22	12,834.28	6,000.00	5,000.00	5,000.00	5,000.00
201.23.7144.52711 MEALS LODGING & REGISTRATION	1,149.20	0.00	800.00	50.00	50.00	50.00
201.23.7144.52731 TRAVEL & MILEAGE	199.93	0.00	200.00	0.00	0.00	0.00
201.23.7144.52910 SUPPLIES - OFFICE	189.03	240.58	500.00	200.00	200.00	200.00
201.23.7144.52929 SUPPLIES - MEDICAL	5,630.94	3,381.46	7,000.00	3,000.00	3,000.00	3,000.00
201.23.7144.52944 SUPPLIES - CONTRACEPTIVE	70,166.47	60,516.16	75,000.00	73,000.00	73,000.00	73,000.00
Total MATERIALS & SERVICES	104,190.41	96,418.95	108,100.00	96,750.00	96,750.00	96,750.00
201.23.7144.53000 CAPITAL						
201.23.7144.53000 CAPITAL	6,900.00	0.00	0.00	0.00	0.00	0.00
Total CAPITAL	6,900.00	0.00	0.00	0.00	0.00	0.00
Total REPRODUCTIVE HEALTH	379,826.52	277,442.79	322,549.00	290,774.00	290,774.00	290,774.00

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7145 STATE SUPPORT

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Revised Budget</u>	<u>2018 Proposed</u>	<u>2018 Approved</u>	<u>2018 Adopted</u>
201.23.7145.51000						
PERSONAL SERVICES						
201.23.7145.51176	0.00	567.49	549.00	576.00	576.00	576.00
FINANCE MANAGER						
201.23.7145.51177	3,541.51	1,138.74	0.00	0.00	0.00	0.00
PROGRAM SECRETARY						
201.23.7145.51178	2,932.50	1,597.25	1,089.00	2,857.00	2,857.00	2,857.00
PROGRAM SUPERVISOR						
201.23.7145.51182	0.00	746.26	853.00	853.00	853.00	853.00
ACCOUNTING CLERK						
201.23.7145.51184	0.00	0.00	0.00	3,767.00	3,767.00	3,767.00
HEALTH OFFICER						
201.23.7145.51186	0.00	0.00	1,216.00	1,276.00	1,276.00	1,276.00
EXECUTIVE ASSISTANT						
201.23.7145.51190	3,977.02	1,957.48	1,789.00	1,833.00	1,833.00	1,833.00
OFFICE SPECIALIST						
201.23.7145.51191	815.87	30.39	0.00	0.00	0.00	0.00
BILLING CLERK						
201.23.7145.51192	16,705.67	14,870.64	16,602.00	4,838.00	4,838.00	4,838.00
PHN II						
201.23.7145.51200	0.00	0.00	0.00	9,080.00	9,080.00	9,080.00
CD CONTROL INVESTIGATOR						
201.23.7145.51621	0.00	13.75	12.00	30.00	30.00	30.00
CELL PHONE ALLOWANCE						
201.23.7145.51640	185.76	147.48	84.00	12.00	12.00	12.00
LONGEVITY						
201.23.7145.51680	0.00	269.18	0.00	0.00	0.00	0.00
VACATION CASHOUT						
201.23.7145.51701	2,041.23	1,703.11	1,587.00	1,905.00	1,905.00	1,905.00
FICA						
201.23.7145.51703	270.40	212.35	169.00	29.00	29.00	29.00
UNEMPLOYMENT INSURANCE						
201.23.7145.51705	131.59	96.37	230.00	106.00	106.00	106.00
WORKERS COMP						
201.23.7145.51721	3,778.03	3,748.91	2,623.00	4,008.00	4,008.00	4,008.00
PERS						
201.23.7145.51729	5,234.37	4,967.08	4,848.00	3,816.00	3,816.00	3,816.00
HEALTH INSURANCE						
201.23.7145.51730	344.92	275.28	317.00	265.00	265.00	265.00
DENTAL INSURANCE						
201.23.7145.51732	144.70	100.98	78.00	101.00	101.00	101.00
LTD						
201.23.7145.51733	3.39	9.61	11.00	5.00	5.00	5.00
LIFE INSURANCE						
Total	40,106.96	32,452.35	32,057.00	35,357.00	35,357.00	35,357.00
201.23.7145.52000						
MATERIALS & SERVICES						
201.23.7145.52122	0.00	0.00	0.00	450.00	450.00	450.00
TELEPHONE						

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7145 STATE SUPPORT

<i>Account Number</i>	<i>2015 Actuals</i>	<i>2016 Actuals</i>	<i>2017 Revised Budget</i>	<i>2018 Proposed</i>	<i>2018 Approved</i>	<i>2018 Adopted</i>
201.23.7145.52369 LAB EXPENSES	1,025.95	601.20	1,500.00	1,000.00	1,000.00	1,000.00
201.23.7145.52398 ADMINISTRATIVE COST	2,665.57	2,534.00	3,000.00	2,100.00	2,100.00	2,100.00
201.23.7145.52429 CONTRACTED SERVICES	269.15	659.00	0.00	0.00	0.00	0.00
201.23.7145.52526 COMPUTER SOFTWARE - MAINTENANC	1,051.45	2,502.86	1,500.00	1,000.00	1,000.00	1,000.00
201.23.7145.52711 MEALS LODGING & REGISTRATION	297.64	313.02	400.00	0.00	0.00	0.00
201.23.7145.52731 TRAVEL & MILEAGE	69.59	18.63	200.00	0.00	0.00	0.00
201.23.7145.52910 SUPPLIES - OFFICE	130.71	22.53	500.00	100.00	100.00	100.00
201.23.7145.52929 SUPPLIES - MEDICAL	1,329.65	1,033.12	1,500.00	1,200.00	1,200.00	1,200.00
201.23.7145.52936 SUPPLIES - PROGRAM/ED	72.49	0.00	0.00	0.00	0.00	0.00
Total MATERIALS & SERVICES	6,912.20	7,684.36	8,600.00	5,850.00	5,850.00	5,850.00
Total STATE SUPPORT	47,019.16	40,136.71	40,657.00	41,207.00	41,207.00	41,207.00

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7146 ENVIRONMENTAL HEALTH

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Revised Budget</u>	<u>2018 Proposed</u>	<u>2018 Approved</u>	<u>2018 Adopted</u>
201.23.7146.51000	PERSONAL SERVICES					
201.23.7146.51176	FINANCE MANAGER	3,260.00	1,135.63	1,097.00	1,152.00	1,152.00
201.23.7146.51177	PROGRAM SECRETARY	13,983.63	11,965.69	10,606.00	11,138.00	11,138.00
201.23.7146.51181	EH SPECIALIST	32,763.17	19,862.67	23,040.00	23,040.00	23,040.00
201.23.7146.51182	ACCOUNTING CLERK	0.00	995.02	1,137.00	853.00	853.00
201.23.7146.51186	EXECUTIVE ASSISTANT	0.00	0.00	1,622.00	1,702.00	1,702.00
201.23.7146.51188	EH SPECIALIST TRAINEE	0.00	0.00	0.00	18,467.00	18,467.00
201.23.7146.51195	SUPERVISING EH SPECIALIST	17,343.93	12,516.24	12,706.00	12,706.00	12,706.00
201.23.7146.51602	OVERTIME	19.64	0.00	0.00	0.00	0.00
201.23.7146.51621	CELL PHONE ALLOWANCE	90.00	120.00	120.00	120.00	120.00
201.23.7146.51640	LONGEVITY	150.08	369.00	482.00	482.00	482.00
201.23.7146.51701	FICA	2,839.40	3,492.70	3,774.00	5,229.00	5,229.00
201.23.7146.51703	UNEMPLOYMENT INSURANCE	382.12	457.97	491.00	83.00	83.00
201.23.7146.51705	WORKERS COMP	450.29	483.50	558.00	636.00	636.00
201.23.7146.51721	PERS	5,409.88	8,015.70	8,704.00	14,033.00	14,033.00
201.23.7146.51729	HEALTH INSURANCE	6,444.94	8,248.59	8,726.00	13,385.00	13,385.00
201.23.7146.51730	DENTAL INSURANCE	461.80	557.12	598.00	858.00	858.00
201.23.7146.51732	LTD	195.16	239.14	256.00	333.00	333.00
201.23.7146.51733	LIFE INSURANCE	6.48	8.52	15.00	17.00	17.00
Total	PERSONAL SERVICES	83,800.52	68,467.49	73,932.00	104,234.00	104,234.00
201.23.7146.52000	MATERIALS & SERVICES					
201.23.7146.52122	TELEPHONE	511.42	329.51	500.00	1,000.00	1,000.00
201.23.7146.52335	OREGON STATE PAYBACK	7,915.68	7,779.28	9,000.00	9,000.00	9,000.00
201.23.7146.52398	ADMINISTRATIVE COST	2,735.41	3,695.00	4,000.00	4,000.00	4,000.00
201.23.7146.52429	CONTRACTED SERVICES	0.00	50.00	0.00	0.00	0.00

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7146 ENVIRONMENTAL HEALTH

<i>Account Number</i>	<i>2015 Actuals</i>	<i>2016 Actuals</i>	<i>2017 Revised Budget</i>	<i>2018 Proposed</i>	<i>2018 Approved</i>	<i>2018 Adopted</i>
201.23.7146.52604 EQUIPMENT - OFFICE	0.00	0.00	400.00	0.00	0.00	0.00
201.23.7146.52711 MEALS LODGING & REGISTRATION	1,222.46	443.62	1,200.00	1,400.00	1,400.00	1,400.00
201.23.7146.52731 TRAVEL & MILEAGE	247.11	31.00	207.00	150.00	150.00	150.00
201.23.7146.52910 SUPPLIES - OFFICE	459.93	644.28	1,000.00	500.00	500.00	500.00
201.23.7146.52919 SUPPLIES - EQUIPMENT	87.99	269.98	100.00	800.00	800.00	800.00
201.23.7146.52936 SUPPLIES - PROGRAM/ED	0.00	224.90	0.00	0.00	0.00	0.00
Total MATERIALS & SERVICES	13,180.00	13,467.57	16,407.00	16,850.00	16,850.00	16,850.00
Total ENVIRONMENTAL HEALTH	96,980.52	81,935.06	90,339.00	121,084.00	121,084.00	121,084.00

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7148 PERINATAL HEALTH

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Revised Budget</u>	<u>2018 Proposed</u>	<u>2018 Approved</u>	<u>2018 Adopted</u>
201.23.7148.51000 PERSONAL SERVICES						
201.23.7148.51177 PROGRAM SECRETARY	0.00	379.61	0.00	0.00	0.00	0.00
201.23.7148.51178 PROGRAM SUPERVISOR	2,932.50	1,597.25	0.00	2,857.00	2,857.00	2,857.00
201.23.7148.51180 COMMUNITY HEALTH WORKER	7,317.57	5,485.40	5,569.00	42,160.00	42,160.00	42,160.00
201.23.7148.51182 ACCOUNTING CLERK	0.00	248.79	284.00	284.00	284.00	284.00
201.23.7148.51186 EXECUTIVE ASSISTANT	0.00	0.00	405.00	2,978.00	2,978.00	2,978.00
201.23.7148.51192 PHN II	2,280.73	15,129.16	14,385.00	35,890.00	35,890.00	35,890.00
201.23.7148.51621 CELL PHONE ALLOWANCE	0.00	13.75	0.00	30.00	30.00	30.00
201.23.7148.51640 LONGEVITY	247.00	251.04	255.00	302.00	302.00	302.00
201.23.7148.51701 FICA	833.09	1,547.67	1,385.00	6,195.00	6,195.00	6,195.00
201.23.7148.51703 UNEMPLOYMENT INSURANCE	116.36	199.05	180.00	102.00	102.00	102.00
201.23.7148.51705 WORKERS COMP	58.55	93.43	88.00	355.00	355.00	355.00
201.23.7148.51721 PERS	1,832.92	3,355.59	3,166.00	14,245.00	14,245.00	14,245.00
201.23.7148.51729 HEALTH INSURANCE	4,171.75	7,469.90	7,201.00	19,269.00	19,269.00	19,269.00
201.23.7148.51730 DENTAL INSURANCE	175.30	353.55	329.00	1,152.00	1,152.00	1,152.00
201.23.7148.51732 LTD	64.57	117.87	80.00	418.00	418.00	418.00
201.23.7148.51733 LIFE INSURANCE	0.79	7.36	9.00	23.00	23.00	23.00
Total PERSONAL SERVICES	20,031.13	36,249.42	33,336.00	126,260.00	126,260.00	126,260.00
201.23.7148.52000 MATERIALS & SERVICES						
201.23.7148.52122 TELEPHONE	0.00	0.00	0.00	2,400.00	2,400.00	2,400.00
201.23.7148.52334 TCM & MAC MATCH	48,300.10	30,551.68	40,000.00	40,000.00	40,000.00	40,000.00
201.23.7148.52335 OREGON STATE PAYBACK	0.00	0.00	0.00	12,600.00	12,600.00	12,600.00
201.23.7148.52398 ADMINISTRATIVE COST	942.28	1,189.00	900.00	3,800.00	3,800.00	3,800.00
201.23.7148.52429 CONTRACTED SERVICES	1,020.00	1,415.00	1,500.00	1,500.00	1,500.00	1,500.00
201.23.7148.52526 COMPUTER SOFTWARE - MAINTENANC	11,776.01	0.00	0.00	0.00	0.00	0.00

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7148 PERINATAL HEALTH

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Revised Budget</u>	<u>2018 Proposed</u>	<u>2018 Approved</u>	<u>2018 Adopted</u>
201.23.7148.52658 COPIER LEASE & MAINT	0.00	0.00	0.00	150.00	150.00	150.00
201.23.7148.52711 MEALS LODGING & REGISTRATION	20.00	0.00	0.00	0.00	0.00	0.00
201.23.7148.52731 TRAVEL & MILEAGE	275.39	0.00	0.00	0.00	0.00	0.00
201.23.7148.52910 SUPPLIES - OFFICE	120.34	22.74	0.00	100.00	100.00	100.00
Total MATERIALS & SERVICES	62,454.12	33,178.42	42,400.00	60,550.00	60,550.00	60,550.00
Total PERINATAL HEALTH	82,485.25	69,427.84	75,736.00	186,810.00	186,810.00	186,810.00

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7149 PHEP

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Revised Budget</u>	<u>2018 Proposed</u>	<u>2018 Approved</u>	<u>2018 Adopted</u>
201.23.7149.51000						
PERSONAL SERVICES						
201.23.7149.51176	2,755.54	1,703.33	1,646.00	1,728.00	1,728.00	1,728.00
FINANCE MANAGER						
201.23.7149.51177	5,355.41	2,657.04	0.00	0.00	0.00	0.00
PROGRAM SECRETARY						
201.23.7149.51182	0.00	1,318.08	1,137.00	853.00	853.00	853.00
ACCOUNTING CLERK						
201.23.7149.51184	14,666.06	17,112.24	0.00	7,534.00	7,534.00	7,534.00
HEALTH OFFICER						
201.23.7149.51186	0.00	0.00	2,838.00	2,978.00	2,978.00	2,978.00
EXECUTIVE ASSISTANT						
201.23.7149.51192	44,122.13	29,898.54	34,384.00	4,838.00	4,838.00	4,838.00
PHN II						
201.23.7149.51200	0.00	0.00	0.00	36,319.00	36,319.00	36,319.00
CD CONTROL INVESTIGATOR						
201.23.7149.51202	41,739.36	51,465.60	52,248.00	52,466.00	52,466.00	52,466.00
PHEP COORDINATOR						
201.23.7149.51640	787.56	591.00	636.00	348.00	348.00	348.00
LONGEVITY						
201.23.7149.51680	0.00	1,076.70	0.00	0.00	0.00	0.00
VACATION CASHOUT						
201.23.7149.51681	16.49	0.00	0.00	0.00	0.00	0.00
COMP/HOLIDAY BANK CASHOUT						
201.23.7149.51701	7,977.66	7,396.38	6,710.00	8,158.00	8,158.00	8,158.00
FICA						
201.23.7149.51703	1,064.39	947.55	868.00	129.00	129.00	129.00
UNEMPLOYMENT INSURANCE						
201.23.7149.51705	518.78	396.98	390.00	450.00	450.00	450.00
WORKERS COMP						
201.23.7149.51721	13,110.44	12,566.35	13,068.00	17,018.00	17,018.00	17,018.00
PERS						
201.23.7149.51729	16,689.77	16,971.36	18,561.00	16,960.00	16,960.00	16,960.00
HEALTH INSURANCE						
201.23.7149.51730	1,081.19	1,069.29	1,160.00	1,176.00	1,176.00	1,176.00
DENTAL INSURANCE						
201.23.7149.51732	487.94	446.69	416.00	502.00	502.00	502.00
LTD						
201.23.7149.51733	15.80	27.14	28.00	18.00	18.00	18.00
LIFE INSURANCE						
Total	150,388.52	145,644.27	134,090.00	151,475.00	151,475.00	151,475.00
201.23.7149.52000						
MATERIALS & SERVICES						
201.23.7149.52122	517.41	1,202.75	500.00	1,000.00	1,000.00	1,000.00
TELEPHONE						
201.23.7149.52398	5,475.72	5,559.00	6,000.00	5,000.00	5,000.00	5,000.00
ADMINISTRATIVE COST						
201.23.7149.52429	425.00	50.00	300.00	100.00	100.00	100.00
CONTRACTED SERVICES						

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7149 PHEP

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Revised Budget</u>	<u>2018 Proposed</u>	<u>2018 Approved</u>	<u>2018 Adopted</u>
201.23.7149.52656 FUEL	188.01	95.60	200.00	200.00	200.00	200.00
201.23.7149.52658 COPIER LEASE & MAINT	404.36	682.11	0.00	500.00	500.00	500.00
201.23.7149.52701 TRAINING AND EDUCATION	0.00	0.00	1,419.00	0.00	0.00	0.00
201.23.7149.52711 MEALS LODGING & REGISTRATION	1,165.07	1,075.52	2,200.00	400.00	400.00	400.00
201.23.7149.52731 TRAVEL & MILEAGE	337.13	60.92	100.00	100.00	100.00	100.00
201.23.7149.52910 SUPPLIES - OFFICE	654.22	254.02	5,769.00	200.00	200.00	200.00
201.23.7149.52929 SUPPLIES - MEDICAL	733.46	0.00	0.00	0.00	0.00	0.00
201.23.7149.52936 SUPPLIES - PROGRAM/ED	0.00	609.79	11,571.00	8,400.00	8,400.00	8,400.00
Total MATERIALS & SERVICES	9,900.38	9,589.71	28,059.00	15,900.00	15,900.00	15,900.00
201.23.7149.53000 CAPITAL						
201.23.7149.53301 EQUIPMENT - CAPITAL	0.00	14,674.89	18,000.00	0.00	0.00	0.00
Total CAPITAL	0.00	14,674.89	18,000.00	0.00	0.00	0.00
Total PHEP	160,288.90	169,908.87	180,149.00	167,375.00	167,375.00	167,375.00

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7152 HEALTH PROMOTION

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Revised Budget</u>	<u>2018 Proposed</u>	<u>2018 Approved</u>	<u>2018 Adopted</u>
201.23.7152.51000 PERSONAL SERVICES						
201.23.7152.51180 COMMUNITY HEALTH WORKER	0.00	4,063.23	49,837.00	38,610.00	38,610.00	38,610.00
201.23.7152.51184 HEALTH OFFICER	0.00	0.00	2,260.00	0.00	0.00	0.00
201.23.7152.51186 EXECUTIVE ASSISTANT	0.00	0.00	0.00	2,978.00	2,978.00	2,978.00
201.23.7152.51190 OFFICE SPECIALIST	0.00	1,671.82	23,992.00	0.00	0.00	0.00
201.23.7152.51192 PHN II	12,383.94	4,550.57	0.00	0.00	0.00	0.00
201.23.7152.51640 LONGEVITY	9.60	24.00	0.00	0.00	0.00	0.00
201.23.7152.51650 CD ON - CALL	0.00	0.00	5,340.00	0.00	0.00	0.00
201.23.7152.51701 FICA	741.58	755.79	5,806.00	3,178.00	3,178.00	3,178.00
201.23.7152.51703 UNEMPLOYMENT INSURANCE	103.96	103.50	92.00	54.00	54.00	54.00
201.23.7152.51705 WORKERS COMP	51.56	43.52	320.00	175.00	175.00	175.00
201.23.7152.51721 PERS	1,318.83	853.64	9,517.00	6,550.00	6,550.00	6,550.00
201.23.7152.51729 HEALTH INSURANCE	1,553.78	1,151.24	23,329.00	9,074.00	9,074.00	9,074.00
201.23.7152.51730 DENTAL INSURANCE	112.58	58.24	2,236.00	629.00	629.00	629.00
201.23.7152.51732 LTD	51.79	23.46	29.00	216.00	216.00	216.00
201.23.7152.51733 LIFE INSURANCE	0.48	2.29	90.00	7.00	7.00	7.00
Total PERSONAL SERVICES	16,328.10	13,301.30	122,848.00	61,471.00	61,471.00	61,471.00
201.23.7152.52000 MATERIALS & SERVICES						
201.23.7152.52398 ADMINISTRATIVE COST	587.85	2,102.00	5,000.00	800.00	800.00	800.00
201.23.7152.52429 CONTRACTED SERVICES	16,840.00	25.00	23,200.00	0.00	0.00	0.00
201.23.7152.52510 COMPUTER SOFTWARE	6,000.00	0.00	0.00	0.00	0.00	0.00
201.23.7152.52658 COPIER LEASE & MAINT	0.00	0.00	0.00	200.00	200.00	200.00
201.23.7152.52731 TRAVEL & MILEAGE	145.60	0.00	200.00	0.00	0.00	0.00
201.23.7152.52910 SUPPLIES - OFFICE	2,142.92	129.45	0.00	500.00	500.00	500.00
201.23.7152.52936 SUPPLIES - PROGRAM/ED	4,323.76	793.65	12,690.00	0.00	0.00	0.00

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7152 HEALTH PROMOTION

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Revised Budget</u>	<u>2018 Proposed</u>	<u>2018 Approved</u>	<u>2018 Adopted</u>
201.23.7152.52950 TRANSFER	0.00	0.00	0.00	22,323.00	22,323.00	22,323.00
Total MATERIALS & SERVICES	30,040.13	3,050.10	41,090.00	23,823.00	23,823.00	23,823.00
Total HEALTH PROMOTION	46,368.23	16,351.40	163,938.00	85,294.00	85,294.00	85,294.00

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7153 IMMUNIZATION SPECIAL PAYMENTS

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Revised Budget</u>	<u>2018 Proposed</u>	<u>2018 Approved</u>	<u>2018 Adopted</u>
201.23.7153.51000 PERSONAL SERVICES						
201.23.7153.51176 FINANCE MANAGER	1,101.79	1,135.63	1,097.00	1,152.00	1,152.00	1,152.00
201.23.7153.51177 PROGRAM SECRETARY	2,090.37	746.56	0.00	1,485.00	1,485.00	1,485.00
201.23.7153.51182 ACCOUNTING CLERK	0.00	248.59	284.00	568.00	568.00	568.00
201.23.7153.51186 EXECUTIVE ASSISTANT	0.00	0.00	405.00	425.00	425.00	425.00
201.23.7153.51192 PHN II	11,287.24	12,227.82	9,677.00	3,629.00	3,629.00	3,629.00
201.23.7153.51640 LONGEVITY	20.88	24.00	24.00	37.00	37.00	37.00
201.23.7153.51681 COMP/HOLIDAY BANK CASHOUT	6.58	0.00	0.00	0.00	0.00	0.00
201.23.7153.51701 FICA	1,009.91	1,069.89	866.00	538.00	538.00	538.00
201.23.7153.51703 UNEMPLOYMENT INSURANCE	135.81	144.95	117.00	9.00	9.00	9.00
201.23.7153.51705 WORKERS COMP	483.42	484.22	382.00	156.00	156.00	156.00
201.23.7153.51721 PERS	436.23	310.43	298.00	681.00	681.00	681.00
201.23.7153.51729 HEALTH INSURANCE	651.48	424.61	437.00	794.00	794.00	794.00
201.23.7153.51730 DENTAL INSURANCE	46.85	24.81	24.00	41.00	41.00	41.00
201.23.7153.51732 LTD	16.12	9.42	9.00	16.00	16.00	16.00
201.23.7153.51733 LIFE INSURANCE	0.04-	0.57	1.00	1.00	1.00	1.00
Total PERSONAL SERVICES	17,286.64	16,851.50	13,621.00	9,532.00	9,532.00	9,532.00
201.23.7153.52000 MATERIALS & SERVICES						
201.23.7153.52354 VACCINE	0.00	0.00	0.00	6,300.00	6,300.00	6,300.00
201.23.7153.52398 ADMINISTRATIVE COST	587.85	888.00	800.00	800.00	800.00	800.00
201.23.7153.52429 CONTRACTED SERVICES	25.00	0.00	0.00	0.00	0.00	0.00
201.23.7153.52711 MEALS LODGING & REGISTRATION	0.00	0.00	500.00	600.00	600.00	600.00
201.23.7153.52731 TRAVEL & MILEAGE	0.00	0.00	100.00	0.00	0.00	0.00
201.23.7153.52910 SUPPLIES - OFFICE	101.00	0.00	3,243.00	100.00	100.00	100.00

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7153 IMMUNIZATION SPECIAL PAYMENTS

<i>Account Number</i>		<i>2015 Actuals</i>	<i>2016 Actuals</i>	<i>2017 Revised Budget</i>	<i>2018 Proposed</i>	<i>2018 Approved</i>	<i>2018 Adopted</i>
Total	MATERIALS & SERVICES	713.85	888.00	4,643.00	7,800.00	7,800.00	7,800.00
Total	IMMUNIZATION SPECIAL PAYMENTS	18,000.49	17,739.50	18,264.00	17,332.00	17,332.00	17,332.00

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7154 CACOON & CCN

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Revised Budget</u>	<u>2018 Proposed</u>	<u>2018 Approved</u>	<u>2018 Adopted</u>
201.23.7154.51000						
PERSONAL SERVICES						
201.23.7154.51177	2,090.37	1,424.41	1,061.00	0.00	0.00	0.00
PROGRAM SECRETARY						
201.23.7154.51180	0.00	1,755.77	0.00	1,856.00	1,856.00	1,856.00
COMMUNITY HEALTH WORKER						
201.23.7154.51182	0.00	1,236.28	2,273.00	2,842.00	2,842.00	2,842.00
ACCOUNTING CLERK						
201.23.7154.51184	2,018.80	2,364.88	0.00	0.00	0.00	0.00
HEALTH OFFICER						
201.23.7154.51185	0.00	2,336.04	12,168.00	0.00	0.00	0.00
NURSE PRACTITIONER						
201.23.7154.51186	0.00	0.00	405.00	425.00	425.00	425.00
EXECUTIVE ASSISTANT						
201.23.7154.51191	272.00	6.08	0.00	0.00	0.00	0.00
BILLING CLERK						
201.23.7154.51192	14,766.79	16,144.96	28,977.00	21,976.00	21,976.00	21,976.00
PHN II						
201.23.7154.51640	77.70	99.68	174.00	166.00	166.00	166.00
LONGEVITY						
201.23.7154.51701	1,255.75	1,682.26	3,165.00	1,908.00	1,908.00	1,908.00
FICA						
201.23.7154.51703	174.02	214.07	301.00	30.00	30.00	30.00
UNEMPLOYMENT INSURANCE						
201.23.7154.51705	90.12	102.67	601.00	198.00	198.00	198.00
WORKERS COMP						
201.23.7154.51721	2,194.61	2,664.25	4,239.00	4,511.00	4,511.00	4,511.00
PERS						
201.23.7154.51729	5,405.57	6,838.32	10,496.00	5,919.00	5,919.00	5,919.00
HEALTH INSURANCE						
201.23.7154.51730	228.52	292.53	611.00	241.00	241.00	241.00
DENTAL INSURANCE						
201.23.7154.51732	88.01	105.53	87.00	97.00	97.00	97.00
LTD						
201.23.7154.51733	2.74	6.60	15.00	10.00	10.00	10.00
LIFE INSURANCE						
Total	28,665.00	37,274.33	64,573.00	40,179.00	40,179.00	40,179.00
201.23.7154.52000						
MATERIALS & SERVICES						
201.23.7154.52334	0.00	0.00	0.00	7,000.00	7,000.00	7,000.00
TCM & MAC MATCH						
201.23.7154.52398	1,207.63	1,997.00	1,200.00	1,000.00	1,000.00	1,000.00
ADMINISTRATIVE COST						
201.23.7154.52711	17.00	0.00	0.00	0.00	0.00	0.00
MEALS LODGING & REGISTRATION						
201.23.7154.52910	453.17	642.48	450.00	100.00	100.00	100.00
SUPPLIES - OFFICE						

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7154 CACOON & CCN

<i>Account Number</i>		<i>2015 Actuals</i>	<i>2016 Actuals</i>	<i>2017 Revised Budget</i>	<i>2018 Proposed</i>	<i>2018 Approved</i>	<i>2018 Adopted</i>
Total	MATERIALS & SERVICES	1,677.80	2,639.48	1,650.00	8,100.00	8,100.00	8,100.00
Total	CACOON & CCN	30,342.80	39,913.81	66,223.00	48,279.00	48,279.00	48,279.00

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

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

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Revised Budget</u>	<u>2018 Proposed</u>	<u>2018 Approved</u>	<u>2018 Adopted</u>
201.23.7155.51000						
PERSONAL SERVICES						
201.23.7155.51176	3,834.50	1,703.33	1,646.00	1,728.00	1,728.00	1,728.00
FINANCE MANAGER						
201.23.7155.51177	7,106.20	2,567.64	0.00	0.00	0.00	0.00
PROGRAM SECRETARY						
201.23.7155.51178	7,339.83	12,319.25	13,607.00	2,857.00	2,857.00	2,857.00
PROGRAM SUPERVISOR						
201.23.7155.51179	43,108.97	38,778.33	45,864.00	48,152.00	48,152.00	48,152.00
COMMUNITY HEALTH PROMOTER						
201.23.7155.51180	0.00	1,755.77	0.00	0.00	0.00	0.00
COMMUNITY HEALTH WORKER						
201.23.7155.51182	0.00	787.20	284.00	568.00	568.00	568.00
ACCOUNTING CLERK						
201.23.7155.51186	0.00	0.00	2,432.00	2,552.00	2,552.00	2,552.00
EXECUTIVE ASSISTANT						
201.23.7155.51192	0.00	1,880.00	0.00	0.00	0.00	0.00
PHN II						
201.23.7155.51202	7,371.37	0.00	0.00	0.00	0.00	0.00
PHEP COORDINATOR						
201.23.7155.51621	0.00	126.25	150.00	30.00	30.00	30.00
CELL PHONE ALLOWANCE						
201.23.7155.51640	99.50	36.00	36.00	36.00	36.00	36.00
LONGEVITY						
201.23.7155.51681	281.10	0.00	0.00	0.00	0.00	0.00
COMP/HOLIDAY BANK CASHOUT						
201.23.7155.51701	3,950.64	4,341.00	4,870.00	3,819.00	3,819.00	3,819.00
FICA						
201.23.7155.51703	397.94	497.86	633.00	62.00	62.00	62.00
UNEMPLOYMENT INSURANCE						
201.23.7155.51705	251.87	240.99	269.00	235.00	235.00	235.00
WORKERS COMP						
201.23.7155.51721	3,575.84	7,586.20	8,349.00	8,964.00	8,964.00	8,964.00
PERS						
201.23.7155.51729	7,471.65	8,732.47	2,826.00	19,374.00	19,374.00	19,374.00
HEALTH INSURANCE						
201.23.7155.51730	568.91	632.64	209.00	670.00	670.00	670.00
DENTAL INSURANCE						
201.23.7155.51732	232.37	262.00	92.00	285.00	285.00	285.00
LTD						
201.23.7155.51733	70.64	17.04	6.00	9.00	9.00	9.00
LIFE INSURANCE						
Total	85,520.05	82,263.97	81,273.00	89,341.00	89,341.00	89,341.00
201.23.7155.52000						
MATERIALS & SERVICES						
201.23.7155.52398	4,596.90	5,794.00	4,800.00	5,000.00	5,000.00	5,000.00
ADMINISTRATIVE COST						
201.23.7155.52429	50.00	25.00	1,100.00	0.00	0.00	0.00
CONTRACTED SERVICES						

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

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

<i>Account Number</i>	<i>2015 Actuals</i>	<i>2016 Actuals</i>	<i>2017 Revised Budget</i>	<i>2018 Proposed</i>	<i>2018 Approved</i>	<i>2018 Adopted</i>
201.23.7155.52656 FUEL	92.27	92.95	0.00	100.00	100.00	100.00
201.23.7155.52658 COPIER LEASE & MAINT	404.36	682.11	0.00	500.00	500.00	500.00
201.23.7155.52711 MEALS LODGING & REGISTRATION	1,476.56	1,856.80	1,300.00	400.00	400.00	400.00
201.23.7155.52731 TRAVEL & MILEAGE	20.00	580.30	189.00	100.00	100.00	100.00
201.23.7155.52910 SUPPLIES - OFFICE	1,572.34	1,482.47	3,957.00	200.00	200.00	200.00
201.23.7155.52936 SUPPLIES - PROGRAM/ED	0.00	1,020.00	1,000.00	0.00	0.00	0.00
Total MATERIALS & SERVICES	8,212.43	11,533.63	12,346.00	6,300.00	6,300.00	6,300.00
Total TOBACCO PREV & ED	93,732.48	93,797.60	93,619.00	95,641.00	95,641.00	95,641.00

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7156 WATER

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Revised Budget</u>	<u>2018 Proposed</u>	<u>2018 Approved</u>	<u>2018 Adopted</u>
201.23.7156.51000	PERSONAL SERVICES					
201.23.7156.51176	1,102.25	567.85	549.00	576.00	576.00	576.00
201.23.7156.51177	11,173.10	7,724.08	7,070.00	7,426.00	7,426.00	7,426.00
201.23.7156.51181	3,481.14	8,512.62	5,760.00	5,760.00	5,760.00	5,760.00
201.23.7156.51182	0.00	356.46	284.00	568.00	568.00	568.00
201.23.7156.51186	0.00	0.00	811.00	851.00	851.00	851.00
201.23.7156.51195	8,939.85	12,516.24	12,706.00	12,706.00	12,706.00	12,706.00
201.23.7156.51602	13.10	0.00	0.00	0.00	0.00	0.00
201.23.7156.51621	90.00	120.00	120.00	120.00	120.00	120.00
201.23.7156.51640	170.92	297.00	346.00	346.00	346.00	346.00
201.23.7156.51681	6.60	0.00	0.00	0.00	0.00	0.00
201.23.7156.51701	2,427.71	2,241.99	2,048.00	2,103.00	2,103.00	2,103.00
201.23.7156.51703	326.90	295.90	267.00	33.00	33.00	33.00
201.23.7156.51705	364.24	309.32	295.00	298.00	298.00	298.00
201.23.7156.51721	4,643.30	5,148.98	4,684.00	6,181.00	6,181.00	6,181.00
201.23.7156.51729	5,819.18	5,220.35	4,770.00	5,164.00	5,164.00	5,164.00
201.23.7156.51730	403.35	351.66	323.00	312.00	312.00	312.00
201.23.7156.51732	167.41	152.77	139.00	140.00	140.00	140.00
201.23.7156.51733	3.70	3.29	7.00	8.00	8.00	8.00
Total	39,132.75	43,818.51	40,179.00	42,592.00	42,592.00	42,592.00
201.23.7156.52000	MATERIALS & SERVICES					
201.23.7156.52398	1,597.35	1,777.00	1,800.00	2,000.00	2,000.00	2,000.00
201.23.7156.52910	0.00	0.00	200.00	0.00	0.00	0.00
Total	1,597.35	1,777.00	2,000.00	2,000.00	2,000.00	2,000.00

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH

Total	WATER	40,730.10	45,595.51	42,179.00	44,592.00	44,592.00	44,592.00
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NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7158 BABIES FIRST

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Revised Budget</u>	<u>2018 Proposed</u>	<u>2018 Approved</u>	<u>2018 Adopted</u>
201.23.7158.51000						
PERSONAL SERVICES						
201.23.7158.51176	0.00	1,703.33	1,646.00	1,728.00	1,728.00	1,728.00
FINANCE MANAGER						
201.23.7158.51177	1,451.19	2,976.30	354.00	0.00	0.00	0.00
PROGRAM SECRETARY						
201.23.7158.51178	2,932.37	1,596.95	1,089.00	2,857.00	2,857.00	2,857.00
PROGRAM SUPERVISOR						
201.23.7158.51180	20,123.45	31,043.91	33,696.00	38,309.00	38,309.00	38,309.00
COMMUNITY HEALTH WORKER						
201.23.7158.51182	0.00	894.82	284.00	568.00	568.00	568.00
ACCOUNTING CLERK						
201.23.7158.51186	0.00	0.00	2,838.00	4,679.00	4,679.00	4,679.00
EXECUTIVE ASSISTANT						
201.23.7158.51191	271.56	24.30	0.00	0.00	0.00	0.00
BILLING CLERK						
201.23.7158.51192	48,693.96	50,033.42	57,185.00	64,916.00	64,916.00	64,916.00
PHN II						
201.23.7158.51621	0.00	13.75	12.00	30.00	30.00	30.00
CELL PHONE ALLOWANCE						
201.23.7158.51640	832.50	1,079.38	1,256.00	1,262.00	1,262.00	1,262.00
LONGEVITY						
201.23.7158.51701	4,924.54	5,971.47	6,631.00	7,927.00	7,927.00	7,927.00
FICA						
201.23.7158.51703	687.40	758.21	852.00	127.00	127.00	127.00
UNEMPLOYMENT INSURANCE						
201.23.7158.51705	398.32	408.91	455.00	523.00	523.00	523.00
WORKERS COMP						
201.23.7158.51721	10,275.97	14,435.13	16,021.00	23,435.00	23,435.00	23,435.00
PERS						
201.23.7158.51729	22,151.16	27,712.29	29,914.00	32,952.00	32,952.00	32,952.00
HEALTH INSURANCE						
201.23.7158.51730	1,002.17	1,257.20	1,369.00	1,435.00	1,435.00	1,435.00
DENTAL INSURANCE						
201.23.7158.51732	371.32	444.84	433.00	510.00	510.00	510.00
LTD						
201.23.7158.51733	11.43	32.87	32.00	37.00	37.00	37.00
LIFE INSURANCE						
Total	114,127.34	140,387.08	154,067.00	181,295.00	181,295.00	181,295.00
201.23.7158.52000						
MATERIALS & SERVICES						
201.23.7158.52334	60,000.00	83,000.00	70,000.00	63,000.00	63,000.00	63,000.00
TCM & MAC MATCH						
201.23.7158.52398	6,595.92	8,169.00	8,000.00	10,000.00	10,000.00	10,000.00
ADMINISTRATIVE COST						
201.23.7158.52658	327.33	279.41	0.00	300.00	300.00	300.00
COPIER LEASE & MAINT						
201.23.7158.52910	127.67	78.02	100.00	100.00	100.00	100.00
SUPPLIES - OFFICE						

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7158 BABIES FIRST

<i>Account Number</i>	<i>2015 Actuals</i>	<i>2016 Actuals</i>	<i>2017 Revised Budget</i>	<i>2018 Proposed</i>	<i>2018 Approved</i>	<i>2018 Adopted</i>
Total MATERIALS & SERVICES	67,050.92	91,526.43	78,100.00	73,400.00	73,400.00	73,400.00
Total BABIES FIRST	181,178.26	231,913.51	232,167.00	254,695.00	254,695.00	254,695.00

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7159 OREGON MOTHERS CARE

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Revised Budget</u>	<u>2018 Proposed</u>	<u>2018 Approved</u>	<u>2018 Adopted</u>
201.23.7159.51000 PERSONAL SERVICES						
201.23.7159.51180 COMMUNITY HEALTH WORKER	7,317.57	7,313.75	7,426.00	7,426.00	7,426.00	7,426.00
201.23.7159.51640 LONGEVITY	240.00	240.00	240.00	240.00	240.00	240.00
201.23.7159.51701 FICA	471.58	469.63	480.00	467.00	467.00	467.00
201.23.7159.51703 UNEMPLOYMENT INSURANCE	66.98	59.68	62.00	8.00	8.00	8.00
201.23.7159.51705 WORKERS COMP	33.81	29.75	32.00	32.00	32.00	32.00
201.23.7159.51721 PERS	1,117.04	1,409.47	1,430.00	1,883.00	1,883.00	1,883.00
201.23.7159.51729 HEALTH INSURANCE	3,043.12	3,137.06	3,244.00	3,637.00	3,637.00	3,637.00
201.23.7159.51730 DENTAL INSURANCE	116.92	116.44	120.00	118.00	118.00	118.00
201.23.7159.51732 LTD	38.06	37.91	39.00	39.00	39.00	39.00
201.23.7159.51733 LIFE INSURANCE	0.14-	2.58	2.00	2.00	2.00	2.00
Total PERSONAL SERVICES	12,444.94	12,816.27	13,075.00	13,852.00	13,852.00	13,852.00
201.23.7159.52000 MATERIALS & SERVICES						
201.23.7159.52398 ADMINISTRATIVE COST	781.03	1,006.00	800.00	800.00	800.00	800.00
201.23.7159.52910 SUPPLIES - OFFICE	63.00	19.11	50.00	50.00	50.00	50.00
Total MATERIALS & SERVICES	844.03	1,025.11	850.00	850.00	850.00	850.00
Total OREGON MOTHERS CARE	13,288.97	13,841.38	13,925.00	14,702.00	14,702.00	14,702.00

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7500 PASS THROUGH

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Revised Budget</u>	<u>2018 Proposed</u>	<u>2018 Approved</u>	<u>2018 Adopted</u>
201.23.7500.52000 MATERIALS & SERVICES						
201.23.7500.52336 DEQ PAYMENT	12,000.00	11,258.00	10,000.00	15,000.00	15,000.00	15,000.00
Total MATERIALS & SERVICES	12,000.00	11,258.00	10,000.00	15,000.00	15,000.00	15,000.00
Total PASS THROUGH	12,000.00	11,258.00	10,000.00	15,000.00	15,000.00	15,000.00

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7999 NON-DEPARTMENTAL

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Revised Budget</u>	<u>2018 Proposed</u>	<u>2018 Approved</u>	<u>2018 Adopted</u>
201.23.7999.57000 CONTINGENCY						
201.23.7999.57201 CONTINGENCY	0.00	0.00	61,500.00	14,187.00	14,187.00	42,687.00
Total CONTINGENCY	0.00	0.00	61,500.00	14,187.00	14,187.00	42,687.00
201.23.7999.59000 UNAPPROPRIATED						
201.23.7999.59201 UNAPPROPRIATED	0.00	0.00	160,000.00	160,000.00	160,000.00	160,000.00
201.23.7999.59299 RESERVE FOR VEHICLE	0.00	0.00	20,000.00	0.00	0.00	0.00
Total UNAPPROPRIATED	0.00	0.00	180,000.00	160,000.00	160,000.00	160,000.00
Total NON-DEPARTMENTAL	0.00	0.00	241,500.00	174,187.00	174,187.00	202,687.00
Total PUBLIC HEALTH	1,982,606.72	1,863,908.98	2,374,117.00	2,344,258.00	2,344,258.00	2,372,758.00
Total PUBLIC HEALTH FUND	1,982,606.72	1,863,908.98	2,374,117.00	2,344,258.00	2,344,258.00	2,372,758.00
Grand Total	1,982,606.72	1,863,908.98	2,374,117.00	2,344,258.00	2,344,258.00	2,372,758.00

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

Resolution No. 2017-01

A RESOLUTION ADOPTING THE ANNUAL BUDGET FOR THE
FISCAL YEAR 2017-18

Whereas, the Board of Health sitting as the Directors at a regularly scheduled meeting on this 13th day of June 2017, and

Whereas, on June 13, 2016, the Board conducted a public hearing on the annual budget for the fiscal year 2017-18.

Whereas, Be It Resolved, the North Central Public Health District Board formally adopts the budget for fiscal year 2017-18 as approved by the Budget Committee of North Central Public Health District in the sum of \$2,372,578.00

Adopted by the North Central Public Health District Board this 13th day of June 2017.

Scott Hege, Wasco County Commissioner
Chair, NCPHD Board

Teri Thalhofer, RN, BSN
Director NCPHD

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

Resolution No. 2017-02

A RESOLUTION ADOPTING APPROPRIATIONS
FOR THE FISCAL YEAR 2017-18

Whereas, the Board of Health sitting as the Directors at a regularly scheduled meeting on this 13th day of June 2017, and

Therefore, Be It Resolved, that the amounts for the fiscal year beginning July 1, 2017 and for the purposes shown below are hereby appropriated as follows:

General Fund

Personal Services	\$1,789,298.00
Materials and Services	\$ 520,773.00
Contingency	\$ 42,687.00
Reserves (2017)	\$ 20,000.00 (2017 amount)
Capital Outlay	<u>\$ 0.00</u>
Fund Total	\$2,372,758.00

Adopted by the North Central Public Health District Board this 13th day of June 2017.

Scott Hege, Wasco County Commissioner
Chair, NCPHD Board

Teri Thalhofer, RN, BSN
Director NCPHD



Public Health
Prevent. Promote. Protect.

NORTH CENTRAL PUBLIC HEALTH DISTRICT
"Caring For Our Communities"

419 East Seventh Street, The Dalles, OR 97058
Phone: 541-506-2600 Fax: 541-506-2601
Website: www.ncphd.org

Workforce Development Plan

2017-2019



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PURPOSE AND INTRODUCTION

It is critical to the success of public health to create a culture that encourages, supports, and invests in the short and long term organizational development of public health professionals. Employees' professional development should be an ongoing process to ensure employees are staying current – if not one step ahead – in core competencies. As the Modernization of Public Health moves forward in Oregon it is critical that foundational programs and capabilities are addressed. Planning for continuous development must be anchored in the agency's vision, mission, goals, and objectives, as well as be tied to the employee's work and career goals.

Workforce development and training constitute one part of North Central Public Health District's (NCPHD) comprehensive strategy to further staff development and organization goals. NCPHD's workforce development program promotes a culture of learning and staff development across the department. The workforce development program seeks to enhance staff training and capacity for practicing quality improvement. Trainings are identified and developed to take advantage of opportunities, support professional development, and eliminate gaps in knowledge.

Strategic planning allows NCPHD to align its resources with the priorities and programming and one of the objectives of the Strategic Plan focuses specifically on workforce development. This plan is in place to develop the individual competency of employees, increase overall agency effectiveness, and improve public health outcomes. NCPHD values the dignity and potential of its employees and believes that developing employee potential, through coaching, education and training, mobility opportunities, and on-the-job training is critical to organizational effectiveness. It is the responsibility of the supervisor and the employee, working in partnership, to determine the work goals and training needs for each employee.

Workforce development will focus on "Core Competencies for Public Health Professionals" from the Council on Linkages between Academia and Public Health Practice (2010). This plan will also ensure maintenance of all HIPAA, ADA, Cultural Competency, Health Equity, OSHA and Oregon Health Authority/Public Health Division training guidelines. In addition, the requirements for Oregon's Public Health Modernization will be incorporated into this document.

The Workforce Development Plan also serves to address the documentation requirement for Accreditation Standard 8.2.1: ***Maintain, implement and assess the health department workforce development plan that addresses the training needs of the staff and the development of core competencies.***

The purposes for training and development are:

- To provide the department with a productive and skillful workforce capable of meeting the current and future responsibilities of public health;
- To promote constructive work-place relationships in a healthy and diverse workforce; and

- To assist employees in achieving career and individual development goals.

Leadership Team, with input from staff, will be primarily responsible for the further development and implementation of training activities.

Training will be made available in a variety of formats, including but not limited to:

- Formal (classroom) training, e.g. college courses, forums, seminars, workshops;
- Self-study, e.g. self-paced learning, independent reading;
- Technology-based training, e.g. online modules, webinars;
- Workplace programs, e.g. mentoring, long-term development, on-the-job training;
- Retreats, State and Federal training

Employees will document the attendance and/or completion of trainings in their individual training logs located in Excel spreadsheets in the NCPHD Shared Drive. Supervisors will ensure that adequate, responsive, and quality training is provided to their employees. Supervisors will also ensure that all trainings are tracked in a timely manner by employees. The Board of Health will ensure that adequate funding is available for employee training at NCPHD.

AGENCY PROFILE

Mission & vision

- Vision Statement: We are a trusted and innovative public health district committed to working for a safer and healthier North Central Public Health District.
- Mission Statement: To prevent disease, injury and disability; promote health and well being; and to protect our communities by preparing for and responding to public health threats.
- Values: We hold ourselves to the highest level of honesty, transparency and ethical conduct in all relations and dealings. As individuals and an entity we:
 - Related to others with honesty, respect and integrity.
 - Communicate openly and with clarity.
 - Serve our communities with compassion, understanding and empathy.

Strategic priorities

1. Support wellness at every age, size and ability.
2. Align with & actively participate in systems transformation.
3. Focus on strategies having the greatest impact on health.

Governance

NCPHD was formed through an intergovernmental agreement among Gilliam, Sherman and Wasco Counties and serves the three county region. NCPHD is governed by a Board of Health consisting of one County Commissioner and two public members from each of the three counties. The Board of Health is the Local Public Health Authority, and is responsible for assuring that the residents of the District receive the essential population health services mandated by law.

Learning culture

NCPHD is committed to supporting and enhancing all employees' success and recognizes the importance of workforce development and succession planning. All staff receives a basic orientation to the organization and individual support in specific job/task competency. Within budgetary constraints, continuing education is encouraged and supported.

WORKFORCE PROFILE

The table below gives an overview of the demographics of our current workforce as of 2017.

Category	# or %
Total # of Employees	29
# of FTE	25
Gender:	Female: 24 Male: 5
Race:	Hispanic: 6 Non-Hispanic: 23 American Indian / Alaska Native: 0 Asian: 0 African American: 0 Hawaiian: 0 Caucasian: 23 More than One Race: 0 Other: 0
Primary Professional Disciplines/Credentials:	Leadership: 5 Administration: 6 Nurse: 7 Registered Sanitarian/EH Specialist: 3 Epidemiologist: 1 Community Health Worker: 3 Health Educator: 1 Public Health Emergency Preparedness Coordinator: 1 Tobacco Prevention and Education Coordinator: 1 WIC Specialist: 2 Medical Directors: 1 Other:
Employees < 5 Years from Retirement:	8
Employees >5 Years from Retirement:	21

INDIVIDUAL DEVELOPMENT PLAN

We currently have an informal process for creating the Individual Development Plan (IDP) and we are working to develop a standardized process. Supervisors will work with each employee at NCPHD to develop an IDP uniquely tailored to the need of the department and the individual. The IDP is a personal action plan, jointly agreed to by the employee and the supervisor, which identifies short and long term goals. An IDP also identifies the training and other developmental experiences needed to achieve those goals. Supervisors will provide yearly evaluations for their employees that use the IDP as a framework for progress and goals.

After the completion of the Workforce Development Plan and the identification of training needs of each program, the agency will develop training plans for individual employees. We are currently identifying the training needs for each position in the agency.

As we develop the process for the Individual Development Plan, we are keeping in mind the responsibilities of each party listed in the section below.

RESPONSIBILITIES

NCPHD has the responsibility to create and maintain a climate which encourages training and development as an ongoing part of the performance management process which supports the accomplishment of our agency's vision and mission, including but not limited to:

1. Developing a plan and budget for training based upon needs analysis, promoting access to training for all employees.
2. Ensuring that training and development plans are prepared, updated, and discussed by the supervisor, employee, and reviewed and approved by management as part of the employee performance evaluation process; and
3. Ensuring that each IDP is developed jointly by the individual employee and the supervisor, is based upon training needs assessment, and is consistent with the need of the agency.

The Director and Supervisors have the primary responsibility for initiating communication about training and individual development including but not limited to:

1. Working in partnership with individual employees to assess training needs and coordinate agency and individual employee development plans;
2. Ensuring implementation of employee development plans;
3. Incorporating training and development into the performance management process; and

4. Seeking to develop supervisory, management, and leadership skills in employee development.

Employees have responsibility for:

1. Working in partnership with supervisors and the director to meet their training and development needs; and
2. Actively searching for training opportunities.

Purpose and Benefits of Individual Development Planning

Individual development planning helps identify the employee’s development goals and the strategies for achieving them by linking them to NCPHD Strategic Planning goals. Typically the IDP will be developed and reviewed annually during the employee’s evaluation. The plan is intended to:

- Encourage the employee to take ownership of his/her organizational development.
- Provide an administrative mechanism for identifying and tracking development needs and plans to help NCPHD meet critical goals, and
- Plan for required annual training.

Individual development planning benefits NCPHD by aligning employee training and development efforts with the vision, mission, goals, and objectives with the agency.

ROLES

Supervisors and employees work together to complete the employee’s development plan.

Employees:

- Work with supervisors to assess their level of skill and knowledge of competencies, skills, and knowledge required in their job.
- Identify professional goals and development needs and the various training and development opportunities that will help them achieve those goals and meet those needs.
- Periodically assess their progress toward reaching their goals.

Supervisors:

- Assess employees’ strengths and development needs to provide regular (annual, at a minimum) opportunities to discuss and plan for employees’ development.
- Ensure the alignment of employees’ goals and development needs to position.
- Help employees identify appropriate training and development opportunities.
- Evaluate outcomes of employees’ training and development efforts.

STANDARDS AND GUIDING PRINCIPLES

Several documents provide the framework and standards for the plan:

1. *The Ten Essential Services for Public Health* developed by the U.S. Department of Health Services, Center for Disease Control and Prevention, July 2001.
2. *Public Health Core Competencies*
The Council on Linkages Between Academia and Public Health Practice, June 2014.
3. *National Incident Management System (NIMS) Guide for County Officials*, produced By the National Association of Counties Research Foundation in cooperation with the International Association of Emergency Managers and under a cooperative agreement of the Department of Homeland Security, October 2006.
4. *Assessment of Emergency Response Preparedness in Oregon: Local Employees, 2005*, a collaborative assessment NCPHP and State of Oregon Public Health.
5. The Conference of Local Health Officials Minimum Standards dated February 21, 2002.
6. Oregon Public Health Modernization Competencies.

CORE COMPETENCIES FOR PUBLIC HEALTH PROFESSIONALS

The Core Competencies for Public Health Professionals were developed by the Council on Linkages to identify skills important for public health organizations. They serve as a starting point for organizations to understand, assess, and meet training and workforce needs, and for individuals to identify topics for professional development. Over 50% of state and local health departments and more than 90% of public health academic institutions are using the Core Competencies to identify and meet workforce development needs.

The Council on Linkages designed three tiers based on staff roles and responsibilities to facilitate the application of public health core competencies within the organization. These different levels include: Tier 1 (entry level and support staff) Tier 2 (Public Health Professionals), Tier 2 (Supervisors and Managers), and Tier 3 (Senior Managers and Directors).

Tier 1: Entry Level and Support Staff

- Administrative Support
- Office Support Staff

Tier 2: Public Health Professionals

- Environmental Health Specialists
- Public Health Nurses
- Program Coordinators
- Health Educators
- WIC Specialists
- Community Health Workers
- Communicable Disease Investigator

Tier 3: Managers and Supervisors (Supervisory)

- WIC Supervisor
- Clinical Program Supervisor
- Environmental Health Specialist Supervisor
- Finance Manager

Tier 4: Director and Senior Leaders

- Director
- Health Officer
- Medical Examiner

PUBLIC HEALTH CORE COMPETENCIES

Domain #1: Analytic Assessment Skills

- Describe and analyze factors affecting the health of a community
- Determine necessary qualitative and quantitative data
- Apply ethical data principles
- Use information technology to manage data
- Evaluate the validity, reliability, comparability and completeness of data
- Use data to inform public health actions

Domain #2: Policy Development/Program Planning Skills

- Develop and implement program and organizational goals and objectives through community health improvement and strategic planning.
- Recommend strategies, policies, and programs based on current and projected trends and feasibility thereof.
- Evaluate and communicate the importance of public health policies and programs.

- Use and assess integrated data and management systems to inform public health decisions.

Domain #3: Communication Skills

- Communicate public health information in a linguistically and culturally appropriate method.
- Identify approaches for dissemination of public health data and information.
- Communicate the roles of governmental public health and public health stakeholders as well as information to influence behavior and improve public health.
- Gather input from and facilitate communication among individual, groups, organizations and local governments to improve community health.

Domain #4: Cultural Competency Skills

- Describe, recognize and support the diversity of populations and perspectives in a community and ways diversity can influence and support public health programs and policies.
- Assess the effects of public health policies, programs and services to ensure the diversity of populations and perspectives is addressed.
- Advocate for and demonstrate the value of a diverse public health workforce.

Domain #5: Community Dimensions of Practice Skills

- Describe and assess roles and responsibilities of governmental and non-governmental organizations in improving community health.
- Identify, establish and maintain community relationships and collaboration to improve community health.
- Engage community members and utilize community input to inform and improve public health actions.
- Advocate for policies, programs and use of community assets and resources that improve community health.

Domain #6: Basic Public Health Sciences Skills

- Apply public health sciences to the delivery and management of public health services.
- Retrieve, use and contribute to evidence-based finding to implement and improve public health policies, programs and services.

Domain #7: Financial Planning and Management Skills

- Identify, explain and assess public health agencies' authority, operations and funding.
- Adhere to and implement organizational policies and procedures.
- Develop, justify and manage organizational budgets.
- Use financial analysis methods, evaluation results and performance management systems to inform decision making in public health policies, program and services.

- Prepare funding proposals and negotiate contracts and agreements for the funding of public health services.
- Organize and motivate personnel to achieve program and organizational goals.

Domain #8: Leadership and Systems Thinking Skills

- Incorporate ethical standards of practice into all public health activities.
- Describe and collaborate with the larger inter-related system and incorporate that understanding into public health activities.
- Identify, analyze and address internal and external opportunities and barriers that impact the delivery of public health services.
- Support and provide opportunities for professional development, and organizational change and improvement.
- Advocate for the role of public health in providing population health services.

Domain #9 Support Staff Skills

- Demonstrate ability to coordinate and prioritize activities and tasks.
- Demonstrate ability to organize and coordinate meetings.
- Maintain files, documentation, and inventory.
- Understand manual and automated records management practices.
- Operate office equipment effectively.
- Comply with health department financial transaction policies and procedures.

SCOPE OF PLAN

This training plan applies to all North Central Public Health District employees. This plan is used as a starting point for employee development with additional training requirements depending upon program hired in.

This plan provides a broad overview of required training elements by program area. New employees are given an Employee Handbook, which includes all general elements of the Workforce Development Plan. Each Employee Handbook will also include checklists specific to their program as well as required trainings. Employees are responsible for tracking the trainings they attend or complete. Supervisors will be responsible for staff completing tasks and trainings on time.

ROLES & RESPONSIBILITIES

The table below lists individuals responsible for the implementation of this plan as well as the associated roles and responsibilities.

Who	Roles & Responsibilities
Board of Health	Ultimately responsible for ensuring resource availability to implement the Workforce Development Plan.
Public Health Director	Responsible to the Board of Health for workforce strategy, priority setting, establishment of goals and objectives, and establishing an environment that is conducive and supportive of learning. Identifies high potential employees as part of agency succession plan.
Supervisors/Program Managers	Responsible to the Director and employees to ensure that individual and agency-based training initiatives are implemented. Takes initiative to develop individualized workforce development plan for new employees as well as working with current employees to develop an individualized learning plan that supports the implementation of the plan (i.e., time away from work, coaching, opportunities for application) Identifies high potential employees as part of agency succession plan.
All Employees	Ultimately responsible for their own learning and development. Work with supervisor to identify and engage in training and development opportunities that meet their individual as well as agency-based needs. Identify opportunities to apply new learning on the job.

TRAINING NEEDS

Introduction

This section provides an overview of the agency's identified training needs as well as a description of the barriers/inhibitors to the achievement of closing these gaps.

Competency-based training needs

The 2013 Workforce Needs Assessment conducted in partnership with OHA, CLHO and NEWCPHP revealed the following key findings:

- The communication (100%) and leadership (94%) domains are **highly/moderately** important to respondents' jobs. In addition, cultural competency (88%) and systems thinking (88%) are also considered **highly/moderately** important.
- Analytic / assessment and communication are high priority areas for training.
- When asked to rate the need for training in individual competencies, respondents most frequently select competencies in the domains of community dimensions of practice, policy development, and systems thinking.
- Within the community dimensions of practice domain, the competency with the highest training need is **developing effective networking skills** (71%).
- Within the policy development domain, the competency with the highest training need is **translating public health laws and regulations into standard operating procedures** (79%).
- Within the systems thinking domain, the competency with the highest training need is **managing change within an organization** (71%).
- Supervisors express interest in training programs in performance management (67%).
- The majority of respondents report that attending informational webinars (86%), searching the interest by topic (79%), contacting subject matter experts (79%), and working with an identified mentor (79%) are **very useful/useful ways** of acquiring information for work.
- Webinar presentations (93%), followed by classroom training (79%) and day long workshops (71%) are the preferred training formats.
- Web-conferencing (86%) is the preferred form of distance training.
- When selecting trainings respondents consider opportunity to interact with the instructor (93%) and the opportunity to interact with other participants (79%).
- The majority of respondents report that the cost of the course (86%) is a **high/moderate** barrier to attending training.
- The majority of respondents report a prior experience in mentoring (71%) and report the experience as **very valuable** (80%). Most respondents report the mentoring experience would be more valuable if they were able to choose their own mentor (90%), rather than if their employer chooses their mentor (50%).

Health equity training needs

NCPHD has policies and procedures addressing language, ability, and disparity assessment and strategic implementation. Local US census data is reviewed as is workforce reflection. The national Center for Cultural Competence Policy Assessment guides agency planning to support current and projected status and needs.

MONITORING & EVALUATION

Monitoring and Evaluation of the Workforce Development Plan allows the staff to identify “how we are doing” in developing our workforce to provide quality public health services. NCPHD Leadership Team will be responsible for the oversight, monitoring and evaluation of the Workforce Development Plan.

SUSTAINABILITY

A well-prepared workforce is the foundation for achieving the mission and strategic goals at NCPHD. Workforce development, quality improvement, and performance management are tied directly to strategies and activities in our Strategic Plan. The Workforce Development Plan will be evaluated annually by the Leadership Team and QI/PM Committee. The evaluation of the plan will include the following three questions:

1. Is the Plan being implemented as designed and working well?
2. How can the Plan be improved?
3. What is the impact of the Plan?

The evaluation of the Workforce Development Plan will be a component of the Annual Report to the Board of Health.

Trainings by Program

The following tables list trainings required by program, department, and new employee status. The trainings included in these tables are required either by State or Federal mandate, or they were identified based on the 2013 Workforce Needs Assessment.

*The trainings with an asterisk indicate that the agency has not yet implemented them but intends to do so given adequate resources from 2017 through 2019.

Annual Trainings – All Employees

The table below lists training required by the agency and/or by state or federal mandate:

Training All Employees (Tier 1 – 4)	Training Format	Public Health Core Competencies	Directions
HIPAA – Confidentiality	Web-based	1,3,6	Online Staff Training
OSHA Blood-borne Pathogen Training and Hand Washing technique	PowerPoint Presentation	1,6	Shared Drive Staff Training
Diversity and Cultural Competency Training; ADA Awareness; Health Equity	PowerPoint Presentation/Exercises In Person	3,4	Shared Drive Staff Training
Mission Statement, Vision, Strategic Plan	Employee Handbook In Person	7,8	Shared Drive Strategic Plan
Quality Improvement	PowerPoint Presentation In Person	1,2,6,8	Shared Drive Staff Training
Performance Management	PowerPoint Presentation In Person	1,2,6,8	Shared Drive Staff Training
Orientation to Policies and Procedures	Employee Handbook	2	Shared Drive Policies and Procedures
Civil Rights Training	PowerPoint Presentation In Person	3,4	
Emergency Procedures	Employee Handbook & ICS Training	1,8	Shared Drive Policies and Procedures
Mandatory Reporting and Tracking	In Person	3	Shared Drive Policies and Procedures
Respiratory Exposure Control	Web-based	6	Online Staff Training
CPR: - A/C providers - Basic CPR optional for all staff	In Person	6	

Training/Orientation – New Employees

The table below lists training required by the agency and/or by state or federal mandate:

Orientation New Employees (Tier 1 – 4)	Training Format	Public Health Core Competencies	Directions
HIPAA – Confidentiality	Web-based	1,3,6	Online Staff Training
OSHA Blood-borne Pathogen Training	PowerPoint Presentation	1,6	Shared Drive Staff Training
Diversity and Cultural Competency Training	PowerPoint Presentation	3,4	Shared Drive Staff Training
Mission Statement, Vision, Strategic Plan	PowerPoint Presentation	7,8	Shared Drive Staff Training
Quality Improvement	PowerPoint Presentation In Person	1,2,6,8	Shared Drive Staff Training
Performance Management	PowerPoint Presentation In person	1,2,6,8	Shared Drive Staff Training
*Introduction to Accreditation	Employee Handbook	1,2,3,4,5,6,7,8	
Orientation to Policies and Procedures	Shared Drive By Supervisor	2	Shared Drive Policies and Procedure
*Customer Services Training	In-Person/Web-based	3,9	
Working with Interpreters in a Public Health Setting	In Person	3,4	Shared Drive Staff Training
Intro to Health Department Programs	In Person	4,5,6,8	Oregon Public Health
Civil Rights Training	PowerPoint Presentation In Person	3,4	Community Partner
Sanctuary Training/Trauma Informed Care	Employee Handbook In Person	3,4	Shared Drive Columbia Gorge Health Council
PERSONNEL TRAINING & POLICIES			
New Employee Orientation Policies and Procedures Manual	Employee Handbook	N/A	N/A

Employee Assistance Program and Benefits	Employee Handbook	N/A	N/A
Harassment & Discrimination Training	Employee Handbook	N/A	N/A
IT Training	Employee Handbook	N/A	N/A

Training/Orientation – New Employees; Public Health Emergency Preparedness

The table below lists training required by the agency and/or by state or federal mandate:

All employees by 6 months

Orientation New Employees (Tier 1 – 4)	Training Format	Public Health Core Competencies	Directions
PUBLIC HEALTH PREPAREDNESS			
ICS-100	Online	1,3,5,8	FEMA www.training.fema.gov/is/nims.asp
IS-700	Online	1,3,5,8	FEMA www.training.fema.gov/is/nims.asp
Annual Drills	Coordinated by Preparedness Coordinator	6	PHEP Coordinator

Training/Orientation – Board of Health

The table below lists training required by the agency and/or by state or federal mandate:

Training Board of Health	Training Format	Public Health Core Competencies	Directions
Board of Health Orientation	In-Person	2,5,6,7,8	In Person - Director
Association of Counties Annual Meeting	Conference – New Commissioner	2,5,6,7,8	AOC
*Health Department Program Trainings		1,2,3,4,5,6,7,8	
*Introduction to Public Health		1,2,3,4,5,6,7,8	
*Introduction to Accreditation		1,2,3,4,5,6,7,8	

Training/Orientation – Nursing – (Reproductive Health, Immunizations, Home Visiting Nurses, Community Health Workers)

The table below lists training required by the agency and/or by state or federal mandate: see specific program checklist on shared drive

Training All Nursing Staff (Tier 2, 3)	Training Format	Public Health Core Competencies	Directions
Immunization	Employee Handbook	1,2,3,4,5,6	Program Coordinators Shared Drive
Family Planning	Employee Handbook	1,2,3,4,5,6	Program Coordinators Shared Drive
Lab Policies & Procedures	In Person	1,2,3,4,5,6,7,8	Program Coordinators Shared Drive
Maternal Child Health	Employee Handbook	1,2,3,4,5,6	Program Coordinators Shared Drive
Communicable Disease/TB Epidemiology	Employee Handbook	1,2,3,4,5,6	Program Coordinators Shared Drive
WIC	Employee Handbook	1,2,3,4,5,6	Program Coordinators Shared Drive
STI/HIV	Employee Handbook	1,2,3,4,5,6	Program Coordinators Shared Drive

Dental (Assessment)	Community Partner In Person	1,2,3,4,5,6	Community Partner
Emergency Procedures	Employee Handbook	1,2,3,4,5,6	Program Coordinators Shared Drive
Community Health Worker training	In Person	1,2,3,4,5,6	Community Partner
Intimate Partner Violence training	HAVEN In Person	1,2,3,4,5	HAVEN Staff
Home Visiting Safety training	Web-based	1,2,3,4,5,6	Online
Tobacco Education	In Person	1,2,3,4,5,6	TPEP Coordinator Shared Drive
Motivational Interviewing	In Person/Web-based	1,3,4	
*Requirements of TITLE X		1,2,7,8	
*Mental Health Issues and Recourses		1,3,4	
*Addiction Issues and Recourses		1,3,4	
Accessing Local Resources	In-Person	4,5	Resource Manual

Training/Orientation – Communicable Disease (CD) Investigator

Training Communicable Disease Investigator (Tier 2)	Training Format	Public Health Core Competencies	Directions
CD Investigator- ORPHEUS training	Online	1,3,6	Oregon Health Authority
CD Investigator- Disease Reporting	Self Study/In Person	1,3,6	Supervisor
*CD Investigator- New Staff CD training	Online Course Within first 30 days	1,2,3,4,5,6	Oregon Health Authority
CD Investigator- New Staff CD101	In Person Within 1 year of hire	1,2,3,4,5,6	Oregon Health Authority
CD Investigator- New Staff CD303	In Person Within 2 years of hire	1,2,3,4,5,6	Oregon Health Authority

CD Investigator- Oregon Epidemiology Conference	In Person At least once every 3 years	1,2,3,5,6	Oregon Health Authority
Continuing Education for employees responsible for Epi services	Equal to 8 hours of credit every 2 years	1,2,3,4,5,6,7,8	Varies

Training/Orientation – WIC Clerk/CPA

The table below lists training required by the agency and/or by state or federal mandate:

Training All WIC Staff and Front Desk Staff (Tier 1,2)	Training Format	Public Health Core Competencies	Directions
WIC Requirements	In Person Self-Study	1,2,3,4,5,6	Supervisor
Breast Pump	In Person Self-Study	1,2,3,4,5,6	Supervisor
Breastfeeding Support	In Person Self-Study	1,2,3,4,5,6	Supervisor
Training Modules	In Person Self-Study	1,2,3,4,5,6	Supervisor
Policies and Procedures	In Person Self-Study	1,2,3,4,5,6	Supervisor
Mandatory State WIC Meetings and other Conferences as applicable	In Person	1,2,3,4,5,6	Located in region and Portland

Training/Orientation – IT

The table below lists training required by the agency and/or by state or federal mandate:

Training Dependent on Position: see specific program checklists on Shared Drive.

Training All Employees (Tier 1 – 4)	Training Format	Public Health Core Competencies	Directions
Basic Computer Use	IT Department In Person	1,2,3,4,5,6	IT
Family Net	In Person	1,2,3,4,5,6	Supervisor
OCHIN – HER	In Person	1,2,3,4,5,6	Supervisor

TWIST- WIC	In Person	1,2,3,4,5,6	Supervisor
ORPHEUS	Online	1,2,3,4,5,6	Supervisor
Oregon Imm ALERT	Online	1,2,3,4,5,6	Supervisor
Oregon Health Plan Eligibility Portal	On-Line State Training	1,2,3,4,5,6	Supervisor
DHS i-Learn Center	In Person	1,2,3,4,5,6	Supervisor
Ahlers Portal	In Person	1,2,3,4,5,6	Supervisor
CCARE Training Orientation	Online	1,2,3,4,5,6	Supervisor
Practice Suite Training	Online/In Person	1,3,6	Ahler's Staff

Training/Orientation – Front Desk Support Staff

The table below lists training required by the agency and/or by state or federal mandate:

Training Dependent on Position: see specific program checklists on shared drive

Training Front Desk Support Staff (Tier 1)	Training Format	Public Health Core Competencies	Directions
Basic Computer Use	In Person – IT Department	1,2,3,4,5,6,9	IT
Family Net	In Person	1,2,3,4,5,6	Supervisor
OCHIN – HER	In Person	1,2,3,4,5,6	Supervisor
TWIST- WIC	In Person	1,2,3,4,5,6	Supervisor
ORPHEUS	Online	1,2,3,4,5,6	Supervisor
Appointments	In Person	1,2,3,4,5,6,9	Supervisor
Intake/registration	In Person	1,2,3,4,5,6,9	Supervisor

WIC Registration	In Person	1,2,3,4,5,6,9	Supervisor
Ahlers Portal	In Person	1,2,3,4,5,6	Supervisor
CCARE Training Orientation	Online	1,2,3,4,5,6	Supervisor
MMIS	Online	3,7,9	Supervisor

Training/Orientation – Environmental Health Specialist

The table below lists training required by the agency and/or by state or federal mandate: Training Dependent on Position

Training Environmental Health (Tier 2)	Training Format	Public Health Core Competencies	Directions
Environmental Health State Conference	In Person	1,2,3,4,5,6,7,8	Supervisor
Oregon Epidemiology Conference	In Person Annually	1,2,3,4,5,6,7,8	Oregon Health Authority
Optional conferences	In Person Annually	1,2,3,4,5,6,7,8	Supervisor
Drinking Water Conference	In Person Annually	1,2,3,4,5,6,7,8	Oregon Health Authority
DEQ Conference	In Person Annually	1,2,3,4,5,6,7,8	Oregon Department of Environmental Quality
DEQ Field Training	In Person Annually	1,6	Oregon Department of Environmental Quality
Pool Certification	In Person every 5 years	1,3,6	Pool School of Oregon
Food Standardization	In Person every 3 years	1,3,6	Oregon Health Authority
Food, Pool, Health, Safety, Licensing (FPHSL)	Quarterly throughout Oregon	1,3,6	Oregon Health Authority

Training/Orientation – Medical Examiner

The table below lists training required by the agency and/or by state or federal mandate.

Training Medical Examiner (Tier 4)	Training Format	Public Health Core Competencies	Directions
OSME Course	In Person	1,3,4,5,6	Oregon State Medical Examiner's Office
Oregon Certified Medicolegal Death Investigator Course	In Person	1,3,4,5,6	Oregon State Medical Examiner's Office

Training/Orientation – Program Coordinators

See checklist on shared drive for specific training requirements by program. These specific trainings are program specific and may change year to year as funding permits.

Training Specific Programs (Tier 2)	Training Format	Public Health Core Competencies	Directions
Annual State/National Conferences	In Person Annually	1,2,3,4,5,6,7,8	Supervisor
State Specific Training	In Person/Webinars	1,2,3,4,5,6,7,8	Supervisor
Oregon Epidemiology Conference	In Person Annually	1,2,3,4,5,6,7,8	Supervisor
Annual Preparedness Conference	In Person Annually	1,2,3,4,5,6,7,8	Supervisor
Optional conferences	In Person Annually	1,2,3,4,5,6,7,8	Supervisor

Training/Orientation – Supervisors/Director

See checklist on shared drive for specific training requirements by program.

Training Specific Programs (Tier 3,4)	Training Format	Public Health Core Competencies	Directions
Annual State/National Conferences	In Person Annually	1,2,3,4,5,6,7,8	Director
Oregon Epidemiology Conference	In Person Annually	1,2,3,4,5,6,7,8	Director
NACCHO – Yearly Conference	In Person Annually	1,2,3,4,5,6,7,8	Supervisor
Optional conferences	In Person Annually	1,2,3,4,5,6,7,8	Director
Coalition of Local Health Officials Director/Supervisor Training	Self-Study	1,2,3,4,5,6,7,8	http://oregonclho.org/resources/mentorship-program/
Leadership Training	In Person	1,2,3,4,5,6,7,8	Leadership Team Meetings

In addition, public health specialty courses are available online

- University of Washington programs free of charge: https://www.nwcp.org/training/training-search#b_start=0&c5=course
- CIS Trainings: <https://learn.cisoregon.org>
- DHS i-learn: <https://ilearn.oregon.gov/Default.aspx>

The 2017-2019 Workforce Development Plan was adopted by North Central Public Health District on this 13th day of June 2017.

Scott Hege, Wasco County Commissioner
Chair, NCPHD Board

Teri Thalhofer, RN, BSN
Director, NCPHD



Public Health
Prevent. Promote. Protect.

NORTH CENTRAL PUBLIC HEALTH DISTRICT
"Caring For Our Communities"

419 East Seventh Street, The Dalles, OR 97058
Phone: 541-506-2600 Fax: 541-506-2601
Website: www.ncphd.org

Quality Improvement/Performance Management Plan 2017-2019



Signature Page

This Quality Improvement/Performance Management Plan was approved and adopted by the following individuals on this 13th day of June 2017:

Scott Hege, Wasco County Commissioner
Chair, NCPHD Board

Teri Thalhofer, RN, BSN
Director, NCPHD

Revisions:

Date	Revision Number	Description of Change	Pages Affected	Reviewed or Changed by

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NCPHD Quality Improvement (QI) & Performance Management (PM) Plan

- I. Purpose:** To establish a policy and procedure for quality improvement (QI) activities within North Central Public Health District and to align with the agency’s Strategic Plan, Community Health Improvement Plan, and state and national priorities.

The NCPHD QI/PM Plan is aligned with Standard 9.1 and 9.2 of the National Public Health Organizational Objectives:

Standard 9.1: Use a Performance Management System to monitor achievement of organizational objectives.

Standard 9.2: Develop and implement Quality Improvement Processes integrated into organizational practice, programs, processes, and interventions.

- II. Policy Statement:** North Central Public Health District has an interest in systematically evaluating and improving the quality of programs, processes and services to achieve a high level of efficiency, effectiveness and customer satisfaction. To achieve this culture of continuous improvement, all staff and leadership have a role in promoting QI and supporting QI efforts in their program areas.

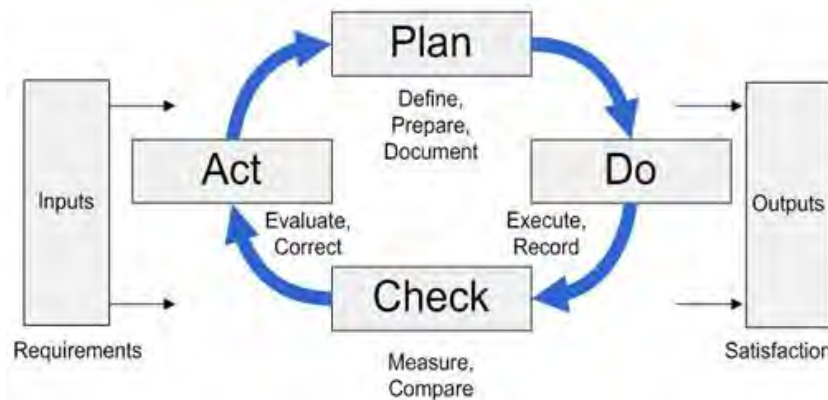
III. Definitions

Strategic planning, program planning, and evaluation: Generally, strategic planning and QI occur at the level of the overall organization, while program planning and evaluation are program-specific activities that feed into the Strategic plan and into QI. Program evaluation alone does not equate with QI unless program evaluation data are used to design program improvements and to measure the results of implemented improvements.

Continuous quality improvement (CQI): An ongoing effort to increase an agency’s approach to manage performance, motivate improvement, and capture lessons learned in areas that may or may not be measured as part of accreditation. Also, CQI is an ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, and outcomes. These efforts can seek “incremental” improvement over time or “breakthrough” all at once. Among the most widely used tools for continuous improvement is a four-step quality model, the PDCA cycle.

Plan, Do, Check, Act (PDCA):

A four-step quality improvement method where the steps are (1) plan an improvement, (2) implement the plan, (3) measure and evaluate how well the outcomes met the goals of the plan, and (4) craft changes to the plan needed to ensure it meet its goal. The “PDCA cycle” can be repeated until the outcome is optimal. This is used to improve a process or carry out change. See Appendix B for the PDCA Documentation tool.



Quality improvement (QI): An integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization. The intent is to improve the level of performance of key processes and outcomes within an organization.

Quality Improvement Plan: A plan that identifies specific areas of current operational performance for improvement within the agency. These plans can and should cross-reference one another, so a QI initiative that is in the QI Plan may also be in the strategic plan.

Quality methods: Practices that build on an assessment component in which a group of indicators that are selected by an agency are regularly tracked and reported. The data should be regularly analyzed through the use of control charts and comparison charts. The indicators show whether or not agency goals and objectives are being achieved and can be used to identify opportunities for improvement. Once selected for improvement, the agency develops and implements interventions, later reassessing to determine if interventions were effective. These quality methods are frequently summarized at a high level as the PDCA.

IV. Culture of Quality & Overview of Quality in the Agency

North Central Public Health District is committed to promoting a culture of quality within the organization. NCPHD embarked on the QI road in late 2011 and an agency policy was approved February 2012. The efforts to maintain the QI Plan has been a challenge due to staff turnover, unstable funding resulting in staffing changes, and conflicting priorities. In 2017 we created a new QI Plan, which began with a refresher training and brainstorm for leadership and program managers on May 3, 2017. On June 15 and June 20, staff were trained in the Performance Management and QI process.

There is a top-down commitment to solidify the Performance Management System. This work includes creating an updated agency Strategic Plan, Workforce Development Plan, and Quality Improvement/Performance Management Plan. It includes aligning these plans with our regional Community Health Improvement Plan, the Oregon State Health Improvement Plan, and national priorities. We are also working on updating internal policies, procedures, and documents.

The current state of QI at NCPHD is at the re-grouping stage. Most staff have been trained in QI tools and techniques, though we are focusing on training new staff in QI and motivating all staff around the

importance of QI culture and our updated QI plan. For the next year we plan to identify projects that fit directly into the SMART objectives of our Strategic Plan.

V. Governance Structure of Quality Improvement/Performance Management Plan – Roles and Responsibilities:

QI Committee

The QI Committee is comprised of the Director, the Accreditation Coordinator, the Finance Manager, and several other staff members. The committee will be responsible for carrying out QI activities, including developing the QI Plan, providing QI updates, and supporting the QI work of different departments' projects.

The teams responsible for individual QI projects will vary depending on the project. All QI Project Groups will include the Accreditation Coordinator and one member of the leadership team, in addition to appropriate staff as indicated by the project at hand.

NCPHD Leadership Team

NCPHD's Leadership Team is comprised of the Director, Environmental Health Supervisor, Clinical Program Supervisor, Health Officer, Financial Manager and Executive Assistant.

Leadership Team will prioritize all QI initiatives. It is recognized that there may be short term projects as well as those requiring ongoing efforts. The agency will continue to utilize the PDCA format and story board reporting process it has used historically. The agency will report on the progress of its QI projects at regular intervals. NCPHD will include a standing time slot in All Staff meetings to check in about existing QI projects.

NCPHD Board of Health

The NCPHD Board of Health will provide oversight of the QI/PM efforts and approve policies to assist in the implementation of this plan. The Board of Health will also ensure that adequate staffing and funding are available to complete necessary QI projects.

All staff

Eventually, all staff will be involved in a QI project throughout the year. In 2017, all staff were trained in QI/PM.

NCPHD will support continuing education of all staff as it relates to performance management and quality improvement. As mentioned above, NCPHD will include a standing time slot in All Staff meetings to review and update projects, identify successes as well as opportunities. The agency director will include progress of QI projects to the governing board of health as well as promote the process among staffs.

All QI and PM training and efforts will be conducted based on available funding.

VI. Quality Improvement & Performance Management Trainings

- Foundational QI information will be included in Employee Handbook for new staff
- Presentation to Leadership and Program Managers in May 2017
- Presentation to all staff in June 2017
- Develop/train a QI Coordinator who will have detailed QI knowledge and be a resource to QI Project Groups
- Ongoing staff training: training materials are located on the Shared Drive for employees to access at any time

Please see the NCPHD Workforce Development Plan (Domain 8) for more details on staff trainings.

VII. QI Project Identification and Alignment with Strategic Plan

QI projects may be selected in various ways, including identification by Leadership, identification by the QI Committee, and identification by individual staff. As staff from each program focus on their strategic goals, strategies, and measures, the documented results will determine which QI projects are appropriate and necessary. QI projects will be suggested based on emerging issues and identified priorities. Leadership Team will make all final decisions.

Short and long term identified goals will relate to one of the three key goals in the NCPHD Strategic Plan:

- Support wellness at every age, size and ability
- Align with and actively participate in systems transformation
- Focus on strategies having the greatest impact to improve health

Once selected, a QI Project Group will form which includes the Accreditation Coordinator, one member of Leadership, the appropriate Program Manager, and appropriate staff. The QI Project Group will document its project with the PDCA documentation tool and a final storyboard. These will be presented at All Staff meetings at regular intervals. See Appendix C for a QI storyboard template.

VIII. Goals, Objectives, and Performance Measures for QI/PM

Goals and objectives are based on the PHAB Standards and Measures, Version 1.0. These goals were selected as priority goals based on their link with accreditation.

Goal 1: Establish a QI plan based on organizational policies and direction.

Objective: Develop an annual agency QI Plan that seeks to increase staff knowledge of quality improvement and support development of PDCA implementation, and considers importance of PHAB accreditation requirements moving forward.

Measure: Signed and documented 2017 NCPHD QI Plan.

Key Strategies:

1. Creation of QI Plan
2. Review of QI Plan by the Director, QI Committee and Leadership Team.

Goal 2: Implement quality improvement efforts

Objective: Based on the framework of the NCPHD QI Plan, implement PDCA as a QI strategy at NCPHD.

Measure: Achieve 100% compliance with development and completion of PDCA projects.

Key Strategies:

1. Director and QI Committee will provide training and technical assistance and support PDCA projects.
2. Accreditation Coordinator will maintain an electronic database of PDCA projects on the shared drive for review by all NCPHD staff.
3. Assure all new employees receive QI training within six months of date of hire – view and complete training PowerPoint in the Shared Drive.

IX. Measuring, Monitoring, & Reporting

- Data will be collected by the program responsible for the QI project.
- The QI Committee or Director will provide reports/updates to the Board of Health and NCPHD staff at All Staff meetings at regular intervals.
- The Director will provide an annual progress report. This report is shared broadly with key stakeholders and the public.

X. Communication

Quality is communicated throughout the organization on a regular basis. The weekly Leadership Team meetings will monitor the progress of QI efforts. The QI Committee will meet once a month to develop, implement, and evaluate plans.

Monthly All Staff meetings will provide the venue to share progress and lessons learned during and after QI projects are identified, managed and finalized. Staff will share storyboards from complete QI projects at monthly All Staff meetings when applicable.

NCPHD staff will be provided the opportunity to share efforts via poster sessions/presentations at state professional meetings, i.e. OPHA, OR Epi and professional caucuses.

The QI Plan itself will be available to all staff via the NCPHD Shared Drive.

XI. Sustainability

At its essence, Quality Improvement is a continuous process. Performance Management is also a system under which the agency works year to year. Developing a sustainable QI/PM plan is essential to the functioning of NCPHD.

In order to achieve sustainability, NCPHD will implement several measures:

Employee Job Descriptions/Performance Evaluation:

1. Each NCPHD job description will include language that the employee will “contribute to a work environment where continuous quality improvement in service and professional practice are pursued.”
2. As a part of the annual performance evaluation, these contributions will be indicated and scored accordingly.

QI Plan Evaluation:

1. The QI Plan will be evaluated and revised annually to reflect program enhancements and revisions.
2. Activities planned for the year are based on recommendations from the annual plan evaluation.
3. The QI Plan will be reviewed by the Director and the QI Committee annually.
4. The QI Plan will be approved and signed annually by the Director.

QI Policy Evaluation:

1. The QI Policy will be reviewed annually by the QI Committee and the Director and modified as necessary to reflect changes in QI efforts.
2. The final policy approval will be signed by the Director.
3. The approved QI policy will be maintained in the NCPHD Admin Policy Book.

Appendix A: Quality Improvement/Performance Management Committee

Name	Position
Teri Thalhofer	Director
Judy Bankman	Accreditation Coordinator
Kathi Hall	Finance Manager
Alyssa Borders	Environmental Health Program Technician
Grace Anderson	Reproductive Health Coordinator
Dillon Melady	AmeriCorps VISTA

Appendix B: Quality Improvement Resources for Training

Adapted from Center for Public Health Quality.

American Society for Quality (ASQ) is a leading quality improvement organization that offers technologies, concepts, tools, and training to create better workplaces and communities worldwide.

Association of State and Territorial Health Officers (ASTHO) is the national nonprofit organization representing state public health agencies in the United States.

Institute for Healthcare Improvement (IHI) is a not-for-profit organization leading the improvement of health care throughout the world. IHI offers information, tools, and resources to health care professionals who want to improve care.

National Association of County and City Health Officials (NACCHO) is the national organization representing local health department. NACCHO offers reports, tools, and resources to support local health department quality and performance improvement efforts.

National Network of Public Health Institutes (NNPHI) is a social, financial and information network of over 4500 experts with organizational partners across the nation. The NNPHI Open Forum on Quality Improvement convenes public health department leaders to explore and shape the meaning of quality and quality improvement in public health practice.

Public Health Foundation (PHF) is dedicated to achieving healthy communities through research, training, and technical assistance. PHF provides a variety of tools and resources to help state and local public health agencies with performance management and quality improvement.

Public Health Quality Improvement Exchange (PHQIX) is a centralized communication hub dedicated to supporting quality improvement efforts in public health practices through

The Community Guide is a free resource that summarizes the effectiveness, economic efficiency, and feasibility of interventions in order to help communities choose programs and policies to improve health and prevent disease.

The Public Health Accreditation Board (PHAB) is dedicated to raising the standard for public health by working with leading public health experts from the field to develop a voluntary national accreditation program that will help public health departments assess their current capacity and guide them to become even better providers of quality service, thus promoting a healthier public.

Appendix C: Plan – Do – Check – Act (PDCA) Documentation Tool

Plan	Do	Check	Act

Appendix D: Storyboard Template

Problem	What We Did	Describe Future State
Resources	Discoveries	
		Final Metrics
What We Learned		



Public Health
Prevent. Promote. Protect.

Emergency Communications Plan

North Central Public Health District

Latest Revision: May 2017

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Public Health Emergency Preparedness Program

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SECTION 1 - NCPHD COMMUNICATIONS PLAN

I. PURPOSE AND SCOPE

The Purpose of the North Central Public Health District (NCPHD) Emergency Communications Plan is to provide an overall framework for managing and coordinating the wide variety of communications that will directly or indirectly take place in a public health emergency.

This plan defines standard operating procedures that should take place depending on the level of an emergency and at different stages of the emergency response, including the use of the Health Alert Network (HAN), Citizen Alert, and other means described in this plan, as well as guidelines for establishing and operating a Joint Information Center (JIC), and the use of Crisis Emergency Risk Communication.

II. POLICY AND AGREEMENTS

During an emergency, the line of succession of authority is designated for managing and supporting ESF 8 activities:

- NCPHD Administrator/ Public Health Officer
- Public Health representative, as designated by the Administrator
- County Emergency Managers (Wasco, Sherman, or Gilliam Counties)
- Wasco, Sherman, or Gilliam County Courts/Commission

For more information on authorities for managing and supporting ESF 8 activities, see the North Central Public Health District All-Hazards Base Response Plan (Section II Legal & Administrative Authorities, Section IV Roles & Responsibilities and Section VII Public Health Incident Command Structure).

III. SITUATION AND ASSUMPTIONS

A. Situation

1. Emergencies can be of different types and magnitudes. Depending on the size of the emergency, diverse first responders' agencies would have to be able to communicate with each other seamlessly for a coordinated response effort.
2. Regardless of the size of an emergency; timely, accurate, and consistent communication with the public will play a role in responding to a public health emergency and is essential to protecting the lives of the citizens in our region by ensuring that they have the information they need to protect themselves and their families.
3. During a public health emergency, demands for services from the "worried well" could outnumber the demands from those who are actually ill, potentially overwhelming the available medical response resources.
4. Poor public health communication during a disaster can result in:
 - a. Public demand causing misallocation of limited emergency response resources.
 - b. Public mistrust.
 - c. Opportunists who play on peoples' fears or uncertainties to provide fraudulent advice or treatment.

- d. Overreaction and wasted fiscal and medical resources during the emergency response, and increased disease and death. (Source: *Crisis & Emergency Risk Communication*, Centers for Disease Control and prevention).

B. Assumptions

1. Emergency response efforts are contingent on the size and type of the crisis and can be divided into six (6) different tiers:
 - Tier 1: Response by an individual organization
 - Tier 2: Response by multi-agencies
 - Tier 3: Response by local jurisdiction
 - Tier 4: State response management
 - Tier 5: Interstate regional management
 - Tier 6: Federal response support to State and local agencies

Tier 1-3 emergencies may only require simple communication efforts for the sole responding agencies. Tiers 4-6 would require complex communications between multiple agencies from different governmental levels.

2. A disaster or emergency event requires accurate and prompt communications amongst the responding agencies and accurate and prompt communications with the general public.
3. The communication needs between the responding agencies may vary, depending on the size and scope of the emergency or disaster.
4. During a public health emergency, the District (and possibly other responding agencies) shall appoint a Public Information Officer (PIO) to manage all communications during the incident.
5. There may be widespread circulation of conflicting information, misinformation, and rumors. Communication must be coordinated among all relevant agencies to ensure consistent messages to the general public.
6. All public information will be approved prior for release by the Incident Commander or designee. This includes, but is not limited to, information for telephone "hot lines", brochures, web based information, and media releases.
7. Information received via the Health Alert Network (HAN) will be disseminated to first responders and other agencies, as appropriate.
8. If there are technical problems with communication lines, alternate communications will be activated. Alternate methods include, but are not limited to; satellite phone, HAM radio teams, and couriers. Placing message boards at key public gathering locations, such as the post office, should also be considered.
9. Certain groups (vulnerable populations) will be hard to reach, including people whose primary language is not English, people who are homeless, people who are hearing and

visually impaired, etc. Whenever possible, vulnerable population resources should be known prior to an emergency.

IV. ROLES AND RESPONSIBILITIES

Each county's Emergency Operations Plan (EOP) identifies an emergency incident command system (ICS) and has specific individual job descriptions listed for key leadership positions. Health departments and hospitals may use versions of the Incident Command System; the Public Health Incident Command System (PHICS), and the Hospital Incident Command System (HICS), as their primary management tool for emergency response.

During the course of communications with first responder agencies, messages distributed via the Oregon HAN may be assigned a high priority (severity) at the discretion of the message sender based on the nature of the threat.

During emergency communications with the general public, alerting agencies will send messages as "Routine" or preface a message as "Urgent" based on the immediate or impending threat level to the public. See template on page 31 & 32.

General Emergency Communication Expectations (Contingent on availability)

Emergency Manager

1. Develop and coordinate an adequate warning system.
2. Issue warnings through dispatch center.
3. Educate the public regarding the use of the warning system.
4. Authorize activation of warning systems.
5. Provide manpower for door-to-door warning, as necessary.
6. Activation of the area EAS (Emergency Alerting System) Plan.

County Sheriff's Office

1. Dispatch siren-equipped mobile units to key locations to provide supplemental sound coverage.
2. Perform maintenance and repair of all siren units.
3. Provide mobile public address units, if necessary.
4. Provide manpower for door-to-door warning, as necessary.
5. Develop and maintain hazard-specific warning procedures covering warning receipt, verification, and dissemination.

Local Fire Service Agencies

1. Provide additional siren-equipped mobile units where necessary to supplement sound coverage.
2. Maintain and repair all siren units.
3. Provide mobile public address units, if necessary.
4. Provide manpower for door-to-door warning, as necessary.

Media, Broadcast and Print

1. Disseminate warning messages provided by authorized sources to the general public as rapidly as possible in the event of an impending or actual disaster.

2. Maintain a continual readiness to disseminate critical information.
3. Activate the EAS upon authorized request from an authorized individual.
4. Assist in an ongoing public awareness program of life saving measures to be taken concerning all catastrophic events.

Special Locations

1. Schools, hospitals, nursing homes, major industries, and places of public assembly will be expected to be aware of the existing warning system and take appropriate action during an emergency notification.

Emergency Alerting/Warning Systems

The National Warning System (NAWAS)

NAWAS provides warning and information nationwide to designated warning points. Warning information transmitted over NAWAS for Oregon is relayed from the state NAWAS warning point to district warning points over the state NAWAS network.

The National Warning system is the primary method of communicating alert and warning messages from national authorities to state and local authorities or warning points. This system is widely used to communicate alerts and other messages to the public.

Oregon Emergency Management (OEM) is the State-level extension of NAWAS. Each County Area Warning Center is on the NAWAS network. During an emergency or major disaster, decision makers in the State ECC have the capability to communicate with federal, state, and local agencies via the ECC and the Oregon Emergency Response System (OERS) Communications Center.

Emergency Alert System (EAS)

The EAS provides a means for supplying emergency information to the public. It utilizes commercial radio and television broadcast services that are provided on a voluntary, organized basis. The System may be activated at the Federal, State, or local level by Emergency Managers or a designee, such as local dispatch.

The Integrated Public Alert Warning System (IPAWS)

IPAWS aims to combine the county's public warning systems, including EAS, and many others.

National Weather Service (NWS)

Current Weather information and warnings are received over the National Weather Service (NWS) teletype circuit. OEM monitors this circuit and is responsible for disseminating all relevant information on a county by county basis. In addition, NWS will issue severe weather warnings over the NAWAS line and EAS.

Flood Warning System

NWS, the U.S. Army Corps of Engineers, and River Authorities have established a network of rain and river flood sensing warning devices to collect data for flood warning purposes. If excessive rainfall occurs, the NWS and the River Forecast Center make flood predictions and warnings are issued, if necessary.

Citizen Alert/Frontier Regional Alerts

Wasco, Sherman, and Gilliam Counties utilize Everbridge as an Emergency Alert Notification System. All listed landlines of County residents are automatically entered in the system; however, citizens are strongly encouraged to register to receive alerts via cell phones and other methods of contact. This system enables emergency response agencies to provide citizens with critical information quickly in a variety of situations, such as severe weather, wildfire, floods, etc.

In Wasco County this system is called Citizen Alert. Wasco County residents should visit www.co.wasco.or.us to register and select their alerting preferences.

In Gilliam and Sherman Counties, this system is shared with Jefferson and Wheeler Counties and is called Frontier Regional Alerts. Gilliam County residents should visit www.co.gilliam.or.us to register and select their alerting preferences. Sherman County residents should visit www.co.sherman.or.us to register and select their alerting preferences.

Public Health Specific Emergency Communications

A. Lead Agency: North Central Public Health District (NCPHD)

The general role of NCPHD is to work with other local/regional health departments and the medical community in recognition, surveillance, investigation, and prevention of the spread of infectious diseases (natural or bioterrorism related), as well as other issues that may affect the public's health. NCPHD partners with Emergency Management, EMS, law enforcement, hospitals, medical clinics, and other health care providers throughout Wasco, Sherman, and Gilliam Counties.

1. North Central Public Health District Communications Roles

- a. Assign a liaison officer whose main objective is to establish and maintain communications with the point-of-contact from other agencies, as appropriate for the situation.
- b. Use appropriate Communications Plan attachments to contact and communicate with support agencies. See Appendix A (Partner Notification in a Crisis).
- c. Assign a PIO to coordinate with PIOs from other agencies, as appropriate, to provide accurate (verified) information to the public, before, during, and after, an emergency or disaster in Wasco, Sherman, or Gilliam Co. In most incidents, the Preparedness Coordinator will be the PIO for NCPHD. Alternately, the Tobacco Coordinator is the back-up PIO. See Appendix C (Community Partner PIO list).
- d. NCPHD's PIO will gather all necessary risk communication information, write, edit and have translated, press releases and statements to be issued to the news media for PSAs, interviews and news conferences. All press releases and information disseminated to the public will be approved, prior to release, by the Incident Commander.
- e. Other roles and responsibilities as assigned by the Incident Commander.

**B. Support Agency Response Expectations
(Contingent on availability)**

1. Hood River County Public Health Department

The Health Officer is responsible for the provision of coordinating with other Local Health Departments, Oregon Health Authority Public Health Division, the State Health Officer, health care providers, hospitals, veterinarians, other healthcare, and disease reporting agencies for disease surveillance and control activities. The general communications responsibilities of the Hood River Health Department as a support agency are:

- a. Assign a liaison officer whose main objective is to establish and maintain communications with the point-of-contact from other agencies, as appropriate for the situation.
- b. Use appropriate attachments to their plan to contact and communicate with support agencies.
- c. As a support agency, HRCHD's PIO will coordinate with other local/regional PIOs to provide accurate (verified) information that is necessary to publicize before, during and after a public health emergency or disaster.
- d. Other roles and responsibilities as assigned by the Incident Commander.

2. Mid-Columbia Medical Center (MCMC)

The role of MCMC in a public health emergency is to provide triage, assessment, emergency care, decontamination, and isolation of patients from a natural, or bioterrorism event as directed in each County's Emergency Operations Plan. MCMC has developed an emergency response plan to address plan activation, emergency staffing, and surge capacity to increase the number of beds, acquisition of additional supplies and medication, emergency evacuation, and coordination with Emergency Management and other hospitals in Region 6. The general communications responsibilities of MCMC as a support agency are:

- a. Assign a liaison officer whose main objective is to establish and maintain communications with the point-of-contact from other agencies, as appropriate for the situation.
- b. Use appropriate attachments to their plan to contact and communicate with support agencies.
- c. As a support agency, MCMC's PIO will coordinate with other local/regional PIOs to provide accurate (verified) information that is necessary to publicize before, during and after a public health emergency or disaster.
- d. Other roles and responsibilities as assigned by the Incident Commander.

3. Wasco, Sherman, Gilliam County Emergency Management

Emergency Management is a key partner in emergency response. They provide information on inter-agency coordination and are responsible for mobilizing local, state, and federal resources during an emergency event. Each of the three counties has an Emergency Management Agency, in accordance with ORS Chapter 401, specifically ORS 401.305. These agencies have information on the resources that can be provided to NCPHD, MCMC, EMS agencies, and the general public. During a regional or statewide event the county emergency management agency is represented by the Emergency Manager/designee. Management of the event is a coordinated effort under the auspices of the county governing body. Medical management of the event is under the direction of the affected county's Public Health Officer or Administrator, who works closely with the Emergency Manager, and coordinates with the State Health Officer.

Resource coordination is provided by Emergency Management. Public information is also provided through a Public Information Officer. In addition, the Emergency Manager maintains communication with their counterparts in the other Region 6 counties.

The county's Emergency Operation Plans interface with the Oregon State EOP. The county Emergency Manager notifies the Oregon State Department for Emergency Management when the county emergency response plan is activated. When indicated, the Health Officer contacts the State Health Officer at Oregon Health Authority (OHA), Public Health Division.

C. Additional Support Agencies

- Providence Hood River Memorial Hospital
- Skyline Hospital (White Salmon, WA)
- Mid-Columbia Center for Living
- Community Counseling Solutions
- Klickitat County Health Department, WA
- Deschutes Rim Health Clinic (Maupin, OR)
- Moro Medical Clinic
- Arlington Medical Center
- Gilliam County Medical Center (Condon, OR)
- Area EMS Providers
- Area Fire Service Agencies (Including, but not limited to; Mid-Columbia Fire and Rescue, Sherman County Fire Department, Gilliam County Fire Department)
- Wasco County 911
- Frontier Regional 911
- American Red Cross
- Oregon Health Authority

V. ROLES AND RESPONSIBILITIES BY PHASE

NCPHD Response actions will happen in accordance with the tier system described below. As the lead agency, NCPHD will be responsible for creating and disseminating a HAN alert to local emergency response partners. The HAN alert will contain any relevant emergency information and will be crafted by the NCPHD Public Information Officer (or Deputy HAN Administrator) and approved by the NCPHD Incident Commander prior to dissemination. These actions will occur when information must be shared via the Oregon HAN due to emergent situations.

For the purpose of this document, only Public Health Emergency Tiers 1 through 4 will be discussed. Tiers 5, and 6 will not be discussed, since they require complex responses and communications between multiple agencies from different governmental levels.

A. Tier 1: Response by an individual organization

1. Lead Agency: North Central Public Health District

2. Support Agencies

- a. Hood River County Public Health Department
- b. Mid-Columbia Medical Center (MCMC)
- c. Wasco, Sherman, Gilliam County Emergency Management
- d. Healthcare Preparedness Program (HPP) Region 6 Coalition

B. Tier 2: Response by multi-agencies

1. Lead Agency: North Central Public Health District

2. Support Agency

- a. Hood River County Public Health Department
- b. Mid-Columbia Medical Center (MCMC)
- c. Wasco, Sherman, Gilliam County Emergency Management
- d. Healthcare Preparedness Program (HPP) Region 6 Coalition

C. Tier 3: Response by local jurisdiction

1. Lead Agency:

- a. County Emergency Management
 - (1) Wasco County Emergency Management
 - (2) Sherman County Emergency Management
 - (3) Gilliam County Emergency Management
- b. North Central Public Health District

2. Support Agency

- a. Hood River County Public Health Department
- b. Mid-Columbia Medical Center (MCMC)
- c. Healthcare Preparedness Program (HPP) Region 6 Coalition

D. Tier 4: State Response Management

1. Lead Agency:

- a. Oregon Emergency Management
- b. Oregon Health Authority
- c. County Emergency Management
 - (1) Wasco County Emergency Management
 - (2) Sherman County Emergency Management
 - (3) Gilliam County Emergency Management
- d. North Central Public Health District

2. Support Agency

- a. Hood River County Public Health Department
- b. Mid-Columbia Medical Center (MCMC)

- c. Healthcare Preparedness Program (HPP) Region 6 Coalition

VI. CONCEPT OF OPERATIONS

A. Emergency Response and Communications Structure

Tiered emergency response is as an effective method of coordinating agencies to provide rapid first response assistance during a crisis. A tiered emergency response structure also requires a tiered communications effort involving a variety of systems and equipment.

B. North Central Public Health District Joint Information System

The overall responsibility of North Central Public Health District for providing public information in a public health emergency rests with its Public Information Officer who will coordinate all emergency information activities through the NCPHD Incident Commander.

1. A Joint Information Center (JIC) will be activated when determined by the Lead Public Information Officer or Deputy Public Information Officer in conjunction with the Incident Commander, Deputy Incident Commander or designee. PIO's from any agency participating in the response will come together at the JIC to ensure the coordination and release of accurate and consistent information.
2. If the incident grows to require a county response, and North Central Public Health District cannot support a JIC, then the Health District shall transition from its JIC to the county's EOC/JIC. The District shall contact the County Emergency Manager to transition the command and control to the County's EOC.
3. If dispatched to a County EOC or emergency response organization JIC, the PIO will take the items listed below, as necessary for the situation:

PIO Go-Kit

- NCPHD Communications Plan
- CERC Templates
- Laptop Computer
- Basic office supplies, such as pens & paper
- Regional Phone Book
- Event Journal
- ID Badges

4. Each organizational representative will continue to represent his/her organization while participating in a coordinated public information approach.
5. All material must be approved by the IC, or his designee. It is critical that information be passed through the approval process quickly so the process is kept as simple as possible.
6. An official statement should be released as soon as possible following the on-set of the emergency.
7. Information products will be coordinated, whenever possible, with other partner agencies that may be affected by the emergency. Hard or electronic copies will be

distributed in advance to partner agencies before time of general release so affected organizations will have advance knowledge.

C. Virtual Joint Information Center (Virtual JIC)

The Virtual JIC is a web-based tool developed to assist in the rapid and accurate statewide information sharing and collaboration. The sharing of public health information is essential to mitigating the adverse consequences of an outbreak or public health emergency. Therefore it is prudent that PIOs utilize the Virtual JIC in the early stages of an event by posting public information or messages.

D. District Command and Control

1. The NCPHD PIO is designated Lead PIO in a public health emergency in Wasco, Sherman, and Gilliam Counties, and will set up the designated physical location insuring a workable environment and functional equipment.
2. Once the JIC activation has begun, the lead PIO may designate deputies as needed.
3. The lead PIO will determine and announce when the JIC is “operational.”
4. The lead PIO will establish briefing arrangements with various subject matter experts and designated spokespersons, as appropriate.

E. Active Surveillance Communications

It is the policy of the North Central Public Health District to conduct on-going communicable disease surveillance for all reportable diseases, institute control measures and monitor effect of control measures in Wasco, Sherman, and Gilliam counties. During active disease surveillance and reporting, information must be disseminated to care providers and other concerning entities in a timely fashion with regular intermittent briefings. To do so, an array of communications systems can be used (See Emergency Notification Systems below).

VII. PUBLIC HEALTH EMERGENCY NOTIFICATION SYSTEMS

The roles and responsibilities for each department in support of emergency services will vary depending on the type of resource, the length of the warning period, and the duration of the incident.

Notification of an all hazards event within a county can originate from one or more separate agencies; law enforcement, EMS, hospitals, medical clinics, independent practitioners, schools, other government agencies, businesses, or from government agencies outside of the county such as the office of the State Health Officer and/or Oregon State Division of Emergency Management.

Various systems exist that allow emergency communications to be received or sent by a variety of communication methods. Redundant systems are in place to allow for communications if

some systems are damaged or temporarily inoperable. The automated notification systems such as HAN, HOSCAP and SERV-OR have an automatic documentation backup.

➤ **Health Alert Network (HAN)**

<https://public.health.oregon.gov/Preparedness/Partners/HealthAlertNetwork/Pages/index.aspx>

Oregon's Health Alert Network (HAN) connects hospitals, clinics, laboratories, public safety, EMS and many other public health partners via secure web applications that facilitate information sharing throughout Oregon and SW Washington. The system is managed by the Oregon Health Authority - Public Health Division - Health Security, Preparedness and Response Program. See appendix B for more info.

➤ **Hospital Capacity Website (HOSCAP)**

<https://emresource.intermedix.com/login>

Oregon's hospital capacity web system (HOSCAP) allows health care and emergency preparedness partners to share real time status data. The HOSCAP is a computer data system to track and report the availability of emergency room beds, medical supplies, etc. in Oregon's 60 hospitals

➤ **State Emergency Registry of Volunteers in Oregon (SERV-OR)**

<https://serv-or.org/>

SERV-OR is a statewide registry system to help pre-credentialed health care professionals volunteer their services during emergencies with significant health impacts. The registry is sponsored by the Oregon Public Health Division in partnership with the Medical Reserve Corps. It utilizes a secure database to register, credential, and alert volunteer health providers.

➤ **Laboratory Response Network (LRN)**

<https://lrn.hr.state.or.us/login/login.cfm>

The Oregon State Public Health Laboratory (OSPHL) -Laboratory Response Network (LRN) for Public Health Preparedness program assists sentinel laboratories by providing training and support in specimen collection, storage, and shipment, evidence-control measures and recognition of chemical and biological terrorism agents.

➤ **Oregon Syndromic Surveillance System (ESSENCE):**

<https://essence.oha.oregon.gov/>

In Oregon syndromic surveillance is accomplished through ESSENCE. Near real-time monitoring of key health indicators is tracked through emergency department (ED) visits. Oregon ESSENCE tracks the numbers of visits for specific patient symptoms (what the patient says when they register in the ED).

➤ **Oregon Emergency Response System (OERS):**

<http://www.oregon.gov/oem/emops/Pages/OERS.aspx>

Interagency communications in Oregon during emergency response and post-disaster recovery is largely facilitated by OERS. The OERS is the primary point of contact by which any public agency provides the state notification of an emergency or requests access to state and federal resources.

VIII. COMMUNICATIONS METHODS

Resolution of communication issues has been identified as the number one need throughout Region 6. EMS agencies, hospitals, Emergency Management, and public health are dependent on telephonic communication with each other. Communications methods should be convenient, fast, and reliable. Every method—even the most reliable—needs at least one backup in case of failure. There is an insufficient backup radio communication system including; frequency access and available to facilitate communications throughout the region. The distances and mountainous terrain of the region provides an additional impediment to radio communication.

Common communications methods include email, landline and cell phones, conference calls, and fax. Back-up communications include satellite phones, public safety radios in NCPHD vehicles, and HAM radio. Other potential methods include the Government Emergency Telecommunications Service (GETS) card, Health Alert Network (HAN), Virtual JIC, Text Messaging, and couriers.

A. Interoperable Communications

Interoperability is the ability of agencies to talk and share data in real time when needed. Communications interoperability is often a challenge because public safety agencies use a wide array of communications equipment. In addition, some agencies use radios that operate at different frequencies, making them incompatible. Achieving interoperability between all agencies requires addressing operational as well as technical obstacles, which include common procedures and governance agreements.

B. Primary Emergency Communication Systems

The primary emergency communications systems between health departments and hospitals in all counties are email, hardwired telephones, cell phones, and fax.

C. Backup Emergency Communication Systems

If the primary communications systems are interrupted, backup communication systems include satellite phone, public safety radios in all NCPHD vehicles, amateur radios, and runners.

NCPHD also subscribes to the GETS/WPS Programs (Government Emergency Telecommunications Service/Wireless Priority Service).

The hospitals have been granted access to Mid-Columbia Fire and Rescue's Fire North Frequency for emergency communication and the HEAR (Hospital Emergency Administrative Radio) System. This is a State designated frequency between ambulances and emergency departments. Due to geographic limitations the HEAR radio system is not available for inter-hospital communications. If all telecommunications are interrupted, runners will be used to communicate between hospitals, LHD and county emergency management.

Wasco Amateur Radio Services (WARS) maintains amateur radio communication capabilities at Mid-Columbia Medical Center, Oregon Veterans Home, and the Wasco Co. EOC. There are staff at each location licensed to use amateur radio equipment. WARS volunteers are also available for deployment to each site.

Furthermore, WARS maintains deployable radio communications assets available upon request from Wasco Co. EM, including several mobile go-kits and a communications bus. All equipment

is self contained and will be deployed with WARS volunteers, including back-up generator power.

D. Backup Communication System Priority of Use

Depending on the situation, the priority of back-up communication systems use is:

- Satellite Phone (NCPHD)
- Public safety radios in vehicles (NCPHD)
- Deployable radio communications assets (WARS)
- Fire North frequency (MCF&R)
- HEAR Radio (State owned & maintained)
- Portable Fire Dept. Radios (MCF&R- use requires an MOU)
- Runners (all agencies)

IX. STAFF CONTACT INFORMATION

Emergency contact information for NCPHD staff is reviewed and updated every 6 months. Contact information can be found at: S:\Directories & Contacts\Employee Contact Info. All staff are given a wallet card as shown below with all staff names and phone numbers. A more robust contact list is kept in the same location, titled Employee Contact Database.

Note: Info below is current as of January 2017.

Side 1

PHONE TREE

Health Dept. Director: Tom Thalhoffer

- Miriam (Mimi) McDonald
 - Oliver Mearns
- *Justin Zaloznik
 - Karin Christensen
 - Alyssa Barber
 - Nancy Hammer
 - Erica Workman
- *Shelita Campbell
 - Lyn Trasher
 - Jeremy Hawkins
 - Vary Rute
 - Hayli Eustand
 - Shelita Surr
 - Judy Benishan
- *KATHI HAD
 - Cynthia Rogers
 - Glenn Perry
 - Glenn Clark
 - Jessie Elias
 - Jean Christmas
 - Lyn Robertson
- *Tari Thalhoffer
 - Tanya Wiley
 - Maria Pina
 - Maricela Elias
 - Mayra Avila
 - Dianne Hart

* When contacted, leadership team members will be responsible for calling each person listed under their names.

S:\Directories & Contacts\Employee Contact Info/PhoneTree 2016

Name	Office	Home Phone	Work Cell	Personal Cell
Alyssa	506-2639	541-340-1017		541-340-1017
Cynthia	506-2630	541-980-9253		541-980-9253
Dianne	506-2618	541-298-8285		541-980-8305
Dillon	506-2604	860-906-7691		860-906-7691
Eloise	541-384-3808	541-763-3150		541-993-3726
Glenda	506-2623	541-442-5058		503-539-0676
Gloria	506-2626	541-288-8088		541-288-8088
Grace	506-2634	541-980-1999		541-980-1999
Hayli	506-2609	541-980-8313		541-980-8313
Jean	506-2605	918-779-8798		918-779-8798
Jeremy	506-2633	503-780-2451	541-993-1554	503-780-2451
Jessie	506-2629	541-370-5403		541-370-5403
John	506-2622	541-467-2715	541-993-5665	541-993-5665
Judy	506-2625	410-292-1070		410-292-1070

Side 2

Name	Office	Home Phone	Work Cell	Personal Cell
Kathi	506-2628	541-300-8081		541-300-8081
Kevin	506-2624	509-493-1071	541-993-0317	509-616-0175
Lori	506-2627	541-993-4700	541-993-6738	541-993-4700
Lyn	506-2616	541-645-5337	541-993-9684	541-645-5337
Maria	506-2620	541-300-9966	541-993-6735	541-300-9966
Maricela	506-2613	541-965-0979		541-965-0979
Mayra	506-2612	541-380-0888		541-380-0888
Maghan		909-389-8461		909-389-8461
Mimi	506-2615	541-298-4874		541-340-0023
Nancy	506-2635	541-467-2780	541-993-6797	541-993-2803
Nicole	506-2753	609-214-8816	541-993-0021	609-214-8816
Shelita	506-2617	541-771-4410		541-771-4410
Stefanie	506-2752	425-770-4431	541-993-7531	425-770-4431

Name	Office	Home Phone	Work Cell	Personal Cell
Tanya	506-2631	541-993-9589	541-993-0104	541-993-9589
Tari	506-2614	541-298-2448	541-980-8000	541-980-8000
Vary	506-2508	541-340-9937	541-993-6736	541-340-9937

Sat Ph: 400-456-7750 CD No: 541-993-8581 FAX: 541-506-2601 Website: www.ncphd.org

Incoming Calls from HAN: 971-673-1319 Child Abuse Reporting: 1-855-541-8942

Mid-Col. Fire & Rescue: 541-296-9445 HR Fire Dept: 541-386-3939

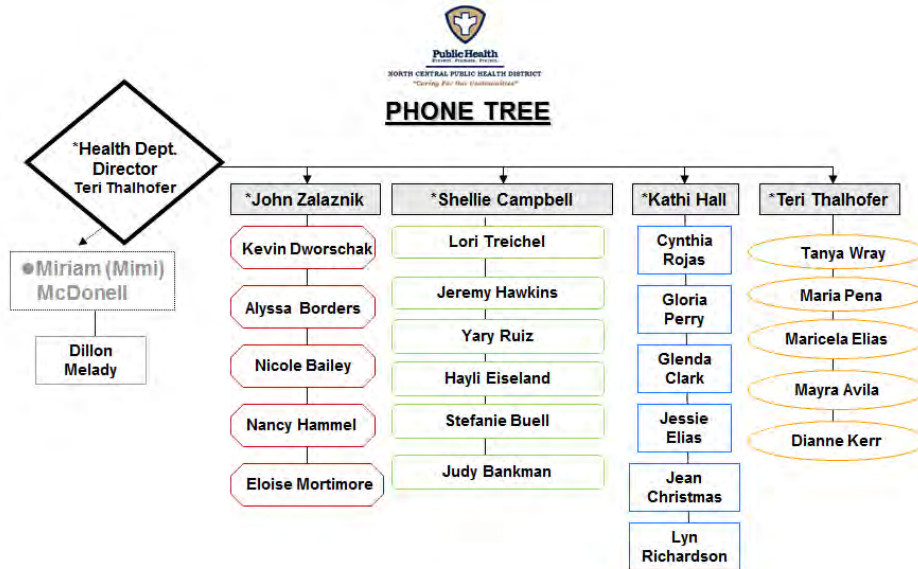
MCMC: 541-296-1111 Providence HR: 541-386-3911

TD Police Dept: 541-296-2233 HR Police Dept: 541-386-3942

Non-Emergency Dispatch: 541-296-5454 Oregon EPI: 971-673-1111

OR Emergency Response: 1-800-452-0311

The wallet card includes a phone tree. In the event that NCPHD staff need to be notified after-hours, the PHEP Coordinator will will contact staff through the HAN all-staff contact list. As a back-up method, the NCPHD Leadership Team will use the phone tree and wallet card to contact staff listed under their name:



* When contacted, leadership team members will be responsible for calling each person listed under their name.

S:\Directories & Contacts\Employee Contact\PhoneTree 2017

Last updated: 1/2017

X. NCPHD STAFF REPORTING REQUIREMENTS DURING EMERGENCIES

The location staff will report to will differ depending on the type of emergency being experienced. In most situations, staff will meet in the NCPHD conference room. In the event that the conference room is rendered unsafe or unfit for use, staff will report according to the direction of the NCPHD Continuity of Operation Plan or as otherwise directed by the NCPHD Incident Manager.

Upon realization that a situation will requires ICS control, the NCPHD Incident Commander will notify critical staff immediately. Staff will be responsible to report to the location designated by the Incident Commander within **60** minutes, or when they can safely do so.

XI. TRAINING, EXERCISING, AND EVALUATIONS

A. Training

Training is necessary to enhance daily and emergency public health communications. Examples of communications training include:

1. Public Information Officer (PIO) Training
2. Crisis and Emergency Risk Communications (CERC)
3. Joint Information Center (JIC) Operations Training
4. Information Systems Training: HAN,HOSCAP, etc.

5. Communications Equipment Training; i.e. Public Safety Radio & Satellite Phone

B. Exercising

It is important to include one or more communications objectives when designing exercises to test response capabilities. Conduct increasingly more difficult exercises (drills, tabletops, functional and full scale exercises) to test normal communications and altered communications, i.e. no land lines or cell phone service. Lessons learned from exercising will be the basis upon which to revise plans.

C. Training Records

A training log for each NCPHD staff member is kept at: S:\Training\Staff Training Log.

For NIMS compliance, Incident Command Training records for NCPHD staff are kept at: S:\PHEP\ICS-NIMS Info\NIMS Compliance Staff Training.

XII. PLAN MAINTENANCE

The North Central Public Health District Preparedness Coordinator is responsible for the development and maintenance of the Communications Plan. The Communications Plan will be reviewed annually and updated, as necessary, based on revisions identified through exercises, improvement plans, or updates in knowledge.

SECTION 2 - NCPHD CRISES & EMERGENCY RISK COMMUNICATIONS PLAN

CRISES AND EMERGENCY RISK COMMUNICATIONS

NCPHD shares risk communication responsibility with local partners. Communicating a public threat to the community in a manner that provides meaningful information to help the public respond to that threat is an important aspect of communication protocols.

To protect the public's health and safety in the event of an emergency or disaster, public agencies must issue accurate and timely information through the news media. They must rapidly and effectively communicate the facts of what happened. They must also reveal what the government will do about the emergency or disaster, and describe what citizens must do to protect themselves.

Emergency information efforts should focus on specific event-related information. This information will generally be of an instructional nature, focusing on such things as warning, evacuation, and shelter. It is important to keep the public informed of the general progress of events. A special effort should be made to report positive information regarding emergency response in order to reassure the community that the situation is under control. Rumor control must be a major aspect of the information program. Education efforts will be directed towards increasing public awareness about potential hazards and how people should deal with them. Coordination and collaboration with local and regional media and public information personnel is essential to providing accurate, consistent, and timely information regarding the status of the emergency response/recovery. Where applicable, information should be provided in appropriate languages to accommodate non-English speaking populations. Public information and educational materials dealing with emergency management and preparedness can be

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provided to the general public and community partners prior to a disaster/incident. Information can be disseminated in a variety of formats and via multiple communication avenues.

During periods of emergency, the public needs, and generally desires, detailed information regarding protective action to be taken for minimizing loss of life and property. There are times, however, when disaster strikes without warning and the public information system cannot react rapidly enough to properly inform the public about the hazard. For this reason, it is important that prior to the occurrence of an emergency the public be made aware of potential hazards and the protective measures that should be employed.

During a public health emergency, The North Central Public Health District risk communication shall:

1. Identify and prioritize the target audience.
2. Deliver a message that is understandable, based on science, and delivered through the channels already established by the agency.

Medical Material

1. Communicates medical and scientific information, such as disease risks and information on drug treatments.
2. Medical material shall be developed by or with aid from NCPHD medical staff, utilizing OHA and CDC resources. This material shall be approved by NCPHD's Administrator or designee or Health Officer prior to being released.

Non-Medical Material

1. Communication materials that include logistics and other information, such as where the public should report to receive prophylaxis or the hotline phone number.
2. Non-medical communication materials shall be developed by the NCPHD Public Information Officer (PIO) and shall be approved by NCPHD's Administrator or designee prior to being released.

The duties of the Public Information Officer include:

1. Creation and dissemination of key messages and incident updates to public and media partners.
2. Activation and staffing of a Joint Information Center (JIC), if needed.
3. Development of fact sheets and situation updates for internal staff use.
4. Designation of a spokesperson, alternate spokesperson, and supporting subject matter experts, if needed.
5. Development and distribution of news releases, status updates, and other emergency information through news conferences, websites, newspapers, television stations, radio station, e-mail and emergency hotlines.
6. Arranging for translation of documents.

Dissemination of public information during an emergency can be accomplished in a number of ways. The Oregon Emergency Response System will be used to provide key information regarding the incident to the first responder community and key partners. Media partners play a significant role in information sharing and dissemination of information to the public and among private sector and governmental entities. North Central Public Health district will adopt and

incorporate the principles of the public information system set forth by the National Incident Management System. A “virtual JIC” system is a centralized electronic database that can serve as a tool for sharing information among the Public Information Officer network so that designated Public Information Officers and support staff in a variety of remote locations can communicate with each other.

When a PSA is determined (by NCPHD Director or Leadership Team Staff) to be needed, NCPHD PIO shall:

Craft PSA

1. Craft the PSA collaboratively with subject matter expert(s) /PIOs using the English PSA template found at S:\PSAs\PSA Templates & Contacts.
2. If the situation is URGENT, indicate so on PSA header as follows: PSA – URGENT.
3. Receive approval of the PSA content and clearance to distribute by NCPHD Director/ or Incident Commander. If PSA is medical, in nature, the NCPHD Health Officer should also review the content.
4. Arrange for translation of documents. Simultaneous release of translated documents is preferred, but may follow as available.

Nine Steps in Crisis Communication Implementation (from CDC):



The first few hours of any event are usually chaotic. This is a time of high uncertainty where a quick response can be critical. A crisis communication plan is designed to make some initial communication decisions before a crisis happens, so your organization can promptly respond and rapidly adapt. While every event is unique, some crisis communication steps are universal and can help your organization effectively manage most emergencies.

Step 1: Verify the Situation - Situational awareness is the first step in an informed response. Although information will be scarce, get the facts and try to verify them with more than one credible source.

Step 2: Conduct Notifications - Notify all necessary response points of contact, and keep a record of who was notified, when, how, and if they were reached or require follow-up.

Step 3: Conduct Crisis Assessment (Activate Crisis Plan) - Continually assess new information, the severity of the situation, the target audience, and what information should be communicated.

Step 4: Organize Assignments Quickly - Quickly assign responders specific responsibilities, dividing these assignments based on immediate and ongoing issues. Coordinate with appropriate response partners to address all communication needs.

Step 5: Prepare Information and Obtain Approvals - Coordinate development of activities and messages, rapidly sharing and clearing information within your organization for timely release.

Step 6: Release Information through Prearranged Channels - Identify audiences and communication channels prior to a crisis, so information can be disseminated rapidly during an emergency.



Step 7: Obtain Feedback and Conduct Crisis Evaluation - As soon as possible after a crisis starts, conduct an evaluation of your organization's response. Feedback from key audiences and coverage from media can inform messages and allow problems to be addressed.

Step 8: Conduct Public Education - Offer educational opportunities to improve public understanding, support, and preparation for future emergencies.

Step 9: Monitor Events - Monitor communication activities on an ongoing bases—including media, social media, and responder interactions—to determine how to improve messages and the general communication strategy.

Planning is the most important step to ensure an effective response using Crisis and Emergency Risk Communication (CERC). It takes considerable time and effort to develop and maintain a crisis communication plan. Plans should not try to answer all the questions or determine all the decisions, but they should reveal a process. Understanding the features of a plan, as well as the types of information to include and the kinds of questions to ask, are vital to a response's success.

PSAs should always follow the basic tenants of CERC:

<p>CRISIS EMERGENCY RISK COMMUNICATION</p> <p>Build Trust and Credibility by Expressing:</p> <ul style="list-style-type: none">+ Empathy and caring+ Competence and expertise+ Honesty and openness+ Commitment and dedication <p>Top Tips</p> <ul style="list-style-type: none">+ Don't over reassure.+ Acknowledge uncertainty.+ Express wishes ("I wish I had answers").+ Explain the process in place to find answers.+ Acknowledge people's fear.+ Give people things to do.+ Ask more of people (share risk). <p>As a Spokesman</p> <ul style="list-style-type: none">+ Know your organization's policies.+ Stay within the scope of responsibilities.+ Tell the truth. Be transparent.+ Embody your agency's identity. <p>BE FIRST, BE RIGHT, BE CREDIBLE.</p>	<p>Prepare to Answer These Questions:</p> <ul style="list-style-type: none">+ Are my family and I safe?+ What can I do to protect myself and my family?+ Who is in charge here?+ What can we expect?+ Why did this happen?+ Were you forewarned?+ Why wasn't this prevented?+ What else can go wrong?+ When did you begin working on this?+ What does this information mean? <p>Stay on Message</p> <ul style="list-style-type: none">+ "What's important is to remember..."+ "I can't answer that question, but I can tell you..."+ "Before I forget, I want to tell your viewers..."+ "Let me put that in perspective..." <p>CONSISTENT MESSAGES ARE VITAL</p> <p> </p>
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PSA Translation

1. Send PSA via email to NCPHD Translator, Pilar Cox (pitabasile_32@hotmail.com). Include both a Word and pdf. version of the PSA to ensure successful delivery. Also include the Spanish PSA Template found at S:\PSAs\PSA Templates & Contacts for translator to populate.
2. Upon receipt of translated PSA, route internally (along with a copy of the English PSA) to in-house bi-lingual staff for review of message consistency, grammar, and area specific cultural considerations.
3. Forward a copy of the email received from translator to Executive Assistant to serve as documentation for payment for translation services.

Complete NCPHD Spanish Translator Contact Info:

Name: María del Pilar Cox
Email: pitabasile_32@hotmail.com
Phone: 703-347-2215
Address: 918 Park Ave.
Falls Church, VA 22046

All NCPHD communications (day-to-day and emergency) will be translated into Spanish.

PSA's and other materials may be translated in-house by NCPHD bi-lingual staff, when appropriate.

In the event that information must be translated into languages other than Spanish, NCPHD has access to translation services via Stratus Audio:

Website: www.stratusvideo.com
Phone: 877-746-4674 (877-RING OPI)

See NCPHD Policies and Procedures, Topic AD-Interpreter Services and/or the complete instructions located in the NCPHD Galley.

PSA Dissemination

NCPHD utilizes the following methods and procedures to disseminate messages to communicate necessary information to the public, including vulnerable populations, with messages during disasters:

All emergent life safety messages will be broadcast over the emergency alert system; Wasco Co. Citizens Alert in Wasco County and/ or Frontier Regional Alerts in Sherman and Gilliam Counties, dependent on which County(s) are affected.

Non-emergent public health messages can also be disseminated via Wasco Co. Citizen Alert through the Public Health Advisories opt-in alerting feature. Citizens must pre-register to receive non-emergent public health messages. At the time of publication; 1,200 registrants had opted-in for this feature through Wasco Co. Citizen Alert. This is currently not an option in Gilliam or Sherman County.

Vulnerable Population	Message Dissemination Methods & Procedures
<p>Non-English Speaking</p>	<p><u>Message Dissemination Modes/Locations:</u></p> <ol style="list-style-type: none"> 1. Non English newspapers and radio stations 2. Ethnic restaurants and food stores 3. Ethnic churches 4. One Community Health 5. Schools <p><u>Message Distribution Procedures:</u></p> <ol style="list-style-type: none"> 1. <i>Follow NCPHD Message Distribution standard procedures for emergency public information distribution (including translation).</i> 2. Engage support from/share information with community health workers. 3. Distribute copies of printed messaging to local ethnic restaurants, food stores, schools, churches, NCPHD WIC program and One Community Health for dissemination to public. <p><u>Messenger Considerations- Best Practices:</u></p> <p>Messages targeted to non-English speakers should ideally come from:</p> <ol style="list-style-type: none"> 1. Religious clergy 2. Community leaders 3. Educated professionals within the community 4. Trusted representatives of recognizable non-profit social service organizations
<p>People with Disabilities</p>	<p><u>Message Dissemination Modes/Locations:</u></p> <ol style="list-style-type: none"> 1. Local newspaper and radio 2. Department of Human Services- Adults and People with Disabilities Program 3. Mid-Columbia Center for Living/Community Counseling Solutions 4. NCPHD Home Visiting Nurses (Infants/Children) 5. Eastern Oregon Center for Independent Living (EOCIL) 6. Local medical care providers 7. Oregon Veterans Home <p><u>Message Distribution Procedures:</u></p> <ol style="list-style-type: none"> 1. <i>Follow NCPHD CERC Message Distribution standard procedures for emergency public information distribution (including translation).</i> 2. Engage support from/share information with local medical care providers, disabled-service agencies, EOCIL and Oregon Veterans Home. 3. Activate NCPHD Home Visiting Nurses to disseminate information to families (infants/children). 4. Distribute copies of printed messaging to Mid-Columbia Center for Living, Community Counseling Solutions and DHS-SPD Program. <p><u>Messenger Considerations- Best Practices:</u></p> <p>Ideal risk messengers in case of a public health emergency:</p>

	<ol style="list-style-type: none"> 1. Case managers 2. Family, friends, and neighbors 3. Religious clergy 4. Healthcare professionals
<p>Seniors</p>	<p><u>Message Dissemination Modes/Locations:</u></p> <ol style="list-style-type: none"> 1. Local newspaper and radio 2. Department of Human Services- Seniors and People with Disabilities Program 3. Mid-Columbia Senior Center 4. Meals on Wheels 5. Pioneer Potlatch 6. Local Long Term Care Facilities/Oregon Veterans’ Home 7. Hospice of The Gorge <p><u>Message Distribution Procedures:</u></p> <ol style="list-style-type: none"> 1. <i>Follow NCPHD CERC Message Distribution standard procedures for emergency public information distribution (including translation).</i> 2. Engage support from/share information with Mid-Columbia Senior Center, Meals on Wheels, Mid-Columbia Council of Governments Area Agency on Aging, and Pioneer Potlatch. 3. Engage support from/share information with local medical care providers, long term care facilities/Oregon Veterans Home and Hospice of The Gorge. 4. Distribute copies of printed messaging to local senior-service agencies to share with the public. <p><u>Messenger Considerations- Best Practices:</u></p> <p>Ideal risk messengers in case of a public health emergency:</p> <ol style="list-style-type: none"> 1. Local Media 2. Healthcare providers 3. Nonprofit organizations (such as Meals on Wheels) 4. Senior centers
<p>Behavioral Health</p>	<p><u>Message Dissemination Modes/Locations:</u></p> <ol style="list-style-type: none"> 1. Local newspaper and radio 2. Department of Human Services- Seniors and People with Disabilities Program 3. Mid-Columbia Center for Living/Community Counseling Solutions 4. Eastern Oregon Center for Independent Living (EOCIL) 5. Local medical care providers <p><u>Message Distribution Procedures:</u></p> <ol style="list-style-type: none"> 1. <i>Follow NCPHD CERC Message Distribution standard procedures for emergency public information distribution (including translation).</i> 2. Engage support from/share information with local medical care providers. 3. Distribute copies of printed messaging to Mid-Columbia Center for Living, Community Counseling Solutions, EOCIL and DHS-SPD Program. <p><u>Messenger Considerations- Best Practices:</u></p>

	<p>Ideal risk messengers in case of a public health emergency:</p> <ol style="list-style-type: none"> 1. Case managers 2. Family, friends, and neighbors 3. Healthcare professionals/caregivers
<p>Homeless Population</p>	<p><u>Message Dissemination Modes/Locations:</u></p> <ol style="list-style-type: none"> 1. Local newspaper and radio 2. Department of Human Services 3. Salvation Army 4. St. Vincent de Paul (including warming shelter) 5. Local Meal sites (e.g. Meals on Wheels/Pioneer Potlatch/St. Vincent de Paul) <p><u>Message Distribution Procedures:</u></p> <ol style="list-style-type: none"> 1. <i>Follow NCPHD CERC Message Distribution standard procedures for emergency public information distribution (including translation).</i> 2. Engage support from/share information with Salvation Army, St. Vincent de Paul and local meal sites. 3. Activate NCPHD Nursing/Preparedness staff to disseminate information to homeless at warming centers and/or meal sites. 4. Distribute copies of printed messaging to local human service agencies to share with the public. <p><u>Messenger Considerations- Best Practices:</u></p> <p>Ideal risk messengers in case of a public health emergency:</p> <ol style="list-style-type: none"> 1. Local human services agency staff 2. St. Vincent de Paul/Salvation Army staff 3. NCPHD Nursing/Preparedness Staff (direct contact)
<p>Migrant & Seasonal Workers</p>	<p><u>Message Dissemination Modes/Locations:</u></p> <ol style="list-style-type: none"> 1. Ethnic restaurants and food stores 2. Non-English newspaper and radio 3. Ethnic churches 4. One Community Health 5. Head Start/schools 6. RAMAS (Resources Available to Migrants And Seasonal workers) 7. Orchardists/Farmers/Other Employers <p><u>Message Distribution Procedures:</u></p> <ol style="list-style-type: none"> 1. <i>Follow NCPHD CERC Message Distribution standard procedures for emergency public information distribution (including translation).</i> 2. Engage support from/share information with community health workers and local employers of migrants and seasonal workers (e.g. orchardists/farmers/others). 3. Distribute copies of printed messaging to local ethnic restaurants, food stores, schools, churches, Head Start, NCPHD WIC program and One Community Health for dissemination to public. <p><u>Messenger Considerations- Best Practices:</u></p> <p>Messages targeted to migrant-seasonal workers should ideally come from:</p> <ol style="list-style-type: none"> 1. Community health workers

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	<ol style="list-style-type: none"> 2. Community leaders 3. Trusted representatives of recognizable non-profit social service organizations 4. Employers 5. NCPHD Staff (direct contact)
<p>Tribes</p>	<p><u>Message Dissemination Modes/Locations:</u></p> <ol style="list-style-type: none"> 1. Local newspaper and radio 2. Celilo Village In-Lieu Site 3. Schools 4. OHA Tribal Liaison 5. BIA/IHS Personnel <p><u>Message Distribution Procedures:</u></p> <ol style="list-style-type: none"> 1. <i>Follow NCPHD CERC Message Distribution standard procedures for emergency public information distribution (including translation).</i> 2. Engage support from/share information with Celilo Village. 3. Activate NCPHD Nursing staff to disseminate information to residents at Celilo Village. 4. Distribute copies of printed messaging to residents at Celilo Village. <p><u>Messenger Considerations- Best Practices:</u></p> <ol style="list-style-type: none"> 1. Schools 2. Community centers and public meetings 3. Tribal newsletters and poster boards
<p>Geographically Isolated</p>	<p><u>Message Dissemination Modes/Locations:</u></p> <ol style="list-style-type: none"> 1. Local newspaper and radio 2. County Emergency Management/Sherriff's Office 3. Rural medical care providers 4. Rural post offices, stores and restaurant <p><u>Message Distribution Procedures:</u></p> <ol style="list-style-type: none"> 1. <i>Follow NCPHD CERC Message Distribution standard procedures for emergency public information distribution (including translation).</i> 2. Engage support from/share information with rural medical care providers, rural County Emergency Managers and NCPHD Staff living in rural areas. 3. Activate NCPHD Nursing staff to disseminate information/supplies to extreme rural settings if no other method is available. <p><u>Messenger Considerations- Best Practices:</u></p> <p>N/A</p>

Distribute PSA- Media Partners

1. See sample email message format for PSA dissemination doc. found at S:\PSAs\PSA Templates & Contacts. Craft an email, attaching the English (and Spanish if already available) for distribution. If the situation is **URGENT**, distribute the English PSA immediately. Include the following text in email to media partners **“A Spanish version is being translated and will be sent as soon as possible.”** Forward Spanish version as soon as it becomes available.
2. Email PSA to Newspaper and Radio Media Partners. Include via bcc; NCPHD Staff, NCPHD BOH & Contacts and Local County Court Contacts. Consider including additional contacts, as appropriate for the situation. All PSA contacts can be found at: S:\PSAs\PSA Templates & Contacts.
3. Post all PSA’s on the NCPHD website homepage at ncphd.org and consider posting on North Central Public Health District Facebook (FB) page, Wasco Co. MRC FB Page, community FB pages, such as The Dalles Happenings.

Document PSA Delivery

1. Create a file in the shared drive by month/year and PSA subject. Save the following items in this file:
 - a. Copy of the email you sent, including who it was sent to
 - b. Original English and Spanish PSA
 - c. Any additional attachments included in the email, such as Fact Sheets
2. Enter the PSA information; including date sent, Type of Doc., Reference Name, who requested the PSA, the program, who approved the PSA, who sent the PSA, and special instructions, in the NCPHD PSA/Press Release/Info Sharing Log, found in the shared drive, PSA file, by year distributed.
3. Save a paper copy of all materials in the PSA Log Binder (in the PHEP Coordinator’s office).

Additional Warning Systems

When a major emergency or disaster occurs or is imminent, the Oregon Emergency Response System provides 24-hour alert, warning, and notification service to county/local warning points and notifies appropriate county, state, federal, and volunteer entities.

A warning process will be implemented through County Emergency Management or other designated agencies providing support to the County EOC to notify various agencies, partners, support staff, and public officials during an emergency. The county communications systems and news media will be used for dissemination of warnings. Warning dissemination will be under the supervision of the County Emergency Manager, with support from the Sheriff’s Office. Upon receipt of warning information, county emergency service coordinators, the private sector, cities, and public will be instructed to immediately initiate appropriate actions based on the nature of the potential hazard and the time available prior to impact.

Emergency warning systems in place for some of the incorporated cities include: NAWAS, the Emergency Alert System, and the National Weather Service. Also, the following flood warning systems are in place for:

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1. Columbia River/The Dalles Dam (U.S. Army Corps of Engineers)
2. Clear Creek/Wasco Dam (U.S. Dept. of the Interior Bureau of Reclamation)
3. Deschutes River/Pelton & Round Butte Dams (Portland General Electric &
4. Mill Creek/Crow Creek Dam (City of the Dalles Public Works)

The Cities of The Dalles, Maupin, Mosier, Dufur, Condon and Arlington, are equipped with an emergency siren. In most cities public address capabilities are through Everbridge electronically, and through emergency response vehicles equipped with speakers, as available.

NCPHD "ROUTINE" Press Release Template:



Public Health
Prevent. Promote. Protect.

NORTH CENTRAL PUBLIC HEALTH DISTRICT

"Caring For Our Communities"

419 East Seventh Street, The Dalles, OR 97058

Phone: 541-506-2600 Fax: 541-506-2601

Website: www.ncphd.org

PSA

Date: (Insert date here)
To: All Media
From: Teri Thalhofer RN, BSN, Director
North Central Public Health District
Subject: ROUTINE: (Insert short PSA title/subject here)

(Insert body of text here)

(Include contact information here. For example: For more information, please contact North Central Public Health District at (541) 506-2600 or visit us on the web at www.ncphd.org or our Facebook Page at <https://www.facebook.com/NorthCentralPublicHealth/>.)

###

NCPHD "URGENT" Press Release Template:



Public Health
Prevent. Promote. Protect.

NORTH CENTRAL PUBLIC HEALTH DISTRICT

"Caring For Our Communities"

419 East Seventh Street, The Dalles, OR 97058

Phone: 541-506-2600 Fax: 541-506-2601

Website: www.ncphd.org

PSA

Date: (Insert date here)
To: All Media
From: Teri Thalhofer RN, BSN, Director
North Central Public Health District
Subject: **URGENT: (Insert short PSA title/subject here)**

(Insert body of text here)

(Include contact information here. For example: For more information, please contact North Central Public Health District at (541) 506-2600 or visit us on the web at www.ncphd.org or our Facebook Page at <https://www.facebook.com/NorthCentralPublicHealth/>.)

###

MEDIA DISTRIBUTION LIST

Newspaper

The Columbian
Work tom.vogt@columbian.com
The Dalles Chronicle
Work tdchron@thedalleschronicle.com
El Latino de Hoy
Work contact@ellatinodehoy.com
Gilliam County Newsletter
Rachel Weinstein, Gilliam Co. Community Development Dept.
Work rachel.weinstein@co.gilliam.or.us
Work 541-384-3767
Work 221 S. Oregon St. Room 104 PO Box 427 Condon, OR 97823
Goldendale Sentinel
info@goldendalesentinel.com
Hood River News
Work hrnews@hoodrivernews.com
Mark Gibson
The Dalles Chronicle
Work mgibson@thedalleschronicle.com
Raelynn Ricarte
The Dalles Chronicle
Work rricarte@thedalleschronicle.com
Sherman County Citizen Reporter
Lauren Hernandez
Work lhernandez@co.sherman.or.us
Sherman County E-News
Sherry Kaseberg
Work sherryk@gorge.net
Skamania Pioneer
scpioneer@gorge.net
Susan Conklin
Mosier Valley News
Work susanj77@gmail.com
The Times Journal
Work times-journal@jncable.com
Wampinrock news
wampinrock@centurytel.net
White Salmon Enterprise
Work ebakke@whitesalmonenterprise.com

Radio

KACI AM/FM
gleblanc@bicoastalmedia.com
KIHR AM 1340/KCGB FM105.5
m Bailey@bicoastalmedia.com
KODL AM 1440
newsroom@kodl.com
KZAS 107.7
Radio Tierra
Work leticiav@nextdoorinc.org
Home galearnold@gmail.com
Notes Leti Valle Gale Arnold
Y102 & Q93.5 & KLCK1400am
psa@haystackbroadcasting.com

Contacts should be verified twice a year by the NCPHD PIO to ensure accuracy. If all contact information is up-to-date, information can be processed more efficiently and timely.

The media provides coverage of public health emergency management activities, works with public health emergency management on educational programs, and checks accuracy of information.

In addition to Newspaper and Radio contacts, the NCPHD PIO maintains a list of other PSA contacts; NCPHD BOH and contacts, schools, medical partners, local county court contacts, NCPHD staff, and additional contacts are BCC'd in all appropriate PSA's. Contact Lists can be found in the NCPHD shared drive:: S:\PSAs\PSA Templates & Contacts\CONTACT LISTS FOR PSA'S.

NCPHD staff receiving an inquiry from the media should always direct the inquiry to the NCPHD Director, or in her absence, a leadership team member. The inquiry should NOT be left to the Director or leadership team member's voice mail, but rather in-person or voice-to-voice contact should be made.

Communication Processes

The NCPHD PIO will coordinate with the Subject Matter Expert (SME) to draft public information before presenting to IC for approval. This may occur as part of a Joint Information System (JIS), in collaboration with other regional/State PIOs. Depending on the nature and severity of an incident, PIOs may be co-located at a Joint Information Center (JIC) or may form a virtual JIC using internet communications. Additional support to the JIS may be provided by interested stakeholders, authorities or advocacy groups.

About JIS/JIC

Joint Information System

- ▶ The JIS is an information **network of PIOs** working together to deliver accurate and timely information the public needs and wants.
- ▶ The JIS can be as simple as two PIOs talking to each other on the phone about a news story that involves both of their agencies.
- ▶ The JIS can be as complex as 150 PIOs working a major disaster, many times from different locations – all to ensure clear and accurate information is being delivered amid the confusion of a disaster response.
- ▶ NCPHD standard practice calls for the PIO to form a JIS with other local PIOs to ensure a clear and **consistent** message.

Joint Information Center

- ▶ The JIC is a **physical location** with tools to enhance the flow of public information.
- ▶ The JIC provides a central working facility where PIOs can gather.
- ▶ A JIC allows PIOs to handle increased information needs by the media and the public during and after a crisis.
- ▶ Allows maximized communication between different PIOs while minimizing conflicting or inaccurate information being sent to the media and the public.
- ▶ Can provide “one stop shopping” for the media –this makes it more enticing for the media to focus on “official” information rather than scatter for other parts of the story.
- ▶ It is important to remember that a JIC is simply a tool to help facilitate the Joint Information System – the JIS is the key.

Special Medical Considerations

Mass Patient Care Events

Mid-Columbia Medical Center is the lead agency within the Health District, responsible for mass patient care events. In the instance of a mass patient care event, NCPHD and MCMC would coordinate agency specific information among their two agencies through agency Liaison Officers. Information and communications being shared with the public would be coordinated by Public Information Officers from both agencies through a Joint Information System (JIS). Depending on the nature and severity of an incident, PIO's may choose to staff a Joint Information Center (JIC) at MCMC, NCPHD or the Wasco County EOC, or may utilize the Oregon Health Alert Network's Virtual JIC function.

NCPHD will respond to MCMC requests for additional PIO support to: 1. Provide information to the public about the nature/severity of the threat, 2. Inform the public where/how/when to seek medical care (triage information), 3. Inform the public of alternate care facilities. Public information will be shared following NCPHD's Crisis Communications Standard Operating Procedures, and in accordance with NCPHD Policy and Procedure.

Interoperable communications (landline, cell phone, internet, amateur radio, and public safety radio) are available, ensuring that the two agencies could communicate directly during a mass patient care event. In the instance that these communications systems failed, MCMC has amateur radio capabilities; NCPHD has public safety radios in all NCPHD owned vehicle and has access to amateur radio capabilities through Emergency Management. Additionally, representatives of both agencies are active members on the Oregon Health Alert Network (HAN).

Isolation and Quarantine Events

***** Important Note:** Information regarding individuals under isolation or quarantine is governed by the **Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Oregon State Law (The Oregon Isolation and Quarantine Bench Book)**. Extreme caution should be used when crafting releases of information regarding those under isolation or quarantine, including seeking the guidance of state and/or local counsel.

In the event of quarantine or isolation of an individual or group of individuals, the intention of NCPHD is to protect the privacy of individually identifiable health information. However, NCPHD may choose to use and disclose such information as necessary to protect the public's health as allowed by HIPAA and Oregon State Law.

Any release of public information regarding isolation/quarantine situations will be shared following NCPHD's Crisis Communications Standard Operating Procedures, and in accordance with NCPHD Policy and Procedure.

About Communication with Those under Isolation/Quarantine

There are many types of communication that are used to maintain contact with isolation and quarantine units. The first use of communication is landline phone service. Staff will need dedicated phones for coordinating resources, medical coordination, and field coordination. Removing phones from the queue will decrease the ability to make monitoring calls, and must

be accounted for in considering the capacity for work and staffing. Cell phones are also used for communication in these events; however, cell phone service reception can be spotty within North Central Public Health District.

In the event of primary communications failure, redundant communications systems include fax machines, internet, public safety radios, mail, satellite phone, or using the HAN system. There may also be the use of runners.

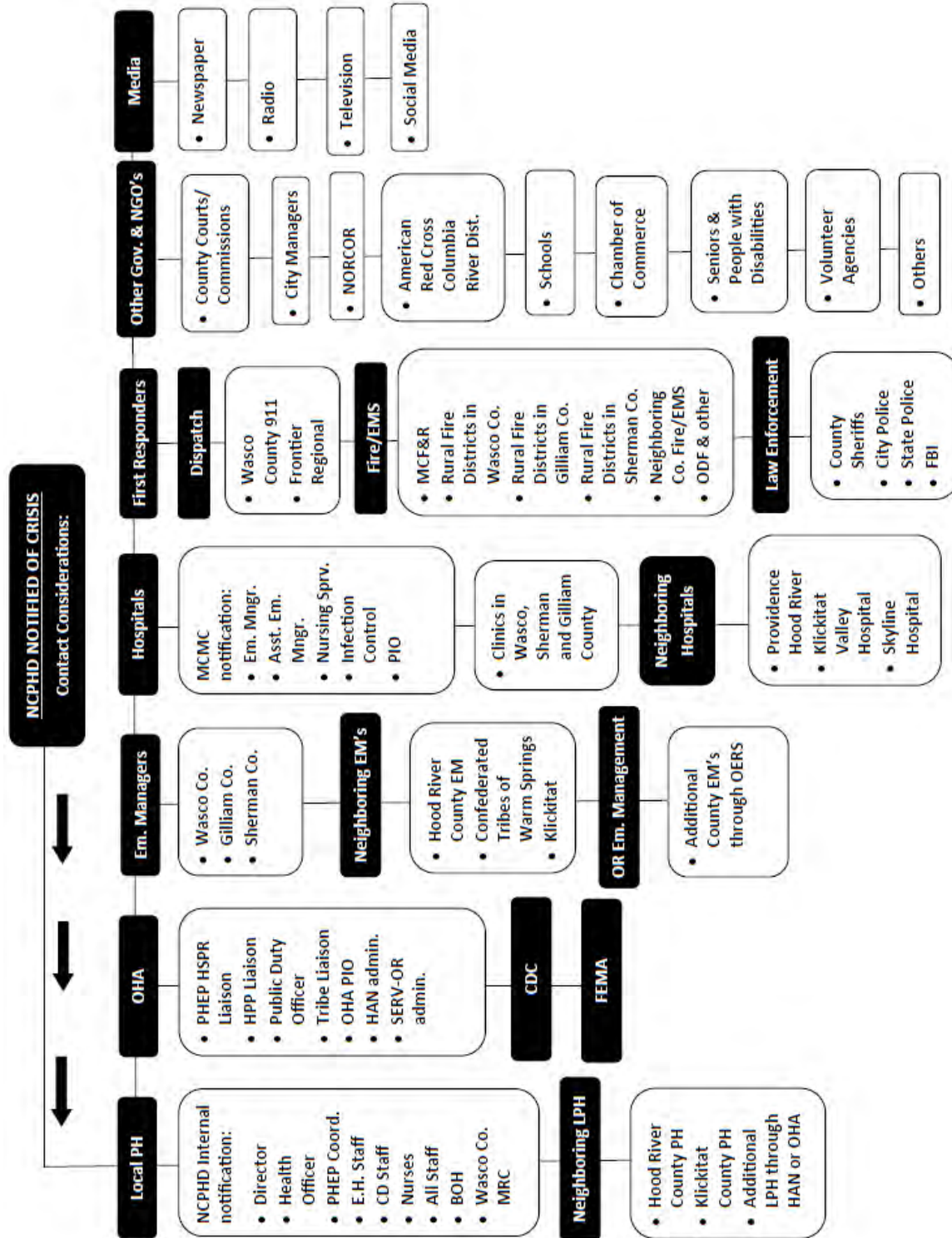
The following is a list of action items that should occur during a response requiring isolation and quarantine measures:

1. Assess the information needs of health care providers.
2. Assess the information needs of the general public.
3. Identify any logistical constraints to effective communications, such as communications staffing and equipment needs, and public information call center staffing and capacity.
4. Intensify public education efforts about the hazard, and steps that can be taken to reduce exposure to infection. Information may be disseminated via web site postings, newspaper editorials, flyers and billboards, television and radio broadcasts.
5. Coordinate with CDC, the State DOH, and health departments in adjacent jurisdictions to develop common health messages and education materials

Public Service announcements are important in all emergency situations. North Central Public Health District strives to make all information available in both English and Spanish. This includes all information pamphlets, and Public Service announcements.

APPENDIX A: Partner Notification In a Crisis

When an NCPHD employee is notified of an emergency incident they will notify their supervisor, the NCPHD Director, the NCPHD Health Officer, or the NCPHD PHEP Coordinator, in that order. Depending on the nature of the incident, the following contact considerations will be made:



APPENDIX B: Health Alert Network (HAN)

During a crisis, NCPHD may choose to utilize the HAN for staff or partner notification. The Oregon HAN is tested quarterly by state and local preparedness staff. These regular tests ensure that the system is working properly.

The Oregon Health Alert Network (HAN) uses Everbridge to provide a rapid, secure and redundant messaging system capable of sending alerts quickly to any size group. These alerts are access controlled by username and password, and can be sent to all contact methods specified by the user within their profile. The HAN tracks how & when you're contacted and reports can be reviewed for problems that may exist in your profile. The HAN also tracks if you were able to successfully confirm receipt of an alert. When you confirm receipt of an alert, the sender receives notification that you've received the message.

When granted access to the HAN, a user must complete their "My Profile" section. This contains the user's contact information and professional configurations that the HAN uses to reach the user during real events, exercises and for business communications. Completing this information allows the user to be easily contacted during significant events.

It is important for users to keep their profile up-to-date. Keeping information up-to-date allows for the timeliest relay of alerts. The Everbridge Manager and Member Portals can be found at:

<https://public.health.oregon.gov/Preparedness/Partners/HealthAlertNetwork/Pages/index.aspx>

When sending a HAN alert, you can choose to make it a High Priority Message, and you can choose to request confirmation by the user. Once the user confirms the alert, the sender is notified of the method the message was confirmed by, as well at the time and date. If the alert is not confirmed the sender will also be notified and an alternate communication method will be used. There are several methods to confirm receipt of an alert, based on how you receive them:

1. Alerts received via email (click link in email to confirm)
2. Alerts received via text (text Yes and press send)
3. Alerts received via telephone (when instructed, press 1 to confirm)
4. Alerts received via telephone voice mail (call the number given, and enter the code)

OHA routinely shares environmental health, epidemiological, and laboratory information via the HAN. The system also gives Federal, State, and local agencies the ability to rapidly (and securely) push emergency health notifications to partners throughout the state. If an alert requires confirmation, it will ask you to do so.

For security purposes, the details of HAN alerts will not be left on voice mail systems. The HAN system needs to reach the user directly so confirmation can be recorded. If the user receives a voice mail from the HAN, they should delete the message and retrieve the alert by calling the number given. You can also confirm via email. You only need to confirm one time, regardless of how many methods the HAN has reached you through.

All final alert confirmation data should be integrated into After Action Reports/Improvement Plans in order to document response communications.

APPENDIX C: Community Partner PIO List**NCPHD PIO CONTACT LIST - As of May 2017**


ORGANIZATION		NAME	EMAIL	PHONE
North Central Public Health Dist. (NCPHD)	PIO	Tanya Wray	tanyaw@co.wasco.or.us	541-506-2631 Cell 541-993-0104
	*Back-up	Hayli Eiesland	haylie@co.wasco.or.us	541-506-2609
Hood River County Health Dept.	PIO	Mike Matthews	Mike.matthews@co.hood-river.or.us	541-387-7129
	*Back-up	Ian Stromquist	ian.stromquist@co.hood-river.or.us	541-387-7130
Klickitat Co. Health Dept.	PIO	Kevin Barry	kevinb@klickitatcounty.org	509-773-2366 Cell 509-261-0693
	*Back-up	Matt Borden	mattb@klickitat.org	509-773-2494
OHA	PIO	Jamie Bash	jamie.p.bash@state.or.us	971-673-1394
Mid-Columbia Medical Center (MCMC)	PIO	Athena Miller	athenaio@mcmc.net	541-506-6408 Cell 619-787-5469
	*Back-up	Andrea Krol	andreak@mcmc.net	
Providence Hood River Memorial Hospital	PIO	Susan Frost	susan.frost@providence.org	541-387-6342 Cell 541-490-5999
	*Back-up	Jami McCaslin	jami.mccaslin@providence.org	541-387-8961 Cell 541-490-4866
Skyline Hospital (White Salmon, WA)	PIO	Elizabeth Vaivoda	elizabethvaivoda@skyline.org	509-637-2602
	*Back-up	Debi Budnick	debibudnick@skyline.org	509-637-2601
Hood River Co. Emergency Management	PIO	Barb Ayres	Barbara.ayres@co.hood-river.or.us	541-386-1213 Cell 541-490-4949
	*Back-up	Pete Hughes (HR Sheriff's Office)	pete.hughes@co.hood-river.or.us	541-386-2098
	*Back-up	Matt English (HR Sheriff's Office)	matt.english@co.hood-river.or.us	541-386-2098
Wasco, Sherman & Gilliam Co. Emergency Management	PIO	Designated through ICS	Juston Huffman (Wasco) justonh@co.wasco.or.us Shawn Payne (Sherman) emergencyserv@embarqmail.com Chris Fitzsimmons (Gilliam) Chris.fitz@co.gilliam.or.us Gary Bettencourt (Gilliam) sheriff@gilliam.or.us	541-506-2790 541-565-3100 541-384-2851 541-384-2851
	*Back-up	May be requested through AOC by County Judge/Commissioner		
Klickitat Co. Emergency Management	PIO	Jeff King	jeffk@klickitatcounty.org	509-773-0570 Cell 509-261-1904
	*Back-up	Jamie Ward	jamiew@klickitatcounty.org	509-773-0579 Cell 509-261-1904

* Back-up may be an additional PIO or a back-up contact person for the PIO. □

APPENDIX C: CERC Tools & Templates

Additional CERC Templates and Tools can be found at:

<https://emergency.cdc.gov/cerc/resources/templates-tools.asp>

<p>CRISIS EMERGENCY RISK COMMUNICATION</p> <p>Build Trust and Credibility by Expressing:</p> <ul style="list-style-type: none">+ Empathy and caring+ Competence and expertise+ Honesty and openness+ Commitment and dedication <p>Top Tips</p> <ul style="list-style-type: none">+ Don't over reassure.+ Acknowledge uncertainty.+ Express wishes ("I wish I had answers").+ Explain the process in place to find answers.+ Acknowledge people's fear.+ Give people things to do.+ Ask more of people (share risk). <p>As a Spokesman</p> <ul style="list-style-type: none">+ Know your organization's policies.+ Stay within the scope of responsibilities.+ Tell the truth. Be transparent.+ Embody your agency's identity. <p>BE FIRST. BE RIGHT. BE CREDIBLE.</p>	<p>Prepare to Answer These Questions:</p> <ul style="list-style-type: none">+ Are my family and I safe?+ What can I do to protect myself and my family?+ Who is in charge here?+ What can we expect?+ Why did this happen?+ Were you forewarned?+ Why wasn't this prevented?+ What else can go wrong?+ When did you begin working on this?+ What does this information mean? <p>Stay on Message</p> <ul style="list-style-type: none">+ "What's important is to remember..."+ "I can't answer that question, but I can tell you..."+ "Before I forget, I want to tell your viewers..."+ "Let me put that in perspective..." <p>CONSISTENT MESSAGES ARE VITAL</p> <p></p>
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FIRST 48 HOURS CHECKLIST

CRITICAL FIRST STEPS AFTER VERIFICATION:

NOTIFICATION:

- Use your crisis plan's notification list to ensure that the chain of command is aware and know that you are involved.
- Ensure that your leadership is aware (especially if it comes from the media and not the EOC) of the emergency and that they know you are involved.
- Give leadership your first assessment of the emergency from a communication perspective and inform them of your next steps. *Remember: Be first, be right, be credible.*

COORDINATION:

- Contact local, state, federal partners now.
- If there is potential for criminal investigation, contact your FBI counterpart now.
- Secure a spokesperson as designated in the plan.
- Initiate alert notification and call in extra communication staff, per the plan.
- Connect with the EOC—make your presence known.

MEDIA:

- Be first:** Provide a statement that your agency is aware of the emergency and is involved in the response. (Use the CERC first statement.)
- Be right:** Start monitoring media for misinformation that must be corrected.
- Be credible:** Tell the media when and where to get updates from your agency.
- Give facts.** Don't speculate. Ensure partners are saying the same thing.



THE PUBLIC:

- Trigger your public information toll-free number operation now if you anticipate that the public will seek reassurance or information directly from your organization. (You may adjust hours of operation and number of call managers as needed.)
- Use your initial media statement as your first message to the public.
- Ensure that your statement expresses empathy and acknowledges public concern about the uncertainty.
- Give the precleared facts you have and refer the public to other information sites as appropriate.
- Remind people that your agency has a process in place to mitigate the crisis.
- Start public call-monitoring to catch trends or rumors now.

PARTNERS/STAKEHOLDERS:

- Send a basic statement to partners and stakeholders to let them know you are thinking about them.
- Use prearranged notification systems (preferably e-mail listservs).
- Engage leadership to make important first phone calls, based on your plan, to partners and key stakeholders to let them know that your agency is responding.
- Use the internal communication system (e-mail) to notify employees that their agencies are involved in the response and that updates will follow. Ask for their support.

RESOURCES

- Conduct the crisis risk assessment and implement assignments and hours of operation accordingly. (Use the CERC assessment.)
- Stake out your pre-planned place in the EOC or adjoining area.

Message Development for Communication

First, consider the following:

Audience:	Purpose of Message:	Method of delivery:
<input type="checkbox"/> Relationship to event <input type="checkbox"/> Demographics (age, language, education, culture) <input type="checkbox"/> Level of outrage (based on risk principles)	<input type="checkbox"/> Give facts/update <input type="checkbox"/> Rally to action <input type="checkbox"/> Clarify event status <input type="checkbox"/> Address rumors <input type="checkbox"/> Satisfy media requests	<input type="checkbox"/> Print media release <input type="checkbox"/> Web release <input type="checkbox"/> Through spokesperson (TV or in-person appearance) <input type="checkbox"/> Radio <input type="checkbox"/> Other (e.g., recorded phone message)

Six Basic Emergency Message Components:

1. Expression of empathy: _____

2. Clarifying facts/Call for Action:

Who _____

What _____

Where _____

When _____

Why _____

How _____

3. What we do not know: _____

4. Process to get answers: _____

5. Statement of commitment: _____

6. Referrals: _____

For more information _____

Next scheduled update _____

Finally, check your message for the following:

Positive action steps Honest/open tone Applied risk communication principles Test for clarity Use simple words, short sentences	Avoid jargon Avoid judgmental phrases Avoid humor Avoid extreme speculation
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CERC TEMPLATE FOR NEWS RELEASE

The purpose of this initial press statement is to answer the basic questions: who, what, where, when. This statement should also provide whatever guidance is possible at this point, express the association and administration's concern, and detail how further information will be disseminated. If possible, the statement should give phone numbers or contacts for more information or assistance. *Please remember that this template is meant only to provide you with guidance. One template will not work for every situation.*

FOR IMMEDIATE RELEASE

CONTACT: (name of contact)
PHONE: (number of contact)
Date of release: (date)

Headline—Insert your primary message to the public

Dateline (your location)—Two-three sentences describing current situation

Insert quote from an official spokesperson demonstrating leadership and concern for victims.

Insert actions *currently being* taken.

List actions that *will be* taken.

List information on possible reactions of public and ways citizens can help.

Insert quote from an official spokesperson providing reassurance.

List contact information, ways to get more information, and other resources.

CRISIS EMERGENCY RISK COMMUNICATIONS (CERC)



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

SAFER • HEALTHIER • PEOPLE™

Additional CERC Templates and Tools can be found at:

<https://emergency.cdc.gov/cerc/resources/templates-tools.asp>

CERC Templates and Tools



[Event Assessment Wizard](#)

[CERC Rubric](#)

[CERC Message Template](#)

[First 48 Hours Checklist](#)

[CERC Assessment Tool](#)

[CERC Basic Tenets](#)

[Sample Message Planning](#)

[Immediate Response Checklist](#)

[Staffing Planning Worksheet](#)

[Special Populations Assessment](#)

[Anticipated Questions Tool](#)

[CERC Plan Checklist](#)

[News Release Template](#)

[Message Development for Communication Worksheet](#)

[Event Response and Assessment](#)

[CERC Engaging the Community with Credibility](#)

[Personal Report of Communication Apprehension](#)



Working with our Native American Community

Gathering at the River April 2015

Background

The Department of Human Services (DHS) along the mid-Columbia River serving the counties of Hood River, Wasco, Sherman, Gilliam and Wheeler met and discussed how they could better serve the tribal residents of their counties. It was decided to host several meetings where DHS and tribal residents would come together to get to know one another, learn from one another and identify needs that DHS could potentially assist with. The Native Wellness Institute, a national non-profit organization serving Indian tribes and organizations and located in Oregon, was contracted with to coordinate and facilitate these meetings.

Several meetings were held to begin the process of planning the “Gathering at the River” meetings. Contact was made with several river representatives and dates selected. It was suggested and confirmed to hold the meetings at Celilo village in the Longhouse. Two separate meetings were held to give folks an option to attend one or the other and to also give DHS employees the same option.

February 2016 Columbia River Inter-Tribal Multi-Disciplinary Team Meeting

Community partners meet to discuss opportunities and options to provide services to River People Communities (both sides of Columbia River and In Lieu sites). Partners included; CRITFE, DHS, NCPHD, HAVEN, DHS Tribal Affairs, Skamania-Klickitat Community Network, HR County Victim Services, Providence Health.

A Mission Statement was adopted by the team

It is the mission of this team to coordinate tribal, state, federal, and local social service delivery and provide access to culturally based services for the native American people in the communities of Oregon and Washington along the Columbia River, those using/and or residing at the Treaty In-Lieu Sites, the Treaty Fishing Access sites, and Celilo Village. The services provided will assist in the efforts to reduce crime, increase the health, safety and wellbeing of the people; including their mental, emotional, physical, and spiritual health to improve their overall quality of life.

Several meetings took place over the next year to identify other community partners, survey community needs, talk with community residents and work with the Bureau of Indian Affairs and Indian Health Services to coordinate resources and services.

Starting in January, 2017

Two (2) Cultural Competency Summits were held at The Discovery Center with over 100 people in attendance. Native American members spoke to the culture of the community and how to work with and communicate with the Native American population.

Oregon Food Bank began delivering food to Celilo on the third Wednesday of each month.

Community Partners gather at Celilo every other Wednesday to provide services and coordinate resources.

North Central Public Health District Nurse and Community Health Worker participate once a month to provide home visiting services to families, Oregon Health Plan enrollment, talking with community members and partners about services available at the health department. They are also instrumental at coordinating services, appointments and transportation for members at Celilo and the In-Lieu site.

NCPHD has held a long tradition of working with the Native American Community and especially at Celilo Village and the In-Lieu site. Dianne Kerr, RN has been building long lasting relationships with the community for the past 30 years and is a well respected partner with the Native American Community.

Our work will continue with The River People as long as they feel the relationship is valued and we are able to provide support and resources are available.

NCPHD
Accounts Payable Checks
Issued - May 2017

Check Date	Check Number	Vendor Name	Amount
5/10/2017	360	IRS	\$11,563.64
5/10/2017	361	ASIFLEX	\$345.00
5/10/2017	362	P E R S	\$10,111.48
5/10/2017	363	OREGON STATE, DEPT OF REVENUE	\$2,752.51
5/25/2017	364	IRS	\$11,695.08
5/25/2017	365	ASIFLEX	\$345.00
5/25/2017	366	P E R S	\$10,028.66
5/25/2017	367	OREGON STATE, DEPT OF REVENUE	\$2,770.76
5/1/2017	11816	CA STATE DISPURSEMENT UNIT	\$231.50
5/1/2017	11817	NATIONWIDE RETIREMENT SOLUTION	\$1,125.00
5/1/2017	11818	OREGON STATE, DEPT HUMAN SERVICES-OFS	\$416.50
5/1/2017	11819	CAMPBELL, SHELLIE	\$411.10
5/1/2017	11820	CIS TRUST	\$29,536.95
5/1/2017	11821	HENRY SCHEIN	\$473.65
5/1/2017	11822	HR ANSWERS INC.	\$4,687.50
5/1/2017	11823	OREGON STATE, DEPT HUMAN SERVICES-OFS	\$1,640.44
5/1/2017	11824	OREGON STATE, DEPT OF ENVIRONMENTAL OUA	\$1,100.00
5/1/2017	11825	OREGON STATE, DEPT OF HUMAN SERVICES	\$4,000.00
5/1/2017	11826	POOL SCHOOL, LLC	\$330.00
5/1/2017	11827	STAEHNKE, DAVID	\$112.59
5/1/2017	11828	STAPLES ADVANTAGE	\$393.70
5/1/2017	11829	WASCO COUNTY	\$567.32
5/15/2017	11830	CA STATE DISPURSEMENT UNIT	\$231.50
5/15/2017	11831	NATIONWIDE RETIREMENT SOLUTION	\$1,125.00
5/18/2017	11832	AHLERS & ASSOCIATES	\$860.00
5/18/2017	11833	BICOASTAL MEDIA LLC, BICOASTAL COLUMBIA RIVER	\$864.00
5/18/2017	11834	COX, MARIA DEL PILAR	\$25.00
5/18/2017	11835	CYTOCHECK LABORATORY LLC	\$84.25
5/18/2017	11836	DEVIN OIL CO INC.	\$110.93
5/18/2017	11837	H2OREGON BOTTLED WATER INC.	\$67.00
5/18/2017	11838	HENRY SCHEIN	\$6.65
5/18/2017	11839	HR ANSWERS INC.	\$225.00
5/18/2017	11840	INTERPATH LABORATORY INC.	\$86.55
5/18/2017	11841	MID-COLUMBIA MEDICAL CENTER	\$472.50
5/18/2017	11842	NELSON TIRE FACTORY DBA, GILL'S POINT S	\$88.95
5/18/2017	11843	OREGON STATE, DEPT HUMAN SERVICES-OFS	\$1,856.10
5/18/2017	11844	PALMER, JANE	\$175.00
5/18/2017	11845	QWIK CHANGE LUBE CENTER INC.	\$79.40
5/18/2017	11846	RICOH USA INC.	\$155.35
5/18/2017	11847	SATCOM GLOBAL INC.	\$57.22
5/18/2017	11848	SHRED-IT USA	\$90.00

PAYROLL A/P (EFT)

PAYROLL A/P

PAYROLL A/P

5/18/2017	11849	SMITH MEDICAL PARTNERS LLC	\$83.74
5/18/2017	11850	SPARKLE CAR WASH, LLC	\$8.10
5/18/2017	11851	STAPLES ADVANTAGE	\$128.76
5/18/2017	11852	STERICYCLE INC.	\$517.95
5/18/2017	11853	THE DALLES CHRONICLE	\$50.00
5/18/2017	11854	THE DALLES NAPA AUTO PARTS INC	\$13.99
5/18/2017	11855	TOTAL ACCESS GROUP INC	\$287.00
5/18/2017	11856	U.S. CELLULAR	\$342.38
5/18/2017	11857	UPS	\$103.20
5/18/2017	11858	US BANK	\$2,449.22
5/18/2017	11859	WASCO COUNTY	\$93.33
5/24/2017	11860	COLUMBIA GORGE COMM. COLLEGE	\$54.00
5/24/2017	11861	DWORSCHAK, KEVIN	\$35.65
5/24/2017	11862	FRIENDS OF D21 MUSIC, THE DALLES INC	\$20.00
5/24/2017	11863	OPTIMIST PRINTERS	\$416.00
5/24/2017	11864	OREGON STATE, DEPT OF HUMAN SERVICES	\$4,000.00
5/25/2017	11865	U.S. POSTAL SERVICE	\$174.42
		TOTAL:	\$110,076.52

NCPHD Board of Health authorizes check numbers 11816 - 11865 and payroll EFT numbers 360 - 367 totalling \$110,076.52.

Signature _____

Date: _____

Printed Name _____

**INTERGOVERNMENTAL AGREEMENT
BETWEEN NORTH CENTRAL PUBLIC HEALTH DISTRICT AND
HOOD RIVER COUNTY
FOR PROVISION OF ENVIRONMENTAL HEALTH SPECIALIST I**

DATE: May 1, 2017

PARTIES: NORTH CENTRAL PUBLIC HEALTH DISTRICT (“NCPHD”)
419 E. Seventh Street
The Dalles, Oregon 97058

HOOD RIVER COUNTY (“HRC”)
601 State Street
Hood River, Oregon 97031

THIS AGREEMENT by and between **NORTH CENTRAL PUBLIC HEALTH DISTRICT**, a political subdivision of the State of Oregon, acting by and through its Board of Health, (herein referred to as “NCPHD”), and **HOOD RIVER COUNTY**, a home rule county and political subdivision of the State of Oregon, acting by and through its Board of County Commissioners, (hereinafter “HRC”).

RECITALS:

WHEREAS, ORS 190.010 authorizes governmental entities to enter into written agreements for the performance of any or all functions and activities that either party, its officers or agencies, has the authority to perform on its own; and

WHEREAS, NCPHD has a verbal agreement with Hood River County to provide an Environmental Health Specialist I to Hood River County (hereinafter “HRC”)

WHEREAS, the parties desire to share the expenses and services of the Environmental Health Specialist I to perform regulatory inspections for licensed facilities to determine compliance with public health laws and administrative rules and desire to document the nature of the services to be provided and how expenses will be shared via written agreement;

NOW, THEREFORE, in consideration of the recitals above and the mutual covenants, terms and provisions set forth below, the parties agree as follows:

1. **Services.** NCPHD will provide an Environmental Health Specialist I to HRC, subject to approved absences due to injury, illness, scheduled vacations, or attendance at a meeting, training or conference.

A. The Environmental Health Specialist I provided by NCPHD for the purposes of this Agreement is an employee of NCPHD, not HRC. NCPHD is responsible for all employee personnel functions including, but not limited to, all final determinations on hiring, firing and employee evaluations. Input will be sought from Hood River County Health Department management staff.

B. The Environmental Health Specialist I provided shall perform work as outlined in the Job Description, attached hereto as Exhibit A and incorporated herein by this reference. It is expected that the employee will work 4 days per week at NCPHD and 1 day per week at HRC. Days and hours of work will be negotiated between the Environmental Health Supervisors of the two health departments initially and then on an as needed basis.

2. **Compensation.** HRC agrees to pay NCPHD, as compensation for providing such staffing, an hourly rate of \$ 36.00, not to exceed \$5000 for the initial contract period ending June 30, 2017, the salary and benefits payable to the staff person in the position of Environmental Health Specialist I, which amount shall be based on the number of hours per week of service provided to HRC. HRC also agrees to pay to NCPHD a portion of the cost of any other required expenses incurred such as required trainings. All expense reimbursement will be negotiated by the Directors of Hood River County Health Department and North Central Public Health District on an as needed basis. The employee work site will be part time at NCPHD at 419 East 7th Street, The Dalles, OR and part time at Hood River County Health Department at 1109 June Street, Hood River, OR. Mileage or travel time between the sites will not be compensated. NCPHD shall provide HRC with the contracted hourly wage for the Environmental Health Specialist I annually on or before February 1st each year.

3. **Requests for Increases in Compensation.** If an increase is warranted in the compensation payable under the terms of this agreement, the requesting party shall notify the other of the amount of the requested increase and the reason therefore, and shall provide the other with documentation supporting such request.

4. **Payment Terms.** North Central Public Health District will bill HRC monthly. Payment shall be due in full within 30 days following receipt of the invoice. HRC shall submit documentation of the number of hours worked twice per month in conjunction with HRC payroll. HRC shall have the right to inspect supporting records or documentation of the salary billed by NCPHD.

5. **Dispute Resolution.** In the event that concerns arise regarding either party's compliance with the required quality and timeliness of services to be provided by the Environmental Health Specialist I, each party shall make reasonable efforts to resolve such concerns in a timely manner. Should such concerns not be resolved then any party may terminate this agreement upon thirty-days (30) prior written notice to the other party. Should this agreement be terminated before the end of the prescribed term, the consideration for the total services will be prorated between the parties.

6. Term. The term of this agreement shall commence on the date when signed by both parties and expire on June 30, 2017, unless terminated as set forth herein. This agreement shall renew annually on the first day of July each year unless either party gives written notice of termination at least thirty (30) days prior to expiration of the annual term. Termination of this agreement shall be without prejudice to any obligations or liabilities of the parties which have accrued prior to the termination date.

7. Indemnification. To the extent permitted by law, NCPHD shall defend, save, indemnify and hold harmless HRC, its officers, agents, and employees from any and all claims, suits, actions or demands of any nature whatsoever arising out of its performance under the terms of this Agreement, or of Wasco's personnel in performance of their duties.

8. Miscellaneous:

- A. Nothing in this Agreement, express or implied, is intended or shall be construed to confer on any person, other than the parties to this Agreement any right, remedy, or claim under or with respect to this Agreement.
- B. This Agreement may be amended only by an instrument in writing executed by the parties, which writing must refer to this instrument.
- C. This Agreement constitutes the entire agreement and understanding of the parties with respect to the subject matter of this Agreement and supersedes all prior understandings and agreements, whether written or oral, between the parties with respect to such subject matter.
- D. This Agreement shall be governed and construed in accordance with the laws of Hood River County and the State of Oregon without resort to any jurisdiction's conflict of laws rules or doctrines. Any claim, action, suit or proceeding (collectively, "claim") between the parties that arises from or relates to this Agreement shall be brought and conducted solely and exclusively within the Circuit Court of Hood River County for the State of Oregon. Provided, however, if the claim must be brought in a federal forum, then it shall be brought and conducted solely and exclusively with the United States District Court for the District of Oregon.

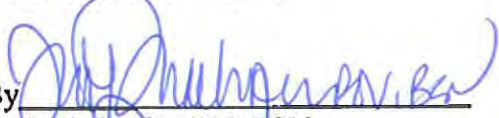
IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their respective principal officers on the day and year written below.

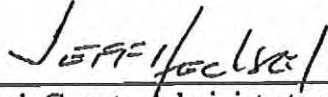
**NORTH CENTRAL PUBLIC
HEALTH DISTRICT**

HOOD RIVER COUNTY:

BOARD OF HEALTH

COUNTY ADMINISTRATOR

By 
Teri, Thalhofer, RN, BSN
Director

By 
Jeff Hecksel, County Administrator

Date: 5/1/2017

Date: 4-29-17

NCPHD Director , BSN

Date: 5/1/2017

**Hood River County
Job Description**

JOB TITLE: Environmental Health Specialist I

SUMMARY: Performs a variety of survey and investigative duties of an introductory nature in the field of environmental health to determine compliance with public health laws and administrative rules; does related work as required. This classification is intended to provide the incumbent with the necessary training and experience to become a Registered Sanitarian.

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following. Other duties may be assigned.

Inspects restaurants, mobile food units and temporary restaurants to assure compliance with laws and rules; instructs food handlers on proper food handling procedures and equipment maintenance; participates in food handler classes required for certifications. Investigates complaints of food-borne illness, in collaboration with public health nurses.

Conducts site evaluations for the use of standard septic tank systems and alternative systems; issues or denies permits pursuant to establish rules; inspects installations of completed systems for compliance; performs adequacy evaluations of existing systems.

Investigates complaints of on-site sewage disposal system failures.

Inspects wells for locations and construction; collects water samples; advises on cleaning methods.

Inspects care facilities and schools for food service, water supplies, sewage disposal, solid waste practices, and general cleanliness and safety.

Inspects public swimming pools and spas periodically for water chemistry and safety health issues, submits reports to Oregon Health Division.

Inspects travelers' accommodations, recreation parks and campgrounds for compliance with state law and regulations.

Keeps records of inspections and other activities; prepares reports and recommendations.

Performs related duties as required.

SUPERVISION RECEIVED: Works under the close supervision of the Environmental Health Supervisor.

SUPERVISION EXERCISED: Supervision of the employees is not a responsibility of this classification.

EDUCATION and/or EXPERIENCE: Bachelor's Degree (B.S.) from four year college or university in public health sanitation or in the basic sciences with major emphasis in chemistry, biology, entomology or zoology; or equivalent combination of education and experience as determined by the hiring authority. This position may be occupied by the same employee for a period not to exceed twenty four months, beginning on the date of appointment.

QUALIFICATION REQUIREMENTS: To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

LANGUAGE SKILLS: Ability to read, analyze, and interpret the most complex documents. Ability to respond effectively to the most sensitive inquiries or complaints.

MATHEMATICAL SKILLS: Ability to apply advanced mathematical concepts such as exponents, logarithms, quadratic equations, and permutations. Ability to apply mathematical operations to such tasks as frequency distribution, determination of test reliability and validity, analysis of variance, correlation techniques, sampling theory, and factor analysis.

CERTIFICATES, LICENSES, REGISTRATIONS: Registration with the State of Oregon as a sanitation trainee in accordance with ORS 700.035 within twelve (12) months of employment. Possession of a valid driver's license with a good driving record.

OTHER SKILLS and ABILITIES: Basic knowledge of the theory and practices of environmental health; some knowledge of the laws and administrative rules governing the environmental health programs of the state. Ability to interpret and apply statutes, administrative rules, guidelines and ordinances; ability to conduct investigations, document finds, determine corrective measures and implement compliance schedules; ability to prepare and maintain records, reports and data; ability to establish and maintain effective working relationships with employees, business owners and the general public.

PHYSICAL DEMANDS: The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to stand and walk. The employee frequently is required to use hands to finger, handle, or feel objects, tools, or controls; reach with hands and arms; climb or balance; stoop, kneel, crouch, or crawl; and talk or hear. The employee is occasionally required to sit and taste or smell.

The employee must regularly lift and/or move up to 10 pounds, frequently lift and/or move up to 25 pounds, and occasionally lift and/or move up to 50 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus.

AUXILIARY FUNCTIONS OF THE POSITION: In the event of a declared emergency by the Board of County Commissioners, the employee is subject to a temporary emergency assignment according to the Emergency Management Plan, for which prior preparation or cross training may occur in an occasional "table-top" test exercise.

The employee will return to their regular assignment upon the vacation of the declaration of emergency.

WORK ENVIRONMENT: The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee regularly works in outside weather conditions. The employee occasionally works in high, precarious places and is occasionally exposed to poison oak, fumes or airborne particles and toxic or caustic chemicals. The noise level in the work environment is usually moderate.

Revised 7/1/97
6/11/01
3/29/17

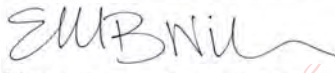
FDP Fixed Price Research Subaward Agreement

Pass-through Entity (PTE): Oregon Health & Science University	Subrecipient: North Central Public Health District	
PTE Principal Investigator: Brian Rogers	Subrecipient Principal Investigator: Teri Thalhofer	
Federal Awarding Agency: HRSA (via the Oregon Health Authority)	PTE Federal Award No: B04MC29358(Via Subaward 143021)	
Project Title: Maternal and Child Health Services Block Grant		
Subaward Period of Performance: Start: Oct 1, 2016 End: Sep 30, 2017	Amount Funded This Action: \$ 8,800.00	Subaward No. 1010448_NCENTRAL_CCN
Estimated Project Period (if incrementally funded): Start: End:	Incrementally Estimated Total: \$	Is this Award R & D Yes or <input type="checkbox"/> No
Check all that apply: <input checked="" type="checkbox"/> Subject to FFATA (Attachment 3B) <input type="checkbox"/> Cost Sharing (Attachment 5)		

Terms and Conditions

1. PTE hereby awards a fixed price subaward, as described above, to Subrecipient. The statement of work for this subaward is (checkone): as specified in Subrecipient's proposal dated _____, or as shown in Attachment 5.
2. In its performance of Subaward work, Subrecipient shall be an independent entity and not an employee or agent of PTE. PTE shall provide funding in accordance with the Payment Schedule shown in Attachment 5. All invoices shall be submitted using Subrecipient's standard invoice, but at a minimum shall include deliverable completed and milestone payment amount, subaward number, and certification, as required in 2 CFR 200.415 (a). Invoices that do not reference PTE Subaward number shall be returned to Subrecipient. Invoices and questions concerning receipt or payments should be directed to the appropriate party's Financial Contact shown in Attachments 3A and 3B.
3. A final invoice, marked "FINAL" must be submitted to PTE's Financial Contact, as shown in Attachment 3A. NOT LATER THAN 60 days after subaward end date. PTE shall make the final payment to Subrecipient upon completion of all required deliverables and reports as indicated in Attachments 4 and 5.
4. PTE reserves the right to reject an invoice.
5. Matters concerning the technical performance of this Subaward should be directed to the appropriate party's Principal Investigator, as shown in Attachments 3A and 3B. Technical reports are required as stated in Attachment 4.
6. Matters concerning the request or negotiation of any changes in the terms, conditions, or amounts cited in this Subaward agreement, and any changes requiring prior approval, should be directed to the appropriate party's Administrative Contact, as shown in Attachments 3A and 3B. Any such changes made to this Subaward agreement require the written approval of each party's Authorized Official, as shown in Attachments 3A and 3B.
7. The PTE may issue non-substantive changes to the Period of Performance and budget (check one):
 Bilaterally, or Unilaterally. Unilateral modifications shall be considered valid 14 days after receipt unless otherwise indicated by Subrecipient.
8. Each party shall be responsible for its negligent acts or omissions and the negligent acts or omissions of its employees, officers, or directors, to the extent allowed by law.
9. Either party may terminate this Subaward with 30 days written notice to the appropriate party's Administrative Contact, as shown in Attachments 3A and 3B. PTE shall pay Subrecipient for termination costs as allowable under Uniform Guidance, 2 CFR 200, or 45 CFR Part 75 Appendix IX, as applicable.
10. No-cost extensions require the approval of the PTE. Any requests for a no-cost extension shall be addressed to and received by the Principal Investigator Contact, as shown in Attachments 3A and 3B, not less than 30 days prior to the desired effective date of the requested change.
11. By signing this Research Subaward Agreement Subrecipient certifies that it will perform the work under this agreement in accordance with the terms of this agreement, the applicable terms of the Prime Award, federal, state and local law, rules and regulations, including the research terms and conditions found at: RESERVED and the Subrecipient's policies.

By an Authorized Official of Pass-through Entity:


Digitally signed by Elizabeth Williams
 DN: cn=Elizabeth Williams, o=OHSU, ou=Office of
 Proposal & Award Mgmt, email=willeliz@ohsu.edu, c=US
 Date: 2017.04.28 13:20:14 -07'00'
 Name: Elizabeth Williams Date: _____
 Title: Operations Supervisor

By an Authorized Official of Subrecipient:


 Name: Teri Thalhofer, RN, BSN Date: 4/17/2017
 Title: Director

Attachment 1
Research Subaward Agreement
Certifications and Assurances

By signing the Subaward Agreement, the Authorized Official of Subrecipient certifies, to the best of his/her knowledge and belief, that:

Certification Regarding Lobbying (2 CFR 200.450)

- 1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the Subrecipient, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- 2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or intending to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the Subrecipient shall complete and submit Standard Form -LLL, "Disclosure Form to Report Lobbying," to the Pass-through Entity.
- 3) The Subrecipient shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U. S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Debarment, Suspension, and Other Responsibility Matters (2 CFR 200.213 and 2 CFR 180)

Subrecipient certifies by signing this Subaward Agreement that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency.

Audit and Access to Records

Subrecipient certifies by signing this Subaward Agreement that it complies with the Uniform Guidance, will provide notice of the completion of required audits and any adverse findings which impact this subaward as required by parts 200.501-200.521, and will provide access to records as required by parts 200.336, 200.337, and 200.201 as applicable.

Use of Name

Neither party shall use the other party's name, trademarks or other logos in any publicity, advertising, news release, publication or public presentation, without the prior written approval of an authorized representative of that party. The parties agree that each party may respond to legitimate business inquiries with factual information regarding the existence and purpose of the relationship that is the subject of this Agreement, disclose such information to satisfy any reporting obligations, or as required by applicable law or regulation without written permission from the other party. In any such statement, the relationship of the parties shall be accurately and appropriately described.

Attachment 2
Research Subaward Agreement
Federal Award Terms and Conditions

Subaward Number
1010448_NCENRAL_CCN
Sponsor Agency
HRSA

Sponsor Agency

NIH NSF USDA EPA NASA AFOSR ARO ONR AMRMC AMRAA Other Agency

Required Data Elements

The data elements required by Uniform Guidance are incorporated as follows:
(Select One)

- Copy of Award Notice
 As Entered

Federal Award Issue Date	FAIN	CFDA No.
04/20/16	B04MC29358	93.994
CFDA Title		
Maternal and Child Health Services Block Grant to the States		

Agency-Specific Certifications/Assurances

By signing this Research Subaward Agreement, Subrecipient makes the certifications and assurances required by Uniform Guidance: 2 CFR 200 et seq.

General Terms and Conditions

- Conditions on activities and restrictions on expenditure of federal funds in appropriations acts are applicable to this subaward to the extent those restrictions are pertinent. This includes any recent legislation noted on the Federal Awarding Agency's Award Conditions website:
- 2 CFR 200 and 45 CFR Part 75.
- The Grants Policy Statement, including addenda in effect as of the beginning date of the period of performance or as amended found at:
- Interim Research Terms and Conditions found at:
and Agency Specific Requirements found at: except for the following:
 - If applicable, the right to initiate an automatic one-time extension of the end date is replaced by the need to obtain prior written approval from the Pass-through Entity;
 - Any payment mechanisms and financial reporting requirements described in the applicable Agency Terms and Conditions and Agency-Specific Requirements are replaced with Terms and Conditions (1) through (4) of this Subaward Agreement; and
 - Any prior approvals are to be sought from the Pass-through Entity and not the Federal Awarding Agency.
- Title to equipment costing \$5,000 or more that is purchased or fabricated with research funds or Subrecipient cost sharing funds, as direct costs of the project or program, shall unconditionally vest in the Subrecipient upon acquisition without further obligation to the Federal Awarding Agency subject to the conditions specified in 2 CFR 200.313 of the Uniform Guidance.
- Treatment of Program Income:
 Additive Other, Pass-through Entity specify:

[NIH Only] Multiple PIs (MPIs) If the Federal Award includes MPIs

- This is not an MPI award

Special Terms and Conditions:

- Copyrights (Select One)**
 Subrecipient Grants
 Subrecipient Shall Grant

to Pass-through Entity an irrevocable, royalty-free, non-transferable, non-exclusive right and license to use, reproduce, make derivative works, display, and perform publicly any copyrights or copyrighted material (including any computer software and its documentation and/or databases) first developed and delivered under this Subaward Agreement solely for the purpose of and only to the extent required to meet Pass-through Entity's obligations to the Federal Government under its Prime Award.

Data Rights

Subrecipient grants to Pass-through Entity the right to use data created in the performance of this Subaward Agreement solely for the purpose of and only to the extent required to meet Pass-through Entity's obligations to the Federal Government under its Prime Award.

Automatic Carryforward (Select One)

- Yes No (Select carryforward contact below)

Work Involving Human or Animal Subjects (Select Applicable Options)

No Human or Animal Subjects

This section left intentionally blank

**Human Subjects Data
(Select One)**

Not Applicable
 Applicable

Promoting Objectivity in Research Applicable to Subrecipients (Financial Conflicts of Interest): Subrecipient must designate herein which entity's financial conflicts of interest policy will apply (Select One):

PTE Subrecipient

If applying its own financial conflicts of interest policy, by execution of this Subaward Agreement, Subrecipient Institution certifies that its policy complies with the requirements of the relevant Federal Awarding Agency as identified herein:

HRSA
Other Sponsor Agency: Not applicable to non-research programs.

Subrecipient shall report any financial conflict of interest to PTE's Administrative Representative, as designated on Attachment 3A. Any financial conflicts of interest identified shall, when applicable, subsequently be reported to Federal Awarding Agency. Such report shall be made before expenditure of funds authorized in this Subaward Agreement and within 45 days of any subsequently identified financial conflict of interest.

**Data Sharing and Public Access Policy:
(Check if Applicable)**

Subrecipient agrees to comply with the Federal Award Agency's data sharing and public access policy requirements and the Data Management/Sharing Plan submitted to the Federal Awarding Agency and incorporated herein as Attachment _____.

Pilot Program for Enhancement of Contractor Employee Protections (48 CFR 3.9080):

Subrecipient is hereby notified that they are required to: inform their employees working on any Federal award that they are subject to the whistleblower rights and remedies of the pilot program; inform their employees in writing of employee whistleblower protections under 41 U.S.C §4712 in the predominant native language of the workforce; and include such requirements in any agreement made with a subcontractor or subgrantee.

Additional Terms (as required by the Federal Award or to cover Human Subjects Data):

1. Subrecipient agrees to comply with the Federal Award Agency's data sharing and public access policy requirements.
2. Subrecipient agrees to comply with the OHA Subaward No. 143021 Applicable Terms and Conditions (11 pages) incorporated herein as Attachment 6.

Attachment 3A
Research Subaward Agreement
Pass-Through Entity (PTE) Contacts

Subaward Number:
1010448_NCENRAL_CCN

Pass-Through Entity (PTE)

PTE Name: Oregon Health & Science University
Address: 3181 SW Sam Jackson Park Road
City: Portland State: OR Zip Code+4: 97239-3098 Zip Code Look-up

PTE Administrative Contact

Name: Jen Michaud, Subout Grants & Contracts Administrator
Address: Office of Proposal & Award Management
3181 SW Sam Jackson Park Road, Mail Code: L106OPAM
City: Portland State: OR Zip Code: 97239-3098
Telephone: 503.494.2379 Email: michauj@ohsu.edu
COI Contact email (if different to above): coir@ohsu.edu

PTE Principal Investigator

Name: Brian T. Rogers
Address: 3181 SW Sam Jackson Park Road
City: Portland State: OR Zip Code: 97239-3098
Telephone: 503.494.2700 Email: rogersbr@ohsu.edu

PTE Financial Contact

Name: Office of Proposal & Award Management
Address: 0690 SW Bancroft Street, Mail Code: L106OPAM
City: Portland State: OR Zip Code: 97239
Telephone: 503.494.7784 Email: spasub@ohsu.edu
Email invoices? Yes No Invoice email (if different):
Invoice Address (if different):

PTE Authorized Official

Name: Elizabeth Williams, Operations Supervisor
Address: Office of Proposal & Award Management
3181 SW Sam Jackson Park Road, Mail Code: L106OPAM
City: Portland State: OR Zip Code: 97239-3098
Telephone: 503.494.7784 Email:
Central email: spasub@ohsu.edu

Attachment 3B
Research Subaward Agreement
Subrecipient Contacts

Subaward Number:
1010448_NCENRAL_CCN

Subrecipient Place of Performance for FFATA reporting

Name: North Central Public Health District

Address: 419 E 7th Street

City: The Dalles State: OR Zip Code+4: 97058 Zip Code Look-up

EIN No.: 461790232 DUNS: 032640580 Parent DUNS: N/A

Institution Type: County Government Congressional District: OR-002

Is Subrecipient currently registered in SAM.gov? Yes No

Is Subrecipient exempt from reporting executive compensation? Yes No If no, complete 3B, page 2

Subrecipient Administrative Contact

Name: Kathi Hall

Address: 419 E 7th Street

City: The Dalles State: OR Zip Code: 97058

Telephone: 541.506.2628 Email: kathih@co.wasco.or.us

Subrecipient Principal Investigator

Name: Teri Thalhofer

Address: 419 E 7th Street

City: The Dalles State: OR Zip Code: 97058

Telephone: 541.506.2614 Email: terit@co.wasco.or.us

Subrecipient Financial Contact

Name: Kathi Hall

Address: 419 E 7th Street

City: The Dalles State: OR Zip Code: 97058

Telephone: 541.506.2628 Email: kathih@co.wasco.or.us

Central email: Is this the remittance address? Yes No

Remittance Address (if different):

Subrecipient Authorized Official

Name: Teri Thalhofer

Address: 419 E 7th Street

City: The Dalles State: OR Zip Code: 97309

Telephone: 541.506.2614 Email: terit@co.wasco.or.us

Central email:

Attachment 4
Research Subaward Agreement
Reporting Requirements

Subaward Number:

1010448_NCENRAL_CCN

Subrecipient agrees to the following:

- A Final technical/progress report will be submitted to the PTE's Principal Investigator identified in Attachment 3 within 45 days after the end of the period of performance.
- Monthly technical/progress reports will be submitted to the PTE's Principal Investigator identified in Attachment 3, within 15 days of the end of the month.
- Quarterly technical/progress reports will be submitted within thirty (30) days after the end of each project quarter to the PTE's Administrative Contact identified in Attachment 3.
- Technical/progress reports on the project as may be required by PTE's Principal Investigator in order that PTE may be able to satisfy its reporting obligations to the Federal Awarding Agency.
- Annual technical /progress reports will be submitted within 90 days prior to the end of each project period to the PTE's Principal Investigator identified in Attachment 3. Such report shall also include a detailed budget for the next budget period, updated other support for key personnel, certification of appropriate education in the conduct of human subject research of any new key personnel, and annual IRB or IACUC approval, if applicable.
- In accordance with 37 CFR 401.14, Subrecipient agrees to notify PTE's Principal Investigator identified in Attachment 3A within 30 days after Subrecipient's inventor discloses invention(s) in writing to Subrecipient's personnel responsible for patent matters. The Subrecipient will submit a final invention report using Awarding Agency specific forms to the PTE's Principal Investigator identified in Attachment 3A within 60 days of the end of the period of performance so that it may be included with the PTE's final invention report to the Awarding Agency. A negative report is is not required.
- A Certification of Completion, in accordance with 2 CFR 200.201(b)(3), will be submitted within 45 days after the end of the project period to the PTE's Financial Contact identified in Attachment 3A (for Fixed Price subawards only.)
- Property Inventory Report; frequency, type, and submission instructions listed here and only to be used when required by PTE Federal Award:

Other Special Reporting Requirements:

Payment: Invoices must be in sufficient detail to indicate clearly the nature of all expenses in the format of the approved budget in Attachment 5. Pass-through Entity requires a final invoice for each budget period which must be received no later than 60 days after the end of each subaward budget period and be clearly marked "FINAL."

Attachment 5
Fixed Price Research Subaward Agreement
Statement of Work, Indirects & Payment Schedule

Subaward Number:
1010448 NCE

Statement of Work

Below or Attached pages

If award is FFATA eligible and SOW exceeds 4000 characters, include a *Subrecipient Federal Award Project Description*

Indirect Information

Indirect Cost Rate (IDC) Applied % on TDC MTDC OTHER de minimus rate of 10%

Payment Schedule

All amounts are in United States Dollars

PTE shall pay Subrecipient according to the following schedule upon receipt of invoice from Subrecipient. Invoices are to be submitted via email to spasub@ohsu.edu. If email of invoices is not possible, they may be mailed to the Financial Contact listed in Attachment 3A.

Payment 1) Upon full execution of this Agreement and receipt of invoice, PTE will issue an advance payment of \$5,280.

Payment 2) Upon satisfactory completion of the Statement of Work on or after 9/30/2017, receipt of invoice and Certification of Completion per Attachment 4, PTE will issue a payment of \$3,520.

The final invoice must be recieved no later than 45 days after the end of the budget period and must be clearly marked "FINAL."

**Oregon Center for Children and Youth with Special Health Needs
Title V CYSHCN
Community Connections Network (CCN)**

Attachment A – Scope of Work

Part I - Introduction

Mission:

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

Vision:

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

2015-2016 Oregon Title V CYSHCN- National and State Priority Measures

- Medical Home
- Health Care Transition (Transition to Adult Health Care)
- Culturally and Linguistically Appropriate Services (CLAS)

Population of Focus – children and youth with special health care needs (CYSHCN):

“Children with special health needs are those who have or are at risk for a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally. (McPherson, et al., 1998, p. 138).”

The CCN Child Health Team:

Engaged families and competent professionals partner in effective teams to ensure that all children and youth with special health care needs receive the integrated and high quality health-related services they require in order to thrive.

Contract Goals:

- Increase effective and efficient use of the health care system, with focus on the National and State Priority Measures, through development and implementation of Shared Plans of Care (SPoC) for CYSHCN referred to CCN Child Health Teams.

- Provide local and regional leadership in health care system development and quality improvement to achieve optimal health outcomes for CYSHCN through efforts aimed at sustaining the CCN Child Health Team locally.
- Increase families' knowledge, skills, and confidence in caring for children and youth with special health care needs through the CCN Child Health Team as well as through family involvement in development of a shared plan of care.
- Increase capacity of the workforce to support OCCYSHN's mission and vision.

Part II – Community Connections Network (CCN) – Child Health Teams

Subawardee Will:

1. Build a CCN Child Health Team and maintain its membership. See composition of a CCN Child Health Team in Section titled “CCN Child Health Team Standards.”
2. Convene Child Health Team meetings on a monthly basis ensuring continuity of process, including receiving new referrals, following up on open shared care plans¹, and addressing the system of care. To allow flexibility based on the number of referrals received, a minimum of eight (8) team meetings will be conducted per contract year. Please see Attachment D.
 - The CCN Child Health Team will follow the CCN Team Meeting Facilitation Guide in conducting monthly team meetings. The guide provides structure and topical areas to address.
3. Convene the minimum number of required Child/Family visits per contract year. Please see Attachment D for breakdown of minimum visits required. Visits may be for children who are newly referred or for follow-up visits. Of the minimum required number of child/family visits, a minimum number of visits for children 12 and older and addressing transition must be convened.
 - The CCN Child Health Team will follow the CCN Child/Family Visit Facilitation Guide in conducting visits with families.
 - The CCN Child Health Team will create an individualized shared care plan for each child and one which collaboratively addresses the full continuum of health and health-related needs, including medical, educational and community-based service needs.
4. Convene a CCN Child Health Team meeting for each referred family within a month of accepting the referral into CCN.
5. When a referral to the CCN Child Health Team cannot be prioritized due to lack of team capacity, the team will, at a minimum:
 - Refer the child/family to their local PCPCH² or Primary Care Provider (PCP), if PCPCH is not available, and to appropriate community-based services;
 - Collaborate to link the child/family to evaluative services;
 - Maintain regular communication with the family to determine whether needs have been resolved. At a minimum, the Parent Partner will communicate with the family every three (3) weeks;
 - Track referrals for community-based services through the Parent Partner; and
 - Convene a CCN Child Health Team meeting at a future date, as needed.

6. Reporting requirements:

- Within one (1) week of any CCN Child Health Team meeting, two forms will be sent securely to OCCYSHN:
 - CCN Child/Family Visit Reporting Form
 - CCN Team Activity Reporting Form
- CCN Care Plan Tracking form will be sent securely to OCCYSHN when a shared care plan is closed.
- Updated and cumulative CCN Rosters will be sent securely to OCCYSHN in January and June, 2017.
- By June, 2017, the CCN Child Health Team will review accomplishments related to the standards, record them on the CCN Child Health Team Self-Assessment Tool, and send the form to OCCYSHN.

Roles and Responsibilities:

1. The CCN Child Health Team Coordinator will provide administrative support to the team. He or she will:
 - Coordinate CCN Child Health Team meetings, including administrative tasks related to team operations, pre-meeting day logistics, meeting day activities, and post-visit follow up;
 - Communicate with families of children referred to the CCN Child Health Team to coordinate and implement child/family visits;
 - Create comprehensive files for children referred to the CCN Child Health Team adhering to Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA) requirements. Files include records from medical, educational, and community-based services;
 - Disseminate reports and shared care plans appropriately and communicate with community partners as needed to ensure effective team meetings and coordination of care;
 - Find referrals to the CCN Child Health Team through marketing and networking;
 - Coordinate shared care plan tracking with the Parent Partner;
 - Submit program data forms to OCCYSHN and facilitate data collection, as requested by OCCYSHN; and
 - Participate in CCN Child Health Team learning opportunities provided by OCCYSHN.

2. The Professional Adjunct to the CCN Child Health Team will contribute his or her understanding of the local system of care to the health team process. He or she will:
 - Increase awareness in the community of CCN Child Health Team activities;
 - Find referrals to the CCN Child Health Team through marketing and networking;
 - Communicate with community partners as needed to ensure effective team meetings and coordination of care;
 - Support the CCN Child Health Team Coordinator in identifying providers to attend child-specific health team meetings, in completing reports, and in problem-solving related to team operations;
 - Facilitate meetings or identify a team member to facilitate meetings;
 - Write or review shared care plans;
 - Follow up with the family, Parent Partner, the CCN Child Health Team and the Referral Source regarding implementation of the shared care plan and success of team recommendations, as appropriate;
 - Facilitate data collection, including program data forms and program evaluations required by OCCYSHN;
 - Help to build and maintain membership on the CCN Child Health Team; and
 - Participate in CCN Child Health Team learning opportunities provided by OCCYSHN.

CCN CHILD HEALTH TEAM STANDARDS:

1. A CCN Child Health Team is made up of, at a minimum, local health care providers, educators, a Parent Partner, and community service providers in partnership with families.
2. The CCN Child Health Team develops strategies to identify CYSHCN to be served by the Team.
3. The CCN Child Health Team establishes and maintains a process for prioritizing the most vulnerable children with special health care needs.
4. The CCN Child Health Team ensures contact with the family of a child referred to the team within ten (10) business days of receiving the referral.
5. CCN Child Health Team members collaborate or refer to services to ensure that unresolved needs are assessed and addressed for individual children and families.

6. When a referral to the CCN Child Health Team results in a child/family visit, the team, in partnership with the family, develops an actionable shared care plan that addresses the continuum of the child/family experience with healthcare and related child-serving systems. The shared care plan:
 - Is founded in, and responsive to, accurate and appropriate assessment of needs;
 - Demonstrates evidence of engagement with a Patient-centered Primary Care Home (PCPCH) or with a PCP, if there is no PCPCH;
 - Demonstrates evidence of effective coordination with the primary care physician and specialty providers, as well as the broader health care team, e.g. education, mental health, developmental disabilities, child care, housing, transportation, and financial support;
 - Demonstrates evidence of child/family centeredness, including:
 - Strategies to increase the child/family's capacity to obtain, process, and understand health and health-related information to make informed decisions about health care and developmental needs; and
 - Evidence of shared agenda setting and decision-making with the child/family.
 - Is culturally and linguistically appropriate;
 - Supports youth transition to adult health care
 - Encourages families to make a follow-up appointment with PCPCH (or PCP, if no PCPCH is available) to discuss the shared care plan;
 - Addresses any barriers to following up with the PCPCH (or PCP, if no PCPCH); and
 - Is reviewed and acted upon monthly, with the Parent Partner's input on the ongoing or changing needs of the family, as well as the input of the Child Health Team members.
7. The CCN Child Health Team supports the child's/family's ability to implement the shared care plan, e.g. by providing health and health-related information, resources, referrals, and social supports.
8. The CCN Child Health Team reviews the program standards annually. Refer to the section on CCN Child Health Team Program Standards below.
9. The CCN Child Health Team demonstrates evidence of continuous quality improvement efforts in service of CYSHCN.
10. CCN Child Health Team members collaborate to identify and solve systems-level problems for the population of CYSHCN.

Part III - Local Sustainability of CCN Child Health Team (optional)
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OCCYSHN anticipates that CCN Child Health Teams may want to work toward local sustainability. Teams interested in engaging in activities aimed at local sustainability will be allowed to dedicate 50 percent of their funds toward those efforts while at the same time reducing the number of children served by 50 percent. These teams must submit a report detailing sustainability efforts or a detailed plan for ongoing sustainability to OCCYSHN by July 1, 2017. OCCYSHN will provide tools and technical assistance to support teams pursuing local sustainability. These will be available October 1, 2016. OCCYSHN will provide technical assistance to support teams that choose to work on sustainability.

CCN Child Health Team Coordinators will report the team's intent to pursue sustainability to OCCYSHN Consultants by November 1, 2016.

Scope of work:

1. Participate in technical assistance and training on sustainability provided by OCCYSHN
2. Develop a plan for local sustainability and implement.
3. By July 1, 2017 provide a two-page narrative report to OCCYSHN on progress toward sustainability or a detailed sustainability plan.

OCCYSHN will provide templates for both the sustainability report and the sustainability plan by November 1, 2016.

Attachment B

Use of Allotment Funds [Section 504]

The SUBAWARDEE may use funds paid to it for the provision of health services and related activities (including planning, administration, education, and evaluation) consistent with its application. It may also purchase technical assistance if the assistance is required in implementing programs funded by Title V.

Funds may be used to purchase technical assistance from public or private entities if required to develop, implement, or administer the MCH Block Grant.

Funds may be used for salaries and other related expenses of National Health Services Corps personnel assigned to the State.

Funds may not be used for cash payments to intended recipients of health services or for purchase of land, buildings, or major medical equipment.
Other restrictions apply.

Funds may not be used to make cash payments to intended recipients of services.

Funds may not be provided for research or training to any entity other than a public or non-profit private entity.

Funds may not be used for inpatient services, other than for children with special health care needs or high-risk pregnant women and infants or other inpatient services approved by the Associate Administrator for Maternal and Child Health. Infants are defined as persons less than one year of age.

Funds may not be used to make payments for any item or service) other than an emergency item or service) furnished by an individual or entity excluded under Titles V, XVIII (Medicare), XIX (Medicaid), or XX (Social Services Block Grant) of the Social Security Act.

MCH Block Grant funds may not be transferred to other block grant programs.

**North Central Public HD (Wasco-Sherman-Gilliam)
Summary: CY17 Activity Breakdown and Payment Schedule**

North Central Public HD (Wasco-Sherman-Gilliam) is required to complete the following between October 1, 2016 and September 30, 2017.

All Contracts - Child Health Team Meetings

Minimum Number of Child Health Team Meetings to be Convened 8

Child/Family Visits Required - No sustainability activity engagement

Minimum Total Number of Child/Family Vists to be Convened	10	Of the minimum required number of Child/Family Visits, Minimum Number of Visits for Children Aged 12 and Older and Addressing Transition	2
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Child/Family Visits Required - With engagement in sustainability activities

Minimum Total Number of Child/Family Vists to be Convened	10	Of the minimum required number of Child/Family Visits, Minimum Number of Visits for Children Aged 12 and Older and Addressing Transition	2
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This subcontract will be paid in two installments on the following schedule:

	Direct Costs	Indirect Costs	Total Costs
The initial 60% of the awarded amount payable upon execution of this agreement on or after October 1, 2016.	\$4,752	\$528	\$5,280
The final 40% of the awarded amount upon receipt of Evaluation in July 2017	\$3,168	\$352	\$3,520
Total Funding	\$7,920	\$880	\$8,800

Subaward 1010488_NCENRAL_CCN

ATTACHMENT 6

OHA Subaward No. 143021 Applicable Terms and Conditions

REQUIRED FEDERAL TERMS AND CONDITIONS

1. General Applicability and Compliance.

Unless exempt under 45 Part 87 for Faith-Based Organizations (Federal Register, July 16, 2004, Volume 69, #136), or other federal provisions, Subrecipient shall comply and, as indicated, require all subcontractors to comply with the following federal requirements to the extent that they are applicable to this Subaward Agreement, to Subrecipient, or to the Prime Award activities, or to any combination of the foregoing. For purposes of this Subaward Agreement, all references to federal and state laws are references to federal and state laws as they may be amended from time to time.

2. Miscellaneous Federal Provisions.

Subrecipient shall comply and require all subcontractors to comply with all federal laws, regulations, and executive orders applicable to the Subaward Agreement or to the delivery of grant activities. Without limiting the generality of the foregoing, Subrecipient expressly agrees to comply and require all subcontractors to comply with the following laws, regulations and executive orders to the extent they are applicable to the Subaward Agreement: (a) Title VI and VII of the Civil Rights Act of 1964, as amended, (b) Sections 503 and 504 of the Rehabilitation Act of 1973, as amended, (c) the Americans with Disabilities Act of 1990, as amended, (d) Executive Order 11246, as amended, (e) the Health Insurance Portability and Accountability Act of 1996, as amended, (f) the Age Discrimination in Employment Act of 1967, as amended, and the Age Discrimination Act of 1975, as amended, (g) the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, (h) all regulations and administrative rules established pursuant to the foregoing laws, (i) all other applicable requirements of federal civil rights and rehabilitation statutes, rules and regulations, and (j) all federal laws requiring reporting of OHA Client abuse. These laws, regulations and executive orders are incorporated by reference herein to the extent that they are applicable to the Subaward Agreement and required by law to be so incorporated. No federal funds may be used to provide grant activities in violation of 42 U.S.C. 14402.

3. Equal Employment Opportunity.

Subrecipient shall comply and require all subcontractors to comply with Executive Order 11246, entitled "Equal Employment Opportunity," as amended by Executive Order 11375, and as supplemented in Department of Labor regulations (41 CFR Part 60).

4. Clean Air, Clean Water, EPA Regulations.

Subrecipient shall comply and require all subcontractors to comply with all applicable standards, orders, or requirements issued under Section 306 of the Clean Air Act (42 U.S.C. 7606), the Federal Water Pollution Control Act as amended (commonly known as the Clean Water Act) (33 U.S.C. 1251 to 1387), specifically including, but not limited to Section 508 (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency regulations (2 CFR Part 1532), which prohibit the use under non-exempt Federal contracts, grants or loans of facilities included on the EPA List of Violating Facilities. Violations shall be reported to OHA, United States Department of Health and Human Services and the appropriate Regional Office of the Environmental Protection Agency. Recipient shall include and require all subcontractors to include in all contracts with subcontractors receiving more than \$100,000, language requiring the subcontractor to comply with the federal laws identified in this Section.

5. Energy Efficiency.

Subrecipient shall comply and require all subcontractors to comply with applicable mandatory standards and policies relating to energy efficiency that are contained in the Oregon energy conservation plan issued in compliance with the Energy Policy and Conservation Act 42 U.S.C. 6201 et. seq. (Pub. L. 94-163).

6. Truth in Lobbying.

By signing this Subaward Agreement, the Subrecipient certifies, to the best of the Subrecipient's knowledge and belief that:

- a. No federal appropriated funds have been paid or will be paid, by or on behalf of Subrecipient, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any federal contract, grant, loan or cooperative agreement.
- b. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan or cooperative agreement, the Subrecipient shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.
- c. The Subrecipient shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients and subcontractors shall certify and disclose accordingly.
- d. This certification is a material representation of fact upon which reliance was placed when this Subaward Agreement was made or entered into. Submission of this certification is a prerequisite for making or entering into this Subaward Agreement imposed by 31 U.S.C. 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
- e. No part of any federal funds paid to Subrecipient under this Subaward Agreement shall be used other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the United States Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.
- f. No part of any federal funds paid to Subrecipient under this Subaward Agreement shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the United States Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

- g. The prohibitions in subsections (e) and (f) of this Section shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.
- h. No part of any federal funds paid to Subrecipient under this Subaward Agreement may be used for any activity that promotes the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive congressional communications. This limitation shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance of that federally sponsored clinical trials are being conducted to determine therapeutic advantage.

7. Resource Conservation and Recovery.

Subrecipient shall comply and require all subcontractors to comply with all mandatory standards and policies that relate to resource conservation and recovery pursuant to the Resource Conservation and Recovery Act (codified at 42 U.S.C. 6901 et. seq.). Section 6002 of that Act (codified at 42 U.S.C. 6962) requires that preference be given in procurement programs to the purchase of specific products containing recycled materials identified in guidelines developed by the Environmental Protection Agency. Current guidelines are set forth in 40 CFR Part 247.

8. Audits.

Subrecipient shall comply, and require all subcontractors to comply, with applicable audit requirements and responsibilities set forth in this Subaward Agreement and applicable state or federal law.

If Subrecipient expends \$500,000 or more in Federal funds (from all sources) in its fiscal year beginning prior to December 26, 2014, Subrecipient shall have a single organization-wide audit conducted in accordance with the Single Audit Act. If Subrecipient expends \$750,000 or more in federal funds (from all sources) in a fiscal year beginning on or after December 26, 2014, Subrecipient shall have a single organization-wide audit conducted in accordance with the provisions of 2 CFR Subtitle B with guidance at 2 CFR Part 200. Copies of all audits must be submitted to PTE within 30 days of completion. If Subrecipient expends less than \$500,000 in Federal funds in a fiscal year beginning prior to December 26, 2014, or less than \$750,000 in a fiscal year beginning on or after that date, Subrecipient is exempt from Federal audit requirements for that year. Records must be available as provided in OHA Required Terms and Conditions, "Records Maintenance Access".

9. Debarment and Suspension.

Subrecipient shall not permit any person or entity to be a subcontractor if the person or entity is listed on the non-procurement portion of the General Service Administration's "List of Parties Excluded from Federal Procurement or Nonprocurement Programs" in accordance with Executive Orders No. 12549 and No. 12689, "Debarment and Suspension" (See 2 CFR Part 180). This list contains the names of parties debarred, suspended, or otherwise excluded by agencies, and contractors declared ineligible under statutory authority other than Executive Order No. 12549. Subcontractors with awards that exceed the simplified acquisition threshold shall provide the required certification regarding their exclusion status and that of their principals prior to award.

10. Drug-Free Workplace.

Subrecipient shall comply and require all subcontractors to comply with the following provisions to maintain a drug-free workplace: (i) Subrecipient certifies that it will provide a drug-free workplace by publishing a statement notifying its employees that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance, except as may be present in lawfully prescribed or over-the-counter medications, is prohibited in Subrecipient's workplace or while providing services to OHA Clients. Subrecipient's notice shall specify the actions that will be taken by Subrecipient against its employees for violation of such prohibitions; (ii) Establish a drug-free awareness program to inform its employees about: The dangers of drug abuse in the workplace, Subrecipient's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations; (iii) Provide each employee to be engaged in the performance of services under this Subaward Agreement a copy of the statement mentioned in paragraph (i) above; (iv) Notify each employee in the statement required by paragraph (i) above that, as a condition of employment to provide services under this Subaward Agreement, the employee will: abide by the terms of the statement, and notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction; (v) Notify PTE within ten (10) days after receiving notice under subparagraph (iv) above from an employee or otherwise receiving actual notice of such conviction; (vi) Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program by any employee who is so convicted as required by 41 U.S.C. 8104; (vii) Make a good-faith effort to continue a drug-free workplace through implementation of subparagraphs (i) through (vi) above; (viii) Require any subcontractor to comply with subparagraphs (i) through (vii) above; (ix) Neither Subrecipient, or any of Subrecipient's employees, officers, agents or subcontractors may provide any service required under this Subaward Agreement while under the influence of drugs. For purposes of this provision, "under the influence" means: observed abnormal behavior or impairments in mental or physical performance leading a reasonable person to believe the Subrecipient or Subrecipient's employee, officer, agent or subcontractor has used a controlled substance, prescription or non-prescription medication that impairs the Subrecipient or Subrecipient's employee, officer, agent or subcontractor's performance of essential job function or creates a direct threat to OHA Clients or others. Examples of abnormal behavior include, but are not limited to: hallucinations, paranoia or violent outbursts. Examples of impairments in physical or mental performance include, but are not limited to: slurred speech, difficulty walking or performing job activities; and (x) Violation of any provision of this subsection may result in termination of this Subaward Agreement.

11. Pro-Children Act.

Subrecipient shall comply and require all subcontractors to comply with the Pro-Children Act of 1994 (codified at 20 U.S.C. 6081 et. seq.).

12. Medicaid Services.

Subrecipient shall comply with all applicable federal and state laws and regulation pertaining to the provision of Medicaid Services under the Medicaid Act, Title XIX, 42 U.S.C. 1396 et. seq., including without limitation:

- a. Keep such records as are necessary to fully disclose the extent of the services provided to individuals receiving Medicaid assistance and shall furnish such information to any state or federal agency responsible for administering the Medicaid program regarding any payments claimed by such person or institution for providing Medicaid Services as

the state or federal agency may from time to time request. 42 U.S.C. 1396a (a)(27); 42 CFR Part 431.107(b)(1) & (2).

- b. Comply with all disclosure requirements of 42 CFR Part 1002.3(a) and 42 CFR Part 455 Subpart (B).
- c. Maintain written notices and procedures respecting advance directives in compliance with 42 U.S.C. 1396(a)(57) and (w), 42 CFR Part 431.107(b)(4), and 42 CFR Part 489 Subpart I.
- d. Certify when submitting any claim for the provision of Medicaid Services that the information submitted is true, accurate and complete. Subrecipient shall acknowledge Subrecipient's understanding that payment of the claim will be from federal and state funds and that any falsification or concealment of a material fact may be prosecuted under federal and state laws.
- e. Entities receiving \$5 million or more annually (under this Subaward Agreement and any other Medicaid contract) for furnishing Medicaid health care items or services shall, as a condition of receiving such payments, adopt written fraud, waste and abuse policies and procedures and inform employees, contractors and agents about the policies and procedures in compliance with Section 6032 of the Deficit Reduction Act of 2005, 42 U.S.C. 1396a(a)(68).

13. Agency-based Voter Registration.

If applicable, Subrecipient shall comply with the Agency-based Voter Registration sections of the National Voter Registration Act of 1993 that require voter registration opportunities be offered where an individual may apply for or receive an application for public assistance.

14. Disclosure.

- a. 42 CFR Part 455.104 requires the State Medicaid agency to obtain the following information from any provider of Medicaid or CHIP services, including fiscal agents of providers and managed care entities: (1) the name and address (including the primary business address, every business location and P.O. Box address) of any person (individual or corporation) with an ownership or control interest in the provider, fiscal agent or managed care entity; (2) in the case of an individual, the date of birth and Social Security Number, or, in the case of a corporation, the tax identification number of the entity, with an ownership interest in the provider, fiscal agent or managed care entity or of any subcontractor in which the provider, fiscal agent or managed care entity has a 5% or more interest; (3) whether the person (individual or corporation) with an ownership or control interest in the provider, fiscal agent or managed care entity is related to another person with ownership or control interest in the provider, fiscal agent or managed care entity as a spouse, parent, child or sibling, or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the provider, fiscal agent or managed care entity has a 5% or more interest is related to another person with ownership or control interest in the provider, fiscal agent or managed care entity as a spouse, parent, child or sibling; (4) the name of any other provider, fiscal agent or managed care entity in which an owner of the provider, fiscal agent or managed care entity has an ownership or control interest; and, (5) the name, address, date of birth and Social Security Number of any managing employee of the provider, fiscal agent or managed care entity.
- b. 42 CFR Part 455.434 requires as a condition of enrollment as a Medicaid or CHIP provider, to consent to criminal background checks, including fingerprinting when required to do so under state law, or by the category of the provider based on risk of fraud, waste and abuse under federal law.

- c. As such, a provider must disclose any person with a 5% or greater direct or indirect ownership interest in the provider whom has been convicted of a criminal offense related to that person's involvement with the Medicare, Medicaid, or Title XXI program in the last 10 years.
- d. Subrecipient shall make the disclosures required by this Section to PTE. PTE reserves the right to take such action required by law, or where PTE has discretion, it deems appropriate, based on the information received (or the failure to receive information) from the provider, fiscal agent or managed care entity.

15. Federal Intellectual Property Rights Notice.

The federal funding agency, as the awarding agency of the funds used, at least in part, for the activities performed under this Subaward Agreement, may have certain rights as set forth in the federal requirements pertinent to these funds. For purposes of this subsection, the terms "grant" and "award" refer to funding issued by the federal funding agency to the State of Oregon. The Subrecipient agrees that it has been provided the following notice:

- a. The federal funding agency reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work, and to authorize others to do so, for Federal Government purposes with respect to: (1) The copyright in any work developed under a grant, subgrant or contract under a grant or subgrant; and (2) Any rights of copyright to which a grantee, subgrantee or a contractor purchases ownership with grant support.
- b. The parties are subject to applicable federal regulations governing patents and inventions, including government-wide regulations issued by the Department of Commerce at 37 CFR Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements."
- c. The parties are subject to applicable requirements and regulations of the federal funding agency regarding rights in data first produced under a grant, subgrant or contract under a grant or subgrant.

OHA REQUIRED TERMS AND CONDITIONS

- 1. **Governing Law, Consent to Jurisdiction.** This Subaward Agreement shall be governed by and construed in accordance with the laws of the State of Oregon without regard to principles of conflicts of law. Any claim, action, suit or proceeding (collectively, "Claim") between the parties that arises from or relates to this Subaward Agreement shall be brought and conducted solely and exclusively within a circuit court for the State of Oregon of proper jurisdiction. THE PARTIES, BY EXECUTION OF THIS AGREEMENT, HEREBY CONSENT TO THE IN PERSONAM JURISDICTION OF SAID COURTS. Except as provided in this section, neither party waives any form of defense or immunity, whether sovereign immunity, governmental immunity, immunity based on the eleventh amendment to the Constitution of the United States or otherwise, from any Claim or from the jurisdiction of any court. The parties acknowledge that this is a binding and enforceable agreement and, to the extent permitted by law, expressly waive any defense alleging that either party does not have the right to seek judicial enforcement of this Subaward Agreement.
- 2. **Compliance with Law.**

- a. Subrecipient shall comply with and require all subcontractors to comply with all state and local laws, regulations, executive orders and ordinances applicable to the Subaward Agreement or to the delivery of services. Without limiting the generality of the foregoing, Subrecipient expressly agrees to comply with the following laws, regulations and executive orders to the extent they are applicable to the Subaward Agreement: (1) all applicable requirements of state civil rights and rehabilitation statutes, rules and regulations; (2) all state laws requiring reporting of Subrecipient client abuse; (3) ORS 659A.400 to 659A.409, ORS 659A.145, and all regulations and administrative rules established pursuant to those laws in the construction, remodeling, maintenance and operation of any structures and facilities, and in the conduct of all programs, services and training associated with the delivery of services. These laws, regulations and executive orders are incorporated by reference herein to the extent that they are applicable to the Subaward Agreement and required by law to be so incorporated. All employers, including Subrecipient, that employ subject workers who provide services in the State of Oregon shall comply with ORS 656.017 and provide the required Workers' Compensation coverage, unless such employers are exempt under ORS 656.126.
 - b. Subrecipient shall comply with the federal laws as set forth or incorporated, or both, in this Subaward Agreement and all other federal laws applicable to Subrecipient's performance under this Subaward Agreement as they may be adopted, amended or repealed from time to time.
3. Independent Contractors. The parties agree and acknowledge that their relationship is that of independent contracting parties and that Subrecipient is not an officer, employee, or agent of the State of Oregon as those terms are used in ORS 30.265 or otherwise.
4. Representations and Warranties.
 - a. Subrecipient's Representations and Warranties. Subrecipient represents and warrants to PTE that:
 - i. Subrecipient has the power and authority to enter into and perform this Subaward Agreement;
 - ii. This Subaward Agreement, when executed and delivered, shall be a valid and binding obligation of Subrecipient enforceable in accordance with its terms;
 - iii. Subrecipient has the skill and knowledge possessed by well-informed members of its industry, trade or profession and Subrecipient will apply that skill and knowledge with care and diligence to perform the Statement of Work in a professional manner and in accordance with standards prevalent in Subrecipient's industry, trade or profession;
 - iv. Subrecipient shall, at all times during the term of this Subaward Agreement, be qualified, professionally competent, and duly licensed to perform the Statement of Work; and
 - v. Subrecipient prepared its proposal related to this Subaward Agreement, if any, independently from all other proposers, and without collusion, fraud, or other dishonesty.

- b. Warranties cumulative. The warranties set forth in this section are in addition to, and not in lieu of, any other warranties provided.
5. Ownership of Work Product (Subaward 143021, Attachment B, Article 7). Subject to 37 CFR 401.14,
- a. Definitions. As used in this Section 5 the following terms have the meanings set forth below:
 - i. "Recipient Intellectual Property" means any intellectual property owned by Subrecipient and developed independently from the Statement of Work.
 - ii. "Third Party Intellectual Property" means any intellectual property owned by parties other than PTE or Subrecipient.
 - iii. "Work Product" means every invention, discovery, work of authorship, trade secret or other tangible or intangible item and all intellectual property rights therein that Subrecipient is required to deliver to PTE pursuant to the Statement of Work.
 - b. Original Works. All Work Product created by Subrecipient pursuant to the Statement of Work, including derivative works and compilations, mid whether or not such Work Product is considered a "work made for hire," shall be the exclusive property of Oregon Health Authority ("OHA"). PTE and Subrecipient agree that all Work Product is "work made for hire" of which OHA is the author within the meaning of the United States Copyright Act. If for any reason the original Work Product created pursuant to the Statement of Work is not "work made for hire," Subrecipient hereby irrevocably assigns to OHA any and all of its rights, title, and interest in all original Work Product created pursuant to the Statement of Work, whether arising from copyright, patent, trademark, trade secret, or any other state or federal intellectual property law or doctrine. Upon OHA's reasonable request, Subrecipient shall execute such further documents and instruments necessary to fully vest such rights in OHA. Subrecipient forever waives any and all rights relating to original Work Product created pursuant to the Statement of Work, including without limitation, any and all rights arising under 17 U.S.C. §106A or any other rights of identification of authorship or rights of approval, restriction or limitation on use or subsequent modifications.
 - c. In the event that Work Product is Recipient Intellectual Property, a derivative work based on Recipient Intellectual Property or a compilation that includes Recipient Intellectual Property, Subrecipient hereby grants to OHA an irrevocable, non-exclusive, perpetual, royalty-free license to use, reproduce, prepare derivative works based upon, distribute copies of, perform and display Recipient Intellectual Property and the pre-existing elements of the Recipient Intellectual Property employed in the Work Product, and to authorize others to do the same on OHA's behalf.
 - d. In the event that Work Product is Third Party Intellectual Property, a derivative work based on Third Party Intellectual Property or a compilation that includes Third Party Intellectual Property, Subrecipient shall secure on OHA's behalf and in the name of OHA an irrevocable, nonexclusive, perpetual, royalty free license to use, reproduce, prepare derivative works based upon, distribute copies of, perform and display the Third Party Intellectual Property and the

preexisting elements of the Third Party Intellectual Property employed in the Work Product, and to authorize others to do the same on OHA's behalf.

6. Insurance (Subaward 143021, Attachment B, Article 14). If Subrecipient is not a unit of the local government as defined in ORS 190.003, Subrecipient shall i) obtain insurance specified under TYPES AND AMOUNTS and meeting the requirements under ADDITIONAL INSURED, "TAIL" COVERAGE, NOTICE OF CANCELLATION OR CHANGE, and CERTIFICATES OF INSURANCE before performing work under this Subaward Agreement, and ii) maintain the insurance in full force throughout the duration of this Subaward Agreement. The insurance must be provided by insurance companies or entities that are authorized to transact the business of insurance and issue coverage in the State of Oregon and that are acceptable to OHA. Subrecipient is not authorized to begin work under this Subaward Agreement until the insurance is in full force. Subrecipient shall provide proof of such insurance as required under this Article 6 annually upon request by PTE. In no event shall Subrecipient continue to perform under this Subaward Agreement if Subrecipient is not in compliance with the insurance requirements.

Subrecipient:

- Has attached a copy of certificates of policies required under this section 6 as Attachment 7; or
- Certifies that Subrecipient is exempt from such requirements due to being a unit of the local government as defined in ORS 190.003.

REQUIRED INSURANCE:

1. Workers Compensation. Insurance in compliance with ORS 656.017, which requires all employers that employ subject workers, as defined in ORS 656.027, to provide workers' compensation coverage for those workers, unless they meet the requirement for an exemption under ORS 656.126(2). If Subrecipient is a subject employer, as defined in ORS 656.023, Subrecipient shall obtain employers' liability insurance coverage limits of not less than \$1,000,000.
2. "Tail" Coverage. If any of the required insurance policies is on a "claims made" basis, such as professional liability insurance, the Subrecipient shall maintain either "tail" coverage or continuous "claims made" liability coverage, provided the effective date of the continuous "claims made" coverage is on or before the effective date of the Subaward Agreement, for a minimum of 24 months following the later of: (i) the Subrecipient's completion and PTE's acceptance of all services required under the Subaward Agreement or, (ii) the expiration of all warranty periods provided under the Subaward Agreement. Notwithstanding the foregoing 24-month requirement, if the Subrecipient elects to maintain "tail" coverage and if the maximum time period "tail" coverage reasonably available in the marketplace is less than the 24-month period described above, then the Subrecipient may request and OHA may grant approval, upon approval by OHA, of the maximum "tail" coverage period reasonably available in the marketplace. If OHA approval is granted, the Subrecipient shall maintain "tail" coverage for the maximum time period that "tail" coverage is reasonably available in the marketplace.
3. Notice of Cancellation or Change. The Subrecipient or its insurer must provide 30 days' written notice to PTE before cancellation of, material change to, potential

- exhaustion of aggregate limits of, or non-renewal of the required insurance coverage(s).
4. Certificate(s) of Insurance. Subrecipient shall provide a certificate(s) of insurance for all required insurance before the contractor performs under the Subaward Agreement. The certificate(s) or an attached endorsement must specify: (i) all entities and individuals who are endorsed on the policy as Additional Insured and (ii) for insurance on a "claims made" basis, the extended reporting period applicable to "tail" or continuous "claims made" coverage.
 7. Records Maintenance; Access (Subaward 143021, Attachment B, Article 15). Subrecipient shall maintain all financial records relating to this Subaward Agreement in accordance with generally accepted accounting principles. In addition, Subrecipient shall maintain any other records, books, documents, papers, plans, records of shipments and payments and writings of Subrecipient, whether in paper, electronic or other form, that are pertinent to this Subaward Agreement in such a manner as to clearly document Subrecipient's performance. All financial records, other records, books, documents, papers, plans, records of shipments and payments and writings of Subrecipient whether in paper, electronic or other form, that are pertinent to this Subaward Agreement, are collectively referred to as "Records." Subrecipient acknowledges and agrees that OHA and the Oregon Secretary of State's Office and the federal government and their duly authorized representatives shall have access to all Records to perform examinations and audits and make excerpts and transcripts. Subrecipient shall retain and keep accessible all Records for a minimum of six (6) years, or such longer period as may be required by applicable law, following final payment and termination of this Subaward Agreement, or until the conclusion of any audit, controversy or litigation arising out of or related to this Subaward Agreement, whichever date is later. Subrecipient shall maintain Records in accordance with the records retention schedules set forth in OAR Chapter 166.
 8. Information Privacy/Security/Access (Subaward 143021, Attachment B, Article 16). If the Statement of Work performed under this Subaward Agreement requires Subrecipient or its subcontractor(s) to have access to or use of any OHA computer system or other OHA Information Asset for which OHA imposes security requirements, and OHA grants Subrecipient or its subcontractor(s) access to such OHA Information Assets or Network and Information Systems, Subrecipient shall comply and require all subcontractor(s) to which such access has been granted to comply with. OAR 943-014-0300 through OAR 943-014-0320, as such rules may be revised from time to time. For purposes of this section, "Information Asset" and "Network and Information System" have the meaning set forth in OAR 943-014-0305, as such rule may be revised from time to time.
 9. Assignment of Agreement, Successors in Interest (Subaward 143021, Attachment B, Article 18).
 - a. Subrecipient shall not assign nor transfer its interest in this Subaward Agreement without prior written approval of PTE. Any such assignment or transfer, if approved, is subject to such conditions and provisions as PTE may

deem necessary. No approval by PTE of any assignment or transfer of interest shall be deemed to create any obligation of PTE in addition to those set forth in the Subaward Agreement.

- b. The provisions of this Subaward Agreement shall be binding upon and shall inure to the benefit of the parties hereto, and their respective successors and permitted assigns.
10. Subcontracts (Subaward 143021, Attachment B, Article 19). Subrecipient shall not enter into any subcontracts for any of the Statement of Work required by this Subaward Agreement without PTE's prior written consent. In addition to any other provisions PTE may require, Subrecipient shall include in any permitted subcontract under this Subaward Agreement provisions to ensure that OHA will receive the benefit of subcontractor performance as if the subcontractor were the Subrecipient with respect to all articles in this OHA Subaward No. 143021 Applicable Terms and Conditions attachment. PTE's consent to any subcontract shall not relieve Subrecipient of any of its duties or obligations under this Subaward Agreement.
11. No Third Party Beneficiaries (Subaward 143021, Attachment B, Article 20). PTE and Subrecipient are the only parties to this Subaward Agreement and are the only parties entitled to enforce its terms. The parties agree that Subrecipient's performance under this Subaward Agreement is solely for the benefit of PTE to assist and enable PTE to accomplish its statutory mission. Nothing in this Subaward Agreement gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly or otherwise, to third persons any greater than the rights and benefits enjoyed by the general public unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of the terms of this Subaward Agreement.
12. Severability (Subaward 143021, Attachment B, Article 22). The parties agree that if any term or provision of this Subaward Agreement is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the Subaward Agreement did not contain the particular term or provision held to be invalid.
13. Survival (Subaward 143021, Attachment B, Article 23). Sections I, 4, 5, 6, 7, 8, 11, 13 of the OHA Required Terms and Conditions in the OHA Subaward No. 143021 Applicable Terms and Conditions shall survive Subaward Agreement expiration or termination as well as those the provisions of this Subaward Agreement that by their context are meant to survive. Subaward Agreement expiration or termination shall not extinguish or prejudice PTE's right to enforce this Subaward Agreement with respect to any default by Subrecipient that has not been cured.
14. Indemnification by Subcontractors (Subaward 143021, Attachment B, Article 31). Subrecipient shall take all reasonable steps to cause its contractor(s), that are not units of local government as defined in ORS 190.003, if any, to indemnify, defend, save and hold harmless the State of Oregon and its officers, employees and agents ("Indemnitee") from and against any and all claims, actions, liabilities, damages, losses, or expenses (including attorneys' fees) arising from a tort (as now or

hereafter defined in ORS 30.260) caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of Subrecipient's contractor or any of the officers, agents, employees of subcontractors of the contractor ("Claims"). It is the specific intention of the parties that the Indemnatee shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the Indemnatee, be indemnified by the contractor from and against any and all Claims.

FDP Fixed Price Research Subaward Agreement

Pass-through Entity (PTE): Oregon Health & Science University	Subrecipient: North Central Public Health District
PTE Principal Investigator: Brian Rogers	Subrecipient Principal Investigator: Teri Thalhofer
Federal Awarding Agency: HRSA (via the Oregon Health Authority)	PTE Federal Award No: B04MC29358(Via Subaward 143021)

Project Title: **Maternal and Child Health Services Block Grant**

Subaward Period of Performance: Start: Oct 1, 2016 End: Sep 30, 2017	Amount Funded This Action: \$ 10,958.00	Subaward No. 1010448_NCENRAL_LHD
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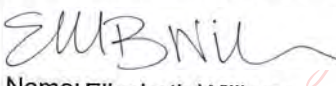
Estimated Project Period (if incrementally funded): Start: End:	Incrementally Estimated Total: \$	Is this Award R & D Yes or <input type="checkbox"/> No
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Check all that apply: Subject to FFATA (Attachment 3B) Cost Sharing (Attachment 5)


Terms and Conditions

1. PTE hereby awards a fixed price subaward, as described above, to Subrecipient. The statement of work for this subaward is (check one): as specified in Subrecipient's proposal dated _____, or as shown in Attachment 5.
2. In its performance of Subaward work, Subrecipient shall be an independent entity and not an employee or agent of PTE. PTE shall provide funding in accordance with the Payment Schedule shown in Attachment 5. All invoices shall be submitted using Subrecipient's standard invoice, but at a minimum shall include deliverable completed and milestone payment amount, subaward number, and certification, as required in 2 CFR 200.415 (a). Invoices that do not reference PTE Subaward number shall be returned to Subrecipient. Invoices and questions concerning receipt or payments should be directed to the appropriate party's Financial Contact shown in Attachments 3A and 3B.
3. A final invoice, marked "FINAL" must be submitted to PTE's Financial Contact, as shown in Attachment 3A. NOT LATER THAN 60 days after subaward end date. PTE shall make the final payment to Subrecipient upon completion of all required deliverables and reports as indicated in Attachments 4 and 5.
4. PTE reserves the right to reject an invoice.
5. Matters concerning the technical performance of this Subaward should be directed to the appropriate party's Principal Investigator, as shown in Attachments 3A and 3B. Technical reports are required as stated in Attachment 4.
6. Matters concerning the request or negotiation of any changes in the terms, conditions, or amounts cited in this Subaward agreement, and any changes requiring prior approval, should be directed to the appropriate party's Administrative Contact, as shown in Attachments 3A and 3B. Any such changes made to this Subaward agreement require the written approval of each party's Authorized Official, as shown in Attachments 3A and 3B.
7. The PTE may issue non-substantive changes to the Period of Performance and budget (check one):
 Bilaterally, or Unilaterally. Unilateral modifications shall be considered valid 14 days after receipt unless otherwise indicated by Subrecipient.
8. Each party shall be responsible for its negligent acts or omissions and the negligent acts or omissions of its employees, officers, or directors, to the extent allowed by law.
9. Either party may terminate this Subaward with 30 days written notice to the appropriate party's Administrative Contact, as shown in Attachments 3A and 3B. PTE shall pay Subrecipient for termination costs as allowable under Uniform Guidance, 2 CFR 200, or 45 CFR Part 75 Appendix IX, as applicable.
10. No-cost extensions require the approval of the PTE. Any requests for a no-cost extension shall be addressed to and received by the Principal Investigator Contact, as shown in Attachments 3A and 3B, not less than 30 days prior to the desired effective date of the requested change.
11. By signing this Research Subaward Agreement Subrecipient certifies that it will perform the work under this agreement in accordance with the terms of this agreement, the applicable terms of the Prime Award, federal, state and local law, rules and regulations, including the research terms and conditions found at: RESERVED and the Subrecipient's policies.

By an Authorized Official of Pass-through Entity:


Digitally signed by Elizabeth Williams
 DN: cn=Elizabeth Williams, o=OHSU, ou=Office of
 Proposal & Award Mgmt, email=willeliz@ohsu.edu,
 c=US
 Date: 2017.04.28 13:19:33 -07'00'
 Name: Elizabeth Williams Date: _____
 Title: Operations Supervisor

By an Authorized Official of Subrecipient:


 Name: Teri Thalhofer, BSN Date: 4/17/2017
 Title: Director

Attachment 1
Research Subaward Agreement
Certifications and Assurances

By signing the Subaward Agreement, the Authorized Official of Subrecipient certifies, to the best of his/her knowledge and belief, that:

Certification Regarding Lobbying (2 CFR 200.450)

1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the Subrecipient, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or intending to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the Subrecipient shall complete and submit Standard Form -LLL, "Disclosure Form to Report Lobbying," to the Pass-through Entity.

3) The Subrecipient shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U. S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Debarment, Suspension, and Other Responsibility Matters (2 CFR 200.213 and 2 CFR 180)

Subrecipient certifies by signing this Subaward Agreement that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency.

Audit and Access to Records

Subrecipient certifies by signing this Subaward Agreement that it complies with the Uniform Guidance, will provide notice of the completion of required audits and any adverse findings which impact this subaward as required by parts 200.501-200.521, and will provide access to records as required by parts 200.336, 200.337, and 200.201 as applicable.

Use of Name

Neither party shall use the other party's name, trademarks or other logos in any publicity, advertising, news release, publication or public presentation, without the prior written approval of an authorized representative of that party. The parties agree that each party may respond to legitimate business inquiries with factual information regarding the existence and purpose of the relationship that is the subject of this Agreement, disclose such information to satisfy any reporting obligations, or as required by applicable law or regulation without written permission from the other party. In any such statement, the relationship of the parties shall be accurately and appropriately described.

Work Involving Human or Animal Subjects (Select Applicable Options)

No Human or Animal Subjects

This section left intentionally blank

Human Subjects Data
(Select One)

- Not Applicable
 Applicable

Promoting Objectivity in Research Applicable to Subrecipients (Financial Conflicts of Interest): Subrecipient must designate herein which entity's financial conflicts of interest policy will apply (Select One):

- PTE Subrecipient

If applying its own financial conflicts of interest policy, by execution of this Subaward Agreement, Subrecipient Institution certifies that its policy complies with the requirements of the relevant Federal Awarding Agency as identified herein:

HRSA

Other Sponsor Agency: Not applicable to non-research programs.

Subrecipient shall report any financial conflict of interest to PTE's Administrative Representative, as designated on Attachment 3A. Any financial conflicts of interest identified shall, when applicable, subsequently be reported to Federal Awarding Agency. Such report shall be made before expenditure of funds authorized in this Subaward Agreement and within 45 days of any subsequently identified financial conflict of interest.

Data Sharing and Public Access Policy:

(Check if Applicable)

- Subrecipient agrees to comply with the Federal Award Agency's data sharing and public access policy requirements and the Data Management/Sharing Plan submitted to the Federal Awarding Agency and incorporated herein as Attachment [redacted].

Pilot Program for Enhancement of Contractor Employee Protections (48 CFR 3.9080):

Subrecipient is hereby notified that they are required to: inform their employees working on any Federal award that they are subject to the whistleblower rights and remedies of the pilot program; inform their employees in writing of employee whistleblower protections under 41 U.S.C §4712 in the predominant native language of the workforce; and include such requirements in any agreement made with a subcontractor or subgrantee.

Additional Terms (as required by the Federal Award or to cover Human Subjects Data):

1. Subrecipient agrees to comply with the Federal Award Agency's data sharing and public access policy requirements.
2. Subrecipient agrees to comply with the OHA Subaward No. 143021 Applicable Terms and Conditions (11 pages) incorporated herein as Attachment 6.

Attachment 3A
Research Subaward Agreement
Pass-Through Entity (PTE) Contacts

Subaward Number:
1010448_NCENRAL_LHD

Pass-Through Entity (PTE)

PTE Name: Oregon Health & Science University
Address: 3181 SW Sam Jackson Park Road
City: Portland State: OR Zip Code+4: 97239-3098 Zip Code Look-up

PTE Administrative Contact

Name: Jen Michaud, Subout Grants & Contracts Administrator
Address: Office of Proposal & Award Management
3181 SW Sam Jackson Park Road, Mail Code: L106OPAM
City: Portland State: OR Zip Code: 97239-3098
Telephone: 503.494.2379 Email: michauj@ohsu.edu
COI Contact email (if different to above): coir@ohsu.edu

PTE Principal Investigator

Name: Brian T. Rogers
Address: 3181 SW Sam Jackson Park Road
City: Portland State: OR Zip Code: 97239-3098
Telephone: 503.494.2700 Email: rogersbr@ohsu.edu

PTE Financial Contact

Name: Office of Proposal & Award Management
Address: 0690 SW Bancroft Street, Mail Code: L106OPAM
City: Portland State: OR Zip Code: 97239
Telephone: 503.494.7784 Email: spasub@ohsu.edu
Email invoices? Yes No Invoice email (if different):
Invoice Address (if different):

PTE Authorized Official

Name: Elizabeth Williams, Operations Supervisor
Address: Office of Proposal & Award Management
3181 SW Sam Jackson Park Road, Mail Code: L106OPAM
City: Portland State: OR Zip Code: 97239-3098
Telephone: 503.494.7784 Email:
Central email: spasub@ohsu.edu

Attachment 3B
Research Subaward Agreement
Subrecipient Contacts

Subaward Number:
1010448_NCENRAL_LHD

Subrecipient Place of Performance for FFATA reporting

Name: North Central Public Health District

Address: 419 E 7th Street

City: The Dalles State: OR Zip Code+4: 97058 Zip Code Look-up

EIN No.: 461790232 DUNS: 032640580 Parent DUNS: N/A

Institution Type: County Government Congressional District:

Is Subrecipient currently registered in SAM.gov? Yes No

Is Subrecipient exempt from reporting executive compensation? Yes No If no, complete 3B, page 2

Subrecipient Administrative Contact

Name: Kathi Hall

Address: 419 E 7th Street

City: The Dalles State: OR Zip Code: 97058

Telephone: 541-506-2628 Email: kathih@co.wasco.or.us

Subrecipient Principal Investigator

Name: Teri Thalhofer

Address: 419 E 7th Street

City: The Dalles State: OR Zip Code: 97058

Telephone: 541.506.2614 Email: terit@co.wasco.or.us

Subrecipient Financial Contact

Name: Kathi Hall

Address: 419 E 7th Street

City: The Dalles State: OR Zip Code: 97058

Telephone: 541-506-2628 Email: kathih@co.wasco.or.us

Central email: Is this the remittance address? Yes No

Remittance Address (if different):

Subrecipient Authorized Official

Name: Teri Thalhofer

Address: 419 E 7th Street

City: The Dalles State: OR Zip Code: 97058

Telephone: 541.506.2614 Email: terit@co.wasco.or.us

Central email:

Attachment 3B

Attachment 4
Research Subaward Agreement
Reporting Requirements

Subaward Number:

1010448_NCENRAL_LHD

Subrecipient agrees to the following:

- A Final technical/progress report will be submitted to the PTE's Principal Investigator identified in Attachment 3 within 45 days after the end of the period of performance.
- Monthly technical/progress reports will be submitted to the PTE's Principal Investigator identified in Attachment 3, within 15 days of the end of the month.
- Quarterly technical/progress reports will be submitted within thirty (30) days after the end of each project quarter to the PTE's Administrative Contact identified in Attachment 3.
- Technical/progress reports on the project as may be required by PTE's Principal Investigator in order that PTE may be able to satisfy its reporting obligations to the Federal Awarding Agency.
- Annual technical /progress reports will be submitted within 90 days prior to the end of each project period to the PTE's Principal Investigator identified in Attachment 3. Such report shall also include a detailed budget for the next budget period, updated other support for key personnel, certification of appropriate education in the conduct of human subject research of any new key personnel, and annual IRB or IACUC approval, if applicable.
- In accordance with 37 CFR 401.14, Subrecipient agrees to notify PTE's Principal Investigator identified in Attachment 3A within 30 days after Subrecipient's inventor discloses invention(s) in writing to Subrecipient's personnel responsible for patent matters. The Subrecipient will submit a final invention report using Awarding Agency specific forms to the PTE's Principal Investigator identified in Attachment 3A within 60 days of the end of the period of performance so that it may be included with the PTE's final invention report to the Awarding Agency. A negative report is is not required.
- A Certification of Completion, in accordance with 2 CFR 200.201(b)(3), will be submitted within 45 days after the end of the project period to the PTE's Financial Contact identified in Attachment 3A (for Fixed Price subawards only.)
- Property Inventory Report; frequency, type, and submission instructions listed here and only to be used when required by PTE Federal Award:

Other Special Reporting Requirements:

Payment: Invoices must be in sufficient detail to indicate clearly the nature of all expenses in the format of the approved budget in Attachment 5. Pass-through Entity requires a final invoice for each budget period which must be received no later than 60 days after the end of each subaward budget period and be clearly marked "FINAL."

Attachment 5
Fixed Price Research Subaward Agreement
Statement of Work, Indirects & Payment Schedule

Subaward Number:

1010448 NCE

Statement of Work

Below or Attached 17 pages

If award is FFATA eligible and SOW exceeds 4000 characters, include a *Subrecipient Federal Award Project Description*

Indirect Information

Indirect Cost Rate (IDC) Applied 10 % on TDC MTDC OTHER de minimus rate of 10%

Payment Schedule

All amounts are in United States Dollars

PTE shall pay Subrecipient according to the following schedule upon receipt of invoice from Subrecipient. Invoices are to be submitted via email to spasub@ohsu.edu. If email of invoices is not possible, they may be mailed to the Financial Contact listed in Attachment 3A.

Payment 1) Upon full execution of this Agreement and receipt of invoice, PTE will issue an advance payment of \$6,575.

Payment 2) Upon satisfactory completion of the Statement of Work on or after 9/30/2017, receipt of invoice and Certification of Completion per Attachment 4, PTE will issue a payment of \$4,383.

The final invoice must be recieved no later than 45 days after the end of the budget period and must be clearly marked "FINAL."

**Oregon Center for Children and Youth with Special Health Needs
Title V CYSHCN**

Attachment A – Scope of Work

Part I - Introduction

Mission:

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

Vision:

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

2015-2016 Oregon Title V CYSHCN - National and State Priority Measures:

- Medical Home
- Health Care Transition (Transition to Adult Health Care)
- Culturally and Linguistically Appropriate Services (CLAS)

Population of Focus – children and youth with special health care needs (CYSHCN):

“Children with special health needs are those who have or are at risk for a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally. (McPherson, et al., 1998, p. 138).”

Contract Goals:

- Increase effective and efficient use of the healthcare system, with focus on the National and State Priority Measures, through development and implementation of Shared Plans of Care (SPoC) for selected CYSHCN.
- Provide local and regional leadership in health care system development and quality improvement to achieve optimal health outcomes for CYSHCN through development and implementation of REgional Approach to Child Health (REACH) Teams.
- Increase families’ knowledge, skills, and confidence in caring for children and youth with special health care needs (CYSHCN) through CaCoon home visiting, as well as through family involvement in SPoC and REACH.
- Increase capacity of the workforce to support OCCYSHN’s mission and vision.

Part II - CaCoon – Scope of Work

Funding:

Up to 30 percent of county’s contracted funds may be directed toward the CaCoon program.
Please see Attachment D for breakdown of activities and payments for your LHD.

This scope of work is designed for local health departments (LHD) with the capacity to implement CaCoon.

CaCoon is a statewide public health program that focuses on community based Care Coordination for CYSHCN through registered nurse home visiting for families with children (birth to 21st birthday) who have special health care needs.

CaCoon Program Eligibility

- Age Eligibility: The CaCoon program serves children birth through 21st birthday.
- Diagnostic/Condition eligibility is outlined in the “B” column of the A and B Code Eligibility List (see Attachment D). Public health nurses may use their professional judgement if a child has a chronic health condition or disability that is not specifically identified on the list by assigning risk code “B90-other chronic conditions.”

Financial Eligibility

- The CaCoon program is open to all children regardless of child or family insurance status or income.

Subawardee Responsibilities (CaCoon Standards):

1. The Subawardee establishes and maintains a triage system for home visiting that prioritizes the most vulnerable children and youth with special health care needs for CaCoon services.
2. When the Subawardee is unable to provide home visiting services for a child who has been referred, the Subawardee will, at a minimum:
 - Refer the child/family to primary care, specifically a patient centered primary care home when available, as well as appropriate educational services; and
 - Notify the referring entity that Subawardee is unable to provide services and provide rationale.
3. The Subawardee assures timely contact with CaCoon home visiting referrals. At a minimum, initial outreach is implemented within ten (10) business days of receiving referral. Initial outreach may be by telephone or other means.

4. All nurses serving CaCoon clients collaborate with the health care team to assure that the following assessments are completed for each child/family on the CaCoon caseload:
 - Assessment of child/family's strengths, needs, and goals.
 - Assessment of child/family's health-related learning needs.
 - Assessment of child's functional status and limitations, including ability to attend school and school activities.
 - Early and continuous screening for special health care needs including physical, developmental, mental health, and oral health assessments as recommended by the American Academy of Pediatrics.¹
 - Assessment of access to health care team members as well as social supports.²
 - Assessment of access to supportive medical and/or adaptive equipment and supplies, *e.g.*, suction machine, wheelchair, medications, formula, feeding tube.
 - Assessment of family financial burden related to care of child with special health needs.
 - Assessment of housing and environmental safety.
 - Assessment of emergency preparedness.
 - Assessment of preparedness for youth transition to adult health care, work, and independence, if appropriate to age.
 - Assessment of child/family satisfaction regarding services they receive.
5. In partnership with the child/family and the broader health care team, nurses serving CaCoon clients develop the nursing care plan which:
 - Is based in, and responsive to accurate and appropriate assessments (see number 4 above).
 - Includes goals, progress notes, and a plan for discharge from CaCoon services.
 - Demonstrates evidence of nursing support to increase patient/family engagement with primary care; specifically a patient centered primary care home when available.
 - Demonstrates evidence of effective coordination with the primary care physician and specialty providers as well as the broader health care team. Coordination includes:
 - Timely and appropriate referral to needed services.
 - Identification and problem-solving around barriers to referral follow-up.
 - Identification and elimination of redundancy of services.
 - Promotion of a shared and actionable plan of care that speaks to the continuum of child/family experience with healthcare and related systems.

- Timely, informative, and concise updates that are shared with appropriate members of the health care team, including the primary care provider and the family.
 - Demonstrates evidence of patient/family centeredness, including:
 - Strategies to increase the child/family’s capacity to obtain, process, and understand health information to make informed decisions about health care
 - Evidence of child/family partnership in developing the plan of care
 - Evidence of interventions that increase the patient/family’s capacity to implement the plan of care, *e.g.* caregiver support, teaching, and provision of anticipatory guidance.
 - Cultural and linguistic responsiveness
 - Provides for nurse visits that are sufficient in frequency and length to achieve the goals outlined in the care plan.
 - Anticipates and supports youth transition to adult health care, work, and independence.
 - Is re-evaluated as required with changing circumstances, but no less frequently than every six months.
6. The Subawardee works with partners, at both the state and local level, to collect data to inform system-level quality improvement efforts and achieve optimal health outcomes for CYSHCN. Encounter data for every CaCoon visit is entered into the Oregon Health Authority’s information management system (either the ORCHIDS database or “Tracking Home visiting Effectiveness in Oregon” - THEO when it is brought online).
7. Each CaCoon nurse³ and supervisor actively participates in educational opportunities that support continuous improvement of his/her CaCoon practice. At a minimum:
- When beginning his/her CaCoon practice, each CaCoon nurse completes the “Introduction to CaCoon” posted on the OCCYSHN website.
 - The majority of nurses working with the CaCoon program in a given county participate in the annual CaCoon Regional Meetings.
8. The Subawardee designates a CaCoon Lead who has the skills and authority to lead the CaCoon program, assure accountability to Subawardee responsibilities, and to be the key point of contact with OCCYSHN staff. This individual will submit the Annual CaCoon Accountability Report which is due to OCCYSHN by July 1, 2017.

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

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

- ✓ Child care and/or respite care
- ✓ Community Connections Network (CCN)
- ✓ Dentist/Orthodontist
- ✓ Department of Human Services – Child welfare

- ✓ County Developmental Disabilities (DD) Programs (CDDP)
- ✓ Durable medical equipment agency
- ✓ Early Intervention/ Early Childhood Special Education (EI/ECSE)
- ✓ Emergency medical services
- ✓ Exceptional Needs Care Coordinator (ENCC) at the Coordinated Care Organization (CCO)
- ✓ Oregon Family to Family Health Information Center (OR F2F HIC)
- ✓ Community based family support organizations
- ✓ Housing supports
- ✓ Medical specialists
- ✓ Mental health services
- ✓ Occupational therapy
- ✓ Pharmacy
- ✓ Physical therapy
- ✓ School systems, including special education
- ✓ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- ✓ Speech therapy
- ✓ Supplemental Security Income (SSI)
- ✓ Transportation supports

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

Part III - Shared Plans of Care (SPoC) – Scope of Work

Funding:

At least 70 percent of county's contracted funds must be directed toward the development and implementation of Shared Plans of Care (SPoC). Please see Attachment D for breakdown of activities and payments for your LHD.

Subawardee Responsibilities:

1. Participate in SPoC Team orientation and other learning opportunities provided by OCCYSHN.
2. Identify a SPoC Lead who has the skills and authority to convene SPoC Team meetings, assure accountability to Subawardee responsibilities, and to be the key point of contact with OCCYSHN staff.
3. Convene SPoC Team meetings on a regular basis ensuring continuity of process and following up on implementation of shared plans of care developed by the team.
 - The SPoC Team will use the OCCYSHN-provided SPoC Template and SPoC Development Guide.
 - The SPoC Team will jointly develop SPoCs via face to face meetings. Virtual attendance at meetings is allowable as long as the goal of real time plan development is realized.
 - The SPoC Team will re-evaluate SPoCs as required with changing circumstances, but no less frequently than every six months.
 - Minimum required partners in the SPoC process include: family member or youth, representative from child's primary care provider (PCPCH), health-focused education professional, mental/behavioral health (if applicable), public health professional, and payer.
 - The SPoC Team will ensure all appropriate releases of information are signed.
 - A percentage of SPoC must address transition to adult health care for a child over 12 years old. Please see Attachment D for breakdown of activities and payments.
 - A percentage of SPoC must address the needs of a child with a complex condition. Please see Attachment D for breakdown of activities and payments. Definition of complex conditions is defined in the Implementation Guide.
 - Each SPoC developed will serve a unique child or youth and their family.
 - Communicate with SPoC Team as needed to ensure effective team meetings and coordination of care.

4. Ensure that the Shared Plan of Care:
 - Is based in, and responsive to, accurate and appropriate assessments.
 - Demonstrates evidence of support to increase patient/family engagement with primary care; specifically a patient centered primary care home when available.
 - Demonstrates evidence of effective coordination with the primary care physician and specialty providers as well as the broader health care team. Coordination includes:
 - Timely and appropriate referral to needed services.
 - Identification and problem-solving around barriers to referral follow-up.
 - Identification and elimination of redundancy of services.
 - Timely, informative, and concise updates that are shared with appropriate members of the health care team, including the primary care provider and the family.
 - Demonstrates evidence of patient/family centeredness, including:
 - Strategies to increase the child/family's capacity to obtain, process, and understand health information to make informed decisions about health care.
 - Evidence of child/family partnership in developing the plan of care.
 - Evidence of interventions that increase the patient/family's capacity to implement the plan of care, *e.g.* caregiver support, teaching, and provision of anticipatory guidance.
 - Cultural and linguistic responsiveness.
 - Anticipates and supports youth transition to adult health care.
 - Is re-evaluated as required with changing circumstances, but no less frequently than every six months.
5. Participate in evaluation activities required by OCCYSHN including electronic submission of descriptive information for each SPoC via required template and completion of a mid-year process report via Survey Monkey.

Attachment B

Use of Allotment Funds [Section 504]

The SUBAWARDEE may use funds paid to it for the provision of health services and related activities (including planning, administration, education, and evaluation) consistent with its application. It may also purchase technical assistance if the assistance is required in implementing programs funded by Title V.

Funds may be used to purchase technical assistance from public or private entities if required to develop, implement, or administer the MCH Block Grant.

Funds may be used for salaries and other related expenses of National Health Services Corps personnel assigned to the State.

Funds may not be used for cash payments to intended recipients of health services or for purchase of land, buildings, or major medical equipment.
Other restrictions apply.

Funds may not be used to make cash payments to intended recipients of services.

Funds may not be provided for research or training to any entity other than a public or non-profit private entity.

Funds may not be used for inpatient services, other than for children with special health care needs or high-risk pregnant women and infants or other inpatient services approved by the Associate Administrator for Maternal and Child Health. Infants are defined as persons less than one year of age.

Funds may not be used to make payments for any item or service) other than an emergency item or service) furnished by an individual or entity excluded under Titles V, XVIII (Medicare), XIX (Medicaid), or XX (Social Services Block Grant) of the Social Security Act.

MCH Block Grant funds may not be transferred to other block grant programs.

Babies First and CaCoon Risk Factors (A Codes and B Codes)

Babies First! (Birth through 4 years of age)	CaCoon (Birth through 20 years of age)
Medical Risk Factors	Diagnoses
A1. Drug exposed infant (See A29)	B1. Heart disease
A2. Infant HIV positive	B2. Chronic orthopedic disorders
A3. Maternal PKU or HIV positive	B3. Neuromotor disorders including cerebral palsy & brachial nerve palsy
A4. Intracranial hemorrhage (excludes Very High Risk Factor B16)	B4. Cleft lip and palate & other congenital defects of the head and face
A5. Seizures (excludes VHR Factor B18) or maternal history of seizures	B5. Genetic disorders (i.e., cystic fibrosis)
A6. Perinatal asphyxia	B6. Multiple minor physical anomalies
A7. Small for gestational age	B7. Metabolic disorders
A8. Very low birth weight (1500 grams or less)	B8. Spina bifida
A9. Mechanical ventilation for 72 hours or more prior to discharge	B9. Hydrocephalus or persistent ventriculomegaly
A10. Neonatal hyperbilirubinemia	B10. Microcephaly & other congenital or acquired defects of the CNS including craniosynostosis
A11. Congenital infection (TORCH)	B12. Organic speech disorders (dysarthria/dyspraxia)
A12. Central nervous system infection (e.g., meningitis)	B13. Hearing loss
A13. Head trauma or near drowning: monitoring change	B23. Traumatic brain injury
A14. Failure to grow	B24. Fetal Alcohol Spectrum Disorder
A16. Suspect vision impairment: monitoring change	B25. Autism, Autism Spectrum Disorder
A18. Family history of childhood onset hearing loss	B26. Behavioral or mental health disorder with developmental delay
A24. Prematurity	B28. Chromosome disorders (e.g., Down syndrome)
A25. Lead exposure	B29. Positive newborn blood screen
A26. Suspect hearing impairment: newborn hearing screen REFER	B30. HIV, seropositive conversion
A29. Alcohol exposed infant	B31. Visual impairment
Social Risk Factors	Very High Risk Medical Factors
A19. Maternal age 16 years or less	B16. Intraventricular hemorrhage (grade III, IV) or cystic periventricular leukomalacia (PVL) or chronic subdurals
A21. Parental alcohol or substance abuse	B17. Perinatal asphyxia <u>accompanied by</u> seizures
A22. At-risk caregiver	B18. Seizure disorder
A23. Concern of parent/provider	B19. Oral-motor dysfunction requiring specialized feeding program (gastrostomies and/or failure to grow, both organic and non-organic)
A28. Parent with history of mental illness	B20. Chronic lung disease (e.g., on oxygen, infants with tracheostomies)
A30. Parent with developmental disability	B21. Suspect neuromuscular disorder including abnormal neuromotor exam at NICU discharge
A31. Parent with Child Welfare history	
A32. Parent with domestic violence history	Developmental Risk Factors
A33. Parent with limited financial resources	B22. Developmental delay
A34. Parent with sensory impairment or physical disability	
A35. Parent with inadequate knowledge and supports	Other
A36. Other evidence-based social risk factor	B90. Other chronic conditions not listed
Other	
X99. Child is not being enrolled in High Risk Infant Tracking protocol	
X00. Change in X99 status to enrollment in High Risk Infant Screening Protocol	

Babies First Risk Factor Definitions

Babies First! Medical Risk Factors		
A1.	Drug exposed infant (See A29)	Documented history of maternal drug use or infant with positive drug screen at birth
A2.	Infant HIV Positive	Infant tested positive at birth or after 1 year of age
A3.	Maternal PKU or HIV Positive	Maternal history of PKU or mother tested positive HIV virus
A4.	Intracranial hemorrhage (excludes Very High Risk Factor B16)	Subdural, subarachnoid, intracerebral, or intraventricular hemorrhage, Grade I or II. Excludes Grade III or IV hemorrhage, or other factors listed in B16.
A5.	Seizures (excludes Very High Risk Factor B18) or maternal history of seizures	History of seizure disorder in mother. Seizures not requiring medical intervention (i.e., febrile seizures). Excludes factors in B18.
A6.	Perinatal asphyxia	Perinatal asphyxia (includes one or more of the following: 5 minute Apgar score of 4 or less, no spontaneous respiration until 10 minutes of age, hypotonia persisting to 2 hours of age, or renal failure & other medical complications of asphyxia).
A7.	Small for gestational age	Birth weight below 10 th percentile for gestational age
A8.	Very low birth weight	Birth weight 1500 grams or less
A9.	Mechanical ventilation	For 72 hours prior to hospital discharge
A10.	Neonatal hyperbilirubinemia	Requiring treatment with exchange transfusion
A11.	Congenital infection (TORCH)	Toxoplasmosis/Toxoplasma gondii, other infections (hepatitis B, syphilis, varicella-zoster virus, HIV, and parvovirus), rubella, cytomegalovirus, herpes simplex virus
A12.	Central nervous system (CNS) infection	Includes bacterial meningitis, herpes, or viral encephalitis/meningitis with no sequel.
A13.	Head trauma or near drowning: monitoring for change	Head trauma with loss of consciousness, needs monitoring
A14.	Failure to grow	Failure to grow. Unknown etiology needs persistent referral for medical work-up and ongoing monitoring for change.
A16.	Suspect vision impairment: monitoring for change	Inability to visually fix or track per vision screen

Babies First! Medical Risk Factors		
A18.	Family history of childhood hearing loss	Family member is a blood relative and loss is not associated with injury, accident or other non-genetic problem.
A24.	Prematurity	Infant born before completion of 37 weeks gestation, regardless of birth weight. For Babies First program, also includes low birth weight infants, birth weight less than 2500 grams.
A25.	Lead exposure	Blood lead levels >10µg/dL
A26.	Suspect hearing impairment: newborn hearing screen REFER	Newborn hearing screening status REFER, needs further assessment and monitoring.
A29.	Alcohol exposed infant	Heavy and/or Binge Drinking <u>at any time during pregnancy</u> . Heavy Drinking is more than one alcoholic drink per day on average. Binge Drinking is 4 alcoholic drinks or more in one sitting. Often Heavy Drinking also includes Binge Drinking. However, both do not have to have occurred during the pregnancy to use this risk code.

Babies First! Social Risk Factors		
A19.	Maternal age 16 years or less	Mother was 16 years or less at time of delivery.
A21.	Parental alcohol or substance abuse	Known or suspected abuse of substances
A22.	At-risk caregiver	Suspect caregiver/child interaction, incarcerated parent, no prenatal care
A23.	Concern of parent or provider	Any other concern related to infant growth, physical or emotional health, or development.
A28.	Parent with history of mental illness	Parent reports or has current symptoms of mental health problems.
A30.	Parent with developmental disability (DD)	Parent has a disability that is likely to continue, and significantly impact adaptive behavior. DD includes mental retardation, autism, cerebral palsy, epilepsy, or other neurological disabling conditions that require training or support similar to that required by individuals with intellectual disabilities.
A31.	Parent with Child Welfare history	Parent has a history of being abused and/or neglected as a child, or a history of abusing or neglecting a child.

Babies First! Social Risk Factors		
A32.	Parent with domestic violence history	Parent is impacted by current or past history of domestic violence: a pattern of assaultive and/or coercive behaviors including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their domestic or intimate partners.
A33.	Parent with limited financial resources	Inadequate financial resources. Struggles to provide basic needs: food, clothing, shelter, utilities.
A34.	Parent with sensory impairment or physical disability	Sensory impairment or incapacitating physical disability.
A35.	Parent with inadequate knowledge and supports	Parent has inadequate knowledge and abilities related to basic infant care, and has inadequate social support and limited coping abilities.
A36.	Other evidence-based social risk factor	Other social risk factor, established through research, is associated with poor child health outcomes.

Babies First! Other Risk Factors		
X99.	Child is not being enrolled in High Risk Infant Tracking protocol	<p>The client is not being enrolled in the HRI (High Risk Infant) tracking protocol. The nurse does not intend to follow or monitor the client for growth and development, according to the protocol listed in the Babies First! Manual. This could be a client who is seen once or twice for breastfeeding support, or for an initial assessment that indicated the client did not need HRI follow-up.</p> <p>Client must be enrolled in Babies First, NFP, or CaCoon if TCM billing occurs.</p>
X00.	Change in X99 status to enrollment in High Risk Infant Screening Protocol	If a child was originally determined to fit into the X99 category and then the nurse later determines she will enroll the child in the HRI protocol, then the code X00 is added to the eligibility criteria.

CaCoon Risk Factor Definitions

CaCoon Diagnoses		
B1.	Heart disease	Congenital or acquired heart disease or arrhythmias
B2.	Chronic orthopedic disorders	Congenital or acquired, chronic or recurrent orthopedic problems, e.g., club feet, congenital hip dislocation, juvenile rheumatoid arthritis and growth disorders
B3.	Neuromotor disorders including cerebral palsy & brachial nerve palsy	Static neuromotor disorder, including cerebral palsy and brachial nerve palsy (congenital or acquired); primary muscle disease; and movement disorders
B4.	Cleft lip and palate & other congenital defects of the head & face	Cleft lip and/or palate, submucous cleft palate or congenital/acquired velopharyngeal incompetence. Anomalies of the face or cranium that are sufficient to interfere with function or to significantly alter appearance. Examples of syndromes which typically fit these criteria: Crouzon; Apert's; Goldenhaar's, Microtia/atresia.
B5.	Genetic disorders (i.e., cystic fibrosis)	Any condition that can be inherited including single gene disorders and chromosome abnormalities
B6.	Multiple minor physical anomalies	Multiple minor anomalies, one or more major anomalies, or a combination of minor and major anomalies.
B7.	Metabolic disorders	Inborn errors of metabolism including amino acid disorders (e.g. PKU), fatty acid oxidation disorders, organic acid disorders, storage disorders, galactosemia, vitamin D deficient rickets.
B8.	Spina bifida	Neural tube defects including myelomeningocele, spinal cord and peripheral nerve injury
B9.	Hydrocephalus or persistent ventriculomegaly	Congenital or acquired dilatation of the cerebral ventricles
B10.	Microcephaly & other congenital or acquired defects of the CNS including craniosynostosis	Congenital small head size; brain injury acquired by postnatal neurological insult (i.e., vascular accident, shaken baby syndrome, CNS tumor or toxin, or head trauma)
B12.	Organic speech and language disorders (dysarthria/dyspraxia, only oral motor dysfunction, dysphasia)	Disorders resulting from congenital or acquired deficits involving neuromotor, structural, oral systems

CaCoon Diagnoses		
B13.	Hearing loss	As confirmed by diagnostic evaluation
B23.	Traumatic brain injury	An injury to the brain by an external physical force or event, resulting in the impairment of one or more of the following areas: speech, memory, attention, reasoning, judgment, problem solving, motor abilities, and psychosocial behavior
B24.	Fetal Alcohol Spectrum Disorder	A pattern of physical features and developmental delay that occurs in children whose mother consumed alcohol during pregnancy
B25.	Autism, Autism Spectrum Disorder	Confirmed diagnosis of developmental disorder affecting communication, understanding language, play, and interaction with others, often with stereotypical behaviors. E.g., Autism with Mental Retardation, High Functioning Autism, Pervasive Developmental Disability, Asperger's Syndrome.
B26.	Behavioral or mental health disorder with developmental delay	Confirmed diagnosis of extreme or unacceptable chronic behavior problems or maladaptive behavior; or medical diagnosis of mental health disorder. Either condition must also have developmental delay. Not for children with ONLY mental health disorders. Examples of individuals who qualify: a three year old who can no longer attend day care because of aggressive behavior and whose language is delayed but without signs of autism; a child diagnosed with OCD and cognitive impairment; a child whose parents are considering out of home placement who also qualifies for special education.
B28.	Chromosome disorders, e.g., Down syndrome	Any chromosome disorder, including trisomies, monosomies, deletions, duplications or rearrangements.
B29.	Positive newborn blood screen	Positive newborn screening blood test or confirmed condition detected by newborn screening.
B30.	HIV, seropositive conversion	Infant/child without maternal antibodies, producing own HIV antibodies.
B31.	Visual impairment	Inability to visually track or fix, medical diagnosis of visual impairment requiring educational accommodation.

CaCoon		
Very High Risk Medical Factors		
B16.	Intraventricular hemorrhage (Grade III, IV) or cystic periventricular leukomalacia (PVL) or chronic subdurals	Intracranial hemorrhage usually occurring due to anoxia, birth trauma, or disturbances in neonatal circulation
B17.	Perinatal asphyxia <u>accompanied by seizures</u>	Perinatal asphyxia accompanied by seizures resulting from the anoxic event (asphyxia includes one or more of the following: 5 minute Apgar score of 4 or less, no spontaneous respiration until 10 minutes of age, hypotonia persisting to 2 hours of age, or renal failure & other medical complications of asphyxia)
B18.	Seizure disorder	Seizures requiring medical intervention and where family needs assistance accessing medical and/or other services
B19.	Oral-motor dysfunction requiring specialized feeding program (gastrostomies) and/or failure to grow, both organic and non-organic	Difficulty coordinating suck/swallow/breathing; reflux; inadequate suck, lip closure (around bottle, cup, or spoon), poor tongue motion, no tongue laterization, no munching or chewing in older children, organic and non-organic Failure To Thrive
B20.	Chronic lung disease (e.g., on oxygen, infants with tracheostomies)	Respiratory distress syndrome, transient tachypnea of the newborn, meconium aspiration syndrome, bronchiopulmonary dysplasia, tracheomalacia, hypoplastic lung disease, cystic hygroma, near drowning
B21.	Suspect neuromuscular disorder	Abnormal motor screen or abnormal exam at NICU discharge, or test results that are suggestive of cerebral palsy or other neuromotor disorders

CaCoon		
Developmental Risk Factors		
B22.	Developmental Delay	Below average performance, including delays in cognitive, motor, communication and/or social skills; abnormal developmental screening results on a standardized developmental test, including children with behavioral concerns related to their delays.

CaCoon Other		
B90.	Other chronic conditions not listed	Other chronic health conditions, especially where family needs significant assistance accessing medical or other needed services.

**North Central Public Health District (Wasco-Gilliam-Sherman)
CY17 Activity Breakdown and Payment Schedule**

North Central Public Health District (Wasco-Gilliam-Sherman) shall complete the following SPoCs:

CaCoon Activities 30%	SPoC Activities 70%	Total Contract 100%
\$3,287	\$7,671	\$10,958

Transition Age	1
Complex	1
Other	1
Total SPoC	3

Each SPoC developed will serve a unique child or youth and their family.
Updates to SPoC are not included in the total number of SPoC

This subcontract will be paid in two installments on the following schedule:

	Direct Costs	Indirect Costs	Total Costs
The initial 60% of the awarded amount payable upon execution of this agreement on or after October 1, 2016.	\$5,917	\$657	\$6,575
The final 40% of the awarded amount upon receipt of Evaluation in July 2017	\$3,945	\$438	\$4,383
Total Funding	\$9,862	\$1,096	\$10,958

Subaward 1010488_NCENRAL_LHD

ATTACHMENT 6

OHA Subaward No. 143021 Applicable Terms and Conditions

REQUIRED FEDERAL TERMS AND CONDITIONS

1. General Applicability and Compliance.

Unless exempt under 45 Part 87 for Faith-Based Organizations (Federal Register, July 16, 2004, Volume 69, #136), or other federal provisions, Subrecipient shall comply and, as indicated, require all subcontractors to comply with the following federal requirements to the extent that they are applicable to this Subaward Agreement, to Subrecipient, or to the Prime Award activities, or to any combination of the foregoing. For purposes of this Subaward Agreement, all references to federal and state laws are references to federal and state laws as they may be amended from time to time.

2. Miscellaneous Federal Provisions.

Subrecipient shall comply and require all subcontractors to comply with all federal laws, regulations, and executive orders applicable to the Subaward Agreement or to the delivery of grant activities. Without limiting the generality of the foregoing, Subrecipient expressly agrees to comply and require all subcontractors to comply with the following laws, regulations and executive orders to the extent they are applicable to the Subaward Agreement: (a) Title VI and VII of the Civil Rights Act of 1964, as amended, (b) Sections 503 and 504 of the Rehabilitation Act of 1973, as amended, (c) the Americans with Disabilities Act of 1990, as amended, (d) Executive Order 11246, as amended, (e) the Health Insurance Portability and Accountability Act of 1996, as amended, (f) the Age Discrimination in Employment Act of 1967, as amended, and the Age Discrimination Act of 1975, as amended, (g) the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, (h) all regulations and administrative rules established pursuant to the foregoing laws, (i) all other applicable requirements of federal civil rights and rehabilitation statutes, rules and regulations, and (j) all federal laws requiring reporting of OHA Client abuse. These laws, regulations and executive orders are incorporated by reference herein to the extent that they are applicable to the Subaward Agreement and required by law to be so incorporated. No federal funds may be used to provide grant activities in violation of 42 U.S.C. 14402.

3. Equal Employment Opportunity.

Subrecipient shall comply and require all subcontractors to comply with Executive Order 11246, entitled "Equal Employment Opportunity," as amended by Executive Order 11375, and as supplemented in Department of Labor regulations (41 CFR Part 60).

4. Clean Air, Clean Water, EPA Regulations.

Subrecipient shall comply and require all subcontractors to comply with all applicable standards, orders, or requirements issued under Section 306 of the Clean Air Act (42 U.S.C. 7606), the Federal Water Pollution Control Act as amended (commonly known as the Clean Water Act) (33 U.S.C. 1251 to 1387), specifically including, but not limited to Section 508 (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency regulations (2 CFR Part 1532), which prohibit the use under non-exempt Federal contracts, grants or loans of facilities included on the EPA List of Violating Facilities. Violations shall be reported to OHA, United States Department of Health and Human Services and the appropriate Regional Office of the Environmental Protection Agency. Recipient shall include and require all subcontractors to include in all contracts with subcontractors receiving more than \$100,000, language requiring the subcontractor to comply with the federal laws identified in this Section.

5. Energy Efficiency.

Subrecipient shall comply and require all subcontractors to comply with applicable mandatory standards and policies relating to energy efficiency that are contained in the Oregon energy conservation plan issued in compliance with the Energy Policy and Conservation Act 42 U.S.C. 6201 et. seq. (Pub. L. 94-163).

6. Truth in Lobbying.

By signing this Subaward Agreement, the Subrecipient certifies, to the best of the Subrecipient's knowledge and belief that:

- a. No federal appropriated funds have been paid or will be paid, by or on behalf of Subrecipient, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any federal contract, grant, loan or cooperative agreement.
- b. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan or cooperative agreement, the Subrecipient shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.
- c. The Subrecipient shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients and subcontractors shall certify and disclose accordingly.
- d. This certification is a material representation of fact upon which reliance was placed when this Subaward Agreement was made or entered into. Submission of this certification is a prerequisite for making or entering into this Subaward Agreement imposed by 31 U.S.C. 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
- e. No part of any federal funds paid to Subrecipient under this Subaward Agreement shall be used other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the United States Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.
- f. No part of any federal funds paid to Subrecipient under this Subaward Agreement shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the United States Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

- g. The prohibitions in subsections (e) and (f) of this Section shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.
- h. No part of any federal funds paid to Subrecipient under this Subaward Agreement may be used for any activity that promotes the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive congressional communications. This limitation shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance of that federally sponsored clinical trials are being conducted to determine therapeutic advantage.

7. Resource Conservation and Recovery.

Subrecipient shall comply and require all subcontractors to comply with all mandatory standards and policies that relate to resource conservation and recovery pursuant to the Resource Conservation and Recovery Act (codified at 42 U.S.C. 6901 et. seq.). Section 6002 of that Act (codified at 42 U.S.C. 6962) requires that preference be given in procurement programs to the purchase of specific products containing recycled materials identified in guidelines developed by the Environmental Protection Agency. Current guidelines are set forth in 40 CFR Part 247.

8. Audits.

Subrecipient shall comply, and require all subcontractors to comply, with applicable audit requirements and responsibilities set forth in this Subaward Agreement and applicable state or federal law.

If Subrecipient expends \$500,000 or more in Federal funds (from all sources) in its fiscal year beginning prior to December 26, 2014, Subrecipient shall have a single organization-wide audit conducted in accordance with the Single Audit Act. If Subrecipient expends \$750,000 or more in federal funds (from all sources) in a fiscal year beginning on or after December 26, 2014, Subrecipient shall have a single organization-wide audit conducted in accordance with the provisions of 2 CFR Subtitle B with guidance at 2 CFR Part 200. Copies of all audits must be submitted to PTE within 30 days of completion. If Subrecipient expends less than \$500,000 in Federal funds in a fiscal year beginning prior to December 26, 2014, or less than \$750,000 in a fiscal year beginning on or after that date, Subrecipient is exempt from Federal audit requirements for that year. Records must be available as provided in OHA Required Terms and Conditions, "Records Maintenance Access".

9. Debarment and Suspension.

Subrecipient shall not permit any person or entity to be a subcontractor if the person or entity is listed on the non-procurement portion of the General Service Administration's "List of Parties Excluded from Federal Procurement or Nonprocurement Programs" in accordance with Executive Orders No. 12549 and No. 12689, "Debarment and Suspension" (See 2 CFR Part 180). This list contains the names of parties debarred, suspended, or otherwise excluded by agencies, and contractors declared ineligible under statutory authority other than Executive Order No. 12549. Subcontractors with awards that exceed the simplified acquisition threshold shall provide the required certification regarding their exclusion status and that of their principals prior to award.

10. Drug-Free Workplace.

Subrecipient shall comply and require all subcontractors to comply with the following provisions to maintain a drug-free workplace: (i) Subrecipient certifies that it will provide a drug-free workplace by publishing a statement notifying its employees that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance, except as may be present in lawfully prescribed or over-the-counter medications, is prohibited in Subrecipient's workplace or while providing services to OHA Clients. Subrecipient's notice shall specify the actions that will be taken by Subrecipient against its employees for violation of such prohibitions; (ii) Establish a drug-free awareness program to inform its employees about: The dangers of drug abuse in the workplace, Subrecipient's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations; (iii) Provide each employee to be engaged in the performance of services under this Subaward Agreement a copy of the statement mentioned in paragraph (i) above; (iv) Notify each employee in the statement required by paragraph (i) above that, as a condition of employment to provide services under this Subaward Agreement, the employee will: abide by the terms of the statement, and notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction; (v) Notify PTE within ten (10) days after receiving notice under subparagraph (iv) above from an employee or otherwise receiving actual notice of such conviction; (vi) Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program by any employee who is so convicted as required by 41 U.S.C. 8104; (vii) Make a good-faith effort to continue a drug-free workplace through implementation of subparagraphs (i) through (vi) above; (viii) Require any subcontractor to comply with subparagraphs (i) through (vii) above; (ix) Neither Subrecipient, or any of Subrecipient's employees, officers, agents or subcontractors may provide any service required under this Subaward Agreement while under the influence of drugs. For purposes of this provision, "under the influence" means: observed abnormal behavior or impairments in mental or physical performance leading a reasonable person to believe the Subrecipient or Subrecipient's employee, officer, agent or subcontractor has used a controlled substance, prescription or non-prescription medication that impairs the Subrecipient or Subrecipient's employee, officer, agent or subcontractor's performance of essential job function or creates a direct threat to OHA Clients or others. Examples of abnormal behavior include, but are not limited to: hallucinations, paranoia or violent outbursts. Examples of impairments in physical or mental performance include, but are not limited to: slurred speech, difficulty walking or performing job activities; and (x) Violation of any provision of this subsection may result in termination of this Subaward Agreement.

11. Pro-Children Act.

Subrecipient shall comply and require all subcontractors to comply with the Pro-Children Act of 1994 (codified at 20 U.S.C. 6081 et. seq.).

12. Medicaid Services.

Subrecipient shall comply with all applicable federal and state laws and regulation pertaining to the provision of Medicaid Services under the Medicaid Act, Title XIX, 42 U.S.C. 1396 et. seq., including without limitation:

- a. Keep such records as are necessary to fully disclose the extent of the services provided to individuals receiving Medicaid assistance and shall furnish such information to any state or federal agency responsible for administering the Medicaid program regarding any payments claimed by such person or institution for providing Medicaid Services as

the state or federal agency may from time to time request. 42 U.S.C. 1396a (a)(27); 42 CFR Part 431.107(b)(1) & (2).

- b. Comply with all disclosure requirements of 42 CFR Part 1002.3(a) and 42 CFR Part 455 Subpart (B).
- c. Maintain written notices and procedures respecting advance directives in compliance with 42 U.S.C. 1396(a)(57) and (w), 42 CFR Part 431.107(b)(4), and 42 CFR Part 489 Subpart I.
- d. Certify when submitting any claim for the provision of Medicaid Services that the information submitted is true, accurate and complete. Subrecipient shall acknowledge Subrecipient's understanding that payment of the claim will be from federal and state funds and that any falsification or concealment of a material fact may be prosecuted under federal and state laws.
- e. Entities receiving \$5 million or more annually (under this Subaward Agreement and any other Medicaid contract) for furnishing Medicaid health care items or services shall, as a condition of receiving such payments, adopt written fraud, waste and abuse policies and procedures and inform employees, contractors and agents about the policies and procedures in compliance with Section 6032 of the Deficit Reduction Act of 2005, 42 U.S.C. 1396a(a)(68).

13. Agency-based Voter Registration.

If applicable, Subrecipient shall comply with the Agency-based Voter Registration sections of the National Voter Registration Act of 1993 that require voter registration opportunities be offered where an individual may apply for or receive an application for public assistance.

14. Disclosure.

- a. 42 CFR Part 455.104 requires the State Medicaid agency to obtain the following information from any provider of Medicaid or CHIP services, including fiscal agents of providers and managed care entities: (1) the name and address (including the primary business address, every business location and P.O. Box address) of any person (individual or corporation) with an ownership or control interest in the provider, fiscal agent or managed care entity; (2) in the case of an individual, the date of birth and Social Security Number, or, in the case of a corporation, the tax identification number of the entity, with an ownership interest in the provider, fiscal agent or managed care entity or of any subcontractor in which the provider, fiscal agent or managed care entity has a 5% or more interest; (3) whether the person (individual or corporation) with an ownership or control interest in the provider, fiscal agent or managed care entity is related to another person with ownership or control interest in the provider, fiscal agent or managed care entity as a spouse, parent, child or sibling, or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the provider, fiscal agent or managed care entity has a 5% or more interest is related to another person with ownership or control interest in the provider, fiscal agent or managed care entity as a spouse, parent, child or sibling; (4) the name of any other provider, fiscal agent or managed care entity in which an owner of the provider, fiscal agent or managed care entity has an ownership or control interest; and, (5) the name, address, date of birth and Social Security Number of any managing employee of the provider, fiscal agent or managed care entity.
- b. 42 CFR Part 455.434 requires as a condition of enrollment as a Medicaid or CHIP provider, to consent to criminal background checks, including fingerprinting when required to do so under state law, or by the category of the provider based on risk of fraud, waste and abuse under federal law.

- c. As such, a provider must disclose any person with a 5% or greater direct or indirect ownership interest in the provider whom has been convicted of a criminal offense related to that person's involvement with the Medicare, Medicaid, or Title XXI program in the last 10 years.
- d. Subrecipient shall make the disclosures required by this Section to PTE. PTE reserves the right to take such action required by law, or where PTE has discretion, it deems appropriate, based on the information received (or the failure to receive information) from the provider, fiscal agent or managed care entity.

15. Federal Intellectual Property Rights Notice.

The federal funding agency, as the awarding agency of the funds used, at least in part, for the activities performed under this Subaward Agreement, may have certain rights as set forth in the federal requirements pertinent to these funds. For purposes of this subsection, the terms "grant" and "award" refer to funding issued by the federal funding agency to the State of Oregon. The Subrecipient agrees that it has been provided the following notice:

- a. The federal funding agency reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work, and to authorize others to do so, for Federal Government purposes with respect to: (1) The copyright in any work developed under a grant, subgrant or contract under a grant or subgrant; and (2) Any rights of copyright to which a grantee, subgrantee or a contractor purchases ownership with grant support.
- b. The parties are subject to applicable federal regulations governing patents and inventions, including government-wide regulations issued by the Department of Commerce at 37 CFR Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements."
- c. The parties are subject to applicable requirements and regulations of the federal funding agency regarding rights in data first produced under a grant, subgrant or contract under a grant or subgrant.

OHA REQUIRED TERMS AND CONDITIONS

- 1. **Governing Law, Consent to Jurisdiction.** This Subaward Agreement shall be governed by and construed in accordance with the laws of the State of Oregon without regard to principles of conflicts of law. Any claim, action, suit or proceeding (collectively, "Claim") between the parties that arises from or relates to this Subaward Agreement shall be brought and conducted solely and exclusively within a circuit court for the State of Oregon of proper jurisdiction. THE PARTIES, BY EXECUTION OF THIS AGREEMENT, HEREBY CONSENT TO THE IN PERSONAM JURISDICTION OF SAID COURTS. Except as provided in this section, neither party waives any form of defense or immunity, whether sovereign immunity, governmental immunity, immunity based on the eleventh amendment to the Constitution of the United States or otherwise, from any Claim or from the jurisdiction of any court. The parties acknowledge that this is a binding and enforceable agreement and, to the extent permitted by law, expressly waive any defense alleging that either party does not have the right to seek judicial enforcement of this Subaward Agreement.
- 2. **Compliance with Law.**

- a. Subrecipient shall comply with and require all subcontractors to comply with all state and local laws, regulations, executive orders and ordinances applicable to the Subaward Agreement or to the delivery of services. Without limiting the generality of the foregoing, Subrecipient expressly agrees to comply with the following laws, regulations and executive orders to the extent they are applicable to the Subaward Agreement: (1) all applicable requirements of state civil rights and rehabilitation statutes, rules and regulations; (2) all state laws requiring reporting of Subrecipient client abuse; (3) ORS 659A.400 to 659A.409, ORS 659A.145, and all regulations and administrative rules established pursuant to those laws in the construction, remodeling, maintenance and operation of any structures and facilities, and in the conduct of all programs, services and training associated with the delivery of services. These laws, regulations and executive orders are incorporated by reference herein to the extent that they are applicable to the Subaward Agreement and required by law to be so incorporated. All employers, including Subrecipient, that employ subject workers who provide services in the State of Oregon shall comply with ORS 656.017 and provide the required Workers' Compensation coverage, unless such employers are exempt under ORS 656.126.
 - b. Subrecipient shall comply with the federal laws as set forth or incorporated, or both, in this Subaward Agreement and all other federal laws applicable to Subrecipient's performance under this Subaward Agreement as they may be adopted, amended or repealed from time to time.
3. Independent Contractors. The parties agree and acknowledge that their relationship is that of independent contracting parties and that Subrecipient is not an officer, employee, or agent of the State of Oregon as those terms are used in ORS 30.265 or otherwise.
4. Representations and Warranties.
 - a. Subrecipient's Representations and Warranties. Subrecipient represents and warrants to PTE that:
 - i. Subrecipient has the power and authority to enter into and perform this Subaward Agreement;
 - ii. This Subaward Agreement, when executed and delivered, shall be a valid and binding obligation of Subrecipient enforceable in accordance with its terms;
 - iii. Subrecipient has the skill and knowledge possessed by well-informed members of its industry, trade or profession and Subrecipient will apply that skill and knowledge with care and diligence to perform the Statement of Work in a professional manner and in accordance with standards prevalent in Subrecipient's industry, trade or profession;
 - iv. Subrecipient shall, at all times during the term of this Subaward Agreement, be qualified, professionally competent, and duly licensed to perform the Statement of Work; and
 - v. Subrecipient prepared its proposal related to this Subaward Agreement, if any, independently from all other proposers, and without collusion, fraud, or other dishonesty.

- b. Warranties cumulative. The warranties set forth in this section are in addition to, and not in lieu of, any other warranties provided.
5. Ownership of Work Product (Subaward 143021, Attachment B, Article 7). Subject to 37 CFR 401.14,
- a. Definitions. As used in this Section 5 the following terms have the meanings set forth below:
 - i. "Recipient Intellectual Property" means any intellectual property owned by Subrecipient and developed independently from the Statement of Work.
 - ii. "Third Party Intellectual Property" means any intellectual property owned by parties other than PTE or Subrecipient.
 - iii. "Work Product" means every invention, discovery, work of authorship, trade secret or other tangible or intangible item and all intellectual property rights therein that Subrecipient is required to deliver to PTE pursuant to the Statement of Work.
 - b. Original Works. All Work Product created by Subrecipient pursuant to the Statement of Work, including derivative works and compilations, mid whether or not such Work Product is considered a "work made for hire," shall be the exclusive property of Oregon Health Authority ("OHA"). PTE and Subrecipient agree that all Work Product is "work made for hire" of which OHA is the author within the meaning of the United States Copyright Act. If for any reason the original Work Product created pursuant to the Statement of Work is not "work made for hire," Subrecipient hereby irrevocably assigns to OHA any and all of its rights, title, and interest in all original Work Product created pursuant to the Statement of Work, whether arising from copyright, patent, trademark, trade secret, or any other state or federal intellectual property law or doctrine. Upon OHA's reasonable request, Subrecipient shall execute such further documents and instruments necessary to fully vest such rights in OHA. Subrecipient forever waives any and all rights relating to original Work Product created pursuant to the Statement of Work, including without limitation, any and all rights arising under 17 U.S.C. §106A or any other rights of identification of authorship or rights of approval, restriction or limitation on use or subsequent modifications.
 - c. In the event that Work Product is Recipient Intellectual Property, a derivative work based on Recipient Intellectual Property or a compilation that includes Recipient Intellectual Property, Subrecipient hereby grants to OHA an irrevocable, non-exclusive, perpetual, royalty-free license to use, reproduce, prepare derivative works based upon, distribute copies of, perform and display Recipient Intellectual Property and the pre-existing elements of the Recipient Intellectual Property employed in the Work Product, and to authorize others to do the same on OHA's behalf.
 - d. In the event that Work Product is Third Party Intellectual Property, a derivative work based on Third Party Intellectual Property or a compilation that includes Third Party Intellectual Property, Subrecipient shall secure on OHA's behalf and in the name of OHA an irrevocable, nonexclusive, perpetual, royalty free license to use, reproduce, prepare derivative works based upon, distribute copies of, perform and display the Third Party Intellectual Property and the

preexisting elements of the Third Party Intellectual Property employed in the Work Product, and to authorize others to do the same on OHA's behalf.

6. Insurance (Subaward 143021, Attachment B, Article 14). If Subrecipient is not a unit of the local government as defined in ORS 190.003, Subrecipient shall i) obtain insurance specified under TYPES AND AMOUNTS and meeting the requirements under ADDITIONAL INSURED, "TAIL" COVERAGE, NOTICE OF CANCELLATION OR CHANGE, and CERTIFICATES OF INSURANCE before performing work under this Subaward Agreement, and ii) maintain the insurance in full force throughout the duration of this Subaward Agreement. The insurance must be provided by insurance companies or entities that are authorized to transact the business of insurance and issue coverage in the State of Oregon and that are acceptable to OHA. Subrecipient is not authorized to begin work under this Subaward Agreement until the insurance is in full force. Subrecipient shall provide proof of such insurance as required under this Article 6 annually upon request by PTE. In no event shall Subrecipient continue to perform under this Subaward Agreement if Subrecipient is not in compliance with the insurance requirements.

Subrecipient:

- Has attached a copy of certificates of policies required under this section 6 as Attachment 7; or
- Certifies that Subrecipient is exempt from such requirements due to being a unit of the local government as defined in ORS 190.003.

REQUIRED INSURANCE:

1. Workers Compensation. Insurance in compliance with ORS 656.017, which requires all employers that employ subject workers, as defined in ORS 656.027, to provide workers' compensation coverage for those workers, unless they meet the requirement for an exemption under ORS 656.126(2). If Subrecipient is a subject employer, as defined in ORS 656.023, Subrecipient shall obtain employers' liability insurance coverage limits of not less than \$1,000,000.
2. "Tail" Coverage. If any of the required insurance policies is on a "claims made" basis, such as professional liability insurance, the Subrecipient shall maintain either "tail" coverage or continuous "claims made" liability coverage, provided the effective date of the continuous "claims made" coverage is on or before the effective date of the Subaward Agreement, for a minimum of 24 months following the later of: (i) the Subrecipient's completion and PTE's acceptance of all services required under the Subaward Agreement or, (ii) the expiration of all warranty periods provided under the Subaward Agreement. Notwithstanding the foregoing 24-month requirement, if the Subrecipient elects to maintain "tail" coverage and if the maximum time period "tail" coverage reasonably available in the marketplace is less than the 24-month period described above, then the Subrecipient may request and OHA may grant approval, upon approval by OHA, of the maximum "tail" coverage period reasonably available in the marketplace. If OHA approval is granted, the Subrecipient shall maintain "tail" coverage for the maximum time period that "tail" coverage is reasonably available in the marketplace.
3. Notice of Cancellation or Change. The Subrecipient or its insurer must provide 30 days' written notice to PTE before cancellation of, material change to, potential

- exhaustion of aggregate limits of, or non-renewal of the required insurance coverage(s).
4. Certificate(s) of Insurance. Subrecipient shall provide a certificate(s) of insurance for all required insurance before the contractor performs under the Subaward Agreement. The certificate(s) or an attached endorsement must specify: (i) all entities and individuals who are endorsed on the policy as Additional Insured and (ii) for insurance on a "claims made" basis, the extended reporting period applicable to "tail" or continuous "claims made" coverage.

 7. Records Maintenance; Access (Subaward 143021, Attachment B, Article 15). Subrecipient shall maintain all financial records relating to this Subaward Agreement in accordance with generally accepted accounting principles. In addition, Subrecipient shall maintain any other records, books, documents, papers, plans, records of shipments and payments and writings of Subrecipient, whether in paper, electronic or other form, that are pertinent to this Subaward Agreement in such a manner as to clearly document Subrecipient's performance. All financial records, other records, books, documents, papers, plans, records of shipments and payments and writings of Subrecipient whether in paper, electronic or other form, that are pertinent to this Subaward Agreement, are collectively referred to as "Records." Subrecipient acknowledges and agrees that OHA and the Oregon Secretary of State's Office and the federal government and their duly authorized representatives shall have access to all Records to perform examinations and audits and make excerpts and transcripts. Subrecipient shall retain and keep accessible all Records for a minimum of six (6) years, or such longer period as may be required by applicable law, following final payment and termination of this Subaward Agreement, or until the conclusion of any audit, controversy or litigation arising out of or related to this Subaward Agreement, whichever date is later. Subrecipient shall maintain Records in accordance with the records retention schedules set forth in OAR Chapter 166.

 8. Information Privacy/Security/Access (Subaward 143021, Attachment B, Article 16). If the Statement of Work performed under this Subaward Agreement requires Subrecipient or its subcontractor(s) to have access to or use of any OHA computer system or other OHA Information Asset for which OHA imposes security requirements, and OHA grants Subrecipient or its subcontractor(s) access to such OHA Information Assets or Network and Information Systems, Subrecipient shall comply and require all subcontractor(s) to which such access has been granted to comply with. OAR 943-014-0300 through OAR 943-014-0320, as such rules may be revised from time to time. For purposes of this section, "Information Asset" and "Network and Information System" have the meaning set forth in OAR 943-014-0305, as such rule may be revised from time to time.

 9. Assignment of Agreement, Successors in Interest (Subaward 143021, Attachment B, Article 18).
 - a. Subrecipient shall not assign nor transfer its interest in this Subaward Agreement without prior written approval of PTE. Any such assignment or transfer, if approved, is subject to such conditions and provisions as PTE may

deem necessary. No approval by PTE of any assignment or transfer of interest shall be deemed to create any obligation of PTE in addition to those set forth in the Subaward Agreement.

- b. The provisions of this Subaward Agreement shall be binding upon and shall inure to the benefit of the parties hereto, and their respective successors and permitted assigns.
10. Subcontracts (Subaward 143021, Attachment B, Article 19). Subrecipient shall not enter into any subcontracts for any of the Statement of Work required by this Subaward Agreement without PTE's prior written consent. In addition to any other provisions PTE may require, Subrecipient shall include in any permitted subcontract under this Subaward Agreement provisions to ensure that OHA will receive the benefit of subcontractor performance as if the subcontractor were the Subrecipient with respect to all articles in this OHA Subaward No. 143021 Applicable Terms and Conditions attachment. PTE's consent to any subcontract shall not relieve Subrecipient of any of its duties or obligations under this Subaward Agreement.
11. No Third Party Beneficiaries (Subaward 143021, Attachment B, Article 20). PTE and Subrecipient are the only parties to this Subaward Agreement and are the only parties entitled to enforce its terms. The parties agree that Subrecipient's performance under this Subaward Agreement is solely for the benefit of PTE to assist and enable PTE to accomplish its statutory mission. Nothing in this Subaward Agreement gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly or otherwise, to third persons any greater than the rights and benefits enjoyed by the general public unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of the terms of this Subaward Agreement.
12. Severability (Subaward 143021, Attachment B, Article 22). The parties agree that if any term or provision of this Subaward Agreement is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the Subaward Agreement did not contain the particular term or provision held to be invalid.
13. Survival (Subaward 143021, Attachment B, Article 23). Sections I, 4, 5, 6, 7, 8, 11, 13 of the OHA Required Terms and Conditions in the OHA Subaward No. 143021 Applicable Terms and Conditions shall survive Subaward Agreement expiration or termination as well as those the provisions of this Subaward Agreement that by their context are meant to survive. Subaward Agreement expiration or termination shall not extinguish or prejudice PTE's right to enforce this Subaward Agreement with respect to any default by Subrecipient that has not been cured.
14. Indemnification by Subcontractors (Subaward 143021, Attachment B, Article 31). Subrecipient shall take all reasonable steps to cause its contractor(s), that are not units of local government as defined in ORS 190.003, if any, to indemnify, defend, save and hold harmless the State of Oregon and its officers, employees and agents ("Indemnitee") from and against any and all claims, actions, liabilities, damages, losses, or expenses (including attorneys' fees) arising from a tort (as now or

hereafter defined in ORS 30.260) caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of Subrecipient's contractor or any of the officers, agents, employees of subcontractors of the contractor ("Claims"). It is the specific intention of the parties that the Indemnatee shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the Indemnatee, be indemnified by the contractor from and against any and all Claims.



Educational Message Services, Inc.

Celebrating **21** Years of Narrowcasting

Service Contract

For:

PreventionPays™ Text Messaging Services

- **WIC Service Uses**
- **Specialized Program Uses**
- **Administrative Uses**

Submitted to:

**North Central Public Health District WIC Program
Kathi Hall; Finance Manager
419 East Seventh Street
The Dalles, OR 97058**

Services Contacts:

Tom Evans
805.653.6000
tom@emsmail.org

Jonathan Holly
805-653-6000
jonathan@emsmail.org



Educational Message Services, Inc.
1252 Devon Lane Ventura, CA 93001

This Service Contract entered on the 14th day of March 2017, the commencement date of the Agreement, is by and between Educational Message Services, Inc. (EMS), herein referred to as "Service Provider" and North Central Public Health District WIC Program (NCPHDWIC) herein referred to as "End User".

WHEREAS, EMS is the sole owner of PreventionPays Text Message Services (PPTMS)

WHEREAS, EMS provides Tier 1 aggregation services taking in all US mobile service providers and delivers short message service (SMS), also known as "text messaging", throughout the US

WHEREAS, End User desires Service Provider to provide a *Internet-to-Mobile-to-Internet* Text Message Network Platform with Tier 1 US Mobile Carrier interoperability suited for specified uses herein. EMS will deliver to NCPHDWIC both one-way and two-way text messaging capacity and enabling NCPHDWIC with enterprise capacity to engage with people using mobile service providers in the United States to both send and receive text messages also referred to as Short Message Service (SMS)

WHEREAS, EMS agrees to perform all duties and obligations set forth in this agreement and as more fully described in attached file, Service Obligations pg. 6 herein, and in accordance with the terms of this Agreement,

NOW, THEREFORE, in consideration of the foregoing and the premises and covenants hereinafter expressed, the parties hereto mutually agree as follows:

1. Scope of Services

EMS will provide to NCPHDWIC solely for their work underway in the United States, all the means and credentials necessary to administer the PPTMS utilizing SMS short code and keywords. (See EMS Service Obligations)

2. Ownership

EMS owns PPTMS both platform and software. EMS will grant a limited license to use the PPTMS to NCPHDWIC. NCPHDWIC will own any and all data collected or tracked pursuant to this agreement.

3. Period of Performance

This Agreement shall be effective as of March 14, 2017 and shall terminate on April 1, 2018

3.1 Compensation

Consideration in the amount \$3995.00 for services and activities described herein is deemed full and final settlement.

Description	Period Payment Date	Amount
Service Contract Payment	April 2017	\$3995.00

4. Termination

This Agreement may be terminated by either party, with or without cause, upon thirty days written notice to the other party excepting sections 5 and 6. In the event NCPHDWIC chooses to terminate this Agreement, it is agreed that NCPHDWIC will pay EMS, upon termination for sums due under the contract and as invoiced for the services rendered as of the effective date of termination without penalty. EMS has provided a payment schedule herein (Section 3.1) and will invoice for services as outlined. If there are invoices unpaid at termination they must be remitted within 30 days. EMS will discontinue invoicing at notice of termination. EMS reserves the right to invoice for last month of service if termination is requested, not to exceed amounts as identified in section 3.1.

Initials _____



5. Confidential Information, Trade Secrets and Conflict of Interest

NCPHDWIC and their associates, agents and employees will not at any time, in any fashion, form, or manner, either directly or indirectly, divulge, disclose, or communicate to any person, firm, or corporation, whose services or products include providing or representing entities which provide SMS services in the US or Canada, in any manner whatsoever any information of any kind, nature, or description concerning any sharing of "technical information" regarding operations of PPTMS. Technical information as referred to herein includes; Login credentials, verbal descriptions of system functioning, any information either verbal or visual related to or about the PPTMS user interface display and operation, representation of PPTMS capacity or programming features, and method of data management.

NCPHDWIC warrants by signature hereon that they and/or their agents are in no way associated to any other service provider of SMS applications development and are not currently or in the foreseeable future as defined by dates hereon considering SMS system development and subsequent commercialization or distribution of SMS services to other in any manner whatsoever. NCPHDWIC warrants that no such conflict exists and thereby can accept the training on technical operations of the PPTMS system without any such conflict.

EMS does acknowledge and appreciates that sharing general information collected in PPTMS data summary reports and supports the sharing of report information amidst 501(C)(3) organizations and/or government agencies.

The parties hereby agree that, as between them, the foregoing matters are important, material and confidential, and gravely affect the effective and successful conduct of the business of Educational Message Services, Inc., and its goodwill, that any violation of the terms of this section is a material breach of this agreement.

Time period for this section expires 05/2018

6. Protection of Property Physical and Intellectual

The uses PPTMS considered in this agreement are limited to the scope and work defined herein and stated. Any other use by NCPHDWIC is not granted, implied or permitted without express written consent of EMS. Any breach will be prosecuted to the full extent of the law.

The parties identified herein support promotional efforts and activities concerning PPTMS. NCPHDWIC shall determine as to the manner and/or scope of how to promote efforts and activities of EMS and/or PPTMS, including and without limitation, the use of EMS or PPTMS in print material, news Agency releases, publications, articles and electronic media as supporting this contract. EMS reserves the right to approve any uses of EMS name or logo including but not limited to PreventionPays Text Messaging Service (PPTMS). EMS must authorize in writing approved uses of promotional or informational materials prior to any distribution of any materials containing EMS logos, name, service marks, or trademarks.

Time period for this section expires 05/2018

7. Relationship of the Parties

The parties agree that in performing their responsibilities under this agreement they are in the position of independent contractors. As such NCPHDWIC is not entitled to or covered by EMS's benefits including medical, dental, unemployment or pension benefits. Nothing contained herein shall be construed to imply a joint venture relationship or partnership relationship between NCPHDWIC and EMS. NCPHDWIC does not retain the right to control and direct EMS as to details and the means by which assignments are accomplished.

8. Assignments and Delegation

Neither party shall assign license or encumber this Agreement nor any rights, duties or obligations hereunder to any other person/or entity without express prior written approval of the other party.

Initials



9. Arbitration and Remedies

In the event of any dispute under the terms of this Agreement, the following rules shall apply:

- A. Any Dispute shall first be submitted to mediation with a mediator selected jointly by the parties.
- B. If the parties are unable to settle the dispute through mediation, then any controversy or claim arising out of or relating to this Agreement or any agreements or instruments relating hereto or delivered in connection herewith, or arising out of or relating to any aspect of the past, present or future relationships of the parties hereto, but including any claim based on or arising from an alleged tort seeking money damages as a remedy, shall, at the request of any party, be determined by binding arbitration in accordance with and under the rules of the American Arbitration Association. Judgment upon the award rendered by the arbitrator may be entered in any court having jurisdiction. Based on the award either:

EMS shall be entitled to specific performance and injunctive or other equitable relief as a remedy for any noticed breach of this agreement. including but not limited to customary attorney's fees as may be assessed in any litigation, legal preparation, discovery, process actions or services as provided by accredited legal council retained by EMS for any matters related to this agreement. Such remedy shall not be deemed to be the exclusive remedy but shall be, in addition to all other remedies listed herein, available at law or equity to EMS.

Or:

NCPHDWIC shall be entitled to specific performance and injunctive or other equitable relief as a remedy for any noticed breach of this agreement. including but not limited to customary attorney's fees as may be assessed in any litigation, legal preparation, discovery, process actions or services as provided by accredited legal council retained by NCPHDWIC for any matters related to this agreement. Such remedy shall not be deemed to be the exclusive remedy but shall be, in addition to all other remedies listed herein, available at law or equity to NCPHDWIC.

- C. Any mediation or arbitration of a dispute will occur in The Dalles, Oregon, unless the parties otherwise agree in writing

10. Entire Agreement

This agreement contains the entire agreement between the parties concerning the subject matter of this Agreement. It supersedes all negotiations, statements, promises, or understanding, if any, made prior to the execution of this Agreement. Any such negotiations, promises, or understanding shall not be used to interpret or modify this Agreement.

11. Agreement – Personal

Nothing in this Agreement, whether expressed or implied, is intended to confer any rights or remedies under or by reason of this Agreement on any person other than the parties to it and their respective successors and assigns, nor is anything in this Agreement intended to relieve or discharge the obligation or liability of any third persons to any party to this Agreement nor shall any provision give any third person any right of subrogation or action over or against any party to this Agreement.

12. Notices

All notices, requests, demands and other communications shall be given in writing and shall be deemed to have been duly given on the date of service if served personally on the party to whom notice is to be given, or if served by facsimile or email on the date on which it is sent, or on five (5) days after mailing if mailed to the party to whom notice is to be given, by certified first class mail, postage prepaid, and properly addressed as herein follows:

Service Provider: Educational Message Services, Inc. 1252 Devon Lane Ventura, California 93001 tom@emsmail.org	Client: North Central Public Health District 419 East Seventh Street The Dalles, OR 97058 kathih@co.wasco.or.us
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Any party may change its address for purposes of this agreement by giving the other party written notice.

Initials 

13. Amendment

This agreement may be amended only by a written document signed by each of the parties hereto. This Agreement may be executed simultaneously or in counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same agreement.

14. Limited Liability

With regard to the services to be performed by NCPHDWIC pursuant to the terms of this Agreement, EMS shall not be liable to NCPHDWIC, or to anyone who may claim any right due to their relationship with NCPHDWIC for any acts or omissions in the performance of the services on part of NCPHDWIC.

15. Due Authorizations

Both NCPHDWIC and EMS represent and warrant that they have the full right and authority to enter into this Agreement and to perform all of their respective obligations hereunder.

16. Compliance with State and Federal Law

Both EMS and NCPHDWIC agree to comply with all applicable state and federal laws. "Without limiting the preceding sentence, EMS will comply with ORS 279B.220, 279B.230 and 279B.235, as applicable. EMS represents and warrants that it not delinquent in the filing or payment of any Oregon income taxes, Oregon personal property taxes, Oregon municipal taxes, or Oregon real property taxes and that it has otherwise complied with all Oregon tax laws and all tax laws of those Oregon municipalities to which EMS is subject."

17. Governing Law

This Agreement shall be construed in accordance with the laws of the State of Oregon without regard to its conflict of laws principles.

18. Assurances

EMS requires users of PPTMS be certified in operational methods and as such affords assurances and protects parties using text messaging for health and safety programs and as desired. Changes may occur due to limitations and rules as published by agencies with control and authority regarding mobile communications as referred to herein as; Short Message Services and as otherwise referred to as Text Messaging, in the United States of America.

EMS privacy policy assures that PPTMS data and information remains strictly private and is not shared outside of the parties mentioned herein in any manner whatsoever. www.preventionpaystext.com/policies

EMS's operation of PPTMS follows all Federal Communication Commission's Customer Proprietary Network Information (CPNI) rules together with the California Online Privacy and Disclosure Act.

EMS is in compliance with HIPAA guidelines serving to assure safe information gathering, processing and archiving. PPTMS system uses 128-bit Secure Socket Layer (SSL) encryption to secure all data being transmitted to and from the system/website. Confidential information will not be stored on the hardware in use in client settings. PPTMS and the data transmitted by the software is stored on a dedicated server platform which is owned by EMS and located in a secure data center facility, which is temperature controlled, with internal systems analysis and self-auditing procedures. EMS Servers all have external back-up drives performing to complete data archival daily. EMS has multiple server redundancy with automated switchover in the event of server malfunctioning and each server employs internal arrays of independent hard drives/disks, commonly referred to as "RAID security" to protect data with redundant data storage should there be a hard drive failure or crash.

EMS wholly owns PPTMS and provides that gathered information is not subject to any other ownership privileges by any company, agency or individual. PPTMS employs safeguard encryption and security protocols to protect any information and/or data from unauthorized access.

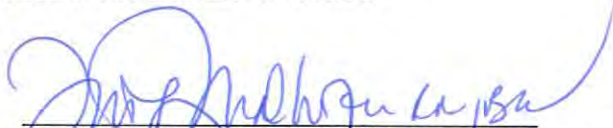
Initials _____



EMS follows the guidelines as outlined by the Common Short Codes Administration. EMS, through its affiliations, offers access to all mobile carriers in the United States and is committed to adding/provisioning new carriers as they become available.

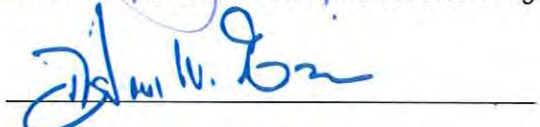
I hereby accept the terms and conditions as detailed in this contract for services

Date: 5/2/2017



North Central Public Health District WIC Program

Date: 3/27/17



Educational Message Services, Inc.

Initials  _____

EMS Service Obligations to Participating Sites

Educational Message Services (EMS) will provide access to PreventionPays Text Message Services for uses described as WIC Service Uses, Specialized Programs, and Administrative Uses during the term of this contract to NCPHDWIC.

EMS will provide web to text and text to web interoperability with all US mobile carriers through Tier 1 Aggregation.

EMS obliges to provide for any number of workstations and users, as may be desired by NCPHDWIC, during the term of this agreement. This includes but is not limited to all technical support for set up and on going operational uses.

EMS provides 24/7 technical support and guaranteed safe service and data protection.

NCPHDWIC will have access to all EMS' associated program data and resources.

EMS will provide to NCPHDWIC, solely for their work underway in the United States, all the means and credentials necessary to administer services utilizing US Common Short Code/s and keyword/s functionality.

EMS will provide training on system uses for selected individuals as identified by NCPHDWIC on request without limit to number of requests.

EMS will certify individuals at NCPHDWIC on all system uses as outlined herein.

EMS will provide ongoing operational and spot training to NCPHDWIC as may be requested.

EMS will provide NCPHDWIC with unlimited text messages on a monthly basis solely for purposes described herein.

EMS will provide the US Common Short Code 85511 and unique keyword/s, for selected uses by NCPHDWIC

EMS will provide wrap around services to include the immunization program with appointment reminders and texting services.

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Public Health
Prevent. Promote. Protect.

NORTH CENTRAL PUBLIC HEALTH DISTRICT

“Caring For Our Communities”

Directors Report for the Board of Health: June 13, 2017

Greetings—I would like to share with you a few examples of how we are working with community partners every day to help the citizens of the NCPHD region become healthier.

NCPHD staff and MCMC perinatal staff met recently to create a work plan to increase the uptake of the birth dose of Hepatitis B vaccine. We were able to brainstorm ideas for the decrease in the uptake and create an action plan to increase the rate. Conversation within the meeting prompted an invite for me to attend the MCMC Perinatal Committee meeting in August and share the service coordination and referral work we are doing in coordination with all of the early learning partners engaged in the Four Rivers Early Learning HUB.

NPCHD WIC staff is engaged in the distribution of Veggie RX vouchers in Sherman County through a Local Community Advisory Council project. WIC staff are also leading meetings to increase breastfeeding support locally with our partners from MCMC, HAVEN, and The Next Door.

Our Preparedness Coordinator, through her work with the Wasco County Medical Reserve Corp, coordinated a project at the Wasco County Children’s Fair to increase knowledge of proper hand washing. The Children’s Fair is a project of the Wasco County Early Childhood Committee and is coordinated by Childcare Partners Resource and Referral. The project was very successful and a version will be shared at the Sherman and Gilliam County Children’s Fairs.

Our Preparedness Coordinator, Environmental Health Supervisor and myself recently attended a planning session to address the needs of the community and influx of visitors for the viewing of the solar eclipse in August. Many, many partners were around the table and there is much work to be done. NCPHD staff will receive information on personal preparedness for the event at our next staff meeting.

These are just a few examples of how we work with partners everyday to leverage the resources dedicated to public health.

Respectfully submitted,

Teri Thalhofer, RN, BSN