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North Central Public Health District

North Central Public Health District Full Board of Health Meeting

**Tuesday, February 11, 2020
3:00 PM**

**To Be Held At:
North Central Public Health
District Meeting Room.**

AGENDA -

1. **Minutes**
 - a. Approve from 1/14/20 Executive Committee Meeting.
 - b. Set Next Meeting Date (3/10/2020) (Executive Committee Meeting)

2. **Additions to the Agenda**

3. **Public Comment**

4. **Unfinished Business**
 - a. Discuss & elect Board Chair & Vice Chair
 - b. FY 2020-21 Budget
 - c. Plan for hiring Administrator
 - d. Office Space

5. **New Business**
 - a. FY 2018-19 Fiscal Audit Report – Presented by Pauly Rogers & Co.
 - Governing Board letter for 2019
 - NCPHD 2019 Financial Report
 - b. Resolution 2020-01 Surplus Vehicle (2011 Ford Crown Victoria)
 - c. QI & PM Plan
 - d. Mission, Vision & Values presentation
 - e. Triennial Review
 - f. Staff Updates
 - g. Approval of A/P Check Report
 - January 2020
 - h. Contracts Summary
 - i. Director's Report
 - February 2020

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

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

**North Central Public Health District
Executive Committee Meeting
Meeting Minutes
January 14, 2020**

In Attendance: Commissioner Scott Hege – Wasco County; Commissioner Joan Bird – Sherman County

On Phone: Commissioner Leslie Wetherell – Gilliam County

Staff Present: Teri Thalhofer, RN/BSN – Director NCPHD; Kathi Hall - Fiscal Manager NCPHD; Shellie Campbell – Clinical Program Supervisor NCPHD; Gloria Perry – Office Manager NCPHD; Alyssa Bachman – Fiscal Assistant NCPHD; Nicole Bailey – EH Supervisor NCPHD; Laurie Jupe – Program Secretary NCPHD

Guests Present: Commissioner Kathy Schwartz – Wasco County

Minutes taken by: Laurie Jupe

Meeting called to order at 3:04 p.m. by Chair Commissioner Scott Hege

SUMMARY OF ACTIONS TAKEN

MOTION by Commissioner Joan Bird, and seconded by Commissioner Leslie Wetherell, to accept the December 10th, 2019 Full Board of Health meeting minutes as written.

Vote: 3-0
Yes: Commissioner Joan Bird, Commissioner Leslie Wetherell, Commissioner Scott Hege
No: 0
Abstain: 0
Motion: Carried

MOTION by Commissioner Joan Bird, and seconded by Commissioner Leslie Wetherell, to accept the A/P Checks Issued reports for December 2019 as presented.

Vote: 3-0
Yes: Commissioner Joan Bird, Commissioner Leslie Wetherell, 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 December 10th, 2019 Full Board of Health meeting minutes as written.
2. Set next meeting date.
 - 1 The next scheduled Board of Health meeting will be on Tuesday, February 11th, 2020 at 3:00 p.m. This will be a meeting of the full board. The meeting will be held at North Central Public Health District, 419 East 7th Street, The Dalles in the main meeting room.

ADDITIONS TO THE AGENDA

1. Kathi Hall will include information on the MUNIS fiscal software system quote with her fiscal report.

PUBLIC COMMENT

1. Kathy Schwartz introduced herself and notified the Board that she would be the new Wasco County representative starting at the February 11th meeting.
 - a) Kathy Schwartz also notified the Board that she would be unable to attend the February 11th meeting as she would be out of the country at that time.

UNFINISHED BUSINESS

1. North Central Public Health Office Space update:
 1. Teri updated the committee on the status of the upstairs office space remodel.
 - a) Teri has been in contact with the contractor who reviewed the upstairs space.
 - b) The contractor has been unable to formally put together a quote for the work due to sub-contractors being unavailable.
 - c) The contractor gave a guestimate of the work needed which he thought might be approximately \$100,000.00 for improvements needed upstairs and downstairs in Annex A.

NEW BUSINESS

1. Discuss election of Chair and Vice Chair for the 2020 NCPHD Board.
 1. It was the unanimous consensus of the Board to table the discussion until the Full Board of Health meeting on Tuesday, February 11th, 2020.
 2. Commissioner Leslie Wetherell will Chair the February 11th meeting and initiate the discussion.
2. Recruitment and hire of Director Position.
 1. Commissioner Hege discussed options for the hiring of the Director position.
 - a) Internal Process Options includes:
 - NCPHD organizes and accomplishes the recruitment.
 - One of the three Counties Wasco, Sherman, or Gilliam, organizes and accomplishes the recruitment.

- b) External Process includes: Hire a recruitment firm to do the full process of searching and hiring.
 - 2 Teri informed the Board of the differences between hiring a Nurse for the Director position vs. hiring someone who is not a nurse. If the Board hired a non-nurse for the Director position they would then need to hire a Nurse who would be able to supervise the Nursing staff. OHA requires an RN for the supervision of nursing staff.
 3. Commissioner Hege requested the following information for the February Board Meeting:
 - a) Each County to discuss their capacity and ability to take on the recruitment of the Director position.
 - b) Teri Thalhofer to research various options available for the search and recruitment of a new Director.
 - c) Teri Thalhofer to create a list of stakeholders and staff that should be included in the search for the new Director.
 - d) Teri Thalhofer to provide some details on specific OHA requirements for hiring a new Director.
3. July–December 2019 Fiscal Report.
 1. Kathi Hall informed the board the dates listed on the report were incorrect. The correct dates for the report should read July 1, 2019 through December 31, 2019.
 2. Kathi reviewed the July - December 2019 Fiscal Report with the Board.
4. 2020-2021 Budget Calendar
 1. Kathi Hall reviewed the 2020/2021 budget calendar with the board.
 2. Commissioner Wetherell invited Teri to come to a future Gilliam County Court meeting to discuss NCPHD budget and funding matters.
 3. Commissioner Hege recommended Teri attends each Counties meeting to discuss NCPHD budget and funding matters.
 4. Kathi informed the Board that the current fiscal software system, EDEN, would gradually be phased out over the next two years and replaced by the new MUNIS fiscal software system.
 - a) The cost of the changeover would be \$153,000.
5. Salary Survey Comparison
 1. Kathi reviewed the March 2017 results of the NCPHD Salary Survey Report with the Board.
 2. Kathi informed the Board of one correction needed to the report under the 1/1/2020 Salary Matrix. The midpoint amount for the Office Manager position should show \$51,011.00 not \$4,229.27.
6. Staff Updates
 1. One Nurse position: Now filled. Janelle Sandoz will be starting full-time in the clinic on Wednesday, January 15th, 2020.
 2. Centralized Intake person for Maternal Child Health: Five Counties, Wasco, Sherman, Gilliam, Wheeler, and Hood River received funding from Pacific Source to share this position. The NCPHD portion of the funding covers a ½ time FTE.
7. Approval of A/P Check Report (December 2019)
 1. Report presented to the board.
 2. A motion was made to approve the A/P Check Report for December 2019 as presented.

8. Review of Contracts
 1. AMMENDMENT with GOBHI: Extend the agreement for the shared position (NCPHD, GOBHI, 4RELH) through September 30, 2020.
 - a) Fiscal Impact: None – this position is budgeted through the year.
 2. PERSONAL SERVICES WITH SARAH FRANKLIN: Contractor will be conducting ‘Vulnerable Populations’ assessment for the health systems preparedness program region through funding obtained from OHA.
 - a) Fiscal Impact: Not to exceed \$3,000 – grant amount.
 3. SECOND AMMENDMENT TO OHA FINANCING AGREEMENT: Increase of \$15,568 for TPEP program (bridge funding while biennial funding is negotiated)
 4. OHA INTERGOVERNMENTAL GRANT AGREEMENT: New biennium agreement language from OHA.
 5. PACIFICSOURCE COMMUNITY SOLUTIONS: Centralized Intake and Referral Funding.
 - a) Fiscal Impact: \$3,800/monthly.

9. Directors Report – by Teri Thalhofer (January 2020)
 1. Report presented to the board and feedback was requested.

Being no further business to be conducted at this time, Commissioner Hege adjourned the Executive Committee meeting at 5:05 p.m.

Signature

Date

Printed Name



Public Health
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NORTH CENTRAL PUBLIC HEALTH DISTRICT

“Caring For Our Communities”

Job Description: Public Health Administrator

Our Vision

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; to 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 honest, transparency and ethical conduct in all relations and dealings. As individuals and an entity we: Relate to others with honesty respect and integrity; Communicate openly and with clarity; Serve our communities with compassion, understanding and empathy.

Job Title: Public Health Administrator
Reports To: NCPHD Board of Health
FLSA Classification: Exempt

Department: North Central Public Health District
Salary Grade: DIR
Revision Date: January 2017

Summary:

This position serves as the agency executive and is responsible for the programming, planning, budgeting, financial, personnel and administrative management function of the North Central Public Health District, providing public health services to Wasco, Sherman and Gilliam Counties; develops policy; directs general program goals and objectives; provides for public awareness and education in areas related to public health; assures compliance with state public health statutes, federal regulations and local ordinances. The Public Health Administrator supervises professional and clerical support staff at varying levels and has final responsibility for work performed within the agency.

Essential Functions (greater than or equal to 10% of time):

- Directs agency operations to achieve compliance with statutory responsibilities within budgeted funds and available personnel; plans and organizes workloads and staff assignments, reviews progress, directs changes in priorities and schedules as needed to assure work is completed in an efficient and timely manner.
- Provides executive leadership and directs the selection, supervision, and evaluation of staff. Conducts or oversees performance evaluations, and initiates and implements disciplinary actions as warranted. Resolves grievances and other sensitive personnel matters. Provides training and motivation to make full use of individual capabilities and to meet changing system demands.
- Develop and recommend public health policies; recommend the establishment and revision of rules and regulations; prepare various statistical, financial and special reports.
- Direct operational analyses, program evaluation, standards development, research/planning programs of the agency and management of information systems.
- Assure that all necessary client and operational records are kept in compliance with state guidelines and federal regulations. This includes acting in the role of HIPAA Security Officer.
- Defines the concepts, methods, and administrative procedures for planning, coordinating, evaluating, and conducting the functions of the Health District, in accordance with applicable regulations, statutes, and ordinances.
- Acts as an agent of the Oregon Health Authority in enforcing state statutes and Public Health Division regulations.
- Represents Wasco, Sherman and Gilliam Counties at meetings and conferences with local, state, and/or federal groups and agencies concerning matters related to public health.

- Conducts public relations activities to interpret and promote Health District programs; assures Health District participation in appropriate community health-related activities.
- Provide leadership with the local jurisdiction and overall public health planning and development including assessing public health service needs in the counties.
- Represent the counties in negotiating and coordinating of public health services with the community, state, and federal government, and Conference of Local Health Officials.
- Insure performance of quality assurance activities; evaluate functioning of individual programs in relation to goals, objectives and existing laws and regulations.
- Establishes and maintains liaison with State and County officials; medical community, resource organizations and community leaders to obtain support for and an understanding of public health programs to develop mutually beneficial programs.
- Manages, directs, organizes and integrates public health program activities including Parent & Child Health Services, Communicable Disease, Health Promotion, Public Health Emergency Preparedness and Environmental Health and Chronic Disease Prevention.
- Prepares annual North Central Public Health Plan and integrates plan with other agencies and groups to meet current public health needs of the community.
- Maintains standards of nursing and medical services within the agency and assures that services are provided according to agency policy.
- Is to respond to a public health emergency as needed.
- Any employee may be required by their manager to perform other duties which may be necessary or desirable and for which the employee is qualified.
- Develop and maintain effective, harmonious and reasonable work relationships with others.
- Acts at the Supervisor of Nursing Practice

Legal Responsibilities of the Public Health Administrator:

- The powers and duties are described in the ORS 431.418 and other chapters:
- Serve as the executive secretary of the district or county health board, act as the administrator of the district or county health department and supervise the officers and employees appointed under paragraph (b) of the sub-sections.
- Appoint, with the approval of the health board, administrators, medical officers, public health nurses, environmental health specialists and such other employees as are necessary to carry out the duties and responsibilities of the office.
- Provide the board, at appropriate intervals, information concerning the activities of the department and submit an annual budget for approval of the governing bodies except that, in the case of the district public health administration, the budget shall be submitted to the governing bodies of the participating counties for approval.
- Act as the agent of the Health Department in enforcing state public health laws and rules of the Health Division, including such sanitary inspection of hospitals and related institutions as may be requested by the Health Division.
- Perform such other duties as may be required by law.

Supervisory Responsibilities

- This position reports to and receives direction from the Board of Health and the Oregon Health Authority, Public Health Division. Exercises supervision over staff and programs.

Knowledge, Skills, and Abilities:

- To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below 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.
- Comprehensive knowledge of the principles of public health and the administration of public health programs; knowledge of Oregon State laws and local government rules regarding public health; knowledge of health care transformation, early learning transformation and related systems transformation, skilled in the administration of a department with extremely close ties to the general public; ability to lead and develop a staff of professional personnel both on staff and auxiliary; ability to present ideas clearly and effectively and to stimulate interest in health activities from a variety of community groups and the general public.
- Minimum requirement is a Baccalaureate degree from an approved school of nursing. If another staff is assigned supervision of nursing practice, public health or related field is acceptable. Masters degree desirable; a minimum

of five (5) years experience in public health with increasing responsibilities as a supervisor assisting in administration and supervision; a current license to practice as a registered nurse in the State of Oregon.

- Regular and predictable attendance.

Work Environment:

The work environment and physical demands 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.

NCPHD is a trauma informed organization. A trauma informed philosophy guides the organization's adoption of changing the question from "what's wrong with you?" to "what's happened to you?" All staffs are expected to increase their knowledge of trauma informed practice and participate in related tools used in relating to each other, clients and customer

Specific Tasks Involved:

See essential functions.

VETERANS PREFERENCE NOTE: North Central Public Health District offers Veterans Preference to both current, active military personnel AND military personnel who have served in the Armed Forces of the United States and have received an honorable or general discharge. Eligible candidates must have at least six months of active duty documented. In order to receive the veterans preference, candidates need to indicate whether or not they are a veteran by answering "yes" or "no" to the question on the online application that asks, "Are you currently serving on active duty for at least six months in the Armed Forces of the United States OR have you served in the Armed Forces of the United States on active duty for at least six months and received an honorable or general discharge?" In addition, you must attach documentation to verify your military service. For veterans, you must attach a copy of your DD214 to your online application which includes character of service status OR a letter from the United States Veterans Administration on official stationary stating dates of service and character of service. For active military personnel, you must attach a letter from your Commanding Officer on official stationary verifying your active duty, length of service, and character of service in the Armed Forces of the United States AND a copy of your military ID to your online application. Failure to answer the question and attach the required documentation will result in you not being considered for the Veterans Preference.

APPROVED:

Supervisor

Date

Director

Date

ESSENTIAL FUNCTIONS, PHYSICAL DEMANDS AND WORK ENVIRONMENT CHECKLIST

POSITION:
DEPARTMENT:

BODY MOVEMENTS	Never 0%	Rare 1-5%	Occas. 6-33%	Freq. 34-66%	Cont. 67-100%
Bend/Stoop			X		
Crouch/Squat		X			
Kneel		X			
Twist			X		
Crawl	X				
Balancing					X
Walk-Level Surfaces				X	
Walk-Uneven Surfaces			X		
Working at Heights	X				
Climb-Ladder	X				
Climb-Stairs/Inclines			X		

Additional Comments: Conducted in typical office environment.

MATERIALS HANDLING	Never 0%	Rare 1-5%	Occas. 6-33%	Freq. 34-66%	Cont. 67-100%
Lift					
Up to 10 lbs.			X		
11-25 lbs.			X		
26-50 lbs.		X			
51-75 lbs.	X				
Over 75 lbs.	X				

Additional Comments: i.e. Typically lifting files or case of paper and carries short distance.

Carry	Never 0%	Rare 1-5%	Occas. 6-33%	Freq. 34-66%	Cont. 67-100%
Up to 10 lbs.			X		
11-25 lbs.		X			
26-50 lbs.	X				
51-75 lbs.	X				
Over 75 lbs.	X				

Additional Comments: i.e. Typically carries files or case of paper for short distance.

Push	Never 0%	Rare 1-5%	Occas. 6-33%	Freq. 34-66%	Cont. 67-100%
Up to 10 lbs.		X			
11-25 lbs.		X			
26-50 lbs.	X				
51-75 lbs.	X				
Over 75 lbs.	X				

Additional Comments: Pushing/Pulling file drawers.

Pull	Never 0%	Rare 1-5%	Occas. 6-33%	Freq. 34-66%	Cont. 67-100%
Up to 10 lbs.		X			
11-25 lbs.		X			
26-50 lbs.	X				
51-75 lbs.	X				
Over 75 lbs.	X				

Additional Comments: Pushing/Pulling file drawers.

Upper Extremities	Never 0%	Rare 1-5%	Occas. 6-33%	Freq. 34-66%	Cont. 67-100%
Use of Hands					X
Grasp/Grip					X
Pinch/Squeeze				X	
Reach – Overhead			X		
Reach – Shoulder Level				X	
Use of Office Tools					X
Computer Usage					X

Additional Comments: Conducted in typical office environment.

PHYSICAL ENDURANCE	Hours /Day	Comments
Sit	6-8	Able to change pos. freq.
Stand	2-4	
Walk	2-4	On level surfaces
Stand / Walk	2-6	On level surfaces
Overall Job Strength:	Sedentary	

COMMUNICATION	<i>(Mark "X" if critical for job).</i>	
Hearing	X	In person and phone
Vision	X	
Talking	X	In person and phone
Writing	X	Reading. Write legibly.

Additional Comments:

ENVIRONMENT AND EXPOSURES	<i>(Mark "X" if critical for job).</i>	
General Office	X	
Noise Level	X	Ambient
Weather Conditions		
Airborne Exposures		
Bloodborne Pathogens		
1st Aid/CPR Certificate		

OTHER JOB DEMANDS	Yes/No	Comments
Independent Judgment	Yes	Reactive and Proactive
Analytical Ability	Yes	
Active Listening	Yes	Attentive
Problem Solving	Yes	
Self Accountability	Yes	
Conflict Resolution	Yes	
Positive Regard for Others	Yes	Team player, Congenial & respectful
Flexibility/Adaptability	Yes	
Public Relations	Yes	
Attention to Detail	Yes	Accuracy required
Time Management	Yes	Organizational skills
Objectivity	Yes	
Leadership Skills	No	
Frequent Interruptions	Yes	
Study/Apply New Skills	Yes	
Computer Usage	Yes	Proficiency & competency
Driving	Yes	Occasional for training
CDL Licensure	No	

Additional Comments:

Conflict Resolution: May encounter frustrated and/or potentially angry employees; facilitate positive outcome.

Analyzed By:	Supervisor's Name, Title
Date Reviewed:	

As part of the recruitment/selection or reclassification process, I have been provided with the above list of essential functions and class specification. I certify that I have read and understand the essential functions of this position, and that I am capable of performing each one with or without accommodation. If I need an accommodation to assist in performing any function(s), I have made that known to Human Resources. I understand that if I were to need an accommodation to the essential functions in the future, I will contact Human Resources. I understand that falsification of this certification may constitute grounds for immediate discharge.

Employee's Name (Please print)

Employee's Signature

Date

* * * * *

This entire document with original signatures is to be placed in the employee's personnel file.



Public Health
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NORTH CENTRAL PUBLIC HEALTH DISTRICT

“Caring For Our Communities”

Options available for the search and recruitment of a new LPHA Administrator:

Posting to Danna Drum, danna.k.drum@dhsosha.state.or.us, with the office of the OHA Public Health Director. Danna will share posting with all LPHA Administrators in Oregon.

Posting to Amy Wilson, awilson.opha@gmail.com at Oregon Public Health Association. OPHA will post it to their website.

Staff to be involved in Administrator Search:

Leadership Team Members:

Nicole Bailey, Environmental Health Supervisor
Shellie Campbell, Clinical Programs Supervisor
Mimi McDonell, MD, Health Officer
Kathi Hall, Finance Manager
Gloria Perry, Office Manager

Other Staff:

Laurie Jupe or a representative of the Health Equity Committee
Nora Zimmerman and/or Callie Lamendola-Gilliam, staff to the Eastern Oregon Modernization Coalition
Other input from program staff

Community Stakeholders:

Christa Rude, Four Rivers Early Learning HUB Director
Trish Elliott, RN, BSN; Hood River Health Department Administrator
At least 2 Administrators from the Eastern Oregon Modernization Collaborative
Paul McGinnis or Troy Soennen from EOCCO
Paul Lindberg from CGCCO CAC
Elke Towey from Pacific Source
Teddy Fennern from Gilliam County
Amber DeGrange from Sherman County
Janet Hamada from The Next Door INC
Commissioners and Board of Health Appointees
Fritz Bachman, Wasco County Community Corrections



January 2020

**Questions about Local Public Health
Authority (LPHA) and Other Related
Issues**

1. Why does the local public health administrator have to be a government employee? Why does the behavioral health director not have to be a government employee (they are involved in civil commitments)?

ORS 431.418 requires the local public health administrator to be appointed by the local public health authority and to “receive a salary fixed by the appointing board.” The “appointing board” in this case is the governing body of the local public health authority. Both the local public health authority and its governing board are governmental entities. See ORS 431.003(3) and (7). Since the Administrator is both appointed by and receives a salary from the local public health authority, clearly the Administrator must be an employee of the local public health authority.

The local public health administrator has police powers under various state statutes, such as isolating or quarantining individuals and enforcing public health laws (see ORS 431.150, 431.157, 431A.010, 433.123).

In contrast, a local mental health authority primarily coordinates mental health services for individuals in the community, is not authorized to enforce mental health laws, and does not have regulatory functions (see generally ORS 430.630). In addition, there is no state law for the appointment of a behavioral health director that must be paid a salary in the statutes that govern mental health authorities.

The roles of a local public health authority and mental health authorities in state law are quite different and given the governmental functions undertaken by local public health authorities, and the specific police powers that local public health administrators have, it makes sense that a local public health administrator be a government employee of the local public health authority.

If the Legislature wanted to allow a local public health administrator to be an individual who was not employed by a governmental entity, the Legislature would likely need to amend state law to divest administrators of their police powers and give that authority to another governmental authority.

2. What is the Board of Health?

There is no definition for “Board of Health” in state statute for LPHAs that are county jurisdictions. While some boards of county commissioners may convene as a “Board of Health” when discussing or making decisions that pertain to public health within their

jurisdiction, “board of health” is not a legal term when referring to a board of county commissioners. In current state statute, an LPHA that is a county has a governing body which is defined as the board of county commissioners. ORS 431.003(3)(a)

ORS 431.443 does state that the governing body of a health district formed by two or more contiguous counties is a district board of health. This is the only provision for a board of health in the current state statutes.

3. There is a requirement in ORS that the governing body of the LPHA support the LPHA financially. What are the “teeth” for enforcing this statutory provision?

While ORS 431.510 does state that “the governing body of a county shall provide adequate quarters and facilities for the office and operations of a local public health authority and shall appropriate sufficient moneys for the administration of local public health authority and the operation of the local health department administered by the local public health authority” it is not entirely clear that this statute creates a financial mandate for local public health authority governing bodies. In ORS 431.415, the statutory duties of LPHAs are “subject to the availability of funds paid pursuant to ORS 431.380.” There is no mechanism for OHA to compel counties to fund local public health activities. Whether there is some other legal mechanism for citizens of a county is not a question OHA can answer.

4. What are the “teeth” for enforcement of other statutory requirements such as ADA access and sufficient staffing for statutorily required work such as communicable disease investigation?

Government entities are required to comply with all applicable federal laws, regulations and executive orders. In addition, the Intergovernmental Agreement for the Financing of Public Health Services (See Exhibit G) reaffirms this requirement and specifically states LPHA and its Subcontractors must comply with the following:

- Title VI and VII of the Civil Rights Act of 1964, as amended,
- Sections 503 and 504 of the Rehabilitation Act of 1973, as amended,
- The Americans with Disabilities Act of 1990, as amended,
- Executive Order 11246, as amended,
- The Health Insurance Portability and Accountability Act of 1996, as amended,
- The Age Discrimination in Employment Act of 1967, as amended, and the Age Discrimination Act of 1975, as amended,
- The Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended,
- All regulations and administrative rules established pursuant to the foregoing laws,
- All other applicable requirements of federal civil rights and rehabilitation statutes, rules and regulations, and
- All federal laws requiring reporting of Client abuse.

Through the triennial review, the LPHA attests to its compliance with certain federal laws and regulations. If OHA were to receive or become aware of a complaint alleging violation of federal laws, regulations and executive orders applicable to the Intergovernmental Agreement for the Financing of Public Health Services, OHA would determine if it has authority to investigate the complaint and proceed accordingly.

5. Is it possible to develop a training book for commissioners on local public health authority that uses easily accessible examples like a measles outbreak?

OHA has developed a resource guide it shares with LPHAs and their governing bodies when they are exploring alternative public health service delivery models. This resource is available upon request from the Office of the State Public Health Director. OHA does not have a current LPHA primer specific with specific examples or case studies for county commissioners and OHA currently does not have the capacity to develop this type of resource.

6. How are conflicting legal counsel opinions resolved? What is the overriding authority? Examples:

- a. **When there are conflicts between city, county and state laws.**
- b. **Tobacco Prevention and Education program and locally expanding the Indoor Clean Air Act.**
- c. **County authority to act across the county jurisdiction v. when policy work must be done city by city and county by county to cover only unincorporated areas.**

To the extent that a state law, administered by OHA is at issue, counties should defer to legal opinions provided to OHA by the Oregon Department of Justice. Failure by a LPHA to administer a state program in a manner consistent with OHA policies/directives could result in contract non-compliance.

As a general matter, local ordinances cannot conflict with state law.

Regarding policy development and advancement requirements for specific program elements: OHA can require that LPHAs work to advance specific local policies as conditions of program element funding if appropriate to the work. For example, the Tobacco Prevention and Education Program has required work on specific local policies to advance evidence-based tobacco prevention in the state. These requirements do not conflict with state law but eventually require political will to adopt; however, establishing such requirements related to funding are within the purview of OHA.

LPHAs with questions about how to conduct policy work within their jurisdictions should consult with their county counsel as local jurisdiction charters may impact the potential reach of county-wide policies and ordinances.

7. What authority do LPHAs have to exclude during vaccine-preventable outbreaks? LPHAs can exclude students, but what about teachers and staff who are not vaccinated?

Under state law a school administrator who has reason to suspect that a child or employee has been exposed to a restrictable disease, like measles and pertussis, must exclude the child or employee. ORS 433.260. OHA is working on amending Oregon Administrative Rules Chapter 333 Division 19 to implement this statute and in particular to clarify when employees should be excluded.

If these rule changes are adopted, they will become effective on April 9, 2020.

8. What does a declaration of a public health emergency entail? When can such a declaration be made, for what and by whom? Some elected officials want to use

a public health emergency declaration to call attention to specific issues (such as the opioid crisis or homelessness) – is a public health emergency declaration a feasible mechanism? If so, what does it mean?

Under state law (see ORS 433.441 through 433.452) only the Governor can declare a public health emergency if the situation meets certain criteria. Local jurisdictions should consult their counsel to determine if a local law could be enacted for declaring a local public health emergency that might allow the jurisdiction to take some action.

9. What are the required positions the LPHA must have? Does the LPHA have to have a nursing supervisor or environmental health supervisor?

Local public health administrator and local public health officer are the only positions required by statute (see ORS 431.418). Public health statutes do not require that the LPHA have a nursing supervisor or an environmental health supervisor. Specific functions and staff fulfilling those functions may have to be identified as part of agreements between OHA and the LPHA or may have to meet certain standards for agreement compliance. In addition, licensing boards may have specific staffing and/or supervision requirements pertaining to the work of the LPHA.

10. Is there an ORS requiring a local public health advisory board?

Local public health advisory boards are not required by state statute. ORS 431.447 states that the governing body of a LPHA may appoint public health advisory board to advise the governing body of the LPHA on matters of public health.

**NORTH CENTRAL PUBLIC HEALTH DISTRICT
THE DALLES, OREGON**

COMMUNICATION TO THE GOVERNING BODY

FOR THE YEAR ENDED JUNE 30, 2019



**12700 SW 72nd Ave.
Tigard, OR 97223**



PAULY, ROGERS AND Co., P.C.
12700 SW 72nd Ave. ♦ Tigard, OR 97223
(503) 620-2632 ♦ (503) 684-7523 FAX
www.paulyrogersandcocpas.com

December 13, 2019

To the Board of Health
North Central Public Health District

We have audited the basic financial statements of the governmental activities and major fund of North Central Public Health District (the District) for the year ended June 30, 2019. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. Professional standards also require that we communicate to you the following information related to our audit.

Purpose of the Audit

Our audit was conducted using sampling, inquiries and analytical work to opine on the fair presentation of the basic financial statements and compliance with:

- generally accepted accounting principles and auditing standards
- the Oregon Municipal Audit Law and the related administrative rules

Our Responsibility under U.S. Generally Accepted Auditing Standards

As stated in our engagement letter, our responsibility, as described by professional standards, is to express opinions about whether the basic financial statements prepared by management with your oversight are fairly presented, in all material respects, in conformity with U.S. generally accepted accounting principles. Our audit of the basic financial statements does not relieve you or management of your responsibilities. Our engagement letter details our nonaudit services we provide; these services do not constitute an audit under Government Auditing Standards.

In planning and performing our audit, we considered internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinions on the basic financial statements and not to provide assurance on the internal control over financial reporting.

Planned Scope and Timing of the Audit

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the basic financial statements; therefore, our audit involved judgment about the number of transactions examined and the areas to be tested.

Our audit included obtaining an understanding of the District and its environment, including internal control, sufficient to assess the risks of material misstatement of the basic financial statements and to design the nature, timing, and extent of further audit procedures. Material misstatements may result from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the District or to acts by management or employees acting on behalf of the District. We also communicated any internal control related matters that are required to be communicated under professional standards.

Results of Audit

1. Audit opinion letter - a modified opinion on the basic financial statements has been issued, due to the District not having a current actuarial valuation of implicit healthcare subsidy in accordance with GASB 75.
2. State minimum standards – We found no exceptions or issues requiring comment.
3. Management letter – No separate management letter was issued.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used are described in Note 1 to the basic financial statements. No new accounting policies were adopted and the application of existing policies was not changed during 2018-2019, except for the implementation of GASB Statement No. 88 *Certain Disclosures Related to Debt, including Direct Borrowings and Direct Placements* and GASB Statement No. 83 *Certain Asset Retirement Obligations*. We noted no transactions entered into during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the basic financial statements in the proper period.

Accounting estimates are an integral part of the basic financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the basic financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the basic financial statements were Management's estimates of Accounts Receivable, PERS Pension Related Deferrals and Liabilities, and Capital Asset Depreciation, which are based on collectability of receivables, actuarial assumptions, and estimated useful lives of assets. We evaluated the key factors and assumptions used to develop these estimates in determining that they are reasonable in relation to the basic financial statements taken as a whole.

Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users. The disclosures in the basic financial statements are neutral, consistent, and clear.

Difficulties Encountered in Performing the Audit

We encountered no difficulties in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements or determined that their affects are immaterial. In addition, none of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, taken as a whole. There were immaterial uncorrected misstatements noted during the audit which were discussed with management.

Disagreements with Management

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the basic financial statements or the auditors' report. We are pleased to report that no such disagreements arose during the course of our audit.

Pauly, Rogers and Co., P.C.

Management Representations

We have requested certain representations from management that are included in the management representation letter.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a “second opinion” on certain situations. If a consultation involves application of an accounting principle to the basic financial statements or a determination of the type of auditors’ opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards with management each year prior to our retention as your auditor. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Required Supplementary Information

We applied certain limited procedures to the required supplementary information that supplements the basic financial statements. Our procedures consisted of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management’s responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We did not audit the required supplementary information and do not express an opinion or provide any assurance on it, except for the budgetary comparison schedule presented as required supplementary information.

Other Information

We were not engaged to report on the listing of board members, located before the table of contents, which accompanies the basic financial statements but is not required supplementary information. Such information has not been subjected to the auditing procedures applied in the audit of the basic financial statements, and accordingly, we do not express an opinion or provide any assurance on it.

Other Matters – Future Accounting and Auditing Issues

In order to keep you aware of new auditing standards issued by the American Institute of Certified Public Accountants and accounting statements issued by the Governmental Accounting Standards Board (GASB), we have prepared the following summary of the more significant upcoming issues:

GASB 84 – FIDUCIARY ACTIVITIES

This Statement is effective for fiscal years beginning after December 15, 2018. The objective of this Statement is to improve guidance regarding the identification of fiduciary activities for accounting and financial reporting purposes and how those activities should be reported. This Statement establishes criteria for identifying fiduciary activities of all state and local governments. The focus of the criteria generally is on (1) whether a government is controlling the assets of the fiduciary activity and (2) the beneficiaries with whom a fiduciary relationship exists. Separate criteria are included to identify fiduciary component units and postemployment benefit arrangements that are fiduciary activities. An activity meeting the criteria should be reported in a fiduciary fund in the basic financial statements. Governments with activities meeting the criteria should present a statement of fiduciary net position and a statement of changes in fiduciary net position. An

exception to that requirement is provided for a business-type activity that normally expects to hold custodial assets for three months or less. This Statement describes four fiduciary funds that should be reported, if applicable: (1) pension (and other employee benefit) trust funds, (2) investment trust funds, (3) private-purpose trust funds, and (4) custodial funds. Custodial funds generally should report fiduciary activities that are not held in a trust or equivalent arrangement that meets specific criteria. A fiduciary component unit, when reported in the fiduciary fund financial statements of a primary government, should combine its information with its component units that are fiduciary component units and aggregate that combined information with the primary government's fiduciary funds. This Statement also provides for recognition of a liability to the beneficiaries in a fiduciary fund when an event has occurred that compels the government to disburse fiduciary resources. Events that compel a government to disburse fiduciary resources occur when a demand for the resources has been made or when no further action, approval, or condition is required to be taken or met by the beneficiary to release the assets.

GASB 87 – LEASES

This Statement is effective for fiscal years beginning after December 15, 2019. The primary objective of this Statement is to better meet the information needs of financial statement users by improving accounting and financial reporting for leases by governments. This Statement increases the usefulness of governments' financial statements by requiring recognition of certain lease assets and liabilities for leases that previously were classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. It establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. Under this Statement, a lessee is required to recognize a lease liability and an intangible right-to-use lease asset, and a lessor is required to recognize a lease receivable and a deferred inflow of resources, thereby enhancing the relevance and consistency of information about governments' leasing activities.

GASB 89 – ACCOUNTING FOR INTEREST COST INCURRED BEFORE THE END OF A CONSTRUCTION PERIOD

This Statement is effective for fiscal years beginning after December 15, 2019. The objectives of this Statement are to enhance the relevance and comparability of information about capital assets and the cost of borrowing for a reporting period and to simplify accounting for interest cost incurred before the end of a construction period. This Statement establishes accounting requirements for interest cost incurred before the end of a construction period. Such interest cost includes all interest that previously was accounted for in accordance with the requirements of paragraphs 5-22 of Statement No. 62, Codification of Accounting and Financial Reporting Guidance Contained in Pre-November 30, 2009 FASB and AICPA Pronouncements, which are superseded by this Statement. This Statement requires that interest cost incurred before the end of a construction period be recognized as an expense in the period in which the cost is incurred for financial statements prepared using the economic resources measurement focus. As a result, interest cost incurred before the end of a construction period will not be included in the historical cost of a capital asset reported in a business-type activity or enterprise fund. This Statement also reiterates that in financial statements prepared using the current financial resources measurement focus, interest cost incurred before the end of a construction period should be recognized as an expenditure on a basis consistent with governmental fund accounting principles.

Best Practices – Not significant Deficiencies

1. Fidelity Insurance Coverage

In reviewing fidelity insurance (employee honesty) coverage, we noticed that the District often carries cash and investment balances in excess of the insurance coverage amount. We recommend that the Board examine this exposure risk and make a determination as to the amount of insurance coverage they feel is prudent in regard to their oversight.

Pauly, Rogers and Co., P.C.

2. Bank Reconciliations

During our testing of bank reconciliations, we found that several reconciliations were not prepared and reviewed in a timely manner. We recommend that review procedures be conducted in a timely manner prior to the subsequent month's bank statement and reviews be documented with a signature and date to enhance internal control.

3. Implicit Health Subsidy

We found that the District has not obtained an actuarial evaluation to determine the implicit health subsidy liability as required by the GASB 75 pronouncement and thus there is no liability recorded in the basic financial statements. We recommend the District acquire an actuarial valuation for this implicit health subsidy.

This information is intended solely for the use of the Board and management and is not intended to be and should not be used by anyone other than these specified parties.



ROY R. ROGERS, CPA
PAULY, ROGERS AND CO., P.C.

**NORTH CENTRAL PUBLIC HEALTH DISTRICT
THE DALLES, OREGON**

FINANCIAL REPORT

FOR THE YEAR ENDED JUNE 30, 2019



**12700 SW 72nd Ave.
Tigard, OR 97223**

NORTH CENTRAL PUBLIC HEALTH DISTRICT

FINANCIAL REPORT

June 30, 2019

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

JUNE 30, 2019

BOARD OF HEALTH

BOARD MEMBERS	TERM EXPIRATION
Scott Hege, Chair	December 31, 2019
Celeste Hill-Thomas	December 31, 2021
Taylor Steen	December 31, 2021
Leslie Wetherell, Vice Chair	No set date
Michael Takagi	December 31, 2019
Tena Ferguson	No set date
Joan Bird	No set date
Roger J. Whitley	January 31, 2020
Jayne Mason	No set date

All Board members receive mail at the address below:

ADMINISTRATION

Teri Thalhofer, Director
419 East 7th Street
The Dalles, OR 97058

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

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PAULY, ROGERS, AND CO., P.C.
12700 SW 72nd Ave. ♦ Tigard, OR 97223
(503) 620-2632 ♦ (503) 684-7523 FAX
www.paulyrogersandcocpas.com

December 13, 2019

INDEPENDENT AUDITORS' REPORT

To the Board of Health
North Central Public Health District

Report on the Basic Financial Statements

We have audited the accompanying basic financial statements of the governmental activities and major fund of North Central Public Health District (the District), as of and for the year ended June 30, 2019, and the related notes to the basic financial statements, which collectively comprise the basic financial statements as listed in the table of contents.

Management's Responsibility for the Basic Financial Statements

Management is responsible for the preparation and fair presentation of these basic financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of basic financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express opinions on these basic financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the basic financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the basic financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the basic financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the preparation and fair presentation of the basic financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the basic financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Basis for Qualified Opinion

Management has not obtained an actuarial valuation of the post-employment benefit obligation related to the implicit healthcare subsidy in accordance with GASB 75, *Accounting and Financial Reporting or Postemployment Benefits Other Than Pensions*. Accounting principles generally accepted in the United States of America require that actuarially determined annual required contributions related to postemployment benefits, other than retirement benefits, attributable to employee services already rendered be recorded as expenses as employees earn the benefits which, if not funded, would increase the liabilities, reduce the net position, and change the expenses of the governmental activities. The amount by which this departure would affect net position, liabilities and the expenses of the governmental activities is not reasonably determinable.

Qualified Opinion

In our opinion, except for the effects of not providing an actuarially determined liability for other postemployment healthcare benefits as described in the preceding paragraph, the basic financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities and each major fund of North Central Public Health District, as of June 30, 2019, and the respective changes in financial position thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

The District adopted the provisions of GASB Statement No. 88 *Certain Disclosures Related to Debt, including Direct Borrowings and Direct Placements* and GASB Statement No. 83 *Certain Asset Retirement Obligations*. Our opinions are not modified with respect to this matter.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the required supplementary information, as listed in the table of contents, be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the management's discussion and analysis or the schedules of Net Pension Liability or Contributions for PERS because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance on them.

The budgetary comparison schedule presented as required supplementary information, as listed in the table of contents, has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in

accordance with auditing standards generally accepted in the United States of America, and in our opinion is fairly stated in all material respects in relation to the basic financial statements taken as whole.

Other Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the basic financial statements. The listing of Board members, as located before the table of contents, has not been subjected to the auditing procedures applied in the audit of the basic financial statements and, accordingly, we do not express an opinion or provide any assurance on it.

Report on Other Legal and Regulatory Requirements

In accordance with Minimum Standards for Audits of Oregon Municipal Corporations, we have issued our report dated December 13, 2019, on our consideration of compliance with certain provisions of laws and regulations, including the provisions of Oregon Revised Statutes as specified in Oregon Administrative Rules. The purpose of that report is to describe the scope of our testing of compliance and the results of that testing and not to provide an opinion on compliance.



ROY R. ROGERS, CPA
PAULY, ROGERS AND CO., P.C.

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**North Central Public Health District
Management Discussion and Analysis
For the year ended June 30, 2019**

This section of North Central Public Health District (NCPHD) annual financial report presents our discussion and analysis of NCPHD's financial performance of the fiscal year ending June 30th, 2019. Please read it in conjunction with NCPHD's financial statements and the related notes. The Management's Discussion and Analysis (MD&A) is a required element of required supplemental information specified in the GASB Statement No. 34 – Basic Financial Statements – and Management's Discussion and Analysis – for State and Local Governments.

This discussion and analysis are intended to serve as an introduction to NCPHD's basic financial statements. The financial statements consist of: Government-wide financial statements and notes to the financial statements. **A budget – to – actual schedule is included in the 2019 NCPHD financials.**

Financial Highlights

From the 2019 NCPHD financials, the key financial highlights for the period July 1, 2018 to June 30, 2019 include the following:

- The total fund balance of the General Fund ended at a positive \$419,963.
- Overall General Fund revenues were \$2,857,472 and \$2,872,204 of expenditures.

Government-wide Financial Statements

The government-wide financial statements are designed to provide an overview of NCPHD's financial operations, in a manner similar to private sector business. The Statement of Net Position (Table 1) presents information regarding all assets and liabilities, with the difference between the two being reported as net position. Changes in net position may serve as a useful indicator of whether or not the overall financial position of NCPHD is improving or deteriorating. The Statement of Activities (Table 2) presents information showing NCPHD's revenues and expenditures during the year under audit, as well as the resulting change in net position. All activities in the government-wide financial statements are prepared using the modified accrual basis of accounting. Revenues are recorded when earned and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows.

Fund Financial Statements

A *fund* is a grouping of related accounts that is used to maintain control over resources that have been segregated for specific activities or objectives. NCPHD, like other local governments, uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements. NCPHD has one Governmental fund.

- *Governmental funds* – All of NCPHD's services are reported in governmental funds. *Governmental funds* are used to account for essentially the same functions reported as *governmental activities* in the government-wide financial statements. However, unlike the government-wide financial statements, governmental fund financial statements focus on how money flows into and out of activity-specific funds and the balances left at year-end that are available for spending. Such information is useful in evaluating whether there are more or fewer financial resources that can be spent in the near future to finance NCPHD's programs. NCPHD maintains one fund:
 - General Fund

Notes to the Financial Statement

The notes provide additional information that is essential to a full understanding of the data provided in the government-wide and fund financial statements.

GOVERNMENT-WIDE FINANCIAL ANALYSIS

As noted earlier, net assets may serve, over time, as a useful indicator of a government's financial position. In the case of NCPHD, total assets decreased slightly from the previous fiscal year. The Statement of Net Position provides the perspective of NCPHD as a whole.

Table 1
Net Position

	2019	2018	% Change
ASSETS:			
Current and other assets	\$ 561,825	575,540	-2.4%
Capital assets (net)	21,547	9,625	123.9%
Total Assets	<u>\$ 583,372</u>	<u>585,165</u>	<u>-0.3%</u>
DEFERRED OUTFLOWS OF RESOURCES:			
Pension related deferral	1,490,825	1,300,506	14.6%
TOTAL ASSETS AND PENSION RELATED DEFERRALS	<u>\$ 2,074,197</u>	<u>1,885,671</u>	<u>10.0%</u>
LIABILITIES:			
Current and other liabilities	\$ 188,195	190,300	-1.1%
Net Pension Liabilities	1,964,342	1,450,687	35.4%
Total Liabilities	2,152,537	1,640,987	31.2%
DEFERRED INFLOWS OF RESOURCES:			
Pension related deferral	313,840	295,639	6.2%
TOTAL LIABILITIES AND PENSION RELATED DEFERRALS	<u>2,466,377</u>	<u>1,936,626</u>	<u>27.4%</u>
NET POSITION:			
Net investment in capital assets	21,547	9,625	123.9%
Unrestricted	(553,424)	(206,733)	168.2%
Restricted	139,697	146,153	-4.4%
Total Net Position	<u>(392,180)</u>	<u>(50,955)</u>	<u>671.7%</u>
TOTAL LIABILITIES AND NET POSITION	<u>\$ 2,074,197</u>	<u>1,885,671</u>	<u>10.0%</u>

Total assets and pension related deferrals were \$2,074,197 which includes capital assets. Capital assets increased by 123.9%, this is due to purchase of a Portacount fit testing machine.

Pension related deferral was a change in 2016 due to changes in reporting requirements. This year the reporting of pension related deferral resulted in an increase of over 27%.

Total liabilities and pension related deferrals were \$2,466,377 of which \$188,195 was current and \$1,964,342 was non-current as of June 30, 2019. Details of the pension related deferrals are in the required supplementary information section of the financial report. The total net position was (\$392,180).

**Table 2
Governmental Activities**

	2019	2018	% Change
REVENUES:			
Charges for services	\$ 240,253	\$ 350,167	-31.4%
Operating grants / contributions	1,344,510	1,202,339	11.8%
General revenues	<u>1,272,709</u>	<u>863,099</u>	<u>47.5%</u>
Total Revenues	<u>2,857,472</u>	<u>2,415,605</u>	<u>18.3%</u>
EXPENDITURES:			
Public Health	<u>3,198,697</u>	<u>2,591,701</u>	<u>23.4%</u>
Total Expenses	<u>3,198,697</u>	<u>2,591,701</u>	<u>23.4%</u>
Change in Net Position	(341,225)	(176,096)	93.8%
Beginning Net Position	<u>(50,955)</u>	<u>125,141</u>	<u>-140.7%</u>
Ending Net Position	<u>\$ (392,180)</u>	<u>\$ (50,955)</u>	<u>669.7%</u>

The total revenue in Table 2 “Governmental Activities” shows an 18.3% increase. This is mainly due to an increase in revenue from the new Public Health Modernization.

The total program expenses for Public Health shows an increase. The expense amount includes pension related expense added by GASB #68 for PERS liability. The actual expenditures through June 30, 2019 are reflected in the “Schedule of Revenues, Expenditures, and Changes in Fund Balance in the financials section.

The Ending Net Position shows a decrease, this is due to the new reporting requirements of including pension related deferral.

Requests for Information

This financial report is designed to provide a general overview of NCPHD's finances. Questions concerning any of the information provided in this report or requests for additional information should be addressed to the Director, 419 E 7th St., The Dalles, OR 97058.

BASIC FINANCIAL STATEMENTS

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

STATEMENT OF NET POSITION

at June 30, 2019

ASSETS:

Current:

Cash and cash equivalents	\$ 474,716
Accounts receivable	84,845
Prepaid expense	2,264

Non-current:

Capital assets, net	<u>21,547</u>
---------------------	---------------

Total Assets	583,372
--------------	---------

DEFERRED OUTFLOWS OF RESOURCES:

Pension related deferrals - PERS	<u>1,490,825</u>
----------------------------------	------------------

TOTAL ASSETS AND PENSION RELATED DEFERRALS	<u><u>\$ 2,074,197</u></u>
---	----------------------------

LIABILITIES:

Current:

Accounts payable	\$ 37,562
Payroll liabilities	104,300
Accrued vacation	46,333

Non-current:

Net pension liability - PERS	<u>1,964,342</u>
------------------------------	------------------

Total Liabilities	2,152,537
-------------------	-----------

DEFERRED INFLOWS OF RESOURCES:

Pension related deferrals - PERS	<u>313,840</u>
----------------------------------	----------------

TOTAL LIABILITIES AND PENSION RELATED DEFERRALS	<u>2,466,377</u>
--	------------------

NET POSITION:

Net Investment in Capital Assets	21,547
----------------------------------	--------

Restricted for:

Grants	139,697
--------	---------

Unrestricted	<u>(553,424)</u>
--------------	------------------

Total Net Position	<u>(392,180)</u>
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TOTAL LIABILITIES, PENSION RELATED DEFFERALS AND NET POSITION	<u><u>\$ 2,074,197</u></u>
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See accompanying notes to the basic financial statements.

NORTH CENTRAL PUBLIC HEALTH DISTRICT

**STATEMENT OF ACTIVITIES
for the Year Ended June 30, 2019**

FUNCTIONS	EXPENSES	PROGRAM REVENUES		NET (EXPENSE) REVENUE AND CHANGES IN NET POSITION
		CHARGES FOR SERVICES	OPERATING GRANTS AND CONTRIBUTIONS	
Public Health	\$ 3,198,697	\$ 242,510	\$ 1,342,253	\$ (1,613,934)
Total Governmental Activities	\$ 3,198,697	\$ 242,510	\$ 1,342,253	(1,613,934)
General Revenues				
County				709,940
Interest				11,544
School Contracts				11,970
Miscellaneous				539,255
Total General Revenues				1,272,709
Changes in Net Position				(341,225)
Net Position – Beginning				(50,955)
Net Position – Ending				\$ (392,180)

See accompanying notes to the basic financial statements.

NORTH CENTRAL PUBLIC HEALTH DISTRICT

BALANCE SHEET – GOVERNMENTAL FUND

at June 30, 2019

	<u>GENERAL FUND</u>
ASSETS:	
Cash and cash equivalents	\$ 474,716
Accounts receivable	84,845
Prepaid expenditures	<u>2,264</u>
Total Assets	<u>\$ 561,825</u>
LIABILITIES AND FUND BALANCES:	
Liabilities:	
Accounts payable	\$ 37,562
Payroll liabilities	<u>104,300</u>
Total Liabilities	<u>141,862</u>
Fund Balances:	
Nonspendable	2,264
Restricted for:	
Grants	139,697
Committed	20,000
Unassigned	<u>258,002</u>
Total Fund Balance	<u>419,963</u>
Total Liabilities and Fund Balances	<u>\$ 561,825</u>

See accompanying notes to the basic financial statements.

NORTH CENTRAL PUBLIC HEALTH DISTRICT
RECONCILIATION OF THE GOVERNMENTAL FUND
BALANCE SHEET TO THE STATEMENT OF NET POSITION
at June 30, 2019

Total Fund Balances - Governmental Fund	\$	419,963
The net PERS pension asset (liability) is the difference between the total pension liability and the assets set aside to pay benefits earned to past and current employees and beneficiaries.		(1,964,342)
Deferred inflows and outflows of resources related to the pension plan include differences between expected and actual experience, changes of assumptions, differences between projects and actual earnings, and contributions subsequent to the measurement date.		
Deferred Inflows of Resources - PERS		(313,840)
Deferred Outflows of Resources - PERS		1,490,825
Accrued vacation is reported as an expenditure and a liability in the Statement of Net Position, whereas in governmental funds, accrued vacation is not reported.		
Accrued Vacation		(46,333)
The cost of capital assets (automobiles) purchased or constructed is reported as an expenditure in the governmental fund. The Statement of Net Position includes those capital assets among the assets of the District as a whole.		
Capital assets, net of depreciation		<u>21,547</u>
Net Position	\$	<u><u>(392,180)</u></u>

See accompanying notes to the basic financial statements.

NORTH CENTRAL PUBLIC HEALTH DISTRICT

**STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN
FUND BALANCE
GOVERNMENTAL FUND
for the Year Ended June 30, 2019**

	<u>GENERAL FUND</u>
REVENUES:	
Local Sources	
Interest	\$ 11,544
County grants	709,940
School Contracts	11,970
Contributions	86,268
Fees	242,510
Miscellaneous	539,255
Federal and State sources	<u>1,255,985</u>
Total Revenues	<u>2,857,472</u>
EXPENDITURES:	
Personal Services	2,254,747
Materials and Services	600,077
Capital Outlay	<u>17,380</u>
Total Expenditures	<u>2,872,204</u>
Net Change in Fund Balance	(14,732)
Beginning Fund Balance	<u>434,695</u>
Ending Fund Balance	<u><u>\$ 419,963</u></u>

See accompanying notes to the basic financial statements.

NORTH CENTRAL PUBLIC HEALTH DISTRICT
RECONCILIATION OF THE GOVERNMENT FUND
STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCE
TO THE STATEMENT OF ACTIVITIES
for the Year Ended June 30, 2019

Total Net Changes in Fund Balances - Governmental Funds \$ (14,732)

The PERS pension expense represents the changes in net pension assets (liability) from year to year due to changes in total pension liability and the fair value of pension plan net position available to pay pension benefits. (341,537)

Capital outlays are reported in the governmental fund as expenditures. However, in the Statement of Activities, the cost of those assets is capitalized and allocated over their estimated useful lives as depreciation expense. This is the amount by which capital outlay exceeds depreciation.

Capital Asset Addition	17,380
Depreciation Expense	(5,458)

Accrued vacation is reported as an expenditure and a liability in the Statement of Net Position, whereas in governmental funds, accrued vacation is not reported.

Changes in Accrued Vacation	3,122
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Change in Net Position of Governmental Activities	\$ (341,225)
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See accompanying notes to the basic financial statements.

NOTES TO THE FINANCIAL STATEMENTS

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

NOTES TO THE BASIC FINANCIAL STATEMENTS

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The basic financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America (GAAP) as applied to government units as required by Oregon law. The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles. The more significant of the accounting policies are described below.

A. THE FINANCIAL REPORTING ENTITY

North Central Public Health District (the District) is a municipal corporation governed by a Board, and is organized under provisions of Oregon Revised Statutes Chapter 190. The District was formed through an intergovernmental agreement between Wasco County, Sherman County and Gilliam County on June 19, 2013 to meet ORS chapter 431 responsibilities and duties of public health departments. The District began operations January 1, 2014. Generally accepted accounting principles require that these basic financial statements present all component units, if any. Component units, as established by the Governmental Accounting Standards Board (GASB) Statement 61, are separate entities that are included in the District's reporting because of the significance of their operational or financial relationships with the District. All significant activities with which the District exercises oversight responsibility have been considered for inclusion in the basic financial statements. There are no component units.

B. MEASUREMENT FOCUS, BASIS OF ACCOUNTING AND BASIS OF PRESENTATION

GOVERNMENT-WIDE FINANCIAL STATEMENTS (GWFS)

The government-wide financial statements (the Statement of Net Position and the Statement of Activities) report information about activities as a whole. The Statement of Net Position and the Statement of Activities were prepared using the *economic resources measurement focus* and the *accrual basis of accounting*. Revenues are recorded when earned and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows. Grants and similar items are recognized as revenue as soon as all eligibility requirements imposed by the provider have been met.

The Statement of Activities demonstrates the degree to which the direct expenses of a given function are offset by program revenues. Direct expenses are those that are clearly identifiable with a specific function. Program revenues included in the Statement of Activities derive directly from the program itself or from parties outside the citizenry, as a whole; program revenues reduce the cost of the function to be financed from the general revenues. Program revenues include 1) charges to customers or applicants who purchase, use, or directly benefit from goods, services, or privileges provided by a given function and 2) grants and contributions that are restricted to meeting the operational or capital requirements of a particular function or segment. Other items not properly included among program revenues are reported instead as general revenues.

NORTH CENTRAL PUBLIC HEALTH DISTRICT

NOTES TO THE BASIC FINANCIAL STATEMENTS

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

B. MEASUREMENT FOCUS, BASIS OF ACCOUNTING AND BASIS OF PRESENTATION (CONTINUED)

FUND FINANCIAL STATEMENTS

The accounts are organized and operated on the basis of funds. A fund is an independent fiscal and accounting entity with a self-balancing set of accounts. Fund accounting segregates funds according to their intended purpose and is used to aid management in demonstrating compliance with finance-related legal and contractual provisions. The minimum number of funds is maintained consistent with legal and managerial requirements.

GOVERNMENTAL FUND TYPES

Governmental funds are used to account for the general government activities. Governmental fund types use the flow of *current financial resources measurement focus* and the *modified accrual basis of accounting*. Under the modified accrual basis of accounting, revenues are recognized when susceptible to accrual (i.e., when they are “measurable and available”). “Measurable” means the amount of the transaction can be determined and “available” means collectible within the current period or soon enough thereafter to pay liabilities of the current period, which is 60 days. Grant revenue is not considered available and, therefore, is not recognized until received. Expenditures are recorded when the liability is incurred.

Revenues susceptible to accrual are federal, state, and local shared revenue. Expenditure-driven grants are recognized as revenue when the qualifying expenditures have been incurred and all other grant requirements have been met.

The following major governmental funds are reported:

GENERAL FUND

This fund accounts for all financial resources and expenditures except those required to be accounted for in another fund (there are no other funds). The principal revenue sources are payments from the governing counties and federal and state grants.

GRANTS

Unreimbursed expenditures due from grantor agencies, if any, are reflected in the government-wide financial statements as receivables and revenues. Grant revenues are recorded at the time eligible expenditures are incurred. Cash received from grantor agencies in excess of related grant expenditures is recorded as a liability in the balance sheet and Statement of Net Position.

NET POSITION

Net position is comprised of the various net earnings from operations, non-operating revenues, expenses and contributions of capital. Net position is classified in the following categories:

Restricted – consists of external constraints placed on asset use by creditors, grantors, contributors, or laws or regulations of other governments or constraints imposed by law through constitutional provisions or enabling legislation. Restricted net position includes the 2019 Quality Incentive Measures grant, Tobacco Cessation grant and Mejour Juntos health awareness grant.

NORTH CENTRAL PUBLIC HEALTH DISTRICT

NOTES TO THE BASIC FINANCIAL STATEMENTS

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

B. MEASUREMENT FOCUS, BASIS OF ACCOUNTING AND BASIS OF PRESENTATION (CONTINUED)

NET POSITION (CONTINUED)

Net investment in capital assets – consists of all capital assets, net of accumulated depreciation and reduced by the outstanding balances of any bonds or other borrowings that are attributable to the acquisition, construction, or improvement of those assets.

Unrestricted – consists of all other assets that are not included in the other categories previously mentioned.

C. CASH AND INVESTMENTS

Cash and investments consist of demand deposits and investments in the State of Oregon Treasury Department's Local Government Investment Pool (LGIP). All money market investments and U.S. Treasury and agency obligations are reported at cost, which approximates fair value.

Investment in the LGIP is carried at amounts which approximate fair value. The State of Oregon's investment policies used in administering the LGIP are governed by statute and the Oregon Investment Council (Council). The State Treasurer is the investment officer for the Council and is responsible for the funds on deposit in the State Treasury. The State Treasury's investments in short-term securities are limited by the portfolio rules established by the Oregon Short-Term Fund Board and the Council. In accordance with Oregon statutes, the investment funds are invested, and the investments of those funds managed, as a prudent investor would do, exercising reasonable care, skill, and caution. The LGIP's portfolio rules provide that broker/dealers meet certain qualifications and that investments are delivered to and held by a third-party custodian which holds the LGIP's securities in the State of Oregon's name.

For basic financial statement purposes, all highly liquid investments with original maturities of three months or less are considered to be cash equivalents.

D. CAPITAL ASSETS

Capital assets are defined as assets with an initial, individual cost of more than \$5,000, and useful lives that exceed one year. Capital assets are recorded at historical cost or estimated historical cost. Donated capital assets are recorded at their estimated fair market value on the date donated. The cost of normal maintenance and repair that do not add function to the asset or materially extend the useful life of the asset are expensed as incurred. Capital assets are depreciated using the straight line method over the useful life of the asset. Automobiles are depreciated over 5 to 7 years.

E. SUPPLY INVENTORY

Detailed supply inventory records are not maintained. Inventory values are not considered by management to be material at year end.

F. ACCOUNTS RECEIVABLE

The accounts receivables are all current and are considered by management to be fully collectible. Therefore, no provision for uncollectable amounts has been made.

NORTH CENTRAL PUBLIC HEALTH DISTRICT

NOTES TO THE BASIC FINANCIAL STATEMENTS

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

G. ESTIMATES

The preparation of the basic financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the basic financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

H. RETIREMENT PLANS

Substantially all of the District's employees are participants in the State of Oregon Public Employees Retirement System (PERS). For the purpose of measuring the net pension liability, deferred outflows of resources and deferred inflows of resources related to pensions, and pension expense, information about fiduciary net position of PERS and additions to/deductions from PERS's fiduciary net position have been determined on the same basis as they are reported by PERS. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

I. FAIR VALUE INPUTS, METHODOLOGIES AND HIERARCHY

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Observable inputs are developed based on market data obtained from sources independent of the reporting entity. Unobservable inputs are developed based on the best information available about the assumptions market participants would use in pricing the asset. The classification of securities within the fair value hierarchy is based upon the activity level in the market for the security type and the inputs used to determine their fair value, as follows:

Level 1 – unadjusted price quotations in active markets/exchanges for identical assets or liabilities that each Fund has the ability to access

Level 2 – other observable inputs (including, but not limited to, quoted prices for similar assets or liabilities in markets that are active, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the assets or liabilities (such as interest rates, yield curves, volatilities, loss severities, credit risks and default rates) or other market-corroborated inputs).

Level 3 – unobservable inputs based on the best information available in the circumstances, to the extent observable inputs are not available (including each Fund's own assumptions used in determining the fair value of investments)

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). Accordingly, the degree of judgment exercised in determining fair value is greatest for instruments categorized in Level 3. The inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, for disclosure purposes, the fair value hierarchy classification is determined based on the lowest level input that is significant to the fair value measurement in its entirety.

NORTH CENTRAL PUBLIC HEALTH DISTRICT

NOTES TO THE BASIC FINANCIAL STATEMENTS

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

J. LIABILITY FOR COMPENSATED ABSENCES

Earned but unused vacation benefits are recorded as an expense and a corresponding current liability at year-end based on employees' hourly rates. Unused vacation accrual will expire on March 31 of the following year.

K. FUND BALANCE

Fund balance is presented in accordance with GASB Statement No. 54, *Fund Balance Reporting and Governmental Fund-type Definitions*. The objective of this statement is to enhance the usefulness of fund balance information by providing clearer fund balance classifications that can be more consistently applied and by clarifying the existing governmental fund-type definitions. This statement establishes fund balance classifications that comprise a hierarchy based primarily on the extent to which a government is bound to observe constraints imposed on the use of the resources reported in governmental funds. Under this standard, the fund balance classifications are non-spendable, restricted, committed, assigned, and unassigned.

- Non-spendable represents amounts that are not in a spendable form. The non-spendable balance represents prepaid items.
- Restricted represents amounts that are legally restricted by outside parties for a specific purpose (such as debt covenants, grant requirements, donor requirements, or other governments) or are restricted by law (constitutionally or by enabling legislation). Restricted fund balance includes the 2019 Quality Incentive Measures grant, Tobacco Cessation grant, and Mejour Juntos health awareness grants.
- Committed represents funds formally set aside by the governing body for a particular purpose. The use of committed funds would be approved by resolution. The Board committed \$20,000 of fund balance for vehicle purchases.
- Assigned represents amounts that are constrained by the expressed intent to use resources for specific purposes that do not meet the criteria to be classified as restricted or committed. Intent can be stipulated by the governing body or by an official to whom that authority has been given by the governing body.
- Unassigned is the residual classification of the General Fund. Only the General Fund may report a positive unassigned fund balance.

There were no assigned fund balances at year end.

The following order of spending regarding fund balance categories is used: Restricted resources are spent first when both restricted and unrestricted (committed, assigned or unassigned) resources are available for expenditures. When unrestricted resources are spent, the order of spending is committed (if applicable), assigned (if applicable) and unassigned.

NORTH CENTRAL PUBLIC HEALTH DISTRICT

NOTES TO THE BASIC FINANCIAL STATEMENTS

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

L. BUDGET AND APPROPRIATIONS

Budgets are adopted for all funds on the modified accrual basis of accounting. Major differences between the budgetary basis and the accrual basis are:

- Unused vacation at year-end is expensed in the following year if used before expiration.
- Land, building, and equipment purchases are budgeted as an expenditure in the year of acquisition.
- No depreciation is budgeted.
- Pension and other OPEB costs are not recorded until paid.
- Inventory is expensed when purchased instead of when used.

Expenditures are controlled by appropriations adopted by resolution of the Board. Appropriations are adopted at the broad object level of personal services, materials and services, capital outlay, debt service, and special payments. These expenditure appropriations are adopted for purposes of accountability and as a method of providing public involvement into the budget process as provided by ORS 294.905 through 294.930. There is no legal requirement that expenditures do not exceed appropriations since the District is organized under provisions of Oregon Revised Statutes Chapter 190. Appropriations lapse at the end of each year. The budget as originally adopted may be amended by official resolution of the Board. There were no amendments following the original budget.

M. DEFERRED OUTFLOWS / INFLOWS OF RESOURCES

In addition to assets, the basic financial statements will sometimes report a separate section for deferred outflows of resources. This separate financial statement element, *deferred outflows of resources*, represents a consumption of net position that applies to future periods and so will not be recognized as an outflow of resources (expense/ expenditure) until then. At June 30, 2019, there were deferred outflows of \$1,490,825, representing PERS pension related deferrals reported in the statement of net position.

In addition to liabilities, the basic financial statements will sometimes report a separate section for deferred inflows of resources. This separate financial statement element, *deferred inflows of resources*, represents an acquisition of net position that applies to future periods and so will not be recognized as an inflow of resources (revenue) until that time. At June 30, 2019, there were deferred inflows of \$313,840, representing PERS pension related deferrals reported in the statement of net position.

NORTH CENTRAL PUBLIC HEALTH DISTRICT

NOTES TO THE BASIC FINANCIAL STATEMENTS

2. CASH AND INVESTMENTS

Deposits

Deposits with financial institutions include bank demand deposits. Oregon Revised Statutes require deposits to be adequately covered by federal depository insurance or deposited at an approved depository as identified by the Treasury. The total bank balance per the bank statements as of June 30, 2019 was \$49,208, all of which was covered by federal depository insurance.

At June 30, 2019 cash and cash equivalents consisted of the following:

Bank Demand Deposits	\$ 4,271
LGIP	470,445
Total	<u>\$474,716</u>

Credit Risk – Deposits

In the case of deposits, this is the risk that in the event of a bank failure, deposits may not be returned. There is no deposit policy for custodial credit risk. As of June 30, 2019, none of the bank balance was exposed to custodial credit risk.

Investments

Policy is to follow state statutes governing cash management. Statutes authorize the investment in banker’s acceptances, time certificates of deposit, repurchase agreements, obligations of the United States and its agencies and instrumentalities, and the Oregon State Treasurer’s Local Government Investment Pool (LGIP).

Investments in the Local Government Investment Pool (LGIP) are included in the Oregon Short-Term Fund, which is an external investment pool that is not a 2a-7-like external investment pool, and is not registered with the U.S. Securities and Exchange Commission as an investment company. Fair value of the LGIP is calculated at the same value as the number of pool shares owned. The unit of account is each share held, and the value of the position would be the fair value of the pool’s share price multiplied by the number of shares held. Investments in the Short-Term Fund are governed by ORS 294.135, Oregon Investment Council, and portfolio guidelines issued by the Oregon Short-Term Fund Board, which establish diversification percentages and specify the types and maturities of investments. The portfolio guidelines permit securities lending transactions as well as investments in repurchase agreements and reverse repurchase agreements. The fund’s compliance with all portfolio guidelines can be found in their annual report when issued. The LGIP seeks to exchange shares at \$1.00 per share; an investment in the LGIP is neither insured nor guaranteed by the FDIC or any other government agency. Although the LGIP seeks to maintain the value of share investments at \$1.00 per share, it is possible to lose money by investing in the pool. We intend to measure these investments at book value since it approximates fair value. The pool is comprised of a variety of investments. These investments are characterized as a level 2 fair value measurement in the Oregon Short Term Fund’s audited financial report. Amounts in the State Treasurer’s Local Government Investment Pool are not required to be collateralized. The audited financial reports of the Oregon Short Term Fund can be found here:

[http://www.oregon.gov/treasury/Divisions/Investment/Pages/Oregon-Short-Term-Fund-\(OSTF\).aspx](http://www.oregon.gov/treasury/Divisions/Investment/Pages/Oregon-Short-Term-Fund-(OSTF).aspx)

If the link has expired please contact the Oregon Short Term Fund directly.

NORTH CENTRAL PUBLIC HEALTH DISTRICT

NOTES TO THE BASIC FINANCIAL STATEMENTS

2. CASH AND INVESTMENTS (CONTINUED)

Interest Rate Risk - Investments

Oregon Revised Statutes require investments to not exceed a maturity of 18 months, except when the local government has adopted a written investment policy that was submitted to and reviewed by the OSTFB.

Credit Risk - Investments

Oregon Revised Statutes do not limit investments as to credit rating for securities purchased from US Government Agencies or USGSE.

Concentration of Credit Risk

Concentration of credit risk is the risk of loss due to a large portion of investments with a single issuer. At June 30, 2019, the only investment was in the Local Government Investment Pool.

There were the following investments and maturities:

<u>Investment Type</u>	<u>Fair Value</u>	<u>Investment Maturities (in months)</u>		
		<u>Less than 3</u>	<u>3-18</u>	<u>18-59</u>
State Treasurer's Investment Pool	<u>\$ 470,445</u>	<u>\$ 470,445</u>	<u>\$ -</u>	<u>\$ -</u>
Total	<u>\$ 470,445</u>	<u>\$ 470,445</u>	<u>\$ -</u>	<u>\$ -</u>

3. CONCENTRATIONS

Revenue received from the Oregon Health Authority, Modernization of Public Health, and Wasco County represented 45%, 15% and 15% of total revenue respectively for the year ended June 30, 2019.

NORTH CENTRAL PUBLIC HEALTH DISTRICT

NOTES TO THE BASIC FINANCIAL STATEMENTS

4. CAPITAL ASSETS

Changes in capital assets for the year ended June 30, 2019 are as follows:

	July 1, 2018	Additions	Deletions	June 30, 2019
Capital Assets				
Automobiles	\$ 20,822	\$ -	\$ -	\$ 20,822
Equipment	-	17,380	-	17,380
Total	20,822	17,380	-	38,202
Accumulated Depreciation				
Automobiles	11,197	2,975	-	14,172
Equipment	-	2,483	-	2,483
Total	11,197	5,458	-	16,655
Total Net Capital Assets	\$ 9,625			\$ 21,547

All depreciation is allocated to public health.

5. DEFINED BENEFIT PENSION PLAN

The Oregon Public Employees Retirement System (PERS) consists of a single cost-sharing multiple-employer defined benefit plan. All benefits of the system are established by the legislature pursuant to Oregon Revised Statute (ORS) Chapters 238 and 238A. Oregon PERS produces an independently audited Comprehensive Annual Financial Report which can be found at:

<http://www.oregon.gov/pers/Documents/Financials/CAFR/2018-CAFR.pdf>

If the link is expired please contact Oregon PERS for this information.

a. **PERS Pension (Chapter 238).** The ORS Chapter 238 Defined Benefit Plan is closed to new members hired on or after August 29, 2003.

i. **Pension Benefits.** The PERS retirement allowance is payable monthly for life. It may be selected from 13 retirement benefit options. These options include survivorship benefits and lump-sum refunds. The basic benefit is based on years of service and final average salary. A percentage (2.0 percent for police and fire employees, and 1.67 percent for general service employees) is multiplied by the number of years of service and the final average salary. Benefits may also be calculated under either a formula plus annuity (for members who were contributing before August 21, 1981) or a money match computation if a greater benefits results.

A member is considered vested and will be eligible at minimum retirement age for a service retirement allowance if he or she has had a contribution in each of five calendar years or has reached at least 50 years of age before ceasing employment with a participating employer (age 45 for police and fire members). General service employees may retire after reaching age 55. Police and fire members are eligible after reaching age 50. Tier 1 general service employee benefits are reduced if retirement occurs prior to age 58 with fewer than 30 years of service. Police and fire member benefits are reduced if retirement occurs prior to age 55 with fewer than 25 years of

NORTH CENTRAL PUBLIC HEALTH DISTRICT

NOTES TO THE BASIC FINANCIAL STATEMENTS

5. DEFINED BENEFIT PENSION PLAN (CONTINUED)

service. Tier 2 members are eligible for full benefits at age 60. The ORS Chapter 238 Defined Benefit Pension Plan is closed to new members hired on or after August 29, 2003.

- ii. **Death Benefits.** Upon the death of a non-retired member, the beneficiary receives a lump-sum refund of the member's account balance (accumulated contributions and interest). In addition, the beneficiary will receive a lump-sum payment from employer funds equal to the account balance, provided on or more of the following contributions are met:
 - member was employed by PERS employer at the time of death,
 - member died within 120 days after termination of PERS covered employment,
 - member died as a result of injury sustained while employed in a PERS-covered job, or
 - member was on an official leave of absence from a PERS-covered job at the time of death.
- iii. **Disability Benefits.** A member with 10 or more years of creditable service who becomes disabled from other than duty-connected causes may receive a non-duty disability benefit. A disability resulting from a job-incurred injury or illness qualifies a member (including PERS judge members) for disability benefits regardless of the length of PERS-covered service. Upon qualifying for either a non-duty or duty disability, service time is computed to age 58 (55 for police and fire members) when determining the monthly benefit.
- iv. **Benefit Changes After Retirement.** Members may choose to continue participation in a variable equities investment account after retiring and may experience annual benefit fluctuations due to changes in the market value equity investments. Under ORS 238.360 monthly benefits are adjusted annually through cost-of-living changes. The cap on the COLA will vary based on the amount of the annual benefit.

b. **OPSRP Pension Program (OPSRP DB).** The ORS Chapter 238A Defined Benefit Pension Program provides benefits to members hired on or after August 29, 2003.

- i. **Pension Benefits.** This portion of OPSRP provides a life pension funded by employer contributions. Benefits are calculated with the following formula for members who attain normal retirement age:

Police and fire: 1.8 percent is multiplied by the number of years of service and the final average salary. Normal retirement age for police and fire members is age 60 or age 53 with 25 years of retirement credit. To be classified as a police and fire member, the individual must have been employed continuously as a police and fire member for at least five years immediately preceding retirement.

General service: 1.5 percent is multiplied by the number of years of service and the final average salary. Normal retirement age for general service members is age 65, or age 58 with 30 years of retirement credit.

A member of the pension program becomes vested on the earliest of the following dates: the date the member completes 600 hours of service in each of five calendar years, the date the member reaches normal retirement age, and, if the pension program is terminated, the date on which termination becomes effective.

- ii. **Death Benefits.** Upon the death of a non-retired member, the spouse or other person who is constitutionally required to be treated in the same manner as the spouse, receives for life 50 percent of the pension that would otherwise have been paid to the deceased member.
- iii. **Disability Benefits.** A member who has accrued 10 or more years of retirement credits before the member becomes disabled or a member who becomes disabled due to job-related injury shall receive a disability benefit of 45 percent of the member's salary determined as of the last full month of employment before the disability occurred.
- iv. **Benefit Changes After Retirement.** Under ORS 238A.210 monthly benefits are adjusted annually through cost-of-living changes. The cap on the COLA will vary based on the amount of the annual benefit.

NORTH CENTRAL PUBLIC HEALTH DISTRICT

NOTES TO THE BASIC FINANCIAL STATEMENTS

5. DEFINED BENEFIT PENSION PLAN (CONTINUED)

Contributions – PERS funding policy provides for monthly employer contributions at actuarially determined rates. These contributions, expressed as a percentage of covered payroll, are intended to accumulate sufficient assets to pay benefits when due. The funding policy applies to the PERS Defined Benefit Plan and the Other Postemployment Benefit Plans. Employer contribution rates during the period were based on the December 31, 2015 actuarial valuation, which became effective July 1, 2017. The State of Oregon and certain Districts, community colleges, and political subdivision have made unfunded actuarial liability payments and their rates have been reduced. Employer contributions for the year ended June 30, 2019 were \$257,031, excluding amounts to fund employer specific liabilities.

Pension Asset or Liability

At June 30, 2019, the District reported a net pension liability of \$1,964,342 for its proportionate share of the net pension liability. The pension liability was measured as of June 30, 2018, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of December 31, 2016. The District’s proportion of the net pension liability was based on a projection of the District’s long-term share of contributions to the pension plan relative to the projected contributions of all participating employers, actuarially determined. As of the measurement dates of June 30, 2018 and 2017, the District’s proportion was .013 and .011 percent, respectively. Pension expense for the year ended June 30, 2019 was \$341,537.

The rates in effect for the year ended June 30, 2019 were:

- (1) Tier 1/Tier 2 – 24.57%
- (2) OPSRP General Services – 15.75%

	Deferred Outflow of Resources	Deferred Inflow of Resources
Differences between expected and actual experience	\$ 66,821	\$ -
Changes in assumptions	456,706	-
Net difference between projected and actual earnings on investments	-	(87,228)
Changes in proportionate share	616,178	(223,901)
Differences between employer contributions and employer's proportionate share of system contributions	94,089	(2,711)
Subtotal - amortized deferrals (below)	1,233,794	(313,840)
District contributions subsequent to measurement date	257,031	-
Deferred outflow (inflow) of resources	\$ 1,490,825	\$ (313,840)

The amount of contributions subsequent to the measurement date will be included as a reduction of the net pension liability in the fiscal year ended June 30, 2020.

NORTH CENTRAL PUBLIC HEALTH DISTRICT

NOTES TO THE BASIC FINANCIAL STATEMENTS

5. DEFINED BENEFIT PENSION PLAN (CONTINUED)

Subtotal amounts related to pension as deferred outflows of resources, \$1,233,794 and deferred inflows of resources, (\$313,840), net to \$919,954 and will be recognized in pension expense as follows:

<u>Year ending June 30,</u>	<u>Amount</u>
2020	\$ 456,769
2021	361,142
2022	26,003
2023	54,838
2024	21,202
Thereafter	-
Total	<u>\$ 919,954</u>

All assumptions, methods and plan provisions used in these calculations are described in the Oregon PERS system-wide GASB 68 reporting summary dated March 4, 2019. Oregon PERS produces an independently audited CAFR which can be found at:

<http://www.oregon.gov/pers/Documents/Financials/CAFR/2018-CAFR.pdf>

Actuarial Valuations - The employer contribution rates effective July 1, 2017 through June 30, 2019, were set using the entry age normal actuarial cost method. For the Tier One/Tier Two component of the PERS Defined Benefit Plan, this method produced an employer contribution rate consisting of (1) an amount for normal cost (estimated amount necessary to finance benefits earned by employees during the current service year), (2) an amount for the amortization unfunded actuarial accrued liabilities, which are being amortized over a fixed period with new unfunded actuarial liabilities being amortized over 20 years.

For the OPSRP Pension Program component of the PERS Defined Benefit Plan, this method produced an employer rate consisting of (a) an amount for normal cost (the estimated amount necessary to finance benefits earned by the employees during the current service year), (b) an actuarially determined amount for funding a disability benefit component, and (c) an amount for the amortization of unfunded actuarial accrued liabilities, which are being amortized over a fixed period with new unfunded actuarial accrued liabilities being amortized over 16 years.

NORTH CENTRAL PUBLIC HEALTH DISTRICT

NOTES TO THE BASIC FINANCIAL STATEMENTS

5. DEFINED BENEFIT PENSION PLAN (CONTINUED)

Actuarial Methods and Assumptions:

Valuation Date	December 31, 2016 rolled forward to June 30, 2018
Experience Study Report	2016, Published July 26, 2017
Actuarial cost method	Entry Age Normal
Amortization method	Amortized as a level percentage of payroll as layered amortization bases over a closed period; Tier One/Tier Two UAL is amortized over 20 years and OPSRP pension UAL is amortized over 16 years
Asset valuation method	Market value of assets
Inflation rate	2.50 percent
Investment rate of return	7.20 percent (changed from 7.50 percent)
Projected salary increase	3.50 percent overall payroll growth
Cost of Living Adjustment	Blend of 2% COLA and graded COLA (1.25%/.15%) in accordance with Moro decision, blend based on service.
Mortality	Healthy retirees and beneficiaries: RP-2014 Healthy annuitant, sex-distinct, generational with Unisex, Social Security Data Scale, with collar adjustments and set-backs as described in the valuation. Active members: RP-2014 Employees, sex-distinct, generational with Unisex, Social Security Data Scale, with collar adjustments and set-backs as described in the valuation. Disabled retirees: RP-2014 Disabled retirees, sex-distinct, generational with Unisex, Social Security Data Scale.

Actuarial valuations of an ongoing plan involve estimates of value of reported amounts and assumptions about the probability of events far into the future. Actuarially determined amounts are subject to continual revision as actual results are compared to past expectations and new estimates are made about the future. Experience studies are performed as of December 31 of even numbered years. The method and assumptions shown are based on the 2016 Experience Study which is reviewed for the four-year period ending December 31, 2016.

Assumed Asset Allocation:

Asset Class/Strategy	Low Range	High Range	OIC Target
Cash	0.0%	3.0%	0.0%
Debt Securities	15.0%	25.0%	20.0%
Public Equity	32.5%	42.5%	37.5%
Real Estate	9.5%	15.5%	12.5%
Private Equity	13.5%	21.5%	17.5%
Alternative Equity	0.0%	12.5%	12.5%
Opportunity Portfolio	0.0%	3.0%	0.0%
Total			100%

Source: June 30, 2018 PERS CAFR; p. 98

NORTH CENTRAL PUBLIC HEALTH DISTRICT

NOTES TO THE BASIC FINANCIAL STATEMENTS

5. DEFINED BENEFIT PENSION PLAN (CONTINUED)

Long-Term Expected Rate of Return:

To develop an analytical basis for the selection of the long-term expected rate of return assumption, in July 2015, revised as of June 7, 2017, the PERS Board reviewed its long-term assumptions developed by both Milliman’s capital market assumptions team and the Oregon Investment Council’s (OIC) investment advisors. The table below shows Milliman’s assumptions for each of the asset classes in which the plan was invested at that time based on the OIC long-term target asset allocation. The OIC’s description of each asset class was used to map the target allocation to the asset classes shown below. Each asset class assumption is based on a consistent set of underlying assumptions, and includes adjustment for the inflation assumption. These assumptions are not based on historical returns, but instead are based on a forward-looking capital market economic model.

Asset Class	Target	Compound Annual Return (Geometric)
Core Fixed Income	8.00%	3.49%
Short-Term Bonds	8.00%	3.38%
Bank/Leveraged Loans	3.00%	5.09%
High Yield Bonds	1.00%	6.45%
Large/Mid Cap US Equities	15.75%	6.30%
Small Cap US Equities	1.31%	6.69%
Micro Cap US Equities	1.31%	6.80%
Developed Foreign Equities	13.13%	6.71%
Emerging Market Equities	4.13%	7.45%
Non-US Small Cap Equities	1.88%	7.01%
Private Equity	17.50%	7.82%
Real Estate (Property)	10.00%	5.51%
Real Estate (REITS)	2.50%	6.37%
Hedge Fund of Funds – Diversified	2.50%	4.09%
Hedge Fund – Event-driven	0.63%	5.86%
Timber	1.88%	5.62%
Farmland	1.88%	6.15%
Infrastructure	3.75%	6.60%
Commodities	1.88%	3.84%
<i>Assumed Inflation - Mean</i>		<i>2.50%</i>

Source: June 30, 2018 PERS CAFR; p. 72

Discount Rate – The discount rate used to measure the total pension liability, as of the measurement dates June 30, 2018 and 2017, was 7.20 and 7.50 percent, respectively, for the Defined Benefit Pension Plan. The projection of cash flows used to determine the discount rate assumed that contributions from the plan members and those of the contributing employers are made at the contractually required rates, as actuarially determined. Based on those assumptions, the pension plan’s fiduciary net position was projected to be available to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on pension plan investments for the Defined Benefit Pension Plan was applied to all periods of projected benefit payments to determine the total pension liability.

NORTH CENTRAL PUBLIC HEALTH DISTRICT

NOTES TO THE BASIC FINANCIAL STATEMENTS

5. DEFINED BENEFIT PENSION PLAN (CONTINUED)

Sensitivity of the District’s proportionate share of the net pension liability to changes in the discount rate – The following presents the District’s proportionate share of the net pension liability calculated using the discount rate of 7.20 percent, as well as what the District’s proportionate share of the net pension liability would be if it were calculated using a discount rate that is 1-percentage-point lower (6.20 percent) or 1-percentage-point higher (8.20 percent) than the current rate.

	1% Decrease (6.20%)	Discount Rate (7.20%)	1% Increase (8.20%)
District's proportionate share of the net pension liability	\$ 3,282,786	\$ 1,964,342	\$ 876,074

Changes Subsequent to the Measurement Date

As described above, GASB 67 and GASB 68 require the Total Pension Liability to be determined based on the benefit terms in effect at the Measurement Date. Any changes to benefit terms that occurs after that date are reflected in amounts reported for the subsequent Measurement Date. However, Paragraph 80f of GASB 68 requires employers to briefly describe any changes between the Measurement Date and the employer’s reporting date that are expected to have a significant effect on the employer’s share of the collective Net Pension Liability, along with an estimate of the resulting change, if available.

There are no changes subsequent to the June 30, 2018 Measurement Date that meet this requirement and would require a brief description under the GASB standard.

OPSRP Individual Account Program (OPSRP IAP)

Plan Description:

Employees of the District are provided with pensions through OPERS. All the benefits of OPERS are established by the Oregon legislature pursuant to Oregon Revised Statute (ORS) Chapters 238 and 238A. Chapter 238 Defined Benefit Pension Plan is closed to new members hired on or after August 29, 2003. Chapter 238A created the Oregon Public Service Retirement Plan (OPSRP), which consists of the Defined Benefit Pension Program and the Individual Account Program (IAP). Membership includes public employees hired on or after August 29, 2003. PERS members retain their existing defined benefit plan accounts, but member contributions are deposited into the member’s IAP account. OPSRP is part of OPERS, and is administered by the OPERS Board.

Pension Benefits:

Participants in OPERS defined benefit pension plans also participate in their defined contribution plan. An IAP member becomes vested on the date the employee account is established or on the date the rollover account was established. If the employer makes optional employer contributions for a member, the member becomes vested on the earliest of the following dates: the date the member completes 600 hours of service in each of five calendar years, the date the member reaches normal retirement age, the date the IAP is terminated, the date the active member becomes disabled, or the date the active member dies. Upon retirement, a member of the OPSRP IAP may receive the amounts in his or her employee account, rollover account, and vested employer account as a lump-sum payment or in equal installments over a 5-, 10-, 15-, 20-year period or an anticipated life span option. Each distribution option has a \$200 minimum distribution limit.

NORTH CENTRAL PUBLIC HEALTH DISTRICT

NOTES TO THE BASIC FINANCIAL STATEMENTS

5. DEFINED BENEFIT PENSION PLAN (CONTINUED)

Death Benefits:

Upon the death of a non-retired member, the beneficiary receives in a lump sum the member's account balance, rollover account balance, and vested employer optional contribution account balance. If a retired member dies before the installment payments are completed, the beneficiary may receive the remaining installment payments or choose a lump-sum payment.

Contributions:

Employees of the District pay six (6) percent of their covered payroll. The District did not make any optional contributions to member IAP accounts for the year ended June 30, 2019.

Additional disclosures related to Oregon PERS not applicable to specific employers are available online, or by contacting PERS at the following address: PO BOX 23700 Tigard, OR 97281-3700.

<http://www.oregon.gov/pers/EMP/Pages/GASB.aspx>

6. OTHER POST-EMPLOYMENT BENEFIT PLAN – (RHIA)

Plan Description:

As a member of Oregon Public Employees Retirement System (OPERS) the District contributes to the Retirement Health Insurance Account (RHIA) for each of its eligible employees. RHIA is a cost-sharing multiple-employer defined benefit other postemployment benefit plan administered by OPERS. RHIA pays a monthly contribution toward the cost of Medicare companion health insurance premiums of eligible retirees. Oregon Revised Statute (ORS) 238.420 established this trust fund. Authority to establish and amend the benefit provisions of RHIA reside with the Oregon Legislature. The plan is closed to new entrants after January 1, 2004. OPERS issues a publicly available financial report that includes financial statements and required supplementary information. That report may be obtained by writing to Oregon Public Employees Retirement System, PO Box 23700, Tigard, OR 97281-3700.

Funding Policy:

Because RHIA was created by enabling legislation (ORS 238.420), contribution requirements of the plan members and the participating employers were established and may be amended only by the Oregon Legislature. ORS require that an amount equal to \$60 dollars or the total monthly cost of Medicare companion health insurance premiums coverage, whichever is less, shall be paid from the Retirement Health Insurance Account established by the employer, and any monthly cost in excess of \$60 dollars shall be paid by the eligible retired member in the manner provided in ORS 238.410. To be eligible to receive this monthly payment toward the premium cost the member must: (1) have eight years or more of qualifying service in OPERS at the time of retirement or receive a disability allowance as if the member had eight years or more of creditable service in OPERS, (2) receive both Medicare Parts A and B coverage, and (3) enroll in an OPERS-sponsored health plan. A surviving spouse or dependent of a deceased OPERS retiree who was eligible to receive the subsidy is eligible to receive the subsidy if he or she (1) is receiving a retirement benefit or allowance from OPERS or (2) was insured at the time the member died and the member retired before May 1, 1991.

NORTH CENTRAL PUBLIC HEALTH DISTRICT

NOTES TO THE BASIC FINANCIAL STATEMENTS

Participating employers are contractually required to contribute to RHIA at a rate assessed each year by OPERS, and the District currently contributes 0.53% of annual covered OPERF payroll and 0.45% of OPSRP payroll under a contractual requirement in effect until June 30, 2019. The OPERS Board of Trustees sets the employer contribution rates based on the annual required contribution of the employers (ARC), an amount actuarially determined in accordance with the parameters of GASB Statement 45. The ARC represents a level of funding that, if paid on an ongoing basis, is projected to cover normal cost each year and amortize any unfunded actuarial liabilities (or funding excess) of the plan over a period not to exceed thirty years. The District's contributions to RHIA for the year ended June 30, 2019 were considered by management to be immaterial to the basic financial statements.

At June 30, 2019 the District's net OPEB liability/(asset) and deferred inflows and outflows for RHIA were not considered material to the basic financial statements by management and were not accrued in the government wide statements.

7. DEFERRED COMPENSATION PLAN

A deferred compensation plan is available to employees wherein they may execute an individual agreement with the District for amounts earned by them to not be paid until a future date when certain circumstances are met. These circumstances are: termination by reason of death, disability, resignation, or retirement. Payment to the employee will be made over a period not to exceed 15 years. The deferred compensation plan is one which is authorized under IRC Section 457 and has been approved in its specifics by a private ruling from the Internal Revenue Service. The assets of the plan are held by the administrator for the sole benefit of the plan participants and are not considered assets or liabilities of the District.

8. RISK MANAGEMENT

There is exposure to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; injuries to employees; and natural disasters. Commercial insurance is purchased to minimize exposure to these risks. Settled claims have not exceeded this commercial coverage since the District's inception at January 1, 2014.

9. COMMITMENTS AND CONTINGENCIES

Under the terms of federal and state grants, periodic audits are required and certain costs may be questioned as not being appropriate expenditures under the terms of the grants. Such audits could lead to reimbursement to the grantor agencies. The amount, if any, of expenditures which may be disallowed by the granting agencies cannot be determined at this time, although such amounts, if any, are expected by management to be immaterial.

10. FEDERAL SINGLE AUDIT

The federal grants received did not meet the federal reporting requirements for a Single Audit and the District was thus not subject to the compliance requirements described in the *OMB Compliance Supplement*.

11. SUBSEQUENT EVENT

Subsequent events for the year ended June 30, 2019 have been evaluated by management through December 13, 2019, the issuance date of the basic financial statements. No subsequent events have been identified that would require note disclosure.

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REQUIRED
SUPPLEMENTARY INFORMATION

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

**SCHEDULE OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCE
GENERAL FUND
ACTUAL AND BUDGET
at June 30, 2019**

	<u>ORIGINAL AND FINAL BUDGET</u>	<u>ACTUAL</u>	<u>VARIANCE TO FINAL BUDGET POSITIVE (NEGATIVE)</u>
REVENUES:			
Local Sources			
Interest	\$ 7,000	\$ 11,544	\$ 4,544
County grants	709,178	709,940	762
School Contracts	10,000	11,970	1,970
Contributions/Donations	78,054	86,268	8,214
Fees	251,000	242,510	(8,490)
Miscellaneous	389,239	539,255	150,016
Federal and State sources	<u>1,291,653</u>	<u>1,255,985</u>	<u>(35,668)</u>
Total Revenues	<u>2,736,124</u>	<u>2,857,472</u>	<u>121,348</u>
EXPENDITURES:			
Personal Services	2,036,357	2,254,747	(218,390)
Materials and Services	402,649	600,077	(197,428)
Capital Outlay	21,000	17,380	3,620
Contingency	<u>29,735</u>	<u>-</u>	<u>29,735</u>
Total Expenditures	<u>2,489,741</u>	<u>2,872,204</u>	<u>(382,463)</u>
Net Change in Fund Balance	246,383	(14,732)	(261,115)
Beginning Fund Balance	<u>400,000</u>	<u>434,695</u>	<u>34,695</u>
Ending Fund Balance	<u>\$ 646,383</u>	<u>\$ 419,963</u>	<u>\$ (226,420)</u>

NORTH CENTRAL PUBLIC HEALTH DISTRICT
DALLES, OREGON

REQUIRED SUPPLEMENTARY INFORMATION

At June 30, 2019

PERS

SCHEDULE OF THE PROPORTIONATE SHARE OF THE NET PENSION LIABILITY

Year Ended June 30,	(a) Employer's proportion of the net pension liability (NPL)	(b) Employer's proportionate share of the net pension liability (NPL)	(c) Employer's covered payroll	(b/c) NPL as a percentage of covered payroll	Plan fiduciary net position as a percentage of the total pension liability
2019	0.0130 %	\$ 1,964,342	\$ 1,162,379	169.0 %	82.1 %
2018	0.0108	1,450,687	1,088,938	133.2	83.1
2017	0.0151	2,262,250	937,468	241.3	80.5
2016	0.0000		1,100,606	-	91.9
2015	0.0000		445,288	-	103.6
2014	0.0000		-	-	92.0

The amounts presented for each fiscal year were actuarially determined at 12/31 and rolled forward to the measurement date of 6/30 for each year presented.

These schedules are presented to illustrate the requirements to show information for 10 years. However, until a full 10-year trend has been compiled, information is presented only for the years for which the required supplementary information is available.

SCHEDULE OF CONTRIBUTIONS

Year	Statutorily required contribution	Contributions in relation to the statutorily required contribution	Contribution deficiency (excess)	Employer's covered payroll	Contributions as a percent of covered payroll
2019	\$ 257,031	\$ 257,031	\$ -	\$ 1,432,451	17.9 %
2018	207,958	207,958	-	1,162,379	17.9
2017	162,585	162,585	-	1,088,938	14.9
2016	142,475	142,475	-	937,468	15.2
2015	149,232	149,232	-	1,100,606	13.6
2014	72,398	72,398	-	445,288	16.3

The amounts presented for each fiscal year were actuarially determined at 12/31 and rolled forward to the measurement date of 6/30 for each year presented.

These schedules are presented to illustrate the requirements to show information for 10 years. However, until a full 10-year trend has been compiled, information is presented only for the years for which the required supplementary information is available.

INDEPENDENT AUDITORS'
REPORT REQUIRED BY
OREGON STATE REGULATIONS

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PAULY, ROGERS, AND CO., P.C.
12700 SW 72nd Ave. Tigard, OR 97223
(503) 620-2632 (503) 684-7523 FAX
www.paulyrogersandcpcpas.com

December 13, 2019

Independent Auditors' Report Required by Oregon State Regulations

We have audited the basic financial statements of the North Central Public Health District as of and for the year ended June 30, 2019, and have issued our report thereon dated December 13, 2019. We conducted our audit in accordance with auditing standards generally accepted in the United States of America.

Compliance

As part of obtaining reasonable assurance about whether the basic financial statements are free of material misstatement, we performed tests of compliance with certain provisions of laws, regulations, contracts, and grants, including the provisions of Oregon Revised Statutes as specified in Oregon Administrative Rules 162-10-000 through 162-10-320 of the Minimum Standards for Audits of Oregon Municipal Corporations, noncompliance with which could have a direct and material effect on the determination of the basic financial statements amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion.

We performed procedures to the extent we considered necessary to address the required comments and disclosures which included, but were not limited to the following:

- **Public contracts and purchasing (ORS Chapters 279A, 279B, 279C)**
- **Deposits of public funds with financial institutions (ORS Chapter 295)**
- **Insurance and fidelity bonds in force or required by law.**
- **Programs funded from outside sources.**
- **Authorized investment of surplus funds (ORS Chapter 294).**

In connection with our testing nothing came to our attention that caused us to believe the North Central Public Health District was not in substantial compliance with certain provisions of laws, regulations, contracts, and grants, including the provisions of Oregon Revised Statutes as specified in Oregon Administrative Rules 162-10-000 through 162-10-320 of the Minimum Standards for Audits of Oregon Municipal Corporations.

OAR 162-10-0230 Internal Control

In planning and performing our audit, we considered the internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinions on the basic financial statements, but not for the purpose of expressing an opinion on the effectiveness of the internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the internal control over financial reporting.

This report is intended solely for the information and use of the Board, management and the Oregon Secretary of State and is not intended to be and should not be used by anyone other than these parties.

A handwritten signature in black ink that reads "Roy R. Rogers". The signature is written in a cursive style with a large, stylized 'R'.

ROY R. ROGERS, CPA
PAULY, ROGERS AND CO., P.C.

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

Resolution No. 2020-01

A RESOLUTION SURPLUSSING NORTH CENTRAL PUBLIC HEALTH'S
2011 FORD CROWN VICTORIA VIN #2FABP7BVBX173193

Whereas, the Board of Health sitting as the Directors at a regularly scheduled meeting on this 11th day of February 2020; and

Whereas, North Central Public Health District, an intergovernmental agency formed under the authority of Oregon Revised Statutes, Chapter 190, consisting of three (3) counties of Wasco, Sherman and Gilliam; and

Whereas, North Central Public Health's 2011 Ford Crown Victoria VIN #2FABP4BVBX173193 is no longer dependable and too costly to maintain; and

Therefore, Be It Resolved, that the above listed vehicle will be considered surplus and disposed by the North Central Public Health District's Administrator in accordance with state laws governing the disposition of property.

Adopted by the North Central Public Health District Board this 11th day of February, 2020.

NCPHD, Chair

Printed Name

Teri Thalhofer, RN, BSN
Director NCPHD



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1

Quality Improvement & Performance Management Plan

2020 - 2022



North Central Public Health District

419 East Seventh Street, The Dalles, OR 97058

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

Website: www.ncphd.org

Signature Page



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This Quality Improvement & Performance Management Plan was approved and adopted by the following individuals on this _____, 2020:

County Commissioner
Chair, NCPHD Board

Teri Thalhofer, RN, BSN
Director, NCPHD

Revisions:

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

For questions about this plan, contact:

Teri Thalhofer
terit@ncphd.org
541-506-2600



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



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I. Purpose

To provide the context, framework, and goals to guide the quality improvement (QI) and performance management (PM) efforts within North Central Public Health District, and to align with the agency’s Strategic Plan, Community Health Improvement Plan (CHIP), and state and national priorities.

The NCPHD QI & PM Plan is aligned with Measures 9.1 and 9.2 of the Public Health Accreditation Board (PHAB) requirements, as well as Measures 9.1 and 9.2 of PHAB Reaccreditation requirements:

Standard 9.1 (Accreditation V 1.5): Use a Performance Management System to monitor achievement of organizational objectives.

Standard 9.1 (Reaccreditation): The achievement of goals and objectives is monitored by the health department using a performance management system.

Standard 9.2 (Accreditation V 1.5): Develop and implement Quality Improvement Processes integrated into organizational practice, programs, processes, and interventions.

Standard 9.2 (Reaccreditation): A culture of continuous quality improvement is nurtured across the health department.

II. Vision

North Central Public Health District has an interest in and commitment to 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 quality improvement, all staff and leadership have a role in promoting QI and supporting QI efforts in their program areas (see Section V for Roles and Responsibilities). The Performance and Quality (PQ) Committee will use this document, the Quality Improvement & Performance Management Plan, as a guide in developing quality improvement efforts and maintaining a performance management system.

III. Key Terms & Definitions



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Culture of Quality: Achieved when quality improvement is infused into the daily tasks and operations of an organization. According to NACCHO, the elements of a Culture of Quality include: Staff Empowerment, Teamwork & Collaboration, Leadership Commitment, Customer Focus, QI Infrastructure, and Continuous Process Improvement.

In our own words, Culture of Quality is:

*“For me, promoting a Culture of Quality means to toss away the status quo and feel the freedom to try something new without fear of judgment.” - Nicole Bailey,
Environmental Health Supervisor*

“A Culture of Quality is achieved when an organization empowers its employees to do their best work through accountability, commitment to continuous process improvement, and by ensuring that employees have the necessary tools to excel in their jobs.” ~Jeremy Hawkins, Epidemiologist

*“A Culture of Quality is one in which it is understood that to achieve excellence, failure is an acknowledged and necessary part of the journey!” ~Miriam McDonell,
Health Officer*

Performance Management: The practice of actively using performance data to improve the public’s health. It involves the strategic use of performance goals, objectives, measures, and ongoing quality improvement efforts to ensure an agency achieves desired results. (Adapted from Turning Point Performance Management National Excellence Collaborative, 2003).

Performance Measures: Quantitative indicators of capacities, processes, or outcomes. Used to assess how well an organization is achieving its desired objectives or performance standards. (Tews et al., 2012; Business Dictionary, 2017).

Plan, Do, Check, Act (PDCA):

A four-step, iterative 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 Figure 2).

Quality Improvement (QI): NCPHD has adopted NACCHO’s definition, which is: "a ‘continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.’"



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IV. History of Performance Management & Culture 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 in February 2012. Following the adoption of the 2012 QI policy, we encountered challenges in nurturing a Culture of Quality and maintaining our QI efforts due to staff turnover, unstable funding resulting in staffing changes, and conflicting priorities.

In 2017, we began QI efforts anew, which included the creation of an updated QI & PM Plan and a training and brainstorm session for leadership and program managers. Soon after, we conducted an all-staff training in performance management and the QI process. In May and June 2018, program managers identified performance goals and objectives to be measured. In the following year, program managers tracked these goals with assistance from the Performance & Quality (PQ) Committee.

In Fall of 2019, the QI & PM Plan was edited to reflect changes for the next biennium. In early 2020, performance goals will be updated, and all staff will receive training on the new performance management system, VMSG Dashboard. VMSG Dashboard was purchased in 2019 by the leadership team in an effort to improve staff ability to track and monitor performance goals. VMSG Dashboard also has the capability to track QI projects and ensure alignment between plans.

The state of QI at NCPHD is currently in a development stage. Most staff have been trained in QI tools and techniques, and QI projects often happen informally. In the current biennium (2020-2022), we will focus on training all staff in QI and Culture of Quality, and encourage and empower staff to implement QI projects within all programs. As we move forward, we continue to identify projects that align with our Strategic Plan and our performance goals, and staff members are consistently looking at their programs and processes with a QI lens.

V. Organizational Structure & Governance

Performance & Quality (PQ) Committee

The PQ Committee meets monthly and works to promote a Culture of Quality in the organization. The PQ Committee is also responsible for overseeing the implementation of the QI & PM Plan and making necessary revisions and updates to the plan. For the last year, the committee has also been responsible for checking in with program managers to ensure timely monitoring of performance goals. With the adoption of VMSG Dashboard, the PQ Committee will no longer have this responsibility; however, the committee is still the authoritative body for all work related to QI and PM. The PQ Committee also serves as an advisory body for activities related to PHAB Accreditation, including writing annual reports and preparing for Reaccreditation.



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NCPHD Leadership Team

NCPHD’s Leadership Team is currently comprised of Teri Thalhoffer, Director, Nicole Bailey, Environmental Health Supervisor, Shellie Campbell, Clinical Program Supervisor, Miriam McDonell, Health Officer, Kathi Hall, Financial Manager, Gloria Perry, Office Manager, and Alyssa Borders, Fiscal Assistant. Leadership Team has the authority to prioritize all QI initiatives. Leadership Team is responsible for including a standing time slot for a QI update at All Staff meetings as well as at Board Meetings.

NCPHD Board of Health

The NCPHD Board of Health will provide oversight of 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

All staff have been trained in QI and are encouraged to take on QI projects that help them meet performance goals. NCPHD will support continuing education of all staff as it relates to performance management and quality improvement. In 2020, all staff will receive training in VMSG Dashboard, our new cloud-based performance management system. In the new biennium, we will include a standing time slot at All Staff meetings to review and update projects, identify successes, and suggest opportunities.

VI. Training

All staff were trained in the QI method PDCA and Culture of Quality in December 2019. In early 2020, all staff will also receive training on performance management and the new VMSG Dashboard system. We are currently in conversation about further training for staff and leadership.

VII. Performance Management Activities

NCPHD has adopted the Turning Point Public Health Performance Management System as the framework for our performance management system (see Figure 1). This system illustrates the continuous nature of performance management and includes the following elements: performance standards, performance measurement, quality improvement, and reporting progress.



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PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM



Figure 1: Performance Management System.

Performance goals, objectives, and measures are selected annually by program managers based on their programmatic goals and requirements, as well as alignment with the agency’s Strategic Plan, Community Health Improvement Plan (CHIP), and state and national priorities.

When selected, performance goals and objectives should be SMART (**S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**ime-based) and should be meaningful to staff. Performance measures should be based on what data is available and clearly tie to program objectives and goals.



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VIII. Quality Improvement Activities

NCPHD has adopted the PDCA model for implementing QI projects (See Figure 2).

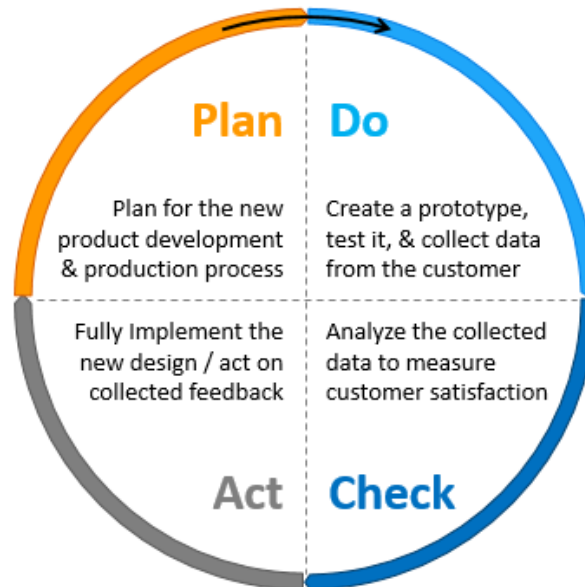


Figure 2: PDCA, or Deming Cycle

QI Project Identification and Alignment with Strategic Plan

QI projects may be selected in various ways, including identification by the Leadership Team, identification by the PQ Committee, and identification by individual staff. As staff from each program focus on their performance goals 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.

Short and long term 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 one member of the PQ Committee, 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.



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IX. Performance Management & Quality Improvement Goals

Longterm Vision

By working toward the goals stated below, we aim to reach a future state defined by:

- Routine monitoring and reporting on performance goals.
- All staff demonstrating competence in QI knowledge, QI tools, and Culture of Quality.
- Annual participation of all staff in QI projects and general staff empowerment around QI.

Goal 1: Implement an effective and sustainable performance management system to monitor progress toward organizational goals using the PDCA cycle.

Objective 1a: Begin using VMSG Dashboard to monitor performance goals by March 2020.

Measure 1a: All staff trained in VMSG Dashboard by March 2020.

Objective 1b: Ensure all programs have selected new performance goals that reflect measures from the OHA Triennial Review Tool by June 2020.

Measure 1b: All programs selecting new performance goals by June 2020.

Goal 2: Create a Culture of Quality in the agency & improve staff capacity to engage in QI activities.

Objective 2a: Develop staff knowledge and understanding of quality improvement and Culture of Quality through interactive training by December 2022.

Measure 2a: All staff trained in QI and Culture of Quality by December 2022.

Objective 2b: Embed QI into quarterly staff check-ins (by April 2020), performance evaluations (by January 2020), All Staff meetings (by February 2020), and Board of Health meetings (by June 2020).

Measure 2b: Quarterly check ins, performance evaluations, All Staff meetings, and Board of Health meetings all include QI component by June 2020.



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X. Measuring, Monitoring, & Reporting

Performance goals and measures will be entered into the VMSG Dashboard system by program managers and appropriate staff. Program managers are responsible for collecting their own data, entering updated metrics, and monitoring progress toward their programmatic goals.

The PQ Committee or Director will provide reports and updates to the Board of Health and staff at All Staff meetings at regular intervals. All staff will have access to VMSG Dashboard, and will be encouraged to explore and understand the new performance management system.

The Director will provide an annual progress report to the Board of Health and to all staff. The agency’s annual reports are shared broadly with key stakeholders and the public.

For QI projects, as mentioned in Section VIII, each QI team will be assigned a member of the PQ Committee to help provide technical support throughout the process. QI teams will be responsible for monitoring progress toward their goals. QI teams will also be expected to report progress and results at regular intervals, either quarterly check-ins with supervisors or at All Staff meetings.

XI. Communication

Communication about performance management and quality improvement is conducted throughout the organization on a regular basis. The PQ Committee meets monthly to discuss activities related to QI and PM. Monthly All Staff meetings and quarterly Board of Health 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. The QI & PM Plan itself is available to all staff on the NCPHD Shared Drive.

NCPHD staff will be provided the opportunity to share efforts via poster sessions/presentations at state professional meetings such as the Oregon Public Health Association annual conference and the Oregon Epidemiologists Meeting (OR Epi).



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XII. 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 in the 2020 - 2022 biennium:

Employee Job Descriptions & Performance Evaluations:

1. Each NCPHD job description will include language that reflects the employee’s contribution to a work environment where continuous quality improvement in service and professional practice are pursued.
2. As mentioned in Section IX, Goal 2: As a part of the annual performance evaluations and quarterly staff check-ins, contributions to QI will be indicated and scored accordingly.
3. As mentioned in Section IX, Goal 2: Annual performance evaluations will include a review of QI projects conducted and performance goals monitored and met.

QI Plan Evaluation:

1. The QI & PM Plan will be evaluated and revised annually by the PQ Committee to reflect program enhancements and revisions.
2. The QI & PM Plan will be signed and approved by the Director and the Board of Health on a biennial basis.
3. Activities planned for the year will be based on recommendations from the annual plan evaluation.

Performance Management System:

The purchase of VMSG Dashboard will support staff ability to track progress toward performance goals and quality improvement goals, and will help ensure alignment between organizational plans.



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Appendix A: 2020 - 2022 Performance & Quality (PQ) Committee

- Teri Thalhofer, Director
- Judy Bankman, Accreditation Coordinator
- Grace Anderson, Reproductive Health Coordinator
- Jeremy Hawkins, Epidemiologist
- Nicole Bailey, Environmental Health Supervisor
- Nancy Hammel, Home Visiting Nurse
- Dr. Miriam McDonell, Health Officer



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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. <https://asq.org/>

Association of State and Territorial Health Officers (ASTHO) is the national nonprofit organization representing state public health agencies in the United States. <https://www.astho.org/>

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. <https://www.naccho.org/>

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. <https://nnphi.org/>

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. <http://phf.org>

Public Health Quality Improvement Exchange (PHQIX) is a centralized communication hub dedicated to supporting quality improvement efforts in public health practices by creating a means for public health practitioners to obtain knowledge and experience from colleagues. <http://www.phqix.org/>

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. <https://phaboard.org/>

Appendix C: Storyboard Template



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Problem

What We Did

Describe Future State

Resources

Discoveries

Final Metrics

What We Learned

Mission, Vision, and Values

Mission:

“Prevent, Promote, and Protect for a thriving community.”

Vision:

“We lead and inspire our community in the creation of an equitable, safe, and healthy environment.”

Values:

As NCPHD staff we commit to guiding our decisions, behaviors, and relationships by these values:

H – Healthy people and communities / Holistic approach

E – Equity and social justice / Evidence based

A – Accountability and quality / Advocate, inform, educate

L – Leadership and innovation / Leading the way in public health initiatives

T – Trust and transparency / Trust through interactions with one another

H – Humility and respect / Health and well-being of all people.

NCPHD
Accounts Payable Checks
Issued January 2020

Check Date	Check Number	Vendor Name	Amount
1/10/2020	663	IRS	\$13,175.69
1/10/2020	664	ASIFLEX	\$190.00
1/10/2020	665	P E R S	\$14,731.77
1/10/2020	666	OREGON STATE, DEPT OF REVENUE	\$3,462.30
Held in Que	667	OREGON STATE, EMPLOYMENT DEPT	\$257.94
1/24/2020	668	IRS	\$13,374.20
1/24/2020	669	ASIFLEX	\$190.00
Held in Que	670	P E R S	\$14,796.43
1/24/2020	671	OREGON STATE, DEPT OF REVENUE	\$3,524.73
1/3/2020	13366	BANKMAN, JUDY	\$320.00
1/3/2020	13367	CURASCRIPT SPECIALTY, DISTRIBUTION	\$4,431.07
1/3/2020	13368	HENRY SCHEIN	\$1,000.43
1/3/2020	13369	OFFICE DEPOT	\$464.59
1/3/2020	13370	OREGON STATE, DEPT HUMAN SERVICES- OFS	\$1,993.00
1/2/2020	13371	CIS TRUST	\$37,093.60
1/2/2020	13372	OREGON STATE, DEPT OF HUMAN SERVICES	\$10,000.00
1/3/2020	13373	CA STATE DISPURSEMENT UNIT	\$231.50
1/3/2020	13374	NATIONWIDE RETIREMENT SOLUTION	\$1,265.00
1/9/2020	13375	AHLERS & ASSOCIATES	\$860.00
1/9/2020	13376	BANKMAN, JUDY	\$70.00
1/9/2020	13377	BIOLYTICAL, LABORATORIES INC	\$1,431.48
1/9/2020	13378	HENRY SCHEIN	\$689.05
1/9/2020	13379	OR STATE PUBLIC, HEALTH LABORATORY	\$105.30
1/9/2020	13380	OREGON STATE, DEPT OF ENVIRONMENTAL QUA	\$200.00
1/9/2020	13381	REGENCE BLUECROSS, BLUESHIELD	\$94.07
1/9/2020	13382	RICOH USA INC.	\$145.35
1/9/2020	13383	SAIF CORPORATION	\$901.39
1/9/2020	13384	SATCOM GLOBAL INC.	\$59.57
1/9/2020	13385	UMATILLA COUNTY PUBLIC HEALTH	\$25.00
1/9/2020	13386	UNITED HEALTHCARE, SERVICES INC.	\$93.35
1/9/2020	13387	UPS	\$131.63
1/9/2020	13388	WASCO COUNTY	\$810.64
1/15/2020	13389	AMERICAN FAMILY LIFE ASSURANCE	\$340.12
1/16/2020	13390	OREGON STATE, DEPARTMENT OF REVENUE	\$316.27
1/16/2020	13391	CA STATE DISPURSEMENT UNIT	\$231.50
1/16/2020	13392	NATIONWIDE RETIREMENT SOLUTION	\$1,265.00
1/17/2020	13393	H2OREGON BOTTLED WATER INC.	\$56.50
1/17/2020	13394	LAMENDOLA-GILLIAM, CALLIE	\$54.05
1/17/2020	13395	NEXT DOOR, INC.	\$10,000.00
1/17/2020	13396	OFFICE DEPOT	\$77.51
1/17/2020	13397	OREGON STATE, DEPT OF HUMAN SERVICES	\$14,875.37
1/17/2020	13398	SAWYER'S TRUE VALUE, & JUST ASK RENTAL LLC	\$13.46
1/17/2020	13399	SHRED-IT USA	\$190.57

PAYROLL A/P (EFT)

PAYROLL A/P

PAYROLL A/P

1/17/2020	13400	STAPLES ADVANTAGE	\$175.02
1/17/2020	13401	U.S. CELLULAR	\$537.25
1/17/2020	13402	US BANK	\$1,825.79
1/23/2020	13403	BANKMAN, JUDY	\$500.00
1/23/2020	13404	BEERY ELSNER & HAMMOND LLP	\$329.00
1/23/2020	13405	CYTOCHECK LABORATORY LLC	\$480.00
1/23/2020	13406	LAMENDOLA-GILLIAM, CALLIE	\$54.05
1/23/2020	13407	MID-COLUMBIA MEDICAL CENTER	\$575.00
1/23/2020	13408	OFFICE DEPOT	\$179.90
1/23/2020	13409	OREGON STATE, DEPT HUMAN SERVICES- OFS	\$838.99
1/23/2020	13410	OREGON STATE, DEPT OF HUMAN SERVICES	\$27.00
1/23/2020	13411	SANDERSON, JESSICA	\$1,000.00
1/23/2020	13412	STRATUS AUDIO, INC.	\$68.37
1/23/2020	13413	TYLER TECHNOLOGIES, INC.	\$5,259.32
1/29/2020	13414	CA STATE DISPURSEMENT UNIT	\$231.50
1/29/2020	13415	NATIONWIDE RETIREMENT SOLUTION	\$1,265.00
1/31/2020	13416	CAMPBELL, SHELLIE	\$137.44
1/31/2020	13417	COLUMBIA GORGE COMM. COLLEGE	\$100.00
1/31/2020	13418	CURASCRIPT SPECIALTY, DISTRIBUTION	\$4,404.30
1/31/2020	13419	NEY, MELISSA	\$122.56
1/31/2020	13420	WASCO COUNTY	\$229.22
1/31/2020	13421	CLARK, GLENDA	\$468.54
TOTAL:			\$172,347.68

PAYROLL A/P

NCPHD Board of Health authorizes check numbers 13366 - 13421 and payroll EFT numbers 663 - 671 totalling \$172,347.68.

Signature _____

Printed Name _____
NCPHD BOARD OF HEALTH CHAIR

- CONTRACTS SUMMARY FOR NCPHD BOARD OF HEALTH: February 11, 2020
 - Letter of Agreement with Columbia Gorge Health Council for Opioid Overdose Risk Prevention; Funding to purchase Naloxone for law enforcement in Hood River and Wasco Counties and to supply individuals being released from NORCOR with a history of IV drug use or opioid use disorder the opportunity to receive training and 2 doses of Naloxone dispensed on release.
 - Fiscal Impact: \$15,000 for purchase of Naloxone
 - Amendment to Medical Examiner Contract with Gilliam County: NCPHD may provide Medical Examiner services as a back up to the Hood River Medical Examiner to the County. The rate increases to \$100 per hour.
 - First Amendment to OHA Financing Agreement: Program Element Descriptions for the Reproductive Health Program and funding amounts described.
 - Fiscal Impact: As budgeted
 - Third Amendment to OHA Financing Agreement: Program Element Description for Local Public Health Modernization: Leadership, Governance and Program Implementation
 - Fiscal Impact: \$65,472 for LPHA Modernization activities; \$173,571 for regional (Eastern Oregon Modernization Collaborative) modernization activities
 - Fourth Amendment to OHA Financing Agreement: Fiscal Adjustment
 - Reduced the LPHA Modernization amount by \$6000 as directed by agreement of EOMC Counties to support the regional project with \$1000 per year/per county for the biennium.
 - Increased the EOMC Regional Project budget by \$24000 as described above
 - Fifth Amendment to the OHA Financing Agreement: Fiscal Adjustment
 - Increased PHEP funding by \$1626
 - Adjusted TPEP funding to the negotiated amount of \$90,000 for the year after work plan and budget negotiations completed
 - MOU with Hood River County and NCPHD for participation in a community collaboration to deliver evidence based SBIRT/Tobacco and CRC Screening services through sustainable relationships for community health
 - Fiscal Impact: \$5,000 for staffing time for participation in collaboration, \$5000 for administrative staffing time.



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Directors Report for the Board of Health and Staff: February, 2020

Greetings Board of Health Members and NCPHD Staff:

NCPHD staff and management are spending time preparing for our Triennial Review with OHA. Each program area will participate in an on-site program review. Results of this review for compliance with contract obligations will be shared with the board late in the spring. This process gives an opportunity to learn about areas for improvement and efficiency in our program.

With the assistance of Judy Bankman, who is working with NCHPD through a contract agreement, we are transitioning to documenting required trainings as described in our workforce development plan in the VMSG Dashboard. We will have a demonstration of the Dashboard when the Strategic Plan is populated in the system and is brought to the Board for adoption.

Strategic Plan work continues by the Leadership Team. We will be spending some dedicated time in a work session to continue refining the plan.

Communicable Disease and PHEP staff is participating in calls to gain information being shared by OHA about the emerging Coronavirus Issue. We are actively listening, but at this point there is no local action needed.

The fiscal team is working hard to prepare our budget for upcoming budget meetings.

Respectfully,

Teri Thalhofer, RN, BSN
Director, NCPHD