

North Central Public Health District

"Caring For Our Communities"

North Central Public Health District Special Board of Health Meeting

June 23, 2014 3:30 PM Meeting Room at NCPHD

AGENDA -

1. FY 2014-15 Transfer Appropriation Authority

- Resolution 2015-03 Approval to transfer appropriation authority from Personal Services to Material & Services FY 2014-15
- b. Attachment

2. Fee Schedule

- a. Fee Schedule Memo
- b. Resolution 2015-04 Adopting Fee Schedule
- c. Attachment A Clinic Fees
- d. Attachment B Septic Fees

3. FY 2015-16 Budget

- a. Budget Hearing Approval & Adoption of FY 2015-16 Budget
 - Revised Revenue
 - Revised Expenditure
 - Resolution 2015-05 Adopting FY 2015-16 Budget
 - Resolution 2015-06 Adopting FY 2015-16 Appropriations
 - Proposed Reduction in Force

4. Excess Crime Coverage Proposal

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. Wasco County does not discriminate against individuals with disabilities.

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

Resolution No. 2015-03

A RESOLUTION ADOPTING TRANSFER APPROPRIATION AUTHORITY FISCAL YEAR 2014-15

WHEREAS, the Board of Health sitting as the Directors at a regularly scheduled meeting on this 23rd day of June 2015; and

WHEREAS, on June 23, 2015, the Board conducted a public hearing on the approval of the transfer appropriation authority for Fiscal Year 2014-15; and

WHEREAS, that at the time of the adoption of the Fiscal Year 2014-15 Budget Document, NCPHD unanticipated the match required for TCM (Targeted Case Management) and MAC (Medicaid Administrative Claim); and

WHEREAS, the Board authorizes \$50,000.00 to be transferred from FY 2014-15 Personal Services to FY 2014-15 Material & Services (see attachment); and

NOW, THEREFORE, IT IS HEREBY RESOLVED the North Central Public Health District Board formally approves the 2014-15 transfer appropriation authority.

ADOPTED by the North Central Public Health District Board this 23rd day of June 2015.

Michael Smith, Sherman County Commissioner Chair, NCPHD Board

Teri Thalhofer, RN, BSN Director NCPHD

Attachment to Resolution 2015-03

Appropriation Transfer

Transfer from Personal Services

	\$ A	Mount	Line Item	Title
	\$ 10,000.00		201.23.7155.51179	Community Health Promoter
	\$	24,000.00	201.23.7155.51192	Public Health Nurse II
	\$	8,000.00	201.23.7155.51729	Health Insurance
	\$	8,000.00	201.23.7155.51730	Dental Insurance
Total:	\$	50,000.00	-	

Transfer to Material & Services

	\$ Amount		Line Item	Title
	\$ 40,000.00		201.23.7148.52334	TCM & MAC Match
	\$	10,000.00	201.23.7158.52334	TCM & MAC Match
Total:	\$	50,000.00	-	



NORTH CENTRAL PUBLIC HEALTH DISTRICT

"Caring For Our Communities"

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

Memorandum

To: NCPHD Board Members

From: Kathi Hall

Date: 6/18/2015

Re: Fee Schedule

NCPHD Clinic Fee Schedule and Septic Fee Schedule for 2015 are attached. The fees were last amended in 2013. 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.

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

Resolution No. 2015-04

A RESOLUTION ADOPTING NORTH CENTRAL PUBLIC HEALTH DISTRICT'S FEE SCHEDULE

Whereas, the Board of Health sitting as the Directors at a regularly scheduled meeting on this 23rd day of June 2015, and

Whereas, on June 23, 2015, the Board conducted a public hearing on the fee schedule.

Whereas, the purpose of this Resolution is to amend established uniform fees to be collected by North Central Public Health District for performing the service required or necessitated by various state statutes.

Whereas, Be It Resolved, the North Central Public Health District Board formally adopts the attached fee schedules.

Adopted by the North Central Public Health District Board this 23rd day of June 2015.

Michael Smith, Sherman County Commissioner Chair, NCPHD Board

Teri Thalhofer, RN, BSN Director NCPHD

North Central Public Health District Clinic Fee Schedule

Resolution 2015-04 - ATTACHMENT A

IMMUNIZATIONS (Cost of Vaccince + \$21.96 Admin Fee)

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

Vaccine	Brand	Cost	
Hep A (Adult)	Havrix	\$30.61	
Hep A (ped/adol)	Havrix	\$20.11	
DTaP/IPV	Kinrix	\$47.55	
DTaP	Infanrix	\$19.51	
Td	Decavac	\$20.39	
eIPV	IPOL	\$28.77	
MMR	MMR II	\$59.85	
MMR-V	ProQuad	\$168.30	
Hib	ActHIB	\$20.13	
Hep A/B	Twinrix	\$58.65	
Hep B Newborn – 19	Energix-B	\$14.01	
Hep B 20 & over	Energix-B (Adult)	\$36.31	
Varicella	Varivax	\$105.50	
HPV4	Gardasil	\$142.62	
Meningococcal	Menactra	\$109.66	
	Menveo	\$105.75	
DTaP/IPV/Hib	Pentecel	\$83.50	
Pcv 13	Prevnar 13	\$156.75	
DTaP/Hep B/IPV	Pediarix	\$68.22	
PPD		Admin only	
Rotavirus	Rota Teq	\$75.13	
Tdap	Boostrix	\$34.13	
	Adacel	\$33.70	
Td	Decavac	\$24.22	

FAMILY PLANNING/STD FEES

North Central Public Health District Clinic Fee Schedule

All costs are dependent on charges of supplies to Health Dist. and will be adjusted as needed. FPL Sliding Fee schedule will be applied based on individual need based on Income and family size.

Minimal/Brief, new	\$107.00
Minor/Limited, new	\$184.00
Low/Intermediate, new	\$267.00
Moderate/Comprehensive, new	\$411.00
High/Complete, new	\$514.00
Minimal/Brief, est.	\$50.00
Minor/Limited, est	\$108.00
Low/Intermediate, est	\$181.00
Moderate/Comprehensive, est	\$268.00
High/Complete, est	\$360.00
Preventive visit, new, 12-17	\$306.00
Preventive visit, new, 18-39	\$235.00
Preventive visit, new, 40-64	\$344.00
Preventive visit, new, 65 +	\$265.00
Preventive visit, est, 12-17	\$205.00
Preventive visit, est, 18-39	\$267.00
Preventive visit, est, 40-64	\$236.00
Preventive visit, est., 65 +	\$306.00
Individual Counseling	\$91.00
Smoking Cessation Counseling 3-10 min	
Smoking Cessation Counseling > 10 min min	
IUD Insertion	\$176.00
IUD Removal	\$238.00
Diaphragm/Cervical Cap Fit	\$152.00
Injection,theraputic/phopholactic/diag.,sc/im	\$40.00
Contraceptive Capsule Insert	\$337.00
Contraceptive Capsule Removal	\$384.00
Contraceptive Capsule Insert & Removal	\$540.00

In house Laboratory tests:

North Central Public Health District Clinic Fee Schedule

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

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	\$15
at the same time	

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.

North Central Public Health District Environmental Health Section Fee Schedule ON-SITE SEWAGE DISPOSAL SYSTEMS

	Current Fee	New Fee
A. New Site Evaluation:		
Single Family Dwelling	\$536	
Authorized by DEQ to Contract County:		
1) For first one thousand (1,000) gallons projected daily flow	\$562	
2) For each five hundred (500) gallons or part thereof above 1,000 gallons but less	\$223	
than 2,500 gallons	<u>'</u>	
B. Construction-Installation Permit:		
a. For first 1,000 gallon projected daily sewage flow:		
Standard On-Site System	\$557	
New System with Holding Tank	New Fee	\$557
Alternative System:		
Aerobic System	\$1,098	
Capping Fill	\$958	
Disposal Trenches in Saprolite	\$573	
Gray Water Waste Disposal Sump	\$336	
Pressure Distribution	\$947	
Redundant	\$683	
Sand Filter	\$1,098	
Seepage Trench	\$625	
Steep Slope	\$625	
Tile Dewatering	\$1,098	
Alternative Treat Technologies	\$1,098	
With the exception of sand filters and pressure distribution systems, a \$42 fee may be		
added to all permits that specifty the use of a pump or dosing siphon		
Permit Transfer, Reinstatement or Renewal:		
If Field Visit Required	\$305	
No Field Visit Required	\$144	

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	
Minor	\$226	
Repair Permit (single family dwelling):		
Major	\$378	
Minor	\$174	\$255
Authorization Notice		
If Field Visit Required	\$336	
No Field Visit Required	\$179	
Hardship Authorization	New Fee	\$336
Renewal of Hardship Authorization for Temporary Dwelling		
If Field Visit Required	\$326	
No Field Visit Required	\$231	
Annual Evaluation of Alternative System (where required)	\$326	
Existing System Evaluation Report	\$336	
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.		
Refunds:		
A refund may be maded 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	
Record Search, if not part of an onsite application and exceeds 15 minutes (flat rate)	\$32	

Field Consultation Fee	\$63/hr (1hr
	min)
Pumper Truck Inspections	
First Vehicle, Each Inspection	\$113
Each Additional Vehicle, Each Inspection	\$76

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Revenue NORTH CENTRAL PUBLIC HEALTH DISTRICT

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201 **PUBLIC HEALTH FUND**

00 NON-DEPARTMENTAL RESOURCES 1201 **PUBLIC HEALTH RESOURCES**

Account Number	2014 Adopted	2015 Revised	2016 Proposed	2016 Dept Revision	2016 Approved	2016 Adopted
201.00.1201.400 BEGINNING FUND BALANCE						
201.00.1201.400.201 BEGINNING FUND BALANCE	258,000.00	243,483.00	257,948.00	257,948.00	0.00	0.00
Total BEGINNING FUND BALANCE	258,000.00	243,483.00	257,948.00	257,948.00	0.00	0.00
201.00.1201.417 INTEREST EARNED						
201.00.1201.417.104 INTEREST EARNED	1,200.00	1,000.00	1,200.00	1,200.00	0.00	0.00
Total INTEREST EARNED	1,200.00	1,000.00	1,200.00	1,200.00	0.00	0.00
Total PUBLIC HEALTH RESOURCES	259,200.00	244,483.00	259,148.00	259,148.00	0.00	0.00
Total NON-DEPARTMENTAL RESOURCES	259,200.00	244,483.00	259,148.00	259,148.00	0.00	0.00

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201 **PUBLIC HEALTH FUND**

23 **PUBLIC HEALTH** 7141 **PUBLIC HEALTH**

	2014	2015	2016	2016	2016	2016
Account Number	Adopted	Revised	Proposed	Dept Revision	Approved	Adopted
201.23.7141.411 LICENSES FEES & PERMITS						
201.23.7141.411.167 SEWAGE SYSTEM FEES	34,000.00	30,000.00	38,000.00	38,000.00	0.00	0.00
201.23.7141.411.181 VITAL RECORD FEES	26,000.00	26,000.00	26,000.00	26,000.00	0.00	0.00
Total LICENSES FEES & PERMITS	60,000.00	56,000.00	64,000.00	64,000.00	0.00	0.00
201.23.7141.412 INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7141.412.641 STATE - HEALTHY START	10,000.00	10,400.00	0.00	0.00	0.00	0.00
Total INTERGOV'T REV - NON SINGLE AUDIT	10,000.00	10,400.00	0.00	0.00	0.00	0.00
201.23.7141.414 CHARGES FOR SERVICES						
201.23.7141.414.322 SCHOOLS CONTRACT	6,500.00	7,000.00	9,600.00	9,600.00	0.00	0.00
201.23.7141.414.323 SHERMAN COUNTY	84,368.00	97,194.00	102,054.00	102,054.00	0.00	0.00
201.23.7141.414.360 GILLIAM COUNTY	85,637.00	98,656.00	103,589.00	103,589.00	0.00	0.00
201.23.7141.414.365 WASCO COUNTY	314,014.00	376,222.00	395,033.00	314,014.00	0.00	0.00
Total CHARGES FOR SERVICES	490,519.00	579,072.00	610,276.00	529,257.00	0.00	0.00
201.23.7141.421 MISCELLANEOUS						
201.23.7141.421.245 PAYROLL REIMBURSEMENT	0.00	18,547.00	15,723.00	15,723.00	0.00	0.00
Total MISCELLANEOUS	0.00	18,547.00	15,723.00	15,723.00	0.00	0.00
Total PUBLIC HEALTH	560,519.00	664,019.00	689,999.00	608,980.00	0.00	0.00

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23 PUBLIC HEALTH

7142 WIC

	2014	2015	2016	2016	2016	2016
Account Number	Adopted	Revised	Proposed	Dept Revision	Approved	Adopted
201.23.7142.413 INTERGOV'T REV - SINGLE AUDIT						
201.23.7142.413.897 WIC - #10.557	169,201.00	173,808.00	160,523.00	160,523.00	0.00	0.00
201.23.7142.413.926 WIC - #10.578	2,365.00	0.00	0.00	0.00	0.00	0.00
Total INTERGOV'T REV - SINGLE AUDIT 201.23.7142.421 MISCELLANEOUS	171,566.00	173,808.00	160,523.00	160,523.00	0.00	0.00
Total MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00
Total WIC	171,566.00	173,808.00	160,523.00	160,523.00	0.00	0.00

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Revenue NORTH CENTRAL PUBLIC HEALTH DISTRICT

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7143 MCH - CAH

	2014	2015 Revised	2016 Proposed	2016	2016	2016 Adopted
Account Number	Adopted			Dept Revision	Approved	
201.23.7143.411 LICENSES FEES & PERMITS						
201.23.7143.411.151 IMMUNIZATION FEES	29,000.00	17,000.00	12,000.00	12,000.00	0.00	0.00
201.23.7143.411.164 NURSING SERVICE FEES	3,000.00	3,000.00	1,200.00	1,200.00	0.00	0.00
201.23.7143.411.190 FEES - TPR	17,400.00	8,000.00	6,000.00	6,000.00	0.00	0.00
Total LICENSES FEES & PERMITS	49,400.00	28,000.00	19,200.00	19,200.00	0.00	0.00
201.23.7143.412 INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7143.412.501 OHP FEES	13,050.00	17,000.00	8,000.00	8,000.00	0.00	0.00
201.23.7143.412.683 MCH - FLEXIBLE FUNDS STATE SPLIT	0.00	0.00	1,222.00	1,222.00	0.00	0.00
201.23.7143.412.688 MCH/CAH - STATE GENERAL FUND	8,848.00	8,786.00	8,786.00	8,786.00	0.00	0.00
Total INTERGOV'T REV - NON SINGLE AUDIT	21,898.00	25,786.00	18,008.00	18,008.00	0.00	0.00
201.23.7143.413 INTERGOV'T REV - SINGLE AUDIT						
201.23.7143.413.854 MCH TITLE V - FLEXIBLE FUNDS - #93.	29,951.00	20,808.00	20,808.00	20,808.00	0.00	0.00
201.23.7143.413.902 MCH - TITLE V CAH - #93.994	12,842.00	8,922.00	8,922.00	8,922.00	0.00	0.00
Total INTERGOV'T REV - SINGLE AUDIT	42,793.00	29,730.00	29,730.00	29,730.00	0.00	0.00
201.23.7143.421 MISCELLANEOUS						
Total MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00
Total MCH - CAH	114,091.00	83,516.00	66,938.00	66,938.00	0.00	0.00

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7144 REPRODUCTIVE HEALTH

	2014	2015 Revised	2016	2016	2016 Approved	2016 Adopted
Account Number	Adopted		Proposed	Dept Revision		
201.23.7144.411 LICENSES FEES & PERMITS						
201.23.7144.411.138 FAMILY PLANNING FEES	7,500.00	5,000.00	5,000.00	5,000.00	0.00	0.00
201.23.7144.411.189 DONATIONS	2,500.00	2,500.00	2,000.00	2,000.00	0.00	0.00
201.23.7144.411.190 FEES - TPR	15,000.00	10,000.00	10,000.00	10,000.00	0.00	0.00
201.23.7144.411.193 BCCP FEES	1,500.00	1,000.00	500.00	500.00	0.00	0.00
Total LICENSES FEES & PERMITS	26,500.00	18,500.00	17,500.00	17,500.00	0.00	0.00
201.23.7144.412 INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7144.412.501 OHP FEES	76,500.00	45,000.00	70,000.00	70,000.00	0.00	0.00
201.23.7144.412.525 COIPA	0.00	0.00	3,713.00	3,713.00	0.00	0.00
Total INTERGOV'T REV - NON SINGLE AUDIT	76,500.00	45,000.00	73,713.00	73,713.00	0.00	0.00
201.23.7144.413 INTERGOV'T REV - SINGLE AUDIT						
201.23.7144.413.863 FAMILY PLANNING - #93.217	42,000.00	26,289.00	39,372.00	39,372.00	0.00	0.00
201.23.7144.413.869 CCARE FEES - #93.778	175,000.00	170,000.00	100,000.00	100,000.00	0.00	0.00
201.23.7144.413.898 FAMILY PLANNING - #93.994	11,164.00	4,241.00	8,760.00	8,760.00	0.00	0.00
Total INTERGOV'T REV - SINGLE AUDIT	228,164.00	200,530.00	148,132.00	148,132.00	0.00	0.00
201.23.7144.421 MISCELLANEOUS						
201.23.7144.421.245 PAYROLL REIMBURSEMENT	64,000.00	37,095.00	37,067.00	37,067.00	0.00	0.00
Total MISCELLANEOUS	64,000.00	37,095.00	37,067.00	37,067.00	0.00	0.00
Total REPRODUCTIVE HEALTH	395,164.00	301,125.00	276,412.00	276,412.00	0.00	0.00

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201 **PUBLIC HEALTH FUND**

23 **PUBLIC HEALTH** 7145 STATE SUPPORT

	2014	2015 Revised	2016	2016	2016 Approved	2016 Adopted
Account Number	Adopted		Proposed	Dept Revision		
201.23.7145.411 LICENSES FEES & PERMITS						
201.23.7145.411.128 CD PREVENTION FEES	5,800.00	3,000.00	2,300.00	2,300.00	0.00	0.00
201.23.7145.411.173 STD FEES	11,250.00	10,000.00	5,000.00	5,000.00	0.00	0.00
201.23.7145.411.190 FEES - TPR	0.00	600.00	200.00	200.00	0.00	0.00
Total LICENSES FEES & PERMITS	17,050.00	13,600.00	7,500.00	7,500.00	0.00	0.00
201.23.7145.412 INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7145.412.501 OHP FEES	0.00	1,000.00	4,300.00	4,300.00	0.00	0.00
201.23.7145.412.525 COIPA	0.00	0.00	65.00	65.00	0.00	0.00
201.23.7145.412.657 STATE SUPPORT	32,273.00	32,300.00	32,415.00	32,415.00	0.00	0.00
201.23.7145.412.666 TB CASE MANAGMENT	0.00	300.00	500.00	500.00	0.00	0.00
201.23.7145.412.681 STATE GRANT REIMBURSEMENT	0.00	200.00	0.00	0.00	0.00	0.00
Total INTERGOV'T REV - NON SINGLE AUDIT	32,273.00	33,800.00	37,280.00	37,280.00	0.00	0.00
201.23.7145.413 INTERGOV'T REV - SINGLE AUDIT						
201.23.7145.413.890 TB CASE MANAGEMENT - #93.116	0.00	308.00	500.00	500.00	0.00	0.00
Total INTERGOV'T REV - SINGLE AUDIT	0.00	308.00	500.00	500.00	0.00	0.00
201.23.7145.421 MISCELLANEOUS						
201.23.7145.421.241 MISC RECEIPTS	200.00	0.00	0.00	0.00	0.00	0.00
Total MISCELLANEOUS	200.00	0.00	0.00	0.00	0.00	0.00
Total STATE SUPPORT	49,523.00	47,708.00	45,280.00	45,280.00	0.00	0.00

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201 PUBLIC HEALTH FUND

23 PUBLIC HEALTH

7146 ENVIRONMENTAL HEALTH

	2014	2015	2016	2016	2016	2016
Account Number	Adopted	Revised	Proposed	Dept Revision	Approved	Adopted
201.23.7146.411 LICENSES FEES & PERMITS						
201.23.7146.411.124 LICENSE FEES	80,000.00	80,000.00	83,000.00	83,000.00	0.00	0.00
201.23.7146.411.139 FOOD HANDLER FEES	7,470.00	2,800.00	3,500.00	3,500.00	0.00	0.00
201.23.7146.411.178 TEMPORARY RESTAURANT LICENSE F	3,300.00	4,000.00	5,000.00	5,000.00	0.00	0.00
201.23.7146.411.183 FACILITY INSPECTION FEES	5,500.00	5,500.00	5,500.00	5,500.00	0.00	0.00
Total LICENSES FEES & PERMITS	96,270.00	92,300.00	97,000.00	97,000.00	0.00	0.00
201.23.7146.421 MISCELLANEOUS 201.23.7146.421.241 MISC RECEIPTS	2,500.00	2,000.00	1,200.00	1,200.00	0.00	0.00
Total MISCELLANEOUS	2,500.00	2,000.00	1,200.00	1,200.00	0.00	0.00
Total ENVIRONMENTAL HEALTH	98,770.00	94,300.00	98,200.00	98,200.00	0.00	0.00

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PERINATAL HEALTH

	2014	2015	2016	2016	2016	2016 Adopted
Account Number	Adopted	Revised	Proposed	Dept Revision	Approved	
201.23.7148.411 LICENSES FEES & PERMITS						
201.23.7148.411.186 MCM FEES	1,800.00	3,000.00	12,400.00	12,400.00	0.00	0.00
Total LICENSES FEES & PERMITS	1,800.00	3,000.00	12,400.00	12,400.00	0.00	0.00
201.23.7148.412 INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7148.412.553 PERINATAL - STATE GENERAL FUND	4,716.00	4,682.00	4,682.00	4,682.00	0.00	0.00
201.23.7148.412.598 PERINATAL EXPANSION PASS THROU	10,000.00	0.00	0.00	0.00	0.00	0.00
201.23.7148.412.651 MEDICAID MATCH	70,000.00	70,000.00	85,000.00	85,000.00	0.00	0.00
Total INTERGOV'T REV - NON SINGLE AUDIT	84,716.00	74,682.00	89,682.00	89,682.00	0.00	0.00
201.23.7148.413 INTERGOV'T REV - SINGLE AUDIT						
201.23.7148.413.848 MEDICAID INCENTIVE PAYMENTS #93.	29,750.00	17,000.00	8,500.00	8,500.00	0.00	0.00
Total INTERGOV'T REV - SINGLE AUDIT	29,750.00	17,000.00	8,500.00	8,500.00	0.00	0.00
201.23.7148.421 MISCELLANEOUS						
Total MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00
Total PERINATAL HEALTH	116,266.00	94,682.00	110,582.00	110,582.00	0.00	0.00

Revenue NORTH CENTRAL PUBLIC HEALTH DISTRICT

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201 PUBLIC HEALTH FUND

23 PUBLIC HEALTH

7149 PHEP

	2014 Adopted	2015 Revised	2016 Proposed	2016	2016 Approved	2016 Adopted
Account Number				Dept Revision		
201.23.7149.412 INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7149.412.599 MEDICAL RESERVE CORPS	0.00	3,500.00	3,500.00	3,500.00	0.00	0.00
Total INTERGOV'T REV - NON SINGLE AUDIT	0.00	3,500.00	3,500.00	3,500.00	0.00	0.00
201.23.7149.413 INTERGOV'T REV - SINGLE AUDIT						
201.23.7149.413.847 CLIMATE CHANGE AND PUBLIC HEALT	15,000.00	0.00	0.00	0.00	0.00	0.00
201.23.7149.413.899 PHEP - #93.069	178,245.00	156,474.00	154,709.00	154,709.00	0.00	0.00
Total INTERGOV'T REV - SINGLE AUDIT	193,245.00	156,474.00	154,709.00	154,709.00	0.00	0.00
201.23.7149.421 MISCELLANEOUS						
Total MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00
Total PHEP	193,245.00	159,974.00	158,209.00	158,209.00	0.00	0.00

Revenue NORTH CENTRAL PUBLIC HEALTH DISTRICT

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201 PUBLIC HEALTH FUND23 PUBLIC HEALTH

7152 HEALTH PROMOTION

Account Number	2014	2015 Revised	2016 Proposed	2016	2016	2016
	Adopted			Dept Revision	Approved	Adopted
201.23.7152.412 INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7152.412.692 NORTHWEST HEALTH FOUNDATION G	0.00	23,273.00	0.00	0.00	0.00	0.00
201.23.7152.412.693 PACIFIC SOURCE - HEALTHY WEIGHT	0.00	14,213.00	14,176.00	14,176.00	0.00	0.00
201.23.7152.412.694 MARCH OF DIMES	0.00	7,000.00	0.00	0.00	0.00	0.00
201.23.7152.412.695 EOCCO - Nursing	0.00	0.00	8,446.00	8,446.00	0.00	0.00
201.23.7152.412.696 COMMUTE OPTIONS - SAFE ROUTES	0.00	0.00	3,000.00	3,000.00	0.00	0.00
Total INTERGOV'T REV - NON SINGLE AUDIT	0.00	44,486.00	25,622.00	25,622.00	0.00	0.00
201.23.7152.421 MISCELLANEOUS						
Total MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00
Total HEALTH PROMOTION	0.00	44,486.00	25,622.00	25,622.00	0.00	0.00

Revenue NORTH CENTRAL PUBLIC HEALTH DISTRICT

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201 **PUBLIC HEALTH FUND** 23

PUBLIC HEALTH

7153 **IMMUNIZATION SPECIAL PAYMENTS**

	2014	2015	2016	2016	2016	2016
Account Number	Adopted	Revised	Proposed	Dept Revision	Approved	Adopted
201.23.7153.412 INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7153.412.686 ISP - STATE OF OREGON	8,909.00	8,909.00	8,971.00	8,971.00	0.00	0.00
Total INTERGOV'T REV - NON SINGLE AUDIT 201.23.7153.413 INTERGOV'T REV - SINGLE AUDIT	8,909.00	8,909.00	8,971.00	8,971.00	0.00	0.00
201.23.7153.413.872 IMMUN - CONF TRAVEL #93.268	600.00	600.00	0.00	0.00	0.00	0.00
201.23.7153.413.873 ISP - #93.778	8,909.00	8,909.00	8,971.00	8,971.00	0.00	0.00
Total INTERGOV'T REV - SINGLE AUDIT 201.23.7153.421 MISCELLANEOUS	9,509.00	9,509.00	8,971.00	8,971.00	0.00	0.00
Total MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00
Total IMMUNIZATION SPECIAL PAYMENTS	18,418.00	18,418.00	17,942.00	17,942.00	0.00	0.00

Revenue NORTH CENTRAL PUBLIC HEALTH DISTRICT

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201 PUBLIC HEALTH FUND

23 PUBLIC HEALTH 7154 CACOON & CCN

	2014	2015	2016	2016 Dept Revision	2016	2016
Account Number	Adopted	Revised	Proposed	——————————————————————————————————————	Approved	Adopted
201.23.7154.412 INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7154.412.652 OHP - TARGETED CASE MANAGMENT	0.00	0.00	26,000.00	26,000.00	0.00	0.00
201.23.7154.412.671 COMMUNITY CONNECTIONS NETWOF	12,260.00	8,800.00	8,800.00	8,800.00	0.00	0.00
201.23.7154.412.672 CCN - PHYSICIAN	0.00	0.00	3,460.00	3,460.00	0.00	0.00
201.23.7154.412.673 CACCOON	15,000.00	15,000.00	10,958.00	10,958.00	0.00	0.00
Total INTERGOV'T REV - NON SINGLE AUDIT	27,260.00	23,800.00	49,218.00	49,218.00	0.00	0.00
201.23.7154.421 MISCELLANEOUS						
Total MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00
Total CACOON & CCN	27,260.00	23,800.00	49,218.00	49,218.00	0.00	0.00

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Revenue NORTH CENTRAL PUBLIC HEALTH DISTRICT

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201 PUBLIC HEALTH FUND23 PUBLIC HEALTH

7155 TOBACCO PREV & ED

Account Number	2014	2015 Revised	2016 Proposed	2016	2016	2016 Adopted
	Adopted			Dept Revision	Approved	
201.23.7155.412 INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7155.412.668 TOBACCO PREVENTION & EDUCATION	93,616.00	93,666.00	93,666.00	93,666.00	0.00	0.00
201.23.7155.412.669 TOBACCO GRANT	0.00	38,600.00	0.00	0.00	0.00	0.00
Total INTERGOV'T REV - NON SINGLE AUDIT	93,616.00	132,266.00	93,666.00	93,666.00	0.00	0.00
201.23.7155.421 MISCELLANEOUS						
Total MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00
Total TOBACCO PREV & ED	93,616.00	132,266.00	93,666.00	93,666.00	0.00	0.00

Revenue NORTH CENTRAL PUBLIC HEALTH DISTRICT

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201 PUBLIC HEALTH FUND23 PUBLIC HEALTH

7156 WATER

	2014	2015 Revised	2016 Proposed	2016	2016 Approved	2016 Adopted
Account Number	Adopted			Dept Revision		
201.23.7156.412 INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7156.412.632 WATER SYSTEM	16,872.00	13,488.00	14,061.00	14,061.00	0.00	0.00
201.23.7156.412.689 WATER SURVEY FEES	26,000.00	0.00	0.00	0.00	0.00	0.00
Total INTERGOV'T REV - NON SINGLE AUDIT	42,872.00	13,488.00	14,061.00	14,061.00	0.00	0.00
201.23.7156.413 INTERGOV'T REV - SINGLE AUDIT						
201.23.7156.413.895 WATER SYST - #66.432	0.00	15,208.00	14,061.00	14,061.00	0.00	0.00
201.23.7156.413.896 WATER/SURVEY FEES #66.468	0.00	13,488.00	14,061.00	14,061.00	0.00	0.00
Total INTERGOV'T REV - SINGLE AUDIT	0.00	28,696.00	28,122.00	28,122.00	0.00	0.00
201.23.7156.421 MISCELLANEOUS						
Total MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00
Total WATER	42,872.00	42,184.00	42,183.00	42,183.00	0.00	0.00

Revenue NORTH CENTRAL PUBLIC HEALTH DISTRICT

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201 PUBLIC HEALTH FUND

23 PUBLIC HEALTH 7158 BABIES FIRST

Account Number	2014 Adopted	2015 Revised	2016 Proposed	2016 Dept Revision	2016 Approved	2016 Adopted
201.23.7158.412 INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7158.412.613 BABIES FIRST	14,929.00	14,825.00	14,947.00	14,947.00	0.00	0.00
201.23.7158.412.652 OHP - TARGETED CASE MANAGMENT	100,000.00	71,000.00	120,000.00	120,000.00	0.00	0.00
Total INTERGOV'T REV - NON SINGLE AUDIT 201.23.7158.421 MISCELLANEOUS	114,929.00	85,825.00	134,947.00	134,947.00	0.00	0.00
Total MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00
Total BABIES FIRST	114,929.00	85,825.00	134,947.00	134,947.00	0.00	0.00

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Revenue NORTH CENTRAL PUBLIC HEALTH DISTRICT

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201 PUBLIC HEALTH FUND23 PUBLIC HEALTH

7159 OREGON MOTHERS CARE

	2014	2015	2016	2016	2016	2016
Account Number	Adopted	Revised	Proposed	Dept Revision	Approved	Adopted
201.23.7159.412 INTERGOV'T REV - NON SINGLE AUDIT			-			
Total INTERGOV'T REV - NON SINGLE AUDIT	0.00	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	8,134.00	8,701.00	8,138.00	8,138.00	0.00	0.00
Total INTERGOV'T REV - SINGLE AUDIT	8,134.00	8,701.00	8,138.00	8,138.00	0.00	0.00
201.23.7159.421 MISCELLANEOUS						
Total MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00
Total OREGON MOTHERS CARE	8,134.00	8,701.00	8,138.00	8,138.00	0.00	0.00

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Revenue NORTH CENTRAL PUBLIC HEALTH DISTRICT

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201 PUBLIC HEALTH FUND

23 PUBLIC HEALTH 7500 PASS THROUGH

Account Number	2014 Adopted	2015 Revised	2016 Proposed	2016 Dept Revision	2016 Approved	2016 Adopted
201.23.7500.411 LICENSES FEES & PERMITS						
201.23.7500.411.199 DEQ FEES	0.00	3,900.00	10,000.00	10,000.00	0.00	0.00
Total LICENSES FEES & PERMITS	0.00	3,900.00	10,000.00	10,000.00	0.00	0.00
Total PASS THROUGH	0.00	3,900.00	10,000.00	10,000.00	0.00	0.00

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Revenue NORTH CENTRAL PUBLIC HEALTH DISTRICT

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201 23 **PUBLIC HEALTH FUND**

PUBLIC HEALTH

7999 NON-DEPARTMENTAL

		2014	2015	2016	2016	2016	2016
Account Numb	ber	Adopted	Revised	Proposed	Dept Revision	Approved	Adopted
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	2,004,373.00	1,978,712.00	1,987,859.00	1,906,840.00	0.00	0.00
Total	PUBLIC HEALTH FUND	2,263,573.00	2,223,195.00	2,247,007.00	2,165,988.00	0.00	0.00
	Grand Total	2,263,573.00	2,223,195.00	2,247,007.00	2,165,988.00	0.00	0.00

Expenditures

NORTH CENTRAL PUBLIC HEALTH DISTRICT

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201 PUBLIC HEALTH FUND

23 PUBLIC HEALTH 7141 PUBLIC HEALTH

	2014	2015	2016	2016	2016	2016
Account Number	Adopted	Revised Budget	Proposed	Dept Revision	Approved Budget	Adopted Budget
201.23.7141.51000 PERSONAL SERVICES						
201.23.7141.51175 PUBLIC HEALTH DIRECTOR	73,476.00	74,578.08	74,568.00	74,568.00	0.00	0.00
201.23.7141.51176 BUSINESS MANAGER	28,042.00	31,393.92	34,476.00	34,476.00	0.00	0.00
201.23.7141.51177 PROGRAM SECRETARY	30,453.00	43,133.56	54,805.00	54,805.00	0.00	0.00
201.23.7141.51178 PROGRAM SUPERVISOR	26,631.00	38,199.55	40,116.00	40,116.00	0.00	0.00
201.23.7141.51181 EH SPECIALIST	55,912.00	27,142.78	28,380.00	28,380.00	0.00	0.00
201.23.7141.51182 ACCOUNTING CLERK	0.00	0.00	9,336.00	9,336.00	0.00	0.00
201.23.7141.51184 HEALTH OFFICER	24,375.00	26,812.56	32,167.00	32,167.00	0.00	0.00
201.23.7141.51185 NURSE PRACTITIONER	23,400.00	23,400.00	23,753.00	23,753.00	0.00	0.00
201.23.7141.51190 OFFICE SPECIALIST	10,203.00	4,974.24	4,975.00	4,975.00	0.00	0.00
201.23.7141.51191 BILLING CLERK	4,901.00	5,289.24	6,594.00	263.00	0.00	0.00
201.23.7141.51192 PHN II	55,863.00	49,100.98	46,119.00	35,755.00	0.00	0.00
201.23.7141.51195 SUPERVISING EH SPECIALIST	35,761.00	29,861.73	35,905.00	35,905.00	0.00	0.00
201.23.7141.51621 CELL PHONE ALLOWANCE	948.00	900.00	960.00	960.00	0.00	0.00
201.23.7141.51640 LONGEVITY	3,513.00	1,279.88	2,934.00	2,934.00	0.00	0.00
201.23.7141.51701 FICA	28,165.00	26,879.92	29,486.00	28,217.00	0.00	0.00
201.23.7141.51703 UNEMPLOYMENT INSURANCE	0.00	3,016.55	4,075.00	3,598.00	0.00	0.00
201.23.7141.51705 WORKERS COMP	3,569.00	2,174.79	2,315.00	2,243.00	0.00	0.00
201.23.7141.51721 PERS	57,065.00	44,714.09	59,903.00	57,754.00	0.00	0.00
201.23.7141.51729 HEALTH INSURANCE	54,185.00	50,720.64	55,624.00	52,714.00	0.00	0.00
201.23.7141.51730 DENTAL INSURANCE	4,575.00	4,036.80	3,790.00	3,557.00	0.00	0.00
201.23.7141.51732 LTD	1,602.00	1,419.36	1,754.00	1,664.00	0.00	0.00
201.23.7141.51733 LIFE INSURANCE	183.00	111.48	105.00	101.00	0.00	0.00
Total PERSONAL SERVICES	522,822.00	489,140.15	552,140.00	528,241.00	0.00	0.00

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Expenditures NORTH CENTRAL PUBLIC HEALTH DISTRICT

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201 **PUBLIC HEALTH FUND** 23 **PUBLIC HEALTH** 7141 **PUBLIC HEALTH**

	2014	2015	2016	2016	2016	2016
Account Number	Adopted	Revised Budget	Proposed	Dept Revision	Approved Budget	Adopted Budget
201.23.7141.52000 MATERIALS & SERVICES						
201.23.7141.52103 AGENCY LICENSES/ASSESS/PERMITS	3,500.00	6,100.00	6,000.00	6,000.00	0.00	0.00
201.23.7141.52104 BANK CHARGES	0.00	1,200.00	1,400.00	1,400.00	0.00	0.00
201.23.7141.52113 INSURANCE & BONDS	9,500.00	10,800.00	14,000.00	14,000.00	0.00	0.00
201.23.7141.52115 LEGAL NOTICES & PUBLISHING	0.00	500.00	300.00	300.00	0.00	0.00
201.23.7141.52116 POSTAGE	1,300.00	2,000.00	4,000.00	4,000.00	0.00	0.00
201.23.7141.52122 TELEPHONE	2,500.00	3,000.00	3,000.00	3,000.00	0.00	0.00
201.23.7141.52325 LEGAL COUNSEL	0.00	0.00	8,000.00	8,000.00	0.00	0.00
201.23.7141.52351 TRANSITIONAL SERVICES	41,000.00	0.00	0.00	0.00	0.00	0.00
201.23.7141.52370 MISCELLANEOUS EXPENDITURES	0.00	0.00	360.00	360.00	0.00	0.00
201.23.7141.52398 ADMINISTRATIVE COST	16,000.00-	16,000.00-	60,000.00-	60,000.00-	0.00	0.00
201.23.7141.52429 CONTRACTED SERVICES	1,000.00	16,500.00	17,400.00	17,400.00	0.00	0.00
201.23.7141.52526 COMPUTER SOFTWARE - MAINTENANC	0.00	5,000.00	4,500.00	4,500.00	0.00	0.00
201.23.7141.52656 FUEL	11,000.00	10,000.00	10,000.00	10,000.00	0.00	0.00
201.23.7141.52657 VEHICLE REPAIR & MAINT	6,000.00	7,000.00	5,000.00	5,000.00	0.00	0.00
201.23.7141.52661 TIRES	2,000.00	2,000.00	2,000.00	2,000.00	0.00	0.00
201.23.7141.52701 TRAINING AND EDUCATION	0.00	5,000.00	5,000.00	5,000.00	0.00	0.00
201.23.7141.52711 MEALS LODGING & REGISTRATION	3,000.00	3,000.00	3,000.00	3,000.00	0.00	0.00
201.23.7141.52731 TRAVEL & MILEAGE	1,000.00	500.00	1,000.00	1,000.00	0.00	0.00
201.23.7141.52910 SUPPLIES - OFFICE	15,500.00	12,000.00	12,000.00	12,000.00	0.00	0.00
201.23.7141.52919 SUPPLIES - EQUIPMENT	0.00	0.00	14,000.00	14,000.00	0.00	0.00
201.23.7141.52929 SUPPLIES - MEDICAL	1,600.00	1,600.00	1,600.00	1,600.00	0.00	0.00
Total MATERIALS & SERVICES	82,900.00	70,200.00	52,560.00	52,560.00	0.00	0.00
201.23.7141.53000 CAPITAL						
201.23.7141.53111 CAPITAL EXPENDITURES	70,690.00	0.00	0.00	0.00	0.00	0.00

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

PUBLIC HEALTH FUND

23 **PUBLIC HEALTH** 7141 **PUBLIC HEALTH**

		2014	2015	2016	2016	2016	2016
Account Number	er	Adopted	Revised Budget	Proposed	Dept Revision	Approved Budget	Adopted Budget
Total	CAPITAL	70,690.00	0.00	0.00	0.00	0.00	0.00
Total	PUBLIC HEALTH	676,412.00	559,340.15	604,700.00	580,801.00	0.00	0.00

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

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201 23 PUBLIC HEALTH FUND

PUBLIC HEALTH

7142 WIC

	2014	2015	2016	2016	2016	2016
Account Number	Adopted	Revised Budget	Proposed	Dept Revision	Approved Budget	Adopted Budget
201.23.7142.51000 PERSONAL SERVICES						
201.23.7142.51176 BUSINESS MANAGER	919.00	1,029.36	3,602.00	3,602.00	0.00	0.00
201.23.7142.51177 PROGRAM SECRETARY	1,514.00	1,451.16	5,694.00	5,694.00	0.00	0.00
201.23.7142.51178 PROGRAM SUPERVISOR	0.00	2,938.50	3,086.00	3,086.00	0.00	0.00
201.23.7142.51180 COMMUNITY HEALTH WORKER	7,206.00	0.00	0.00	0.00	0.00	0.00
201.23.7142.51187 NUTRITION PROG ASSIST	25,487.00	25,353.36	26,628.00	26,628.00	0.00	0.00
201.23.7142.51192 PHN II	16,101.00	16,342.56	13,622.00	13,622.00	0.00	0.00
201.23.7142.51197 NUTRITION PROG TECH	59,772.00	62,601.26	64,070.00	64,070.00	0.00	0.00
201.23.7142.51640 LONGEVITY	476.00	386.40	474.00	474.00	0.00	0.00
201.23.7142.51701 FICA	8,032.00	8,105.47	8,655.00	8,655.00	0.00	0.00
201.23.7142.51703 UNEMPLOYMENT INSURANCE	0.00	508.81	1,246.00	1,135.00	0.00	0.00
201.23.7142.51705 WORKERS COMP	532.00	528.79	504.00	504.00	0.00	0.00
201.23.7142.51721 PERS	15,527.00	10,907.35	15,356.00	15,356.00	0.00	0.00
201.23.7142.51729 HEALTH INSURANCE	31,609.00	27,827.76	28,984.00	28,984.00	0.00	0.00
201.23.7142.51730 DENTAL INSURANCE	2,446.00	2,049.48	2,078.00	2,078.00	0.00	0.00
201.23.7142.51732 LTD	395.00	552.42	596.00	596.00	0.00	0.00
201.23.7142.51733 LIFE INSURANCE	98.00	27.00	31.00	31.00	0.00	0.00
Total PERSONAL SERVICES	170,114.00	160,609.68	174,626.00	174,515.00	0.00	0.00
201.23.7142.52000 MATERIALS & SERVICES						
201.23.7142.52116 POSTAGE	1,000.00	1,000.00	500.00	500.00	0.00	0.00
201.23.7142.52398 ADMINISTRATIVE COST	2,000.00	1,000.00	15,000.00	15,000.00	0.00	0.00
201.23.7142.52429 CONTRACTED SERVICES	2,000.00	2,000.00	6,000.00	6,000.00	0.00	0.00
201.23.7142.52656 FUEL	0.00	700.00	500.00	500.00	0.00	0.00
201.23.7142.52711 MEALS LODGING & REGISTRATION	1,000.00	1,000.00	1,200.00	1,200.00	0.00	0.00
201.23.7142.52731 TRAVEL & MILEAGE	900.00	0.00	100.00	100.00	0.00	0.00

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 **PUBLIC HEALTH FUND**

23 **PUBLIC HEALTH**

7142 WIC

Account Number	2014	2015	2016	2016	2016	2016
	Adopted	Revised Budget	Proposed	Dept Revision	Approved Budget	Adopted Budget
201.23.7142.52910 SUPPLIES - OFFICE	500.00	500.00	500.00	500.00	0.00	0.00
201.23.7142.52929 SUPPLIES - MEDICAL	100.00	100.00	200.00	200.00	0.00	0.00
Total MATERIALS & SERVICES	7,500.00	6,300.00	24,000.00	24,000.00	0.00	0.00
Total WIC	177,614.00	166,909.68	198,626.00	198,515.00	0.00	0.00

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

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201 PUBLIC HEALTH FUND

PUBLIC HEALTH
7143 MCH - CAH

2014 2015 2016 2016 2016 2016 **Account Number** Revised Budget Dept Revision Approved Budget Adopted Budget Adopted Proposed 201.23.7143.51000 PERSONAL SERVICES 201.23.7143.51176 BUSINESS MANAGER 1,839.00 2,058.72 1,029.00 1,029.00 0.00 0.00 201.23.7143.51177 PROGRAM SECRETARY 4,280.00 4,267.04 2,249.00 2,249.00 0.00 0.00 2,663.00 3.086.00 201.23.7143.51178 PROGRAM SUPERVISOR 2,938.50 3,086.00 0.00 0.00 201.23.7143.51183 FAMILY PLANNING AIDE 0.00 2.848.77 0.00 0.00 0.00 0.00 201.23.7143.51190 OFFICE SPECIALIST 15,459.00 7.626.96 7,629.00 0.00 0.00 7.629.00 201.23.7143.51191 BILLING CLERK 0.00 9,801.00 10,578.24 6,594.00 263.00 0.00 201.23.7143.51192 PHN II 43,880.00 38,820.38 27,006.00 11,460.00 0.00 0.00 201.23.7143.51640 LONGEVITY 403.00 151.00 0.00 0.00 174.24 151.00 201.23.7143.51701 FICA 5.761.00 5.318.74 3.533.00 1.871.00 0.00 0.00 201.23.7143.51703 UNEMPLOYMENT INSURANCE 0.00 242.00 0.00 674.84 496.00 0.00 201.23.7143.51705 WORKERS COMP 489.00 373.07 247.00 152.00 0.00 0.00 201.23.7143.51721 PERS 11,362.00 9,082.40 6,247.00 3,432.00 0.00 0.00 16,893.00 5,885.00 201.23.7143.51729 HEALTH INSURANCE 12,979.66 9,523.00 0.00 0.00 201.23.7143.51730 DENTAL INSURANCE 1.378.00 1.012.82 652.00 361.00 0.00 0.00 201.23.7143.51732 LTD 344.00 328.65 225.00 107.00 0.00 0.00 201.23.7143.51733 LIFE INSURANCE 55.00 21.76 16.00 11.00 0.00 0.00 PERSONAL SERVICES Total 114.607.00 99.104.79 68.683.00 37.928.00 0.00 0.00 201.23.7143.52000 MATERIALS & SERVICES 201.23.7143.52116 POSTAGE 100.00 100.00 0.00 0.00 0.00 0.00 201.23.7143.52354 VACCINE 20.000.00 10.000.00 0.00 20,000.00 10,000.00 0.00 201.23.7143.52398 ADMINISTRATIVE COST 1.200.00 1.200.00 3.500.00 3.500.00 0.00 0.00 201.23.7143.52429 CONTRACTED SERVICES 300.00 300.00 0.00 0.00 0.00 0.00 201.23.7143.52526 COMPUTER SOFTWARE - MAINTENANC 2,000.00 2,000.00 1,791.00 1,791.00 0.00 0.00 201.23.7143.52731 TRAVEL & MILEAGE 100.00 100.00 0.00 0.00 0.00 0.00

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Expenditures NORTH CENTRAL PUBLIC HEALTH DISTRICT

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201 **PUBLIC HEALTH FUND**

23 **PUBLIC HEALTH** 7143 MCH - CAH

2014 2015 2016 2016 2016 2016 Revised Budget Dept Revision **Account Number** Adopted Proposed Approved Budget Adopted Budget 201.23.7143.52910 SUPPLIES - OFFICE 500.00 500.00 300.00 300.00 0.00 0.00 500.00 0.00 201.23.7143.52929 SUPPLIES - MEDICAL 500.00 500.00 500.00 0.00 MATERIALS & SERVICES Total 24,700.00 24,700.00 16,091.00 16,091.00 0.00 0.00 MCH - CAH Total 139,307.00 123,804.79 84,774.00 54,019.00 0.00 0.00

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Expenditures NORTH CENTRAL PUBLIC HEALTH DISTRICT

PUBLIC HEALTH FUND

23 **PUBLIC HEALTH**

7144 REPRODUCTIVE HEALTH

	2014	2015	2016	2016	2016	2016
Account Number	Adopted	Revised Budget	Proposed	Dept Revision	Approved Budget	Adopted Budget
201.23.7144.51000 PERSONAL SERVICES						
201.23.7144.51176 BUSINESS MANAGER	4,597.00	5,146.56	4,631.00	4,631.00	0.00	0.00
201.23.7144.51177 PROGRAM SECRETARY	7,308.00	5,441.84	10,863.00	10,863.00	0.00	0.00
201.23.7144.51178 PROGRAM SUPERVISOR	2,663.00	2,938.50	3,086.00	3,086.00	0.00	0.00
201.23.7144.51183 FAMILY PLANNING AIDE	21,368.00	25,639.68	18,095.00	18,095.00	0.00	0.00
201.23.7144.51184 HEALTH OFFICER	3,656.00	2,437.44	0.00	0.00	0.00	0.00
201.23.7144.51185 NURSE PRACTITIONER	54,600.00	54,600.00	55,423.00	55,423.00	0.00	0.00
201.23.7144.51190 OFFICE SPECIALIST	26,630.00	16,580.64	16,584.00	16,584.00	0.00	0.00
201.23.7144.51191 BILLING CLERK	16,336.00	17,630.46	16,485.00	658.00	0.00	0.00
201.23.7144.51192 PHN II	48,457.00	66,173.80	56,067.00	40,521.00	0.00	0.00
201.23.7144.51640 LONGEVITY	672.00	315.12	592.00	592.00	0.00	0.00
201.23.7144.51701 FICA	14,088.00	14,888.45	13,750.00	11,363.00	0.00	0.00
201.23.7144.51703 UNEMPLOYMENT INSURANCE	0.00	1,839.07	1,733.00	1,264.00	0.00	0.00
201.23.7144.51705 WORKERS COMP	941.00	911.79	781.00	647.00	0.00	0.00
201.23.7144.51721 PERS	26,111.00	25,147.51	24,436.00	20,398.00	0.00	0.00
201.23.7144.51729 HEALTH INSURANCE	33,712.00	30,337.92	31,865.00	26,045.00	0.00	0.00
201.23.7144.51730 DENTAL INSURANCE	2,947.00	2,459.16	2,499.00	2,033.00	0.00	0.00
201.23.7144.51732 LTD	847.00	947.28	807.00	638.00	0.00	0.00
201.23.7144.51733 LIFE INSURANCE	118.00	42.84	60.00	50.00	0.00	0.00
Total PERSONAL SERVICES	005 054 00	070 470 00	057.757.00	040 004 00	0.00	0.00
	265,051.00	273,478.06	257,757.00	212,891.00	0.00	0.00
201.23.7144.52000 MATERIALS & SERVICES	4 000 00	4 000 00	4 000 00	4 000 00		2.22
201.23.7144.52369 LAB EXPENSES	4,000.00	4,000.00	4,000.00	4,000.00	0.00	0.00
201.23.7144.52398 ADMINISTRATIVE COST	6,000.00	6,000.00	14,600.00	14,600.00	0.00	0.00
201.23.7144.52429 CONTRACTED SERVICES	300.00	300.00	500.00	500.00	0.00	0.00
201.23.7144.52526 COMPUTER SOFTWARE - MAINTENANC	6,150.00	6,150.00	7,674.00	7,674.00	0.00	0.00

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PUBLIC HEALTH FUND

PUBLIC HEALTH

8:34AM

7144 REPRODUCTIVE HEALTH

	2014	2015	2016	2016	2016	2016
Account Number	Adopted	Revised Budget	Proposed	Dept Revision	Approved Budget	Adopted Budget
201.23.7144.52711 MEALS LODGING & REGISTRATION	2,000.00	2,000.00	800.00	800.00	0.00	0.00
201.23.7144.52731 TRAVEL & MILEAGE	100.00	100.00	200.00	200.00	0.00	0.00
201.23.7144.52910 SUPPLIES - OFFICE	2,000.00	2,000.00	500.00	500.00	0.00	0.00
201.23.7144.52929 SUPPLIES - MEDICAL	10,000.00	10,000.00	7,000.00	7,000.00	0.00	0.00
201.23.7144.52944 SUPPLIES - CONTRACEPTIVE	60,000.00	60,000.00	70,000.00	70,000.00	0.00	0.00
Total MATERIALS & SERVICES	00 550 00	00.550.00	405.074.00	405.074.00	0.00	0.00
Total MATERIALS & SERVICES	90,550.00	90,550.00	105,274.00	105,274.00	0.00	0.00
201.23.7144.53000 CAPITAL						
Total CAPITAL	0.00	0.00	0.00	0.00	0.00	0.00
Iotal Califal	0.00	0.00	0.00	0.00	0.00	0.00
Total REPRODUCTIVE HEALTH	055 004 00	004 000 00	000 004 00	040 405 00	0.00	0.00
IOIAI REPRODUCTIVE REALIT	355,601.00	364,028.06	363,031.00	318,165.00	0.00	0.00

Expenditures

NORTH CENTRAL PUBLIC HEALTH DISTRICT

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201 PUBLIC HEALTH FUND

23 PUBLIC HEALTH 7145 STATE SUPPORT

	2014	2015	2016	2016	2016	2016
Account Number	Adopted	Revised Budget	Proposed	Dept Revision	Approved Budget	Adopted Budget
201.23.7145.51000 PERSONAL SERVICES						
201.23.7145.51176 BUSINESS MANAGER	0.00	0.00	515.00	515.00	0.00	0.00
201.23.7145.51177 PROGRAM SECRETARY	5,153.00	3,541.36	1,139.00	1,139.00	0.00	0.00
201.23.7145.51178 PROGRAM SUPERVISOR	2,663.00	2,938.50	3,086.00	3,086.00	0.00	0.00
201.23.7145.51190 OFFICE SPECIALIST	6,502.00	3,979.20	3,980.00	3,980.00	0.00	0.00
201.23.7145.51191 BILLING CLERK	980.00	1,057.80	1,649.00	66.00	0.00	0.00
201.23.7145.51192 PHN II	12,675.00	17,025.12	29,246.00	24,065.00	0.00	0.00
201.23.7145.51640 LONGEVITY	228.00	185.76	300.00	300.00	0.00	0.00
201.23.7145.51701 FICA	2,091.00	2,076.21	2,853.00	2,339.00	0.00	0.00
201.23.7145.51703 UNEMPLOYMENT INSURANCE	0.00	271.65	399.00	284.00	0.00	0.00
201.23.7145.51705 WORKERS COMP	261.00	133.57	172.00	143.00	0.00	0.00
201.23.7145.51721 PERS	3,984.00	3,897.96	6,888.00	6,017.00	0.00	0.00
201.23.7145.51729 HEALTH INSURANCE	5,869.00	5,303.52	7,651.00	6,560.00	0.00	0.00
201.23.7145.51730 DENTAL INSURANCE	487.00	352.68	454.00	367.00	0.00	0.00
201.23.7145.51732 LTD	128.00	147.13	204.00	167.00	0.00	0.00
201.23.7145.51733 LIFE INSURANCE	19.00	9.36	14.00	13.00	0.00	0.00
Total PERSONAL SERVICES	41,040.00	40,919.82	58,550.00	49,041.00	0.00	0.00
201.23.7145.52000 MATERIALS & SERVICES						
201.23.7145.52369 LAB EXPENSES	2,500.00	2,500.00	1,000.00	1,000.00	0.00	0.00
201.23.7145.52398 ADMINISTRATIVE COST	800.00	800.00	2,600.00	2,600.00	0.00	0.00
201.23.7145.52429 CONTRACTED SERVICES	100.00	100.00	100.00	100.00	0.00	0.00
201.23.7145.52510 COMPUTER SOFTWARE	1,000.00	0.00	0.00	0.00	0.00	0.00
201.23.7145.52526 COMPUTER SOFTWARE - MAINTENANC	0.00	1,000.00	1,535.00	1,535.00	0.00	0.00
201.23.7145.52711 MEALS LODGING & REGISTRATION	100.00	100.00	200.00	200.00	0.00	0.00
201.23.7145.52731 TRAVEL & MILEAGE	50.00	50.00	50.00	50.00	0.00	0.00

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PUBLIC HEALTH FUND

23 **PUBLIC HEALTH** STATE SUPPORT 7145

	2014	2015	2016	2016	2016	2016
Account Number	Adopted	Revised Budget	Proposed	Dept Revision	Approved Budget	Adopted Budget
201.23.7145.52910 SUPPLIES - OFFICE	200.00	200.00	100.00	100.00	0.00	0.00
201.23.7145.52929 SUPPLIES - MEDICAL	1,500.00	1,500.00	1,000.00	1,000.00	0.00	0.00
Total MATERIALS & SERVICES	6,250.00	6,250.00	6,585.00	6,585.00	0.00	0.00
Total STATE SUPPORT	47,290.00	47,169.82	65,135.00	55,626.00	0.00	0.00

NORTH CENTRAL PUBLIC HEALTH DISTRICT

Expenditures

201 PUBLIC HEALTH FUND

23 PUBLIC HEALTH

7146 ENVIRONMENTAL HEALTH

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	2014	2015	2016	2016	2016	2016
Account Number	Adopted	Revised Budget	Proposed	Dept Revision	Approved Budget	Adopted Budget
201.23.7146.51000 PERSONAL SERVICES						
201.23.7146.51176 BUSINESS MANAGER	0.00	0.00	1,029.00	1,029.00	0.00	0.00
201.23.7146.51177 PROGRAM SECRETARY	7,418.00	11,898.60	12,010.00	12,010.00	0.00	0.00
201.23.7146.51181 EH SPECIALIST	36,343.00	16,285.70	17,028.00	17,028.00	0.00	0.00
201.23.7146.51195 SUPERVISING EH SPECIALIST	9,248.00	8,958.63	11,968.00	11,968.00	0.00	0.00
201.23.7146.51621 CELL PHONE ALLOWANCE	90.00	90.00	120.00	120.00	0.00	0.00
201.23.7146.51640 LONGEVITY	507.00	150.08	358.00	358.00	0.00	0.00
201.23.7146.51701 FICA	4,101.00	2,784.57	3,166.00	3,166.00	0.00	0.00
201.23.7146.51703 UNEMPLOYMENT INSURANCE	0.00	364.03	441.00	415.00	0.00	0.00
201.23.7146.51705 WORKERS COMP	819.00	413.15	460.00	460.00	0.00	0.00
201.23.7146.51721 PERS	8,666.00	5,257.23	7,747.00	7,747.00	0.00	0.00
201.23.7146.51729 HEALTH INSURANCE	8,459.00	6,442.80	7,203.00	7,203.00	0.00	0.00
201.23.7146.51730 DENTAL INSURANCE	770.00	464.28	500.00	500.00	0.00	0.00
201.23.7146.51732 LTD	243.00	191.50	217.00	217.00	0.00	0.00
201.23.7146.51733 LIFE INSURANCE	31.00	13.56	15.00	15.00	0.00	0.00
Total PERSONAL SERVICES	76,695.00	53,314.13	62,262.00	62,236.00	0.00	0.00
201.23.7146.52000 MATERIALS & SERVICES						
201.23.7146.52122 TELEPHONE	1,000.00	1,000.00	600.00	600.00	0.00	0.00
201.23.7146.52335 OREGON STATE PAYBACK	9,000.00	9,000.00	6,500.00	6,500.00	0.00	0.00
201.23.7146.52398 ADMINISTRATIVE COST	0.00	1,000.00	2,700.00	2,700.00	0.00	0.00
201.23.7146.52604 EQUIPMENT - OFFICE	400.00	400.00	400.00	400.00	0.00	0.00
201.23.7146.52711 MEALS LODGING & REGISTRATION	1,500.00	1,500.00	400.00	400.00	0.00	0.00
201.23.7146.52731 TRAVEL & MILEAGE	100.00	100.00	100.00	100.00	0.00	0.00
201.23.7146.52910 SUPPLIES - OFFICE	5,000.00	2,000.00	500.00	500.00	0.00	0.00
201.23.7146.52919 SUPPLIES - EQUIPMENT	0.00	0.00	100.00	100.00	0.00	0.00

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PUBLIC HEALTH FUND

PUBLIC HEALTH ENVIRONMENTAL HEALTH 7146

Account Number	2014 Adopted	2015 Revised Budget	2016 Proposed	2016 Dept Revision	2016 Approved Budget	2016 Adopted Budget
Total MATERIALS & SERVICES	17,000.00	15,000.00	11,300.00	11,300.00	0.00	0.00
Total ENVIRONMENTAL HEALTH	93,695.00	68,314.13	73,562.00	73,536.00	0.00	0.00

NORTH CENTRAL PUBLIC HEALTH DISTRICT

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201 PUBLIC HEALTH FUND

23 PUBLIC HEALTH 7148 PERINATAL HEALTH

	2014	2015	2016	2016	2016	2016
Account Number	Adopted	Revised Budget	Proposed	Dept Revision _	Approved Budget	Adopted Budget
201.23.7148.51000 PERSONAL SERVICES						
201.23.7148.51177 PROGRAM SECRETARY	0.00	0.00	380.00	380.00	0.00	0.00
201.23.7148.51178 PROGRAM SUPERVISOR	5,326.00	5,876.83	3,086.00	3,086.00	0.00	0.00
201.23.7148.51180 COMMUNITY HEALTH WORKER	7,206.00	7,313.76	5,486.00	5,486.00	0.00	0.00
201.23.7148.51192 PHN II	1,342.00	2,269.92	13,509.00	13,509.00	0.00	0.00
201.23.7148.51640 LONGEVITY	60.00	240.00	255.00	255.00	0.00	0.00
201.23.7148.51701 FICA	805.00	1,034.75	1,516.00	1,516.00	0.00	0.00
201.23.7148.51703 UNEMPLOYMENT INSURANCE	0.00	135.24	213.00	197.00	0.00	0.00
201.23.7148.51705 WORKERS COMP	58.00	73.18	98.00	98.00	0.00	0.00
201.23.7148.51721 PERS	1,934.00	2,192.73	3,517.00	3,517.00	0.00	0.00
201.23.7148.51729 HEALTH INSURANCE	4,361.00	4,734.84	7,388.00	7,388.00	0.00	0.00
201.23.7148.51730 DENTAL INSURANCE	203.00	205.80	344.00	344.00	0.00	0.00
201.23.7148.51732 LTD	60.00	77.67	92.00	92.00	0.00	0.00
201.23.7148.51733 LIFE INSURANCE	8.00	6.12	14.00	14.00	0.00	0.00
Total PERSONAL SERVICES	21,363.00	24,160.84	35,898.00	35,882.00	0.00	0.00
201.23.7148.52000 MATERIALS & SERVICES						
201.23.7148.52334 TCM & MAC MATCH	36,000.00	36,000.00	40,000.00	40,000.00	0.00	0.00
201.23.7148.52335 OREGON STATE PAYBACK	10,000.00	0.00	0.00	0.00	0.00	0.00
201.23.7148.52398 ADMINISTRATIVE COST	0.00	0.00	900.00	900.00	0.00	0.00
201.23.7148.52429 CONTRACTED SERVICES	1,000.00	1,000.00	1,040.00	1,040.00	0.00	0.00
201.23.7148.52526 COMPUTER SOFTWARE - MAINTENANC	16,084.00	16,084.00	0.00	0.00	0.00	0.00
201.23.7148.52711 MEALS LODGING & REGISTRATION	2,000.00	2,000.00	0.00	0.00	0.00	0.00
201.23.7148.52731 TRAVEL & MILEAGE	500.00	500.00	0.00	0.00	0.00	0.00
201.23.7148.52910 SUPPLIES - OFFICE	500.00	500.00	100.00	100.00	0.00	0.00

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PUBLIC HEALTH FUND

PERINATAL HEALTH

23 **PUBLIC HEALTH** 7148 PERINATAL HEALTH

2014 2015 2016 2016 2016 2016 Account Number Dept Revision Approved Budget Adopted Revised Budget Proposed Adopted Budget MATERIALS & SERVICES Total 66,084.00 56,084.00 42,040.00 42,040.00 0.00 0.00

80,244.84

77,938.00

77,922.00

0.00

87,447.00

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Expenditures

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND

23 PUBLIC HEALTH

7149 PHEP

	2014	2015	2016	2016	2016	2016
Account Number	Adopted	Revised Budget	Proposed	Dept Revision	Approved Budget	Adopted Budget
201.23.7149.51000 PERSONAL SERVICES						
201.23.7149.51176 BUSINESS MANAGER	2,299.00	2,573.28	1,544.00	1,544.00	0.00	0.00
201.23.7149.51177 PROGRAM SECRETARY	7,046.00	5,355.16	2,657.00	2,657.00	0.00	0.00
201.23.7149.51178 PROGRAM SUPERVISOR	10,652.00	0.00	0.00	0.00	0.00	0.00
201.23.7149.51184 HEALTH OFFICER	15,844.00	14,625.12	17,321.00	17,321.00	0.00	0.00
201.23.7149.51192 PHN II	65,348.00	54,479.28	39,463.00	34,281.00	0.00	0.00
201.23.7149.51202 PHEP COORDINATOR	35,053.00	39,301.95	49,212.00	49,212.00	0.00	0.00
201.23.7149.51640 LONGEVITY	258.00	720.00	708.00	708.00	0.00	0.00
201.23.7149.51701 FICA	9,819.00	8,466.98	8,206.00	7,813.00	0.00	0.00
201.23.7149.51703 UNEMPLOYMENT INSURANCE	0.00	1,081.10	1,136.00	996.00	0.00	0.00
201.23.7149.51705 WORKERS COMP	622.00	537.45	477.00	455.00	0.00	0.00
201.23.7149.51721 PERS	19,253.00	14,144.53	14,730.00	14,063.00	0.00	0.00
201.23.7149.51729 HEALTH INSURANCE	30,467.00	18,586.68	15,801.00	15,074.00	0.00	0.00
201.23.7149.51730 DENTAL INSURANCE	1,864.00	1,200.00	1,048.00	990.00	0.00	0.00
201.23.7149.51732 LTD	364.00	501.35	477.00	450.00	0.00	0.00
201.23.7149.51733 LIFE INSURANCE	79.00	34.80	29.00	28.00	0.00	0.00
Total PERSONAL SERVICES	198,968.00	161,607.68	152,809.00	145,592.00	0.00	0.00
201.23.7149.52000 MATERIALS & SERVICES						
201.23.7149.52122 TELEPHONE	120.00	120.00	400.00	400.00	0.00	0.00
201.23.7149.52398 ADMINISTRATIVE COST	1,500.00	1,500.00	5,500.00	5,500.00	0.00	0.00
201.23.7149.52429 CONTRACTED SERVICES	0.00	0.00	300.00	300.00	0.00	0.00
201.23.7149.52656 FUEL	0.00	0.00	300.00	300.00	0.00	0.00
201.23.7149.52658 COPIER LEASE & MAINT	500.00	500.00	400.00	400.00	0.00	0.00
201.23.7149.52711 MEALS LODGING & REGISTRATION	500.00	500.00	500.00	500.00	0.00	0.00
201.23.7149.52731 TRAVEL & MILEAGE	100.00	100.00	100.00	100.00	0.00	0.00

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PUBLIC HEALTH FUND

23 **PUBLIC HEALTH**

7149 PHEP

	2014	2015	2016	2016	2016	2016
Account Number	Adopted	Revised Budget	Proposed	Dept Revision	Approved Budget	Adopted Budget
201.23.7149.52910 SUPPLIES - OFFICE	100.00	100.00	500.00	500.00	0.00	0.00
201.23.7149.52936 SUPPLIES - PROGRAM/ED	0.00	3,500.00	3,700.00	3,700.00	0.00	0.00
Total MATERIALS & SERVICES	2,820.00	6,320.00	11,700.00	11,700.00	0.00	0.00
Total PHEP	201,788.00	167,927.68	164,509.00	157,292.00	0.00	0.00

NORTH CENTRAL PUBLIC HEALTH DISTRICT

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Expenditures NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 **PUBLIC HEALTH FUND**

23 **PUBLIC HEALTH HEALTH PROMOTION** 7152

	2014	2015	2016	2016	2016	2016
Account Number	Adopted	Revised Budget	Proposed	Dept Revision	Approved Budget	Adopted Budget
201.23.7152.51000 PERSONAL SERVICES						
201.23.7152.51192 PHN II	0.00	14,704.80	6,811.00	6,811.00	0.00	0.00
201.23.7152.51640 LONGEVITY	0.00	0.00	36.00	36.00	0.00	0.00
201.23.7152.51701 FICA	0.00	1,124.88	475.00	475.00	0.00	0.00
201.23.7152.51703 UNEMPLOYMENT INSURANCE	0.00	0.00	66.00	62.00	0.00	0.00
201.23.7152.51705 WORKERS COMP	0.00	68.04	30.00	30.00	0.00	0.00
201.23.7152.51721 PERS	0.00	1,892.64	1,392.00	1,392.00	0.00	0.00
201.23.7152.51729 HEALTH INSURANCE	0.00	3,384.00	1,736.00	1,736.00	0.00	0.00
201.23.7152.51730 DENTAL INSURANCE	0.00	324.00	87.00	87.00	0.00	0.00
201.23.7152.51732 LTD	0.00	2.16	28.00	28.00	0.00	0.00
201.23.7152.51733 LIFE INSURANCE	0.00	9.12	4.00	4.00	0.00	0.00
Total PERSONAL SERVICES	0.00	21,509.64	10,665.00	10,661.00	0.00	0.00
201.23.7152.52000 MATERIALS & SERVICES						
201.23.7152.52398 ADMINISTRATIVE COST	0.00	1,500.00	600.00	600.00	0.00	0.00
201.23.7152.52429 CONTRACTED SERVICES	0.00	0.00	14,176.00	14,176.00	0.00	0.00
201.23.7152.52910 SUPPLIES - OFFICE	0.00	18,789.00	0.00	0.00	0.00	0.00
201.23.7152.52936 SUPPLIES - PROGRAM/ED	0.00	2,600.00	0.00	0.00	0.00	0.00
Total MATERIALS & SERVICES	0.00	22,889.00	14,776.00	14,776.00	0.00	0.00
Total HEALTH PROMOTION	0.00	44,398.64	25,441.00	25,437.00	0.00	0.00

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Expenditures
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND

23 PUBLIC HEALTH

7153 IMMUNIZATION SPECIAL PAYMENTS

	2014	2015	2016	2016	2016	2016
Account Number	Adopted	Revised Budget	Proposed	Dept Revision	Approved Budget	Adopted Budget
201.23.7153.51000 PERSONAL SERVICES						
201.23.7153.51176 BUSINESS MANAGER	919.00	1,029.36	1,029.00	1,029.00	0.00	0.00
201.23.7153.51177 PROGRAM SECRETARY	2,009.00	2,090.20	1,825.00	1,825.00	0.00	0.00
201.23.7153.51192 PHN II	10,064.00	9,079.20	9,082.00	9,082.00	0.00	0.00
201.23.7153.51640 LONGEVITY	399.00	0.00	24.00	24.00	0.00	0.00
201.23.7153.51701 FICA	964.00	933.28	908.00	908.00	0.00	0.00
201.23.7153.51703 UNEMPLOYMENT INSURANCE	0.00	111.68	126.00	122.00	0.00	0.00
201.23.7153.51705 WORKERS COMP	400.00	385.03	380.00	380.00	0.00	0.00
201.23.7153.51721 PERS	2,161.00	401.52	449.00	449.00	0.00	0.00
201.23.7153.51729 HEALTH INSURANCE	2,720.00	651.12	595.00	595.00	0.00	0.00
201.23.7153.51730 DENTAL INSURANCE	176.00	56.88	41.00	41.00	0.00	0.00
201.23.7153.51732 LTD	62.00	11.06	15.00	15.00	0.00	0.00
201.23.7153.51733 LIFE INSURANCE	7.00	1.32	1.00	1.00	0.00	0.00
Total PERSONAL SERVICES	19,881.00	14,750.65	14,475.00	14,471.00	0.00	0.00
201.23.7153.52000 MATERIALS & SERVICES						
201.23.7153.52398 ADMINISTRATIVE COST	300.00	300.00	700.00	700.00	0.00	0.00
201.23.7153.52711 MEALS LODGING & REGISTRATION	500.00	500.00	500.00	500.00	0.00	0.00
201.23.7153.52731 TRAVEL & MILEAGE	100.00	100.00	100.00	100.00	0.00	0.00
201.23.7153.52910 SUPPLIES - OFFICE	50.00	50.00	50.00	50.00	0.00	0.00
Total MATERIALS & SERVICES	950.00	950.00	1,350.00	1,350.00	0.00	0.00
Total IMMUNIZATION SPECIAL PAYMENTS	20,831.00	15,700.65	15,825.00	15,821.00	0.00	0.00

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PUBLIC HEALTH FUND

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23 PUBLIC HEALTH 7154 CACOON & CCN

	2014	2015	2016	2016	2016	2016
Account Number	Adopted	Revised Budget	Proposed	Dept Revision	Approved Budget	Adopted Budget
201.23.7154.51000 PERSONAL SERVICES						
201.23.7154.51177 PROGRAM SECRETARY	3,639.00	2,090.20	1,475.00	1,475.00	0.00	0.00
201.23.7154.51180 COMMUNITY HEALTH WORKER	0.00	0.00	3,016.00	3,016.00	0.00	0.00
201.23.7154.51184 HEALTH OFFICER	4,875.00	4,875.12	216.00	216.00	0.00	0.00
201.23.7154.51191 BILLING CLERK	327.00	352.62	330.00	13.00	0.00	0.00
201.23.7154.51192 PHN II	16,549.00	14,526.72	16,006.00	16,006.00	0.00	0.00
201.23.7154.51640 LONGEVITY	164.00	76.80	92.00	92.00	0.00	0.00
201.23.7154.51701 FICA	1,748.00	1,463.98	1,388.00	1,364.00	0.00	0.00
201.23.7154.51703 UNEMPLOYMENT INSURANCE	0.00	191.60	166.00	147.00	0.00	0.00
201.23.7154.51705 WORKERS COMP	188.00	100.27	91.00	90.00	0.00	0.00
201.23.7154.51721 PERS	3,572.00	2,193.90	2,692.00	2,651.00	0.00	0.00
201.23.7154.51729 HEALTH INSURANCE	6,451.00	5,363.88	7,015.00	6,942.00	0.00	0.00
201.23.7154.51730 DENTAL INSURANCE	324.00	229.20	347.00	341.00	0.00	0.00
201.23.7154.51732 LTD	85.00	73.13	76.00	74.00	0.00	0.00
201.23.7154.51733 LIFE INSURANCE	13.00	4.32	10.00	9.00	0.00	0.00
Total PERSONAL SERVICES	37,935.00	31,541.74	32,920.00	32,436.00	0.00	0.00
201.23.7154.52000 MATERIALS & SERVICES						
201.23.7154.52398 ADMINISTRATIVE COST	200.00	200.00	900.00	900.00	0.00	0.00
201.23.7154.52910 SUPPLIES - OFFICE	300.00	300.00	150.00	150.00	0.00	0.00
Total MATERIALS & SERVICES	500.00	500.00	1,050.00	1,050.00	0.00	0.00
Total CACOON & CCN	38,435.00	32,041.74	33,970.00	33,486.00	0.00	0.00

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Expenditures NORTH CENTRAL PUBLIC HEALTH DISTRICT

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PUBLIC HEALTH FUND

PUBLIC HEALTH

23 **TOBACCO PREV & ED** 7155

	2014	2015	2016	2016	2016	2016
Account Number	Adopted	Revised Budget	Proposed	Dept Revision	Approved Budget	Adopted Budget
201.23.7155.51000 PERSONAL SERVICES						
201.23.7155.51176 BUSINESS MANAGER	2,299.00	2,573.28	1,544.00	1,544.00	0.00	0.00
201.23.7155.51177 PROGRAM SECRETARY	5,829.00	8,779.04	5,928.00	5,928.00	0.00	0.00
201.23.7155.51178 PROGRAM SUPERVISOR	0.00	0.00	3,086.00	3,086.00	0.00	0.00
201.23.7155.51179 COMMUNITY HEALTH PROMOTER	53,263.00	54,061.44	46,288.00	46,288.00	0.00	0.00
201.23.7155.51180 COMMUNITY HEALTH WORKER	0.00	0.00	3,016.00	3,016.00	0.00	0.00
201.23.7155.51192 PHN II	0.00	24,507.84	0.00	0.00	0.00	0.00
201.23.7155.51202 PHEP COORDINATOR	0.00	9,825.49	0.00	0.00	0.00	0.00
201.23.7155.51640 LONGEVITY	360.00	360.00	36.00	36.00	0.00	0.00
201.23.7155.51701 FICA	4,724.00	7,607.74	4,512.00	4,512.00	0.00	0.00
201.23.7155.51703 UNEMPLOYMENT INSURANCE	0.00	723.68	603.00	324.00	0.00	0.00
201.23.7155.51705 WORKERS COMP	274.00	387.21	258.00	258.00	0.00	0.00
201.23.7155.51721 PERS	8,539.00	12,883.69	1,869.00	7,826.00	0.00	0.00
201.23.7155.51729 HEALTH INSURANCE	9,646.00	17,048.16	10,521.00	10,521.00	0.00	0.00
201.23.7155.51730 DENTAL INSURANCE	879.00	1,446.36	830.00	830.00	0.00	0.00
201.23.7155.51732 LTD	287.00	377.90	294.00	294.00	0.00	0.00
201.23.7155.51733 LIFE INSURANCE	35.00	44.04	31.00	31.00	0.00	0.00
Total PERSONAL SERVICES	86,135.00	140,625.87	78,816.00	84,494.00	0.00	0.00
201.23.7155.52000 MATERIALS & SERVICES						
201.23.7155.52398 ADMINISTRATIVE COST	1,000.00	500.00	4,800.00	4,800.00	0.00	0.00
201.23.7155.52429 CONTRACTED SERVICES	0.00	0.00	800.00	800.00	0.00	0.00
201.23.7155.52656 FUEL	510.00	339.00	201.00	201.00	0.00	0.00
201.23.7155.52658 COPIER LEASE & MAINT	500.00	500.00	375.00	375.00	0.00	0.00
201.23.7155.52711 MEALS LODGING & REGISTRATION	1,700.00	400.00	1,400.00	1,400.00	0.00	0.00
201.23.7155.52731 TRAVEL & MILEAGE	600.00	0.00	400.00	400.00	0.00	0.00

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Expenditures

NORTH CENTRAL PUBLIC HEALTH DISTRICT

23 PUBLIC HEALTH

7155 TOBACCO PREV & ED

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PUBLIC HEALTH FUND

	2014	2015	2016	2016	2016	2016
Account Number	Adopted	Revised Budget	Proposed	Dept Revision	Approved Budget	Adopted Budget
	_	_	_			_
201.23.7155.52910 SUPPLIES - OFFICE	2,690.00	3,009.00	259.00	259.00	0.00	0.00
TAGE MATERIALS SERVICES	7.000.00	474000	0.005.00	0.005.00	0.00	2.22
Total MATERIALS & SERVICES	7,000.00	4,748.00	8,235.00	8,235.00	0.00	0.00
Total TOBACCO PREV & ED	93,135.00	145,373.87	87,051.00	92,729.00	0.00	0.00

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201 PUBLIC HEALTH FUND

23 PUBLIC HEALTH

7156 WATER

	2014	2015	2016	2016	2016	2016
Account Number	Adopted	Revised Budget	Proposed	Dept Revision	Approved Budget	Adopted Budget
201.23.7156.51000 PERSONAL SERVICES						
201.23.7156.51176 BUSINESS MANAGER	919.00	1,029.36	515.00	515.00	0.00	0.00
201.23.7156.51177 PROGRAM SECRETARY	5,677.00	9,431.72	7,753.00	7,753.00	0.00	0.00
201.23.7156.51181 EH SPECIALIST	19,569.00	10,857.06	11,352.00	11,352.00	0.00	0.00
201.23.7156.51195 SUPERVISING EH SPECIALIST	4,316.00	8,958.40	11,968.00	11,968.00	0.00	0.00
201.23.7156.51621 CELL PHONE ALLOWANCE	42.00	90.00	120.00	120.00	0.00	0.00
201.23.7156.51640 LONGEVITY	309.00	149.92	314.00	314.00	0.00	0.00
201.23.7156.51701 FICA	2,359.00	2,271.06	2,393.00	2,393.00	0.00	0.00
201.23.7156.51703 UNEMPLOYMENT INSURANCE	0.00	286.94	333.00	314.00	0.00	0.00
201.23.7156.51705 WORKERS COMP	442.00	330.05	361.00	361.00	0.00	0.00
201.23.7156.51721 PERS	4,944.00	4,278.47	5,932.00	5,932.00	0.00	0.00
201.23.7156.51729 HEALTH INSURANCE	5,268.00	5,322.72	5,200.00	5,200.00	0.00	0.00
201.23.7156.51730 DENTAL INSURANCE	480.00	386.04	366.00	366.00	0.00	0.00
201.23.7156.51732 LTD	137.00	150.86	163.00	163.00	0.00	0.00
201.23.7156.51733 LIFE INSURANCE	19.00	11.04	11.00	11.00	0.00	0.00
Total PERSONAL SERVICES	44,481.00	43,553.64	46,781.00	46,762.00	0.00	0.00
201.23.7156.52000 MATERIALS & SERVICES						
201.23.7156.52398 ADMINISTRATIVE COST	600.00	600.00	1,600.00	1,600.00	0.00	0.00
201.23.7156.52910 SUPPLIES - OFFICE	100.00	100.00	200.00	200.00	0.00	0.00
Total MATERIALS & SERVICES	700.00	700.00	1,800.00	1,800.00	0.00	0.00
Total WATER	45,181.00	44,253.64	48,581.00	48,562.00	0.00	0.00

Expenditures

NORTH CENTRAL PUBLIC HEALTH DISTRICT

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201 PUBLIC HEALTH FUND23 PUBLIC HEALTH

7158 BABIES FIRST

	2014	2015	2016	2016	2016	2016
Account Number	Adopted	Revised Budget	Proposed	Dept Revision	Approved Budget	Adopted Budget
201.23.7158.51000 PERSONAL SERVICES						
201.23.7158.51176 BUSINESS MANAGER	0.00	0.00	1,544.00	1,544.00	0.00	0.00
201.23.7158.51177 PROGRAM SECRETARY	3,145.00	1,451.16	2,657.00	2,657.00	0.00	0.00
201.23.7158.51178 PROGRAM SUPERVISOR	2,663.00	2,937.99	3,086.00	3,086.00	0.00	0.00
201.23.7158.51180 COMMUNITY HEALTH WORKER	14,412.00	20,112.96	29,806.00	29,806.00	0.00	0.00
201.23.7158.51191 BILLING CLERK	327.00	352.56	1,319.00	53.00	0.00	0.00
201.23.7158.51192 PHN II	51,010.00	47,304.28	46,884.00	46,884.00	0.00	0.00
201.23.7158.51640 LONGEVITY	523.00	736.80	1,066.00	1,066.00	0.00	0.00
201.23.7158.51701 FICA	4,854.00	4,823.82	5,775.00	5,679.00	0.00	0.00
201.23.7158.51703 UNEMPLOYMENT INSURANCE	0.00	630.17	756.00	678.00	0.00	0.00
201.23.7158.51705 WORKERS COMP	605.00	378.84	413.00	407.00	0.00	0.00
201.23.7158.51721 PERS	11,172.00	10,035.86	14,791.00	14,628.00	0.00	0.00
201.23.7158.51729 HEALTH INSURANCE	21,942.00	21,777.00	27,657.00	27,366.00	0.00	0.00
201.23.7158.51730 DENTAL INSURANCE	1,162.00	1,010.88	1,316.00	1,293.00	0.00	0.00
201.23.7158.51732 LTD	296.00	314.60	354.00	348.00	0.00	0.00
201.23.7158.51733 LIFE INSURANCE	46.00	29.64	42.00	41.00	0.00	0.00
Total PERSONAL SERVICES	112,157.00	111,896.56	137,466.00	135,536.00	0.00	0.00
201.23.7158.52000 MATERIALS & SERVICES						
201.23.7158.52334 TCM & MAC MATCH	30,000.00	30,000.00	47,638.00	47,638.00	0.00	0.00
201.23.7158.52398 ADMINISTRATIVE COST	0.00	0.00	6,000.00	6,000.00	0.00	0.00
201.23.7158.52658 COPIER LEASE & MAINT	300.00	300.00	300.00	300.00	0.00	0.00
201.23.7158.52731 TRAVEL & MILEAGE	500.00	500.00	0.00	0.00	0.00	0.00
201.23.7158.52910 SUPPLIES - OFFICE	300.00	300.00	100.00	100.00	0.00	0.00
Total MATERIALS & SERVICES	31,100.00	31,100.00	54,038.00	54,038.00	0.00	0.00

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

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201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH

Total BABIES FIRST 143,257.00 142,996.56 191,504.00 189,574.00 0.00 0.00

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

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201 PUBLIC HEALTH FUND

23 PUBLIC HEALTH

7159 OREGON MOTHERS CARE

	2014	2015	2016	2016	2016	2016
Account Number	Adopted	Revised Budget	Proposed	Dept Revision	Approved Budget	Adopted Budget
201.23.7159.51000 PERSONAL SERVICES						
201.23.7159.51180 COMMUNITY HEALTH WORKER	7,206.00	7,313.76	7,315.00	7,315.00	0.00	0.00
201.23.7159.51640 LONGEVITY	60.00	240.00	240.00	240.00	0.00	0.00
201.23.7159.51701 FICA	445.00	471.84	471.00	471.00	0.00	0.00
201.23.7159.51703 UNEMPLOYMENT INSURANCE	0.00	61.68	68.00	61.00	0.00	0.00
201.23.7159.51705 WORKERS COMP	34.00	35.67	32.00	32.00	0.00	0.00
201.23.7159.51721 PERS	1,203.00	1,104.48	1,536.00	1,536.00	0.00	0.00
201.23.7159.51729 HEALTH INSURANCE	3,180.00	3,042.12	3,120.00	3,120.00	0.00	0.00
201.23.7159.51730 DENTAL INSURANCE	135.00	117.60	116.00	116.00	0.00	0.00
201.23.7159.51732 LTD	35.00	38.04	38.00	38.00	0.00	0.00
201.23.7159.51733 LIFE INSURANCE	5.00	2.28	3.00	3.00	0.00	0.00
Total PERSONAL SERVICES	12,303.00	12,427.47	12,939.00	12,932.00	0.00	0.00
201.23.7159.52000 MATERIALS & SERVICES						
201.23.7159.52398 ADMINISTRATIVE COST	75.00	75.00	600.00	600.00	0.00	0.00
201.23.7159.52910 SUPPLIES - OFFICE	50.00	50.00	50.00	50.00	0.00	0.00
Total MATERIALS & SERVICES	125.00	125.00	650.00	650.00	0.00	0.00
Total OREGON MOTHERS CARE	12,428.00	12,552.47	13,589.00	13,582.00	0.00	0.00

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201 **PUBLIC HEALTH FUND**

23 **PUBLIC HEALTH** 7500 **PASS THROUGH**

	2014	2015	2016	2016	2016	2016
Account Number	Adopted	Revised Budget	Proposed	Dept Revision	Approved Budget	Adopted Budget
201.23.7500.52000 MATERIALS & SERVICES						
201.23.7500.52336 DEQ PAYMENT	0.00	3,900.00	10,000.00	10,000.00	0.00	0.00
Total MATERIALS & SERVICES	0.00	3,900.00	10,000.00	10,000.00	0.00	0.00
Total PASS THROUGH	0.00	3,900.00	10,000.00	10,000.00	0.00	0.00

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PUBLIC HEALTH FUND

PUBLIC HEALTH

23 7999 NON-DEPARTMENTAL

	2014	2015	2016	2016	2016	2016
Account Number	Adopted	Revised Budget	Proposed	Dept Revision	Approved Budget	Adopted Budget
201.23.7999.57000 CONTINGENCY						
201.23.7999.57201 CONTINGENCY	131,152.00	77,670.28	36,771.00	68,921.00	0.00	0.00
Total CONTINGENCY	131,152.00	77,670.28	36,771.00	68,921.00	0.00	0.00
201.23.7999.59000 UNAPROPRIATED						
201.23.7999.59201 UNAPPROPRIATED	0.00	126,568.00	152,000.00	152,000.00	0.00	0.00
Total UNAPROPRIATED	0.00	126,568.00	152,000.00	152,000.00	0.00	0.00
Total NON-DEPARTMENTAL	131,152.00	204,238.28	188,771.00	220,921.00	0.00	0.00
Total PUBLIC HEALTH	2,263,573.00	2,223,195.00	2,247,007.00	2,165,988.00	0.00	0.00
Total PUBLIC HEALTH FUND	2,263,573.00	2,223,195.00	2,247,007.00	2,165,988.00	0.00	0.00
Grand Total	2,263,573.00	2,223,195.00	2,247,007.00	2,165,988.00	0.00	0.00

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

Resolution No. 2015-05

A RESOLUTION ADOPTING THE ANNUAL BUDGET FOR THE FISCAL YEAR 2015-16

Whereas, the Board of Health sitting as the Directors at a regularly scheduled meeting on this 23rd day of June 2015, and

Whereas, on June 23, 2015, the Board conducted a public hearing on the annual budget for the fiscal year 2015-16.

Whereas, Be It Resolved, the North Central Public Health District Board formally adopts the budget for fiscal year 2015-16 as approved by the Budget Committee of North Central Public Health District in the sum of \$2,165.988.00

Adopted by the North Central Public Health District Board this 23rd day of June 2015.

Michael Smith, Sherman 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. 2015-06

A RESOLUTION ADOPTING APPROPRIATIONS FOR THE FISCAL YEAR 2015-16

Whereas, the Board of Health sitting as the Directors at a regularly scheduled meeting on this 23rd day of June 2015,

Therefore, Be It Resolved, that the amounts for the fiscal year beginning July 1, 2015 and for the purposes shown below are hereby appropriate as follows:

General Fund

Personal Services	\$ 1,583,618.00
Materials and Services	\$ 361,449.00
Contingency	\$ 68,921.00
Reserves	\$ 152,000.00
Capital Outlay	\$ 0.00
Fund Total	\$ 2,165,988.00

Adopted by the North Central Public Health District Board this 23rd day of June 2015.

Michael Smith, Sherman County Commissioner Chair, NCPHD Board

Teri Thalhofer, RN, BSN Director NCPHD

Staff Reduction Scenario to Absorb the Proposed Wasco County Funding Reduction As Proposed by NCPHD Leadership Team

NCPHD Leadership Team consisting of the Director, Nursing Supervisor, Environmental Health Supervisor and Health Officer have met twice since May 19, 2015 to consider how to implement the funding reduction in the proposed Wasco County budget as approved by the Wasco County Budget Committee. To maintain current service level, NCPHD Budget Committee approved a contribution from Wasco County of \$395,033. The Wasco County Budget Committee approved a contribution of \$314,000. This represents a difference of \$81,033.

To absorb this reduction if it stands when Wasco County Board of Commissioners adopts the budget on June 17, 2015, the Leadership Team recommends the following reduction in force:

Elimination of (1) PHN position	\$73,531
Elimination of (1) Billing Specialist position	\$46,355
Total	\$119,866

Service Impact: Reductions of walk-in services for reproductive health, immunization and STD testing services from 5 days per week to 1 day per week are proposed. Reproductive health appointments would continue to be available 2 days per week, and the Nurse Practitioner would accommodate walk-in reproductive health and STD testing as able to work it into the schedule. Reproductive health services, immunization services and STD testing are available from other providers throughout the community by appointment so this scenario only eliminates the walk-in aspect of this service. Nurses would travel with the WIC staff to Condon, Arlington and Rufus on an every-other-month basis to provide access to Gilliam and Sherman County clients impacted by the service cuts in The Dalles. The duties of the Billing Specialist will be reduced with decreased clients seen. The Billing Specialist duties would be absorbed by Program Secretary and Office Specialist II staff. In addition to direct impacts on clinic services, each of these positions is filled by an employee who is trained to respond to a public health emergency. Reductions in staff represent a smaller work force to respond to outbreaks and public health emergencies.

Fiscal Impact: The reproductive health clinic and walk-in services generate approximately \$914 per day in revenue collected through fees. Closing the clinic 2 days per week will result in decreased revenue of approximately \$91,000 using current fiscal information. We would need to follow revenue closely and make further reductions if revenue continues to be significantly negatively impacted. The total lost revenue between Wasco County reductions and lost fee collection is approximately \$172,033.

Community Impact: In 2013, Oregon Health Authority/Public Health Division data shows that NCPHD averted 180 pregnancies. That can be seen as 0.74 pregnancies for every day of operation (243 days of operation per year). An additional 100 days of closure could result in 74 unintended pregnancies per year due to limited of access. It is those citizens most vulnerable who are unable to plan, make and keep appointments, or afford OTC (over the counter) contraception while waiting to obtain services. The impacts on STD rates in the community are difficult to quantify. In 2014, NCPHD saw 136 clients for STD testing during walk-in clinic. Many of these clients have other medical providers but choose testing and treatment at NCPHD for confidentiality issues. Immunizations, while available at primary care providers and pharmacies, may be delayed for young children waiting to establish with a provider, or those children not engaged with a provider who have the opportunity for immunization 'catch-up' while in the office for a WIC appointment.

This scenario is far from perfect. It was chosen as the services reduced are available through other providers in the community. All other nursing staff is working in revenue generating programs that are not available through other providers. Some are funded through direct service contracts and some are funded through a mixture of state and federal funding and OHP fees.

S:\Fiscal\Reduction scenario 06042015\Staff Reduction Scenario to Absorb the Proposed Wasco County Funding Reduction As Proposed by NCPHD Leadership Team.docx

CIS Excess Crime Coverage Proposal



CIS 1212 Court St NE Salem, OR 97301 Named Member North Central Public Health District 419 E 7th St The Dalles, OR 97058 Agent of Record Courtney Insurance Agency, Inc. PO Box 580 The Dalles, OR 970580580

	oes Not Bind Coverage s, conditions, and limitations of coverage
Coverage Period: 7/1/2015 to 7/1/2016	4/29/2015
Excess Crime Coverage	
Coverage Limits excess of \$50,000 crime coverage provided under the	CIS Property Coverage Agreement *
Employee Theft - Per Loss Coverage	\$300,000
Forgery or Alteration	Included
Inside Premises - Theft of Money & Securities	Included
Inside Premises - Robbery, Safe Burglary - Other	Included
Outside Premises	Included
Computer Fraud	Included
Money Orders and Counterfeit Paper Currency	Included
Funds Transfer Fraud	Included
	Included Excess Crime Policy for detailed coverages, exclusions, and conditions that ay apply.
Locations Covered: Per current CIS Property Schedule. Contribution: \$805.00	
Forms Applicable: National Union Fire Insurance/Excess Crime Polici	
το effect coverage, please sign, oate and return th	is form before requested effective date. Fax is acceptable
Accepted by	
	Authorized Representative / Agent
Date	