



Public Health
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North Central Public Health District
"Caring For Our Communities"

North Central Public Health District Board of Health Meeting

September 11, 2018
3:00 PM
Meeting Room @
NCPHD

AGENDA -

1. **Minutes**
 - a. Approve from the following meetings:
 - a. 2/13/2018 executive committee meeting
 - b. 3/13/2018 board meeting
 - c. 6/12/2018 board meeting
 - b. Set Next Meeting Date (10/9/2018)
2. **Additions to the Agenda**
3. **Public Comment**
4. **Unfinished Business**
5. **New Business**
 - a. Introduction of new employees
 - b. Eastern Oregon Modernization Grant Presentation – Presented by Nora Zimmerman & Callie Lamendola-Gilliam
 - c. Maternal Child Health Program Presentation – Presented by Lori Treichel, RN
 - d. Financial Report – Presented by Kathi Hall
 - e. Approval of A/P Check Reports
 - i. June 2018
 - ii. July 2018
 - iii. August 2018
 - f. Review of Contracts
 - g. Director's Report

Note: This agenda is subject to last minute changes.

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

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



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The Dalles, OR 97058-2676
541-506-2600
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**North Central Public Health District
Board of Health
Meeting Minutes
February 13, 2018**

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

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

Guests Present: Kirah Doerr – TOB Cessation Specialist NCPHD

Minutes taken by: Gloria Perry

Meeting called to order at 3:00pm by Chair Scott Hege

SUMMARY OF ACTIONS TAKEN

MOTION by Judge Steve Shaffer, second by Commissioner Tom McCoy to accept the 1/9/2018 executive committee minutes as presented.

Vote: 3-0

Yes: Commissioner Tom McCoy, Commissioner Leslie Wetherell, and Commissioner Scott Hege

Abstain: 0

Motion Carried

WELCOME AND INTRODUCTIONS

MINUTES / NEXT MEETING DATE

1. Approval of past meeting minutes.
 - a. A motion was made to approve the 1/9/18 executive committee meeting minutes as presented.
2. Set next meeting date.
 - a. The next full board of health meeting was scheduled for Tuesday, March 13, 2018. Meeting location will be at the North Central Public Health District’s office located at 419 E. 7th St., The Dalles, OR.

ADDITIONS TO THE AGENDA

1. Introduction of new employee Kirah Doerr. This is a grant funded position from Columbia Gorge CCO. Kirah will be working in Hood River and Wasco County with prevention teams and clinics on tobacco cessation efforts.
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2. Structural Changes. Will be discussed under New Business.

PUBLIC COMMENT

1. None

UNFINISHED BUSINESS

1. Budget Calendar & Process

1. Commissioner McCoy commented that the budget committee should drive the process and suggested that the budget number should be developed by a tri-county basis and then presented to each of the three counties.
2. Teri commented that due to timing this year, it would not be possible to do. However, going forward, she would welcome that process.
3. Teri commented that NCPHD will send all three budget officers a number for current service level; then NCPHD will bring to NCPHD's budget committee the budget that is for current service level. If there are any adds that NCPHD wants to make they would be presented and discussed at the NCPHD's budget committee meeting. Next, out of our budget committee meeting we would update our ask to each of the county's budget officers if it is different from what was originally sent to them. You will know that as representatives to your county's budget process and you would be able to explain why that number is different than what came out in the draft budget and you can advocate for that or not.
4. Commissioner Hege commented that's what we're doing, in terms of the budget schedule, it's what we talked about at our last board meeting. He further commented to Commissioner McCoy that in order for our budget committee to have the meetings and finalize a number, we would have to be doing that right now. This would be a challenge and more uncertain because a lot of stuff can happen between now and May that will start giving us indications of what next year's going to be.
5. Commissioner McCoy commented that we need to have an opportunity to make our pitch to Wasco County once the budget committee articulates what the needs are.
6. Teri commented that every one's number is pretty firm. What the issue has been is that Gilliam and Sherman County have never questioned the number or it's never been an issue. Because of that, it's never been changed, there's never been an ask to come justify at any of the budget hearings or budget committee meetings; it's just been approved. Teri doesn't think this any different from Wasco County's process; the issue has been that it's been more controversial at Wasco County.
7. Kathi commented that she can have the budget ready for review at the March 13th board of health meeting and then schedule a budget committee meeting sometime in April. She is hoping to have a number by March 20th to send to the budget officers at Wasco, Sherman and Gilliam County.
8. Teri commented that if the executive committee could meet by phone for a special meeting the first week of March, which is the week before the full board meeting it would give her and Kathi some opportunity to go through some questions and ask for some guidance from the executive committee.
9. The board agreed to have a special executive committee meeting prior to the March 13th full board meeting to discuss in further detail the 18-19 budget. This meeting will take place on March 6, 2018 at 4:00pm.
10. After a discussion on how to split the cash subsidy, it was agreed to proceed with a proposed funding formula for the fiscal year 18-19 budget that Sherman and Gilliam Counties will pay 27% of what Wasco County pays.

2. NCPHD's budget committee meeting will be scheduled for Tuesday, April 3rd at 1:00pm. Location will be at Mid-Columbia Fire & Rescue, The Dalles, OR.

3. Kathi asked the board for their input as to what to include in the current service level budget. After discussion the following would be included the current service level budget:

1. Cost of living adjustment (COLA). Note: Commissioner Hege would need to get clarification from Wasco County.
 - a. Commissioner Hege asked what percent amount were Teri and Kathi thinking about for a COLA.
 - b. Teri commented 3% COLA. In the last 8 years there have been 5 years that staff has not received a COLA.
2. Computer replacement. Note: Since we missed a year, we have between 10 and 12 computers that need to be replaced. We would not have to replace them all once; replacement would be staggered.

3. A savings plan for the P E R S increase. Note: We are going to be hit pretty hard in 1 year.
 4. A savings plan for accreditation fees. Note: A fee is paid for accreditation. We pay a yearly fee of \$5,600 to maintain accreditation. At the 5th year we get re-accredited and there is a larger fee of \$9,000.00.
4. Commissioner Hege questioned if there were thoughts on trying to implement the salary survey.
 1. Teri commented that has been looked at for this budget year. The salary survey is now out dated, but she can look at the percentages and start thinking about how far off are they. If everybody moves a certain rate over the next so many years what that would look like and come up with a plan. She will work with HR Answers to come up with an estimate of what it would cost for them to assist us with coming up with a new compensation plan.

NEW BUSINESS

1. Public Health 101
 1. It was decided that Teri will present this training when all the public member vacancies have been filled.
2. Darkness to Light Training Invite
 1. Teri invited the board to attend an upcoming training titled *Darkness to Light Training* scheduled for March 14th from 1:00pm to 5:00pm.
 2. Using the *5 Steps to Protecting Our Childrentm* as a framework, *Stewards of Children* is a 2-hour training that teaches adults practical actions to prevent child sexual abuse or intervene if abuse is suspected. Featuring compelling and engaging content to motivate participants, the program is designed for parents, concerned individuals, and any adult that works with youth.
3. Structural Changes
 1. Teri commented that as we've added more programming and looked towards modernization we've just assigned work without ever taking a step back and looking at who were the right people to do the work, what's the work and how should the work best be arranged.
 2. Teri has scheduled an administrative summit for tomorrow with Kathi, Gloria and some other people in admin. Next week Teri is doing a Health Promotion and Prevention summit with staff involved in that.
 3. The goal is to look at what are the jobs, what jobs go together and how might we do that. This may result in a plan to re-classify some staff. Teri's plan is to take the amount of dollars we have for the positions now, and we may re-classify within that. We would not ask for added positions or additional funding to do this.
 4. Teri asked the board if they just want to hear the end result, do they want to hear a proposal before moving forward with re-classifications. What level of involvement does the board want to have.
 5. Once Teri has a plan of action to move forward, the board would like her to present the plan at that time with justification for changes.
4. Director's Report – By Teri Thalhofer
 1. Report presented to the board and feedback requested.

Being no further business to be conducted at this time, Commissioner Hege adjourned the board of health meeting at 3:52PM

Signature

Date

Commissioner Scott Hege
Printed Name



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**North Central Public Health District
Board of Health
Meeting Minutes
March 13, 2018**

In Attendance: Commissioner Tom McCoy – Sherman County; Roger Whitley – Sherman County; Linda Thompson – Sherman County; Leslie Wetherell – Gilliam County; Commissioner Scott Hege – Wasco County;

Staff Present: Teri Thalhofer, RN/BSN – Director NCPHD; Kathi Hall – Finance Manager NCPHD; Nicole Bailey – EH Specialist Trainee; John Zalaznik – EH Specialist Supervisor

Guests Present: None

Minutes taken by: Gloria Perry

Meeting called to order at 3:05pm by Chair Scott Hege

SUMMARY OF ACTIONS TAKEN

MOTION by Commissioner Tom McCoy, second by Commissioner Leslie Wetherell to accept the 3/6/2018 special board of health minutes as presented.

Vote: 5-0

Yes: Commissioner Tom McCoy, Roger Whitley, Linda Thompson, Commissioner Leslie Wetherell, and Commissioner Scott Hege

Abstain: 0

Motion Carried

MOTION by Commissioner Tom McCoy, second by Commissioner Leslie Wetherell to elect Commissioner Scott Hege as the Chair for the North Central Public Health District Board.

Vote: 5-0

Yes: Commissioner Tom McCoy, Roger Whitley, Linda Thompson, Commissioner Leslie Wetherell, and Commissioner Scott Hege

Abstain: 0

Motion Carried

MOTION by Linda Thompson, second by Commissioner Leslie Wetherell to elect Commissioner Tom McCoy as the Vice Chair for the North Central Public Health District Board.

Vote: 5-0

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Yes: Commissioner Tom McCoy, Roger Whitley, Linda Thompson, Commissioner Leslie Wetherell, and Commissioner Scott Hege
 Abstain: 0
 Motion Carried

MOTION by Commissioner Tom McCoy, second by Linda Thompson to accept the Administrative Restructure Proposal as presented.

Vote: 5-0
 Yes: Commissioner Tom McCoy, Roger Whitley, Linda Thompson, Commissioner Leslie Wetherell, and Commissioner Scott Hege
 Abstain: 0
 Motion Carried

MOTION by Roger Whitley, second by Commissioner Leslie Wetherell to accept the A/P Check Reports for January 2018 and February 2018 as presented.

Vote: 5-0
 Yes: Commissioner Tom McCoy, Roger Whitley, Linda Thompson, Commissioner Leslie Wetherell, and Commissioner Scott Hege
 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 3/6/2018 special board of health meeting minutes as presented.
2. Set next meeting date.
 1. Next scheduled executive committee meeting will be on Tuesday, April 10, 2018 at 3:00pm. Meeting location will be at the North Central Public Health District office located at 419 E. 7th St., The Dalles, OR.

ADDITIONS TO THE AGENDA

1. None

PUBLIC COMMENT

1. None

UNFINISHED BUSINESS

1. Election of Chair and Vice Chair for NCPHD Board.
 1. A motion was made to elect Commissioner Scott Hege as the Chair for NCPHD Board.
 2. A motion was made to elect Commissioner Tom McCoy as the Vice Chair for NCPHD Board.
2. 2018-2019 Budget Process
3. Administrative Restructure Proposal

NEW BUSINESS

1. Environmental Health Presentation – Presented by John Zalaznik
 1. What is Environmental Health?
 - a) The function of the Environmental Health Section is to identify health risks in the environment and implement solutions that eliminate or reduce risk.
 2. Community Partners that we work with:
 - a) City & County Planning departments in Wasco / Sherman / Gilliam Counties on new property development and existing property improvements.
 - b) Building Codes for construction & remodels of licensed facilities, and septic approval for new homes.

- c) Restaurateur's to establish good working relationships where we are viewed as an accessible learning resource and not just a regulator.
 - d) Small water system operators providing guidance to ensure community access to safe drinking water.
3. Facilities licensed by NCPHD include:
- a) 112 Restaurants
 - b) 29 Pools / Spas
 - c) 3 Organizational Camps
 - d) 9 RV Parks
 - e) 26 Travelers Accommodations
 - f) 1 Bed & Breakfast
 - g) 94 Temporary Restaurants
4. Shared Outstanding Performers list for 2nd half of 2017.
5. Shared information regarding septic, drinking water, animal bites, day care inspections & school inspections.
6. Current Issues:
- a) Completed in 2017:
 - 1. 314 Restaurant inspections
 - 2. 22 Pool/Spa inspections
 - 3. 14 Tourist Accommodations inspections
 - 4. 119 Septic Permits issued
 - 5. 14 Sanitary Surveys
 - 6. 47 Contact Reports
 - 7. 64 Animal Bite Reports
7. Board members are invited to join an REHS in the field. If interested, please contact one of the EH staff members.
- a) John Zalaznik – johnz@ncphd.org
 - b) Kevin Dworschak – kevind@ncphd.org
 - c) Nicole Bailey – nicoleb@ncphd.org
2. Exploring the Links between MCH/Title V and Public Health Modernization, Early Learning, and Health Systems Transformation Presentation – Presented by Teri Thalhofer
- 1. Presentation Objectives
 - a) Understanding of Health Reform in Oregon
 - b) Understanding of Early Learning Transformation in Oregon
 - c) Understanding of Public Health Modernization in Oregon
 - d) Exploring the Links with MCH/Title V
 - 2. What is Public Health?
 - a) Public Health connects us all.
 - b) Public Health saves money, improves our quality of life, helps children thrive and reduces human suffering.
 - 3. Health Systems Transformation (the Triple Aim)
 - a) Improve the lifelong health of all Oregonians;
 - b) Increase the quality, reliability and availability of care for all Oregonians;
 - c) Lower or contain the cost of care so it is affordable for everyone.
 - 4. Coordinated Care Organizations (CCOs) have engaged in a variety of innovative efforts to change the delivery of care for their patients.
 - 5. CCO Intersections with Title V
 - a) Patient Centered Primary Care Home
 - b) Flexible Funding
 - 6. Shared Early Learning Council (ELC) Mission & Guiding Principles
 - a) ELC Intersections with Title V
 - 1. Children ready to enter kindergarten
 - 2. Stable and attached families
 - 3. Services and systems are coordinated and aligned
 - 7. Public Health Modernization

- a) Shared information on the modernized framework for governmental public health
 - b) PH Modernization Intersections with Title V
 - 1. Foundational Capabilities: Leadership & organizational capacity; Health equity and cultural responsiveness; Community partnership development; Assessment and Epidemiology; Policy & Planning; Communications; Emergency Preparedness & Response
 - 2. Foundational Programs: Communicable Disease Control; Environmental Health; Access to Clinical Preventative Services; Prevention & Health Promotion
 - c) Maternal Child Health – Promotion & Prevention: Oral Health; Smoking; Toxic Stress, trauma, and adverse childhood experiences; Nutrition and food insecurity; Culturally and linguistically responsive services.
3. Quarterly Report – Presented by Kathi Hall
- 1. Recap report for period 7/1/2017 through 12/31/2017 presented.
4. Approval of A/P Check Report (January 2018 & February 2018)
- 1. Report presented to the board.
 - 2. A motion was made to approve the A/P Check Reports for January & February 2018 as presented.
5. Contracts Review
- 1. Teri reviewed with the board the following contracts:
 - a) OHA Agreement 154126-4
 - b) WIC Farm Direct
6. Director's Report – By Teri Thalhofer
- 1. Report presented to the board and feedback requested.

Being no further business to be conducted at this time, Commissioner Hege adjourned the board of health meeting at 4:22PM

Signature

Date

Printed Name



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**North Central Public Health District
Board of Health
Meeting Minutes
June 12, 2018**

In Attendance: Commissioner Scott Hege – Wasco County; Commissioner Tom McCoy – Sherman County; Linda Thompson – Sherman County Leslie Wetherell – Gilliam County

Staff Present: Teri Thalhofer, RN/BSN – Director NCPHD; Kathi Hall – Finance Manager NCPHD; Jeremy Hawkins – CD Investigator NCPHD

Guests Present: None

Minutes taken by: Gloria Perry

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

SUMMARY OF ACTIONS TAKEN

MOTION by Commissioner Tom McCoy, second by Commissioner Leslie Wetherell to accept the 5/8/2018 Executive Committee meeting minutes as presented.

Vote: 4-0
Yes: Commissioner Tom McCoy, Commissioner Leslie Wetherell, Linda Thompson and Commissioner Scott Hege
Abstain: 0
Motion Carried

MOTION by Commissioner Leslie Wetherell, second by Commissioner Tom McCoy to accept Resolution 2018-02, a resolution approving a reserve for P E R S (Public Employees Retirement System).

Vote: 4-0
Yes: Commissioner Tom McCoy, Commissioner Leslie Wetherell, Linda Thompson and Commissioner Scott Hege
Abstain: 0
Motion Carried

MOTION by Commissioner Leslie Wetherell, second by Commissioner Tom McCoy to accept Resolution 2018-03, a resolution approving a reserve for Accreditation.

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Vote: 4-0
 Yes: Commissioner Tom McCoy, Commissioner Leslie Wetherell, Linda Thompson and Commissioner Scott Hege
 Abstain: 0
 Motion Carried

MOTION by Commissioner Leslie Wetherell, second by Commissioner Tom McCoy to accept Resolution 2018-04, a resolution adopting appropriations for fiscal year 2018-19 as presented.

Vote: 4-0
 Yes: Commissioner Tom McCoy, Commissioner Leslie Wetherell, Linda Thompson and Commissioner Scott Hege
 Abstain: 0
 Motion Carried

MOTION by Commissioner Leslie Wetherell, second by Commissioner Tom McCoy to accept Resolution 2018-05, a resolution adopting the annual budget for fiscal year 2018-19 as presented.

Vote: 4-0
 Yes: Commissioner Tom McCoy, Commissioner Leslie Wetherell, Linda Thompson and Commissioner Scott Hege
 Abstain: 0
 Motion Carried

MOTION by Commissioner Tom McCoy, second by Commissioner Leslie Wetherell to accept the A/P Checks Issued report for May 2018 as presented.

Vote: 4-0
 Yes: Commissioner Tom McCoy, Commissioner Leslie Wetherell, Linda Thompson and Commissioner Scott Hege
 Abstain: 0
 Motion Carried

WELCOME AND INTRODUCTIONS

NEXT MEETING DATE

1. Set next meeting date.
 1. Next scheduled executive committee meeting will be on Tuesday, June 12, 2018 at 3:00pm. Due to scheduling conflicts, there will not be an executive board meeting in the month of July 2018. The next scheduled executive committee meeting will be on August 14, 2018. Meeting location will be at the North Central Public Health District office located at 419 E. 7th St., The Dalles, OR.

ADDITIONS TO THE AGENDA

1. None

PUBLIC COMMENT

1. None

UNFINISHED BUSINESS

1. None

NEW BUSINESS

1. 2018-19 Budget Hearing and Adoption

1. Commissioner Hege opened the public hearing at 3:05pm, noting the purpose of the hearing was to approve the 2018-19 budget.
 2. With no public comment, Commissioner Hege closed the public hearing at 3:07pm.
 3. Kathi Hall reviewed the proposed Revenue and Expenditures with the board.
 4. Motions were made to approve Resolutions 2018-02; 2018-03; 2018-04; & 2018-05 as presented.
2. Eastern Oregon Modernization Grant Presentation
 1. Presentation rescheduled to the September 11th board of health meeting.
3. Communicable Disease Program Overview – Presented by Jeremy Hawkins
 1. Core functions are:
 - a) Surveillance
 - b) Investigation
 - c) Reporting
 2. Communicable Disease Reporting
 - a) 80+ reportable infections, diseases, and conditions.
 - b) Clinicians and laboratories are required by law to report to public health within the specified timeframes or face civil penalties.
 - c) NCPHD receives reports, investigates, then sends final reports to OHA through the Oregon Public Health Epidemiologists User System (ORPHEUS).
 3. Current Issues:
 - a) Rising STD Rates
 - b) Pertussis
 4. How program work affects the communities NCPHD serves:
 - a) Breaking the chain of disease transmission
 - b) Protecting vulnerable populations
 - c) Creating awareness
 - d) Serving as a resource to community partners.
 5. Commissioner Hege would like Jeremy to present this report to the Wasco County Commission.
4. Approve A/P Check Report (May 2018)
 1. Report presented to the board.
 2. A motion was made to approve the A/P Check Report for May 2018 as presented.
5. The following contracts were reviewed with the board:
 1. OCDC 02-031-06 Agreement
 2. Public Health Foundation Agreement
 3. The Ford Family Foundation Grant
6. Director's Report – By Teri Thalhofer
 1. Report presented to the board and feedback requested.

Being no further business to be conducted at this time, Commissioner Hege adjourned the board of health meeting at 4:09PM

Signature

Date

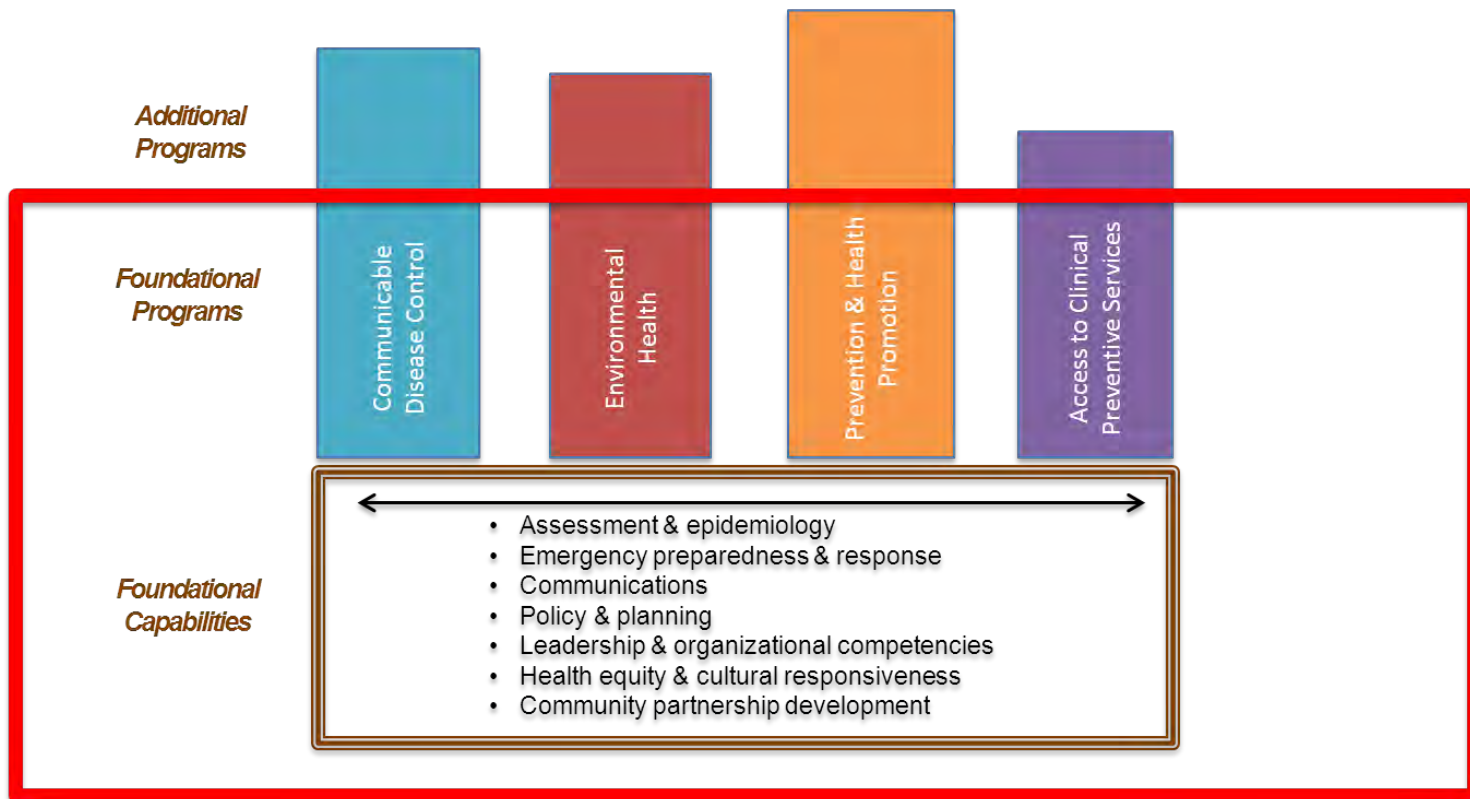
Printed Name

Public Health Modernization and the Eastern Oregon Modernization Collaborative

Callie Lamendola-Gilliam, MPH

Nora Zimmerman, MPH

Public Health Modernization in Eastern Oregon Conceptual Framework for Governmental Public Health Services



□ = Present @ every Health Dept.

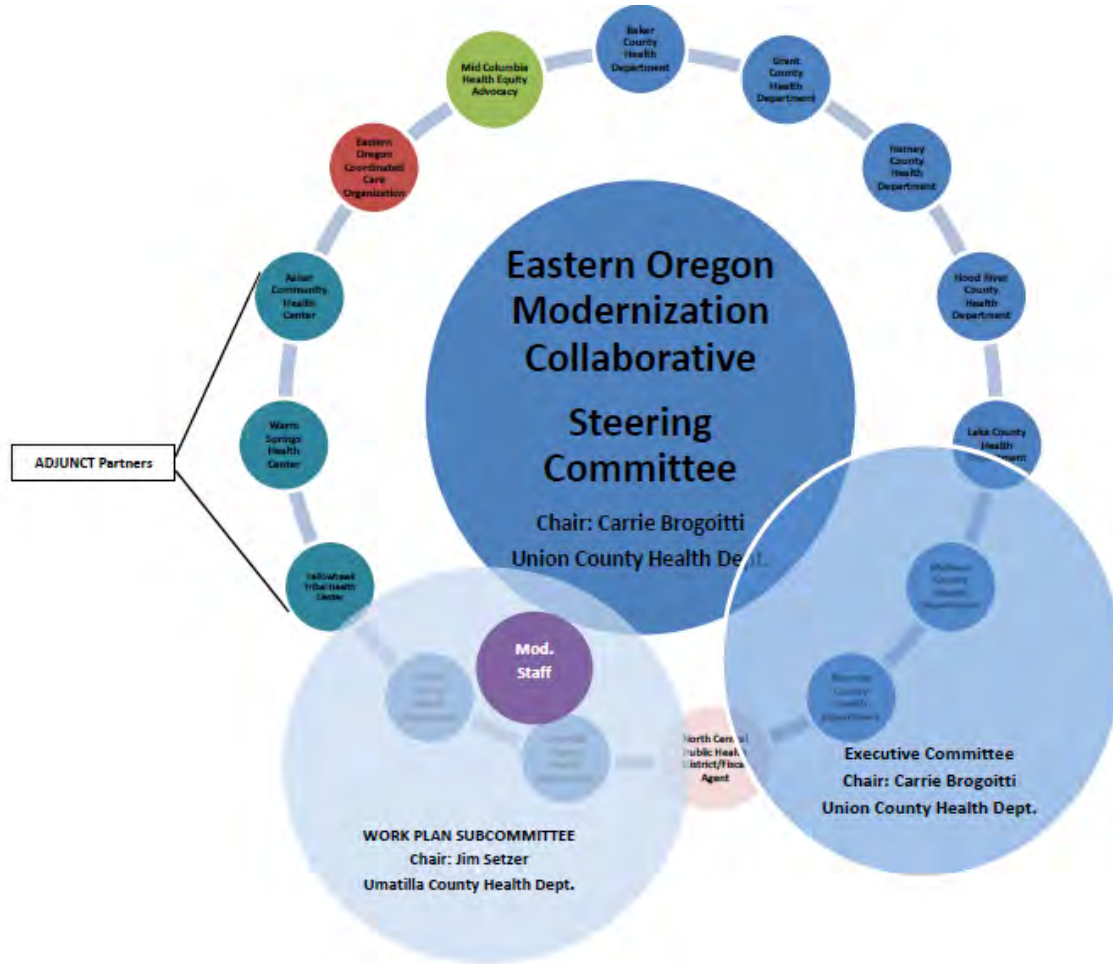
Modernization Project Overview

»» Increasing regional coordination,
capacity, and sustainability

Supporting meaningful partner
engagement

Identifying and addressing
regional health disparities

Eastern Oregon Modernization Collaborative – Organizational Chart




Objective & Outcomes for EOMC Grant Project

OBJECTIVE:

Equitably improve sexual and reproductive health in EOMC counties by reducing STI prevalence, with emphasis on gonorrhea

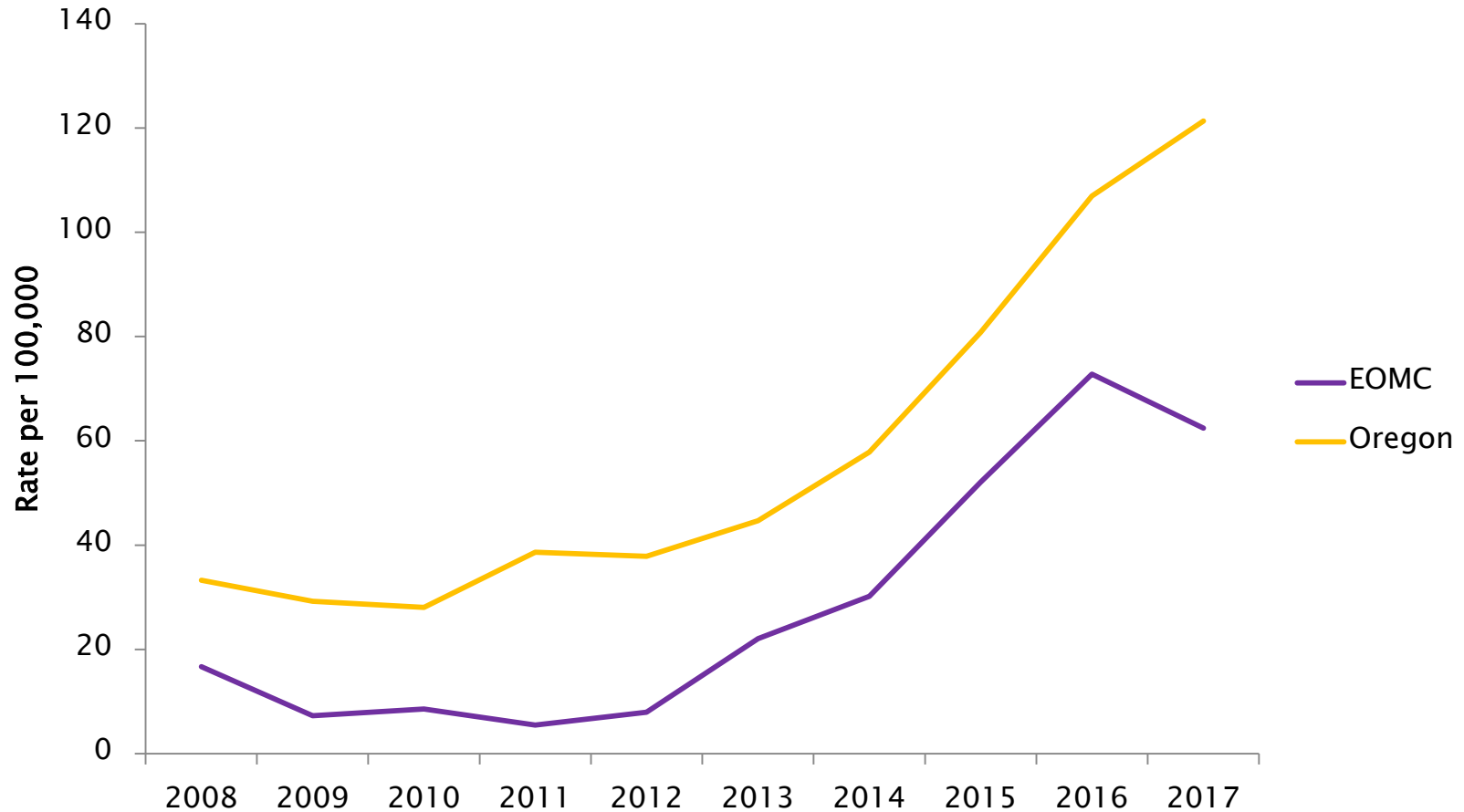
OUTCOMES:

1. Improved gonorrhea identification and treatment for all symptomatic and asymptomatic cases and partners through a modernization approach in North, Central and Eastern Oregon.
 2. Improved patient outcomes for all through promoting best practices for screening and treatment of gonorrhea.
 3. Improved partner notification and treatment for all through improved partner services training.
- 

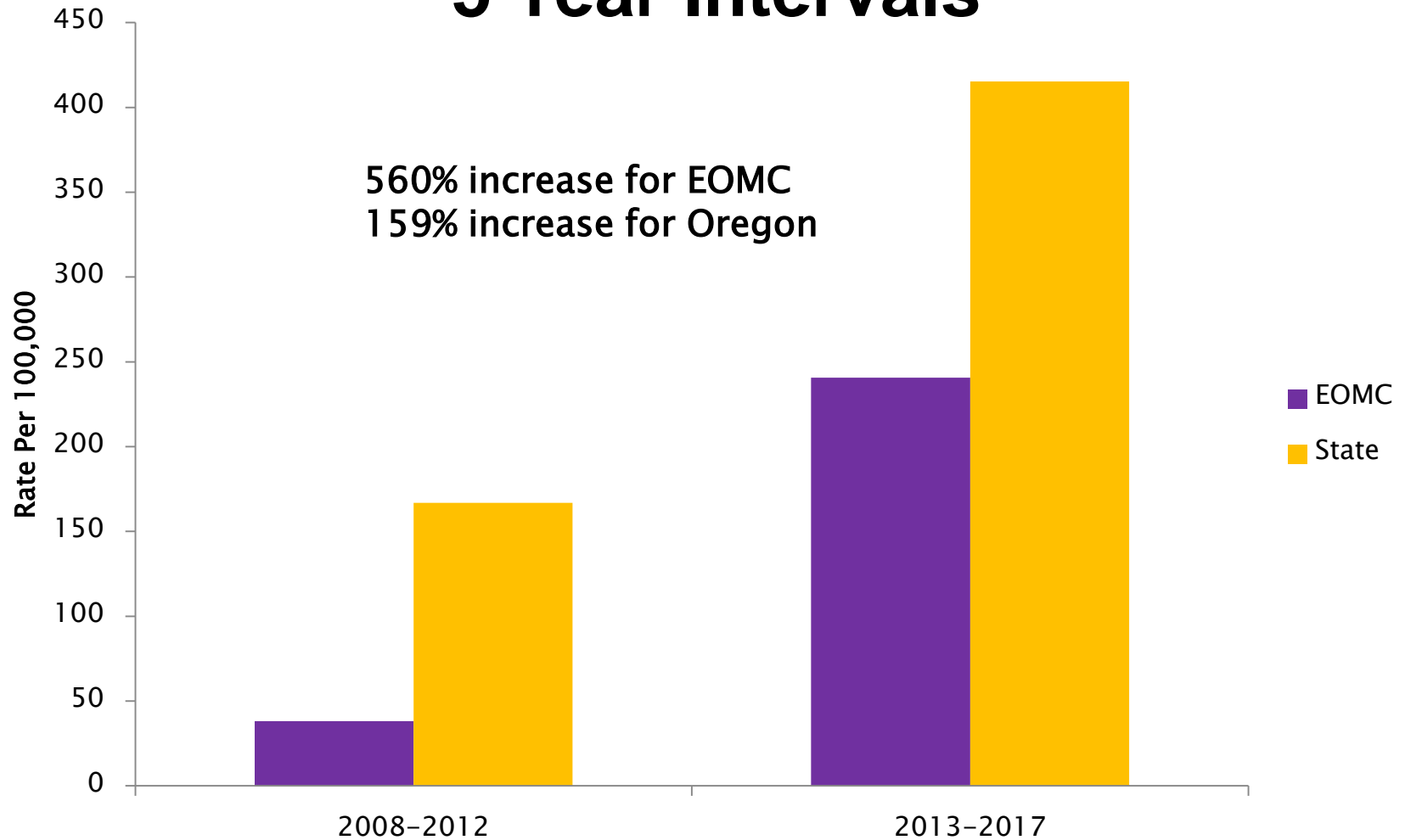
Gonorrhoea in Eastern Oregon



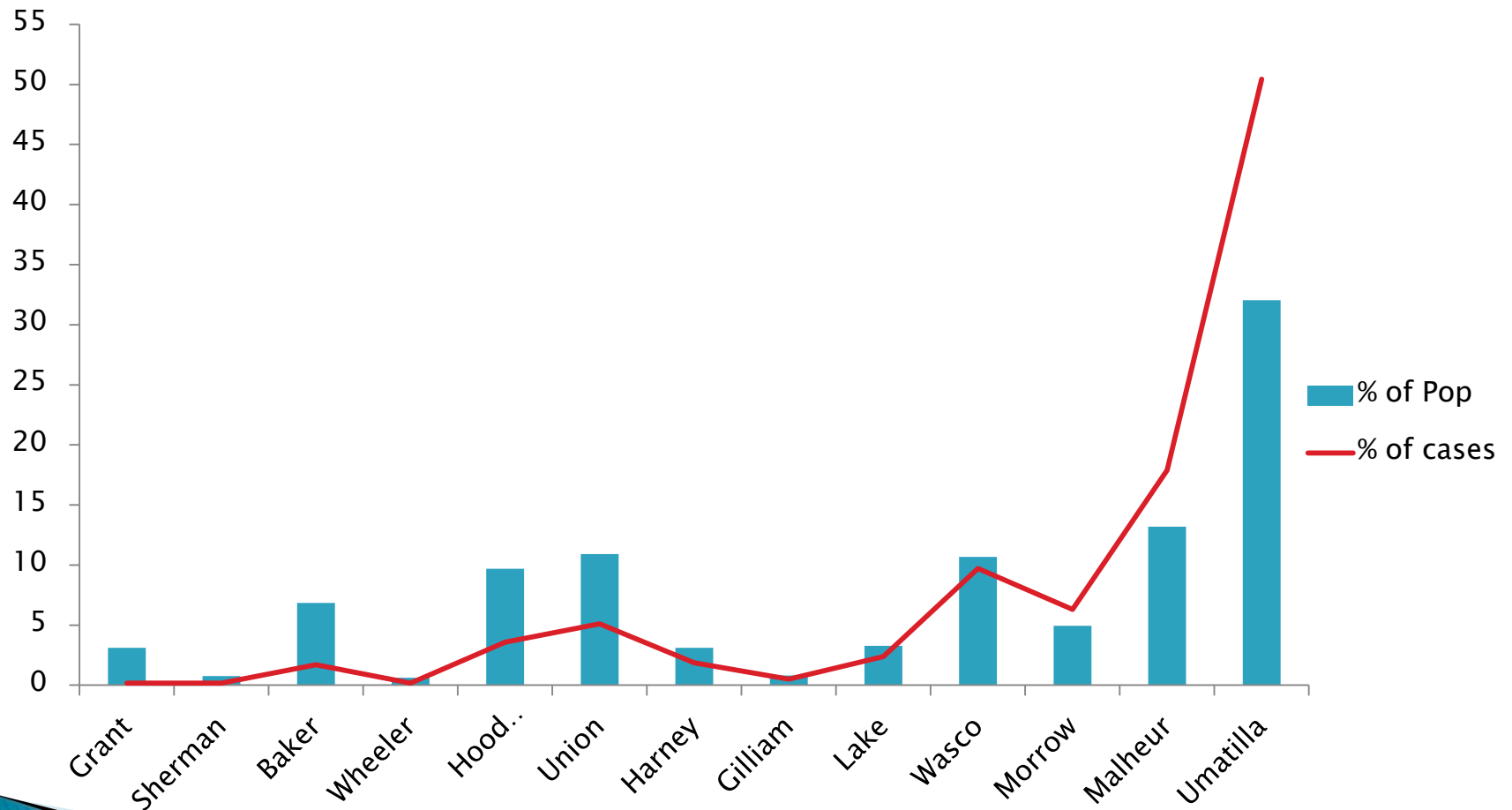
Gonorrhea Incidence Rates, 2008-2017



Gonorrhea Incidence Rate- 5 Year Intervals



Percent Population and Cases by County, 2017




Collaboration

»» Community Partners

Response

»» Capacity Building

Capacity Building

- ▶ Passport to Partner Services
 - CDC sponsored STI Investigation training
 - ▶ OHA Case Management
 - Gonorrhea and Syphilis case management training
 - ▶ AIDs Education & Training Center
 - Provider specific training on STI's/HIV
 - Targeted Provider Public Health Detailing sessions
 - ▶ Equity, Inclusion & Diversity Training
 - ▶ Internal LHD Health Equity Assessment
 - ▶ LHD Surge Capacity
- 

Thank You & Questions





MATERNAL AND CHILD HEALTH

*Nurse Home Visiting Program

*WIC

*Bridges to Health - DHS & Foster Care

*STEPS Program

*Community Partnerships

Nurse Home Visiting

Staff

Lori Treichel, Nancy Hammel, Lyn Richardson,
Dianne Kerr, Yary Ruiz, Maria Pena, Kristen Slatt

Program

Expanded Babies First

Pregnant women

Mother and child (child age 5 and under)

CaCoon

Children - newborn to 21 years

The Home Visit

Meet them where they are; in their home, park, doctor office, Celilo Village, library, college, alternative school

WIC and Home Visiting

- ▣ WIC
 - How we partner

Nurse in WIC on Wednesday to welcome pregnant women and provide information on home visiting programs

Nurse and CHW provide WIC nutrition services to home visiting participants

School Nursing

- ▣ Providing Services to:
 - OCDC
 - Wahtonka Community School
 - Dufur
 - Maupin
 - Celilo Village Preschool
 - The Dalles High School (Health Education)

Bridges to Health

- ▣ GOAL: To support children entering the Foster Care system to assure access to medical and dental assessments
- ▣ Staff person provide coordinated care to Foster Parents to ensure child received Medical and Dental appointment within first 60 days
- ▣ Provides support and referrals to community partners
- ▣ Can obtain CCO flexible spending dollars to support needs (backpacks, swimming lessons, etc)

STEPS Program

Oregon Support to Expectant and Parenting Students

- ▣ GOAL: Provide support for all parenting students to continue their education.

- ▣ In partnership with CGCC
- ▣ Funding from OHA grant
- ▣ Provide staff to meet with parenting students
- ▣ Referrals to community partners
- ▣ Support and incentivize students to success

Working with our Community Partners

- ▣ Wahtonka Alternative School
- ▣ Pregnancy Resource Center
- ▣ Celilo Village
- ▣ DHS
- ▣ CHW Community of Practice
- ▣ OHP Assister
- ▣ The Next Door
- ▣ Four Rivers Early Learning Hub – The Family Network
- ▣ Headstart
- ▣ The Home Visiting Connection
- ▣ Early Intervention
- ▣ OCDC
- ▣ HAVEN

Questions?

Presented by:
Lori Treichel
Shellie Campbell

delivered or directed by public health nurses (PHNs) and are provided during home visits. PHNs conduct assessment, screening, case management, and health education to improve outcomes for high-risk children. PHNs and client eligibility criteria are further described in OAR Chapter 410 Division 138.

3. **Program Components.** Activities and services delivered under this Program Element align with Foundational Programs and Foundational Capabilities, as defined in Oregon’s Public Health Modernization Manual, (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf) as well as with public health accountability outcome and process metrics (if applicable) as follows:

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

Program Components	Foundational Program				Foundational Capabilities							
	CD Control	Prevention and health promotion	Environmental health	Population Health Direct services	Access to clinical preventive services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
Asterisk (*) = Primary foundational program that aligns with each component X = Other applicable foundational programs					X = Foundational capabilities that align with each component							
(Component 1) Maternal, Child and Adolescent Health (MCAH) Preventive Health Services (or “MCAH Service(s)”))	*			X	X	X	X	X	X	X	X	
(Component 2) Oregon Mothers Care (OMC) Services	*			X	X		X	X	X		X	
(Component 3) Maternity Case Management (MCM) Services	*			X	X		X	X	X		X	
(Component 4) Babies First! (B1st!) and/or Nurse Family Partnership (NFP)	*			X	X		X	X	X		X	

CaCoon: Evidence-Based Outcomes for Serving Children with Special Health Needs



CaCoon is a statewide public health nurse home visiting program providing care coordination for families with children, birth to 21 years, with special health needs. These children and their families often have very complex health and related needs requiring coordination across multiple systems of care. CaCoon nurses assess family needs and provide interventions and care coordination to improve their health and well-being. The goal is to assure these children access to needed health and related services, spanning multiple systems of care, resulting in optimal health and well-being.

CaCoon children have complex needs. About 27% of CaCoon children have multiple chronic medical diagnoses, compared to only 2% of Medicaid children not served by CaCoon. CaCoon diagnoses include cleft palate, developmental delay, Down syndrome, epilepsy, failure to thrive, hearing loss, heart and brain disorders, cerebral palsy, spina bifida, and cystic fibrosis, among other rare and complex conditions.

Compared to Medicaid, children and youth that receive CaCoon nurse home visits had significantly higher rates of:*

Immunizations

CaCoon annual flu immunization rates were more than twice as high as Medicaid children in 2010 and 2011. For children that turned two years old during the year, the CaCoon up-to-date immunization rate was 28% higher than Medicaid children in 2010 and 12% higher in 2011.

Annual well-child visits

The CaCoon annual well child care visit rate was 23% higher than Medicaid children in 2010 and 26% more in 2011.

Annual dental care visits

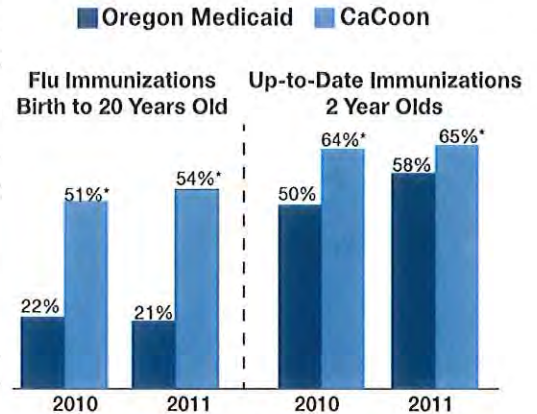
The CaCoon annual dental care visit rate was 21% higher than Medicaid children in 2010 and 2011.

CaCoon Potential Medicaid Cost Savings

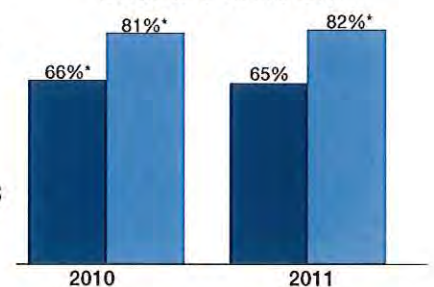
Immunizations generate significant economic benefits. The Centers for Disease Control and Prevention (CDC) estimates for every dollar spent on immunizations about six dollars in direct medical costs are saved. The higher CaCoon immunization rate results in considerable Medicaid savings.

Oregon Center for Children and Youth with Special Health Needs

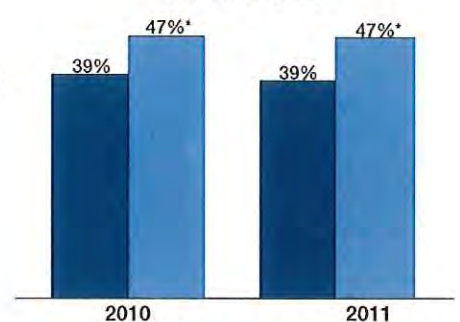
Oregon Center for Children and Youth with Special Health Needs
503-494-8303 www.occyshn.org



Annual Well Child Visits: Birth to 6 Years Old



Annual Dental Visits 2-3 Year Olds



*Chi-square significant at .05 or less

Note: A technical report provides detailed description of the research and analysis methods

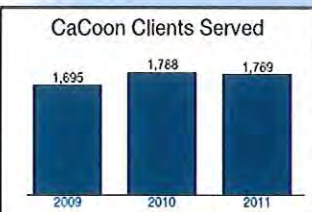
Information provided by:
Oregon Health Authority
Department of Medical Assistance Program
Immunization Program

At a glance:

CaCoon clients have higher immunization rates, well child visits, primary care visits, and dental care than Medicaid clients not served by CaCoon

"I don't think my son would be here if the CaCoon nurse hadn't linked me to the services needed to help him."

— CaCoon Client



Recap Report
7/1/2017 to 6/30/2018

Account Number		Budgeted	YTD REV	YTD EXP	Balance	Pct	
201 PUBLIC HEALTH FUND							
201.00.1201 NON-DEPARTMENTAL REV		3,000.00	8,335.76	0.00	8,335.76	277.86	
(Interest and SAIF Dividend)							
201.23.7141 PUBLIC HEALTH	REV	670,285.00	683,998.76			102.05	
General Fund; Septic; Vital Records	EXP	533,027.00		549,308.16	134,690.60	103.05	(Maj. of GF to local match)
201.23.7142 WIC	REV	171,693.00	176,346.38			102.71	Admin.
Nutrition for Women & Children	EXP	186,440.00		190,847.75	-14,501.37	102.36	BUD BAL -\$14,747
201.23.7143 MCH - CAH	REV	25,786.00	38,018.47			147.44	Fees \$5000 high than bud
Child & Adolescent Health	EXP	67,819.00		66,579.52	-28,561.05	98.17	BUD BAL -42,033
201.23.7144 REPROD HEALTH	REV	192,002.00	188,078.33			97.96	New grant streams
Exams & Ed. for Reproductive Health	EXP	290,774.00		252,328.07	-64,249.74	86.78	BUD BAL -98,772
201.23.7145 STATE SUPPORT	REV	36,478.00	45,489.42			124.70	Fees \$4000 high than bud
Exams, treat. & invest. for Com. Disease	EXP	41,207.00		45,923.50	-434.08	111.45	BUD BAL -4,729
201.23.7146 ENVIRONMENTAL HEA	REV	110,923.00	115,984.00			104.56	
Facility inspections & Education	EXP	121,084.00		118,240.39	-2,256.39	97.65	BUD BAL -10,161
201.23.7148 PERINATAL HEALTH	REV	194,282.00	140,342.39			72.24	Private don. not realized
Home visiting program	EXP	186,810.00		177,553.89	-37,211.50	95.05	local match \$60,734
201.23.7149 PHEP	REV	161,190.00	157,762.00			97.87	
Emergency preparedness	EXP	167,375.00		158,971.79	-1,209.79	94.98	
201.23.7151 PUBLIC HEALTH MODERNIZATION	REV	495,000.00	89,115.87			18.00	Bud Amt is full grant
Public Health Modernization	EXP	495,000.00		91,545.32	-2,429.45	18.49	Expenditures c/o
201.23.7152 HEALTH PROMOTION	REV	136,023.00	210,720.84			154.92	Grants carryover
Grants promoting health	EXP	120,294.00		125,236.47	85,484.37	104.11	Wejour Juntos, 4 Rivers
201.23.7153 IMMUNIZATION SPECIAL	REV	18,006.00	18,704.00			103.88	
Vaccine inventory; monitoring vaccinations	EXP	17,332.00		18,959.54	-255.54	109.39	
201.23.7154 CACOON	REV	42,958.00	51,846.60			120.69	
Home visiting program	EXP	48,279.00		44,065.56	7,781.04	91.27	local match \$14,300
201.23.7155 TOBACCO PREV & ED	REV	181,619.00	182,047.00			100.24	CGHC grant period
Prevention of tobacco use	EXP	183,641.00		119,911.89	62,135.11	65.30	Jan. - Dec. 2018
201.23.7156 WATER	REV	44,326.00	44,023.53			99.32	
Monitoring of public water systems	EXP	44,592.00		50,082.79	-6,059.26	112.31	Adj. personnel
201.23.7158 BABIES FIRST	REV	214,939.00	227,958.00			106.06	
Home visiting program	EXP	254,695.00		278,703.10	-50,745.10	109.43	local match \$83,600
201.23.7159 OREGON MOTHERS CARE	REV	7,248.00	9,103.00			125.59	
OHP application assistance	EXP	14,702.00		14,744.59	-5,641.59	100.29	BUD BAL -7,454
201.23.7500 PASS THROUGH	REV	15,000.00	11,200.00			74.67	
DEQ fees	EXP	15,000.00		11,100.00	100.00	74.00	
201.23.7999 NON-DEPARTMENTAL	REV	0.00				0.00	
(Contingency & Unappropriated)	EXP	202,687.00		0.00		0.00	
PUBLIC HEALTH FUND		2,990,758.00	2,399,074.35			80.22	
		2,990,758.00		2,314,102.33		77.38	
BEGINNING BALANCE			333,192				
ENDING BALANCE YTD			418,164				
					84,972.02		Diff. btw total rev. & total exp.

OUTSTANDING REVENUE:

4 Rivers - Network	15,000.00
MAC Spring Quarter	19,575.54
	<u>34,575.54</u>

NCPHD
Accounts Payable Checks
Issued June 2018

Check Date	Check Number	Vendor Name	Amount
6/25/2018	455	OREGON STATE, EMPLOYMENT DEPARTMENT	\$2,824.61
6/8/2018	470	IRS	\$13,882.44
6/8/2018	471	ASIFLEX	\$130.00
6/8/2018	472	P E R S	\$12,716.56
6/8/2018	473	OREGON STATE, DEPT OF REVENUE	\$3,581.68
6/25/2018	474	IRS	\$13,116.32
6/25/2018	475	ASIFLEX	\$130.00
6/25/2018	476	P E R S	\$12,509.32
6/25/2018	477	OREGON STATE, DEPT OF REVENUE	\$3,401.42
6/21/2018	478	IRS	\$65.72
6/21/2018	479	P E R S	\$93.41
6/4/2018	12427	CIS TRUST	\$31,484.51
6/4/2018	12428	COX, MARIA DEL PILAR	\$100.00
6/4/2018	12429	DATAFILE TECHNOLOGIES, LLC	\$79.87
6/4/2018	12430	OFFICE DEPOT	\$392.47
6/4/2018	12431	OREGON STATE, DEPT HUMAN SERVICES-OFS	\$1,297.24
6/4/2018	12432	SAIF CORPORATION	\$1,242.33
6/4/2018	12433	SATCOM GLOBAL INC.	\$57.71
6/4/2018	12434	STAPLES ADVANTAGE	\$1,069.92
6/4/2018	12435	OFFICE DEPOT	\$34.04
6/7/2018	12436	OREGON STATE, DEPT OF HUMAN SERVICES	\$10,000.00
6/11/2018	12437	CA STATE DISPURSEMENT UNIT	\$231.50
6/11/2018	12438	NATIONWIDE RETIREMENT SOLUTION	\$1,790.00
6/11/2018	12439	OREGON STATE, DEPT OF REVENUE	\$331.48
6/11/2018	12440	AHLERS & ASSOCIATES	\$910.00
6/11/2018	12441	BICOASTAL MEDIA LLC, BICOASTAL COLUMBIA RIVER	\$696.00
6/11/2018	12442	CYTOCHECK LABORATORY LLC	\$75.00
6/11/2018	12443	H2OREGON BOTTLED WATER INC.	\$77.40
6/11/2018	12444	MID-COLUMBIA MEDICAL CENTER	\$326.25
6/11/2018	12445	RICOH USA INC.	\$159.85
6/11/2018	12446	SHRED-IT USA	\$144.45
6/11/2018	12447	SMITH MEDICAL PARTNERS LLC	\$5,198.10
6/11/2018	12448	SPARKLE CAR WASH, LLC	\$63.30
6/11/2018	12449	THE DALLES CHRONICLE	\$123.75
6/11/2018	12450	THE TIMES-JOURNAL	\$195.00
6/11/2018	12451	U.S. CELLULAR	\$450.12
6/11/2018	12452	UPS	\$92.67
6/11/2018	12453	US BANK	\$5,239.64
6/11/2018	12454	WASCO COUNTY	\$1,019.33
6/27/2018	12455	CLARKE, JUDY	\$475.80
6/27/2018	12456	CO OF BAKER, BAKER CO HLTH DEPT	\$226.01
6/27/2018	12457	HENRY SCHEIN	\$33.66
6/27/2018	12458	LAMENDOLA-GILLIAM, CALLIE	\$39.00

PAYROLL A/P (EFT)

PAYROLL A/P

6/27/2018	12459	OPTIMIST PRINTERS	\$457.75
6/27/2018	12460	QWIK CHANGE LUBE CENTER INC.	\$37.95
6/27/2018	12461	SMITH MEDICAL PARTNERS LLC	\$625.20
6/27/2018	12462	STEVE'S	\$550.00
6/27/2018	12463	STRICKER, REBECCA MARIE	\$269.25
6/28/2018	12464	CA STATE DISPURSEMENT UNIT	\$231.50
6/28/2018	12465	NATIONWIDE RETIREMENT SOLUTION	\$1,790.00
6/28/2018	12466	OREGON STATE, DEPT OF REVENUE	\$331.48
TOTAL:			\$130,401.01

PAYROLL A/P

NCPHD Board of Health authorizes check numbers 12427 - 12466 and payroll EFT numbers 455, 470 - 479 totalling 130,401.01

Signature _____

Printed Name Scott Hege

NCPHD
Accounts Payable Checks
Issued July 2018

Check Date	Check Number	Vendor Name	Amount
HELD IN QUE	480	OREGON STATE, EMPLOYMENT DEPT	1127.29
7/10/2018	481	IRS	\$12,125.35
7/10/2018	482	ASIFLEX	\$130.00
7/10/2018	483	P E R S	\$12,058.26
7/10/2018	484	OREGON STATE, DEPT OF REVENUE	\$3,145.06
7/25/2018	485	IRS	\$13,706.01
7/25/2018	486	ASIFLEX	\$105.00
7/25/2018	487	P E R S	\$12,830.79
7/25/2018	488	OREGON STATE, DEPT OF REVENUE	\$3,606.79
7/2/2018	12467	CIS TRUST	\$29,849.96
7/13/2018	12468	ADAM'S AUTO	\$500.00
7/13/2018	12469	THE DALLES FARMERS MARKET	\$50.00
7/13/2018	12470	CA STATE DISPURSEMENT UNIT	\$231.50
7/13/2018	12471	NATIONWIDE RETIREMENT SOLUTION	\$1,790.00
7/13/2018	12472	OREGON STATE, DEPT OF REVENUE	\$331.48
7/18/2018	12473	OREGON STATE, DEPT OF HUMAN SERVICES	\$20.00
7/18/2018	12474	PERRY, CYNTHIA KAY	\$2,400.00
7/18/2018	12475	AHLERS & ASSOCIATES	\$910.00
7/18/2018	12476	BEERY ELSNER & HAMMOND LLP	\$329.00
7/18/2018	12477	BICOASTAL MEDIA LLC, BICOASTAL COI UMBIA RIVER	\$108.00
7/18/2018	12478	DEVIN OIL CO INC.	\$161.55
7/18/2018	12479	H2OREGON BOTTLED WATER INC.	\$59.60
7/18/2018	12480	MID-COLUMBIA MEDICAL CENTER	\$360.00
7/18/2018	12481	OFFICE DEPOT	\$204.55
7/18/2018	12482	OPTIMIST PRINTERS	\$576.50
7/18/2018	12483	OREGON STATE, DEPT OF ENVIRONMENTAL QUA	\$2,100.00
7/18/2018	12484	OREGON STATE, DEPT OF HUMAN SERVICES	\$12,820.76
7/18/2018	12485	PERRY, CYNTHIA KAY	\$600.00
7/18/2018	12486	RICOH USA INC.	\$154.61
7/18/2018	12487	SMITH MEDICAL PARTNERS LLC	\$5,680.92
7/18/2018	12488	SPARKLE CAR WASH, LLC	\$56.70
7/18/2018	12489	STAEHNKE, DAVID	\$100.08
7/18/2018	12490	STERICYCLE INC.	\$535.80
7/18/2018	12491	U.S. CELLULAR	\$450.12
7/18/2018	12492	UPS	\$108.00
7/18/2018	12493	WASCO COUNTY	\$770.68
7/19/2018	12494	U.S. POSTAL SERVICE	\$600.00
7/19/2018	12495	DATAFILE TECHNOLOGIES, LLC	\$50.25
7/19/2018	12496	US BANK	\$1,110.80
7/26/2018	12497	CYTOCHECK LABORATORY LLC	\$80.00
7/26/2018	12498	HENRY SCHEIN	\$524.51
7/26/2018	12499	OPTIMIST PRINTERS	\$1,064.00

PAYROLL A/P (EFT)

PAYROLL A/P

7/26/2018	12500	OREGON STATE, DEPT OF HUMAN SERVICES	\$195.00
7/26/2018	12501	WASCO COUNTY	\$170.31
7/26/2018	12502	COLUMBIA GORGE FIRE EQUIPMENT	\$245.50
7/26/2018	12503	NELSON TIRE FACTORY DBA, GILL'S POINT S	\$475.14
7/26/2018	12504	QWIK CHANGE LUBE CENTER INC.	\$44.50
7/26/2018	12505	THE POOL & SPA HOUSE INC.	\$30.60
7/26/2018	12506	WASCO COUNTY	\$128.22
TOTAL:			\$124,813.19

NCPHD Board of Health authorizes check numbers 12467 - 12506 and payroll EFT numbers 480 - 488 totalling \$124,813.19.

Signature _____

Printed Name _Scott Hege

NCPHD
Accounts Payable Checks
Issued August 2018

Check Date	Check Number	Vendor Name	Amount
8/10/2018	489	IRS	\$14,224.08
8/10/2018	490	ASIFLEX	\$55.00
8/10/2018	491	P E R S	\$13,212.48
8/10/2018	492	OREGON STATE, DEPT OF REVENUE	\$3,736.01
8/7/2018	493	IRS	\$256.03
8/7/2018	494	OREGON STATE, DEPT OF REVENUE	\$74.58
8/24/2018	495	IRS	\$13,072.72
8/24/2018	496	ASIFLEX	\$80.00
HELD IN QUE	497	P E R S	\$12,790.49
8/24/2018	498	OREGON STATE, DEPT OF REVENUE	\$3,432.51
8/3/2018	12507	HEIDI SOFIA VENTURE DBA, HEIDI VENTURE CONSULTING	\$2,500.00
8/3/2018	12508	MCCASLAND, LINDY	\$425.48
8/3/2018	12509	NOODLE SOUP	\$192.00
8/3/2018	12510	OREGON STATE, DEPT HUMAN SERVICES-OFS	\$4,797.13
8/3/2018	12511	STAPLES ADVANTAGE	\$455.97
8/3/2018	12512	WASCO SCHOOL EVENTS CENTER	\$40.00
8/3/2018	12513	CHECK IN SYSTEMS INC	\$399.00
8/3/2018	12514	CIS TRUST	\$15,420.35
8/3/2018	12515	HEIDI SOFIA VENTURE DBA, HEIDI VENTURE CONSULTING	\$2,450.00
8/3/2018	12516	OFFICE DEPOT	\$139.99
8/3/2018	12517	OREGON STATE, DEPT OF HUMAN SERVICES	\$10,000.00
8/3/2018	12518	QWIK CHANGE LUBE CENTER INC.	\$71.12
8/3/2018	12519	SATCOM GLOBAL INC.	\$114.92
8/3/2018	12520	SMITH MEDICAL PARTNERS LLC	\$4,345.16
8/3/2018	12521	STAEHNKE, DAVID	\$124.83
8/3/2018	12522	THE DALLES CHRONICLE	\$240.00
8/3/2018	12523	THERA COM INC	\$3,019.30
8/8/2018	12524	CIS TRUST	\$28,093.42
8/9/2018	12525	AHLERS & ASSOCIATES	\$910.00
8/9/2018	12526	MID-COLUMBIA MEDICAL CENTER	\$303.75
8/9/2018	12527	NATIONAL WIC ASSOCIATION	\$385.00
8/9/2018	12528	OREGON STATE, DEPT OF ENVIRONMENTAL OUA	\$1,200.00
8/9/2018	12529	RICOH USA INC.	\$155.27
8/9/2018	12530	SPARKLE CAR WASH, LLC	\$53.70
8/9/2018	12531	U.S. CELLULAR	\$449.64
8/9/2018	12532	UPS	\$108.00
8/9/2018	12533	US BANK	\$3,220.35
8/14/2018	12534	CA STATE DISPURSEMENT UNIT	\$231.50
8/14/2018	12535	NATIONWIDE RETIREMENT SOLUTION	\$1,790.00
8/14/2018	12536	OREGON STATE, DEPT OF REVENUE	\$331.48
8/17/2018	12537	ANSOTEGUI, BROOKE	\$321.20
8/17/2018	12538	BARTELS & STOUT	\$170.00

PAYROLL A/P (EFT)

PAYROLL A/P

8/17/2018	12539	BEERY ELSNER & HAMMOND LLP	\$94.00
8/17/2018	12540	COX, MARIA DEL PILAR	\$250.00
8/17/2018	12541	CYTOCHECK LABORATORY LLC	\$60.00
8/17/2018	12542	DEVIN OIL CO INC.	\$86.01
8/17/2018	12543	H2OREGON BOTTLED WATER INC.	\$77.55
8/17/2018	12544	INTERPATH LABORATORY INC.	\$12.60
8/17/2018	12545	OREGON STATE, DEPT OF HUMAN SERVICES	\$9,787.77
8/17/2018	12546	QWIK CHANGE LUBE CENTER INC.	\$44.50
8/17/2018	12547	SHRED-IT USA	\$144.45
8/17/2018	12548	WASCO COUNTY	\$716.72
8/17/2018	12549	WWW DO1THING US	\$121.00
8/17/2018	12550	CDW GOVERNMENT INC.	\$961.17
8/17/2018	12551	OR STATE PUBLIC, HEALTH LABORATORY	\$13.55
8/17/2018	12552	SAIF CORPORATION	\$498.57
8/17/2018	12553	WASCO COUNTY	\$261.27
8/21/2018	12554	CA STATE DISPURSEMENT UNIT	\$231.50
8/21/2018	12555	NATIONWIDE RETIREMENT SOLUTION	\$1,740.00
8/21/2018	12556	OREGON STATE, DEPT OF REVENUE	\$331.48
8/24/2018	12557	CDW GOVERNMENT INC.	\$4,698.80
8/24/2018	12558	OFFICE DEPOT	\$551.57
8/24/2018	12559	THE DALLES CHRONICLE	\$644.95
8/29/2018	12560	CA STATE DISPURSEMENT UNIT	\$231.50
8/29/2018	12561	NATIONWIDE RETIREMENT SOLUTION	\$1,740.00
8/29/2018	12562	OREGON STATE, DEPT OF REVENUE	\$331.48
8/31/2018	12563	LAMENDOLA-GILLIAM, CALLIE	\$89.45
8/31/2018	12564	OR STATE PUBLIC, HEALTH LABORATORY	\$27.10
8/31/2018	12565	OREGON STATE, DEPT HUMAN SERVICES- OFS	\$1,185.04
8/31/2018	12566	PUBLIC HEALTH FOUNDATION, ENTERPRISES INC	\$2,340.00
8/31/2018	12567	BORDERS, ALYSSA	\$27.03
8/31/2018	12568	HENRY SCHEIN	\$851.91
8/31/2018	12569	KYJO CORP DBA, SENSORYEDGE	\$699.72
8/31/2018	12570	MCDONELL, MIRIAM	\$54.00
8/31/2018	12571	OPTIMIST PRINTERS	\$381.80
8/31/2018	12572	OREGON STATE, DEPT OF HUMAN SERVICES	\$10,000.00
8/31/2018	12573	SCHOOL OUTFITTERS	\$1,335.37
8/31/2018	12574	SECA CORPORATION	\$137.00
TOTAL:			\$184,151.32

PAYROLL A/P

PAYROLL A/P

NCPHD Board of Health authorizes check numbers 12507 - 12574 and payroll EFT numbers 489 - 498 totalling \$184,151.32.

Signature _____

Printed Name Scott Hege

HELPING HANDS JANITORIAL

414 Washington, Ste 10
The Dalles, OR 97058
(541) 769-1221 Phone
(541) 628-7362 Fax
Cheryl@helpinghandshomecare.com

Janitorial Services Contract for 1x deep clean
For
North Central Public Health District
419 E. 7th Street
The Dalles, OR

August 28, 2018

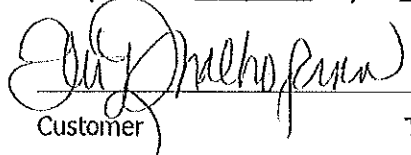
Helping Hands Janitorial will provide the following 1 time deep clean to North Central Public Health District located in The Dalles, OR. Cleaning is to include the following:

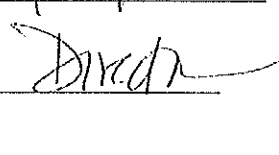
- DAMP MOP & SWEEP FLOORS:** Sweep and s mop floors in entry. Sweep stairs.
- VACUUM:** All carpets in conference room, hallways and other areas.
- BATHROOM:** Deep detail clean of bathroom including toilet and surrounding areas, sink, mirrors, doors, ledges, baseboards, door jambs, ceilings, floors and walls.
- WIPE DOWN:** All door frames, display items, baseboards and furniture.
- DUST:** Office machines, desks and phones, window and door ledges, file cabinets, ceiling lighting, computers and all ledges.

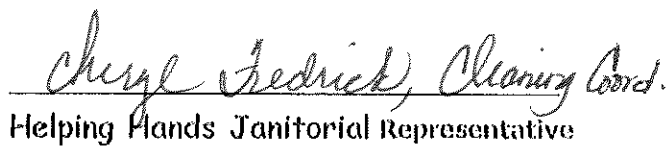
The cost to provide the above services is **\$150.00** for this one time deep clean.

Thank you for allowing Helping Hands Janitorial the opportunity to provide you with top notch service! Should you have any questions, please call us at (541) 769-1221.

Accepted this 28 day of 2018, August.


Customer


Title


Helping Hands Janitorial Representative

Please note payment is due within 10 days of receipt of invoice.

ADDENDUM
to
Weekly Janitorial Services Contract (1 deep clean)
with
Helping Hands Janitorial

CONFIDENTIALTY:

As a Business Associate of NCPHD, Contractor agrees to not use or disclose any information concerning an NCPHD client for a purpose not directly connected with the administration of its responsibilities under this Agreement, except on written consent of NCPHD client, his or her legally responsible parent or guardian, or if appropriate, his or her attorney.

Use and Disclosure of Protected Health Information. Contractor may use and disclose Protected Health Information only as required to satisfy its obligations under this Agreement, as permitted herein, but shall not otherwise use or disclose any Protected Health Information. Protected Health Information includes information contained in a patient's medical records and billing records. Contractor shall ensure that it will not use or disclose Protected Health Information received from NCPHD in any manner that would constitute a violation of the Health Insurance Privacy and Accountability Act Standards. Contractor acknowledges that, as between Contractor and NCPHD, all Protected Health Information shall be and remain the sole property of NCPHD. Contractor further represents that, to the extent Contractor requests that NCPHD disclose Protected Health Information to Contractor, such a request is only for the minimum necessary Protected Health Information for the accomplishment of Contractor's contracted purpose.

Safeguards Against Misuse of Information Contractor shall use all appropriate safeguards to prevent the use or disclosure of Protected Health Information.

Reporting of Disclosure of Protected Health Information. Contractor shall, as soon as practicable, but in no event later than within two (2) days of becoming aware of any use or disclosure of Protected Health Information in violation of the Agreement by Contractor, report any such disclosure to NCPHD. In such event, Contractor shall, in consultation with NCPHD, mitigate, to the extent practicable, any harmful effect that is known to Contractor of such improper use or disclosure.

Accounting of Disclosures. Within ten (10) days of notice by NCPHD to the Contractor that it has received a request for an accounting of disclosures of Protected Health Information (other than disclosures to which an exception to the accounting requirement applies, including, but not limited to, the exceptions for a disclosure that is related to the treatment of the patient, the processing of payments related to such treatment, or the health care operations of a NCPHD or its business associate) the

Contractor shall make available to NCPHD such information as is in the Contractor's possession and is required for NCPHD to make the accounting required by 45 C.F.R. §164.528. At a minimum, the Contractor shall provide NCPHD with the following information: (i) the date of the disclosure, (ii) the name of the entity or person who received the Protected Health Information, and if known, the address of such entity or person, (iii) a brief description of the Protected Health Information disclosed, and (iv) a brief statement of the purpose of such disclosure which includes an explanation of the basis for such disclosure. In the event the request for an accounting is delivered directly to the Contractor, the contractor shall within two (2) days forward such request to NCPHD. The Contractor shall implement an appropriate record keeping process to enable it to comply with the requirements of this Section.

ACCESS TO RECORDS

During the term of this Agreement and for the period of five (5) years after the termination of this Agreement, Contractor shall make available to the Health Care Financing Administration, the Comptroller General of the United States and their duly authorized representatives, all documents and records necessary to certify the nature and extent of the costs of those services and records relating to the use and disclosure of Protected Health Information received from, or created and received by NCPHD.

Notice of Request for Data. The Contractor agrees to notify NCPHD within five (5) business days of the Contractor's receipt of any request or subpoena for Protected Health Information. To the extent that NCPHD decides to assume responsibility for challenging the validity of such request, the Contractor shall cooperate fully with NCPHD in such challenge.

TERMINATION

Termination Upon Breach of Provisions Applicable to Protected Health Information Any other provision of the Agreement notwithstanding, the Agreement may be terminated by NCPHD upon five (5) days written notice to the Contractor in the event that the Contractor breaches any provision contained in this Agreement and such breach is not cured within such five (5) day period; provided, however, that in the event that termination of the Agreement is not feasible, in NCPHD's sole discretion, the Contractor acknowledges and agrees that NCPHD has the right to report the breach to the Secretary, notwithstanding any other provision of this Agreement to the contrary.

Return or Destruction of Protected Health Information upon Termination. Upon termination of the Agreement, the Contractor shall either return or destroy all Protected Health Information received from NCPHD or created or received by the Contractor on behalf of NCPHD and which the Contractor still maintains in any form. The Contractor shall not retain any copies of such Protected Health Information. Notwithstanding the foregoing, to the extent that NCPHD agrees that it is not feasible to return or destroy such Protected Health Information, the terms and provisions of this Addendum shall survive termination of the Agreement and such Protected Health Information shall be


used or disclosed solely for such purpose which prevented the return or destruction of such Protected Health Information.

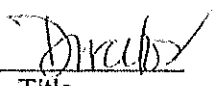
NCPHD Right of Cure. At the expense of the Contractor, NCPHD shall have the right to cure any breach of the Contractor's obligations under this Addendum. NCPHD shall give the Contractor notice of its election to cure any such breach and the Contractor shall cooperate fully in the efforts by NCPHD to cure the Contractor's breach. All requests for payment for such services of NCPHD shall be paid within thirty (30) days.

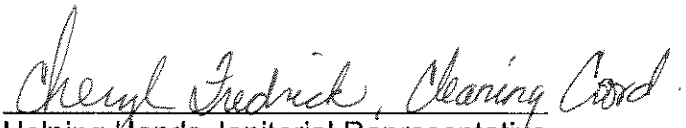
AMENDMENT

NCPHD and Contractor agree to amend this Addendum to the extent necessary to allow either party to comply with the Privacy Standards, the Standards for Electronic Transactions (45 C.F.R. Parts 160 and 162) and the Security Standards (45 C.F.R. Part 142) (collectively, the "Standards") promulgated or to be promulgated by the Secretary or other regulations or statutes. The Contractor agrees that it will fully comply with all such Standards and this it will agree to amend this Addendum to incorporate any material required by the Standards.

Accepted this 28 day of August, 2018.


Customer


Title


Helping Hands Janitorial Representative

HELPING HANDS JANITORIAL

414 Washington, Ste 1D
The Dalles, OR 97058
(541) 769-1221 Phone
(541) 628-7362 Fax
Cheryl@helpinghandshomecare.com

Weekly Janitorial Services Contract (1x per week)
For

North Central Public Health District

419 E. 7th
The Dalles, OR

August 28, 2018

Helping Hands Janitorial will provide the following services to North Central Public Health District located in The Dalles, OR every week for a period of not less than one year:

Cleaning is to include the following every time building is cleaned:

DAMP MOP & SWEEP FLOORS: Sweep and spot mop floors in entry. Sweep stairs.

VACUUM: All carpets in conference room, hallways and other areas.

BATHROOM: Clean toilet and surrounding areas, sink, mirrors, doors, ledges, baseboards, door jambs, ceilings, floors and walls. Restock toilet paper, hand soap, paper towels. *(client will purchase toilet paper, paper towels, garbage bags, and hand soaps – Helping Hands will email a list of paper supplies needed.* Helping Hands will supply all basic janitorial cleaning supplies. Any special cleaning items will be purchased and supplied by client.

WIPE DOWN: Door frames, display items, baseboards and furniture.

DUST: Office machines, desks and phones, window and door ledges, file cabinets, ceiling lighting, computers and all ledges.

The cost to provide the above services is **\$55.00** per clean.

Thank you for allowing Helping Hands Janitorial the opportunity to provide you with top notch service! Should you have any questions, please call us at (541) 769-1221.

Accepted this 28 day of August 2018.

[Signature]
Customer Title

[Signature]
Helping Hands Janitorial Representative

Signature of this document represents activation of this contract for 12 consecutive months. To terminate Contractor's services, either party must provide written notice of cancellation to the other party 30 days prior to the end of any current Term.

Please note payment is due within 10 days of receipt of invoice.

ADDENDUM
to
Weekly Janitorial Services Contract (1x per week)
with
Helping Hands Janitorial

CONFIDENTIALTY:

As a Business Associate of NCPHD, Contractor agrees to not use or disclose any information concerning an NCPHD client for a purpose not directly connected with the administration of its responsibilities under this Agreement, except on written consent of NCPHD client, his or her legally responsible parent or guardian, or if appropriate, his or her attorney.

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Safeguards Against Misuse of Information Contractor shall use all appropriate safeguards to prevent the use or disclosure of Protected Health Information.

Reporting of Disclosure of Protected Health Information. Contractor shall, as soon as practicable, but in no event later than within two (2) days of becoming aware of any use or disclosure of Protected Health Information in violation of the Agreement by Contractor, report any such disclosure to NCPHD. In such event, Contractor shall, in consultation with NCPHD, mitigate, to the extent practicable, any harmful effect that is known to Contractor of such improper use or disclosure.

Accounting of Disclosures. Within ten (10) days of notice by NCPHD to the Contractor that it has received a request for an accounting of disclosures of Protected Health Information (other than disclosures to which an exception to the accounting requirement applies, including, but not limited to, the exceptions for a disclosure that is related to the treatment of the patient, the processing of payments related to such treatment, or the health care operations of a NCPHD or its business associate) the

Contractor shall make available to NCPHD such information as is in the Contractor's possession and is required for NCPHD to make the accounting required by 45 C.F.R. §164.528. At a minimum, the Contractor shall provide NCPHD with the following information: (i) the date of the disclosure, (ii) the name of the entity or person who received the Protected Health Information, and if known, the address of such entity or person, (iii) a brief description of the Protected Health Information disclosed, and (iv) a brief statement of the purpose of such disclosure which includes an explanation of the basis for such disclosure. In the event the request for an accounting is delivered directly to the Contractor, the contractor shall within two (2) days forward such request to NCPHD. The Contractor shall implement an appropriate record keeping process to enable it to comply with the requirements of this Section.

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TERMINATION

Termination Upon Breach of Provisions Applicable to Protected Health Information Any other provision of the Agreement notwithstanding, the Agreement may be terminated by NCPHD upon five (5) days written notice to the Contractor in the event that the Contractor breaches any provision contained in this Agreement and such breach is not cured within such five (5) day period; provided, however, that in the event that termination of the Agreement is not feasible, in NCPHD's sole discretion, the Contractor acknowledges and agrees that NCPHD has the right to report the breach to the Secretary, notwithstanding any other provision of this Agreement to the contrary.

Return or Destruction of Protected Health Information upon Termination. Upon termination of the Agreement, the Contractor shall either return or destroy all Protected Health Information received from NCPHD or created or received by the Contractor on behalf of NCPHD and which the Contractor still maintains in any form. The Contractor shall not retain any copies of such Protected Health Information. Notwithstanding the foregoing, to the extent that NCPHD agrees that it is not feasible to return or destroy such Protected Health Information, the terms and provisions of this Addendum shall survive termination of the Agreement and such Protected Health Information shall be

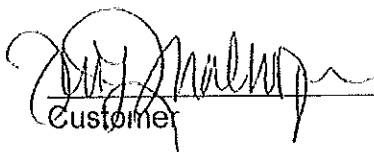
used or disclosed solely for such purpose which prevented the return or destruction of such Protected Health Information.

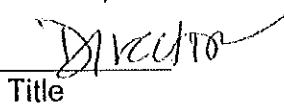
NCPHD Right of Cure. At the expense of the Contractor, NCPHD shall have the right to cure any breach of the Contractor's obligations under this Addendum. NCPHD shall give the Contractor notice of its election to cure any such breach and the Contractor shall cooperate fully in the efforts by NCPHD to cure the Contractor's breach. All requests for payment for such services of NCPHD shall be paid within thirty (30) days.

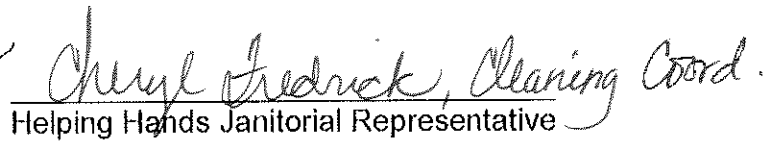
AMENDMENT

NCPHD and Contractor agree to amend this Addendum to the extent necessary to allow either party to comply with the Privacy Standards, the Standards for Electronic Transactions (45 C.F.R. Parts 160 and 162) and the Security Standards (45 C.F.R. Part 142) (collectively, the "Standards") promulgated or to be promulgated by the Secretary or other regulations or statutes. The Contractor agrees that it will fully comply with all such Standards and this it will agree to amend this Addendum to incorporate any material required by the Standards.

Accepted this 28 day of August, 2018.


Customer


Title


Helping Hands Janitorial Representative

**INTERGOVERNMENTAL AGREEMENT BETWEEN NORTH CENTRAL PUBLIC
HEALTH DISTRICT AND HOOD RIVER COUNTY FOR PROVISION OF
Family Planning Nurse Practitioner**

DATE: April 16, 2018

PARTIES: NORTH CENTRAL PUBLIC HEALTH DISTRICT ("NCPHD")
419 East 7th Street
The Dalles, OR 97058

HOOD RIVER COUNTY ("HRC")
601 State Street
Hood River, OR 97031

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

RECITALS:

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

WHEREAS, NCPHD has a verbal agreement with Hood River County to provide a Nurse Practitioner to Hood River County (hereinafter "HRC")

WHEREAS, the parties desire to share the expenses and services of the Nurse Practitioner to provide Family Planning and STD clinical services and desire to document the nature of the services to be provided and how expenses will be shared via written agreement;

1. Services. NCPHD will provide a Nurse Practitioner to HRC, subject to approved absences due to injury, illness, scheduled vacations, or attendance at a meeting, training or conference.
 - a. Clinical staff provided by NCPHD for the purposes of this Agreement are employees of NCPHD, and HRC. NCPHD is responsible for all employee personnel functions including, but not limited to, all final determinations on hiring, firing and employee evaluations. Input will be sought from HRC management staff.
 - b. Clinical staff shall perform work as outlined in the Job Description, attached hereto as Exhibit A and incorporated herein by this reference. It is expected that the employee will work 2 days per week at NCPHD and 2 days per week at HRC. Days and hours of work will be negotiated between the Directors of the two health departments initially and then on an as needed basis.
2. Compensation. HRC agrees to pay NCPHD, as compensation for providing such staffing, one-half the cost of the salary and benefits payable to clinical staff in the position of Nurse Practitioner, which amount shall be based on the 2 days per week of service provided to HRC. HRC also agrees to pay to NCPHD one-half of the cost of any other required expenses incurred such as required trainings. Other training expenses will be negotiated by the Directors of Hood River County Health Department and North Central Public Health District on an as needed basis. The employee work site will be 2 days per week at NCPHD at 419 East 7th Street, The Dalles, OR and 2 days per week at Hood River County Health Department at 1109 June Street, Hood River,

OR. Mileage or travel time between the sites will not be compensated. NCPHD shall provide HRC with the budget amount for the Nurse Practitioner annually on or before February 1st each year.

HRC's contribution to the benefits includes one-half of any unemployment benefits paid by NCPHD for this FNP position addressed in this agreement. NCPHD shall be responsible for payment of the benefits as a self-insured employer and Hood River shall reimburse for payment of the benefits as a self-insured employer and Hood River shall reimburse NCPHD for one-half of those paid benefits for the FNP position. In the event that NCPHD is no longer self-insured, all benefits shall be paid from a claim filed solely by NCPHD and HRC shall not be required to make application for said benefits as the FNP shall be an employee of NCPHD.

3. Requests for Increases in Compensation. If an increase is warranted in the compensation payable under the terms of this agreement, the requesting party shall notify the other of the amount of the requested increase and the reason therefore, and shall provide the other with documentation supporting such request.
4. Payment Terms. NCPHD will bill HRC quarterly. Payment shall be due in full within 30 days following receipt of the invoice. HRC shall have the right to inspect supporting records or documentation of the 50% salary billed by NCPHD.
5. Dispute Resolution. In the event that concerns arise regarding either party's compliance with the required quality and timeliness of services to be provided by the Nurse Practitioner, each party shall make reasonable efforts to resolve such concerns in a timely manner. Should such concerns not be resolved then any party may terminate this agreement upon thirty-days (30) prior written notice to the other party. Should this agreement be terminated before the end of the prescribed term, the consideration for the total services will be prorated between the parties.
6. Term. The term of the agreement shall commence on the date when signed by both parties and expire on January 1, 2019, unless terminated as set forth herein. This agreement shall renew annually on the first day of January each year unless either party gives written notice of termination at least thirty (30) days prior to expiration of the annual term. Termination of this agreement shall be without prejudice to any obligations or liabilities of the parties which have accrued prior to the termination date.
7. Indemnification. To the extent permitted by law, NCPHD shall defend, save, indemnify and hold harmless HRC, its officers, agents, and employees from any and all claims, suits, actions or demands of any nature whatsoever arising out of its performance under the terms of this Agreement, or of NCPHD's personnel in performance of their duties.
8. Miscellaneous:
 - a. Nothing in this Agreement, express or implied, is intended or shall be construed to confer on any person, other than the parties to this Agreement any right, remedy, or claim under or with respect to this Agreement.
 - b. This Agreement may be amended only by an instrument in writing executed by the parties, which writing must refer to this instrument.
 - c. This Agreement constitutes the entire agreement and understanding of the parties with respect to the subject matter of this Agreement and supersedes all prior understandings and agreements, whether written or oral, between the parties with respect to such subject matter.
 - d. This Agreement shall be governed and construed in accordance with the laws of Hood River County and the State of Oregon without resort to any jurisdiction's conflict of laws.

rules or doctrines. Any claim, action, suit or proceeding (collectively, "claim") between the parties that arises from or relates to this Agreement shall be brought and conducted solely and exclusively within the Circuit Court of Hood River County for the State of Oregon. Provided, however, if the claim must be brought in a federal forum, then it shall be brought and conducted solely and exclusively with the United States District Court for the District of Oregon.

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

NORTH CENTRAL PUBLIC HEALTH DISTRICT:

HOOD RIVER COUNTY:

North Central Public Health District,

County Administrator

By 
Signature

By 
Signature

Printed Name:

Printed Name:

Teri L. Thalhofer, RN, BSN,
Director of NCPHD

Jeff Hecksel

Date: 8/29/2018

Date: 8/20/18

AGREEMENT

THIS AGREEMENT is made and entered into between MULTNOMAH EDUCATION SERVICE DISTRICT ("MESD") and North Central County Health Department ("LHD"). The term of this Agreement shall be July 1, 2018 to June 30, 2021.

WITNESSETH

PURPOSE: The purpose of this Agreement is to describe MESD's and LHD's rights and obligations with respect to MESD's provision of Medicaid administrative claims processing services to LHD. LHD provides Title XIX Medicaid administrative services and wishes to seek reimbursement for such services from the Oregon Health Authority.

SECTION I LHD agrees to:

- A. To collect cost pool data on employees, and submit such data to MESD. Cost pool data includes: the name, title, job description, salary, and other personnel expenses for each individual employee or subcontractor; the percent of time each employee or subcontractor spends on the coded activities identified in the Time Study; and costs attributable to each employee's or subcontractor's position providing work.
- B. To provide the "Medicaid-eligible percentage" in accordance with OHA and Federal guidelines for purposes of the Time Study calculation.
- C. To submit signed training rosters for entry into the MESD web-based system.
- D. To pay an administrative fee to MESD of \$10 per cost pool participant per claiming period.
- E. To monitor compliance with the requirements of this Agreement.
- F. LHD shall comply with all federal, state and local laws, regulations, executive orders and ordinances applicable to this Agreement. Without limiting the generality of the foregoing, LHD expressly agrees to comply with: (i) Title VI of the Civil Rights Act of 1964; (ii) Section V of the Rehabilitation Act of 1973; (iii) the Americans with Disabilities Act of 1990 and ORS 659.425; (iv) all regulations and administrative rules established pursuant to the foregoing laws; (v) the applicable audit requirements and responsibilities set forth in the Office of Management and Budget Circular A-133 entitled "Audits of States, Local Governments and Non-Profit Organizations"; and (vi) all other applicable requirements of federal and state civil rights and rehabilitation statutes, rules and regulations.
- G. LHD shall maintain all fiscal records relating to this Agreement in accordance with generally accepted accounting principles. In addition, LHD shall maintain any other records pertinent to this Agreement in such a manner as to clearly document LHD's performance. LHD acknowledges and agrees that MESD, OHS, the Oregon Department of Justice, Medicaid Fraud Unit, the Oregon Secretary of State's Office and the federal government and their duly authorized representatives shall have access to such fiscal records and other books, documents, papers, plans, and writings of LHD that are pertinent to this Agreement to perform examinations and audits and to make excerpts and transcripts. LHD shall retain and keep accessible all such fiscal records, books, documents, papers, plans, and writings

for a minimum of seven (7) years, or such longer period as may be required by applicable law, following final payment and termination of this Agreement, or until the conclusion of any audit, controversy or litigation arising out of or related to this Agreement, whichever date is later.

- H. LHD shall be financially responsible for the final amount of any claim for services provided under this Agreement that the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid ("CMS") or OHA finds unallowable under the Medicaid program. In the event CMS or OHA finds any costs claimed by LHD unallowable, OHA shall provide LHD written notice identifying the amount that must be refunded to CMS or OHA. Within thirty (30) calendar days of OHA's notice, LHD shall either (1) Make a payment to OHA for the full amount of the unallowable cost identified by OHA in its notice; or (2) Notify OHA in writing that LHD wishes to repay the unallowable amount from future payments or other means. OHA may then offset the unallowable amount from future payments owed to LHD under this Agreement, or any payment to LHD from OHA under any other contract or agreement between LHD and OHA, present or future. Nothing in this paragraph shall be construed as a waiver by either party of any process or remedy that might otherwise be available. The rights and remedies of OHA set forth in this paragraph shall not be exclusive and are in addition to any other rights and remedies provided to OHA by law or under this Agreement.

SECTION II MESD agrees to:

- A. Provide a web-based survey tool for LHD employees to access and record their time study.
- B. Provide electronic data storage, including but not limited to:
1. Cost pool information used to compile the claim for each quarter.
 2. Tracking of dates LHD staff have been trained for the time study.
 3. Time study results.
- C. Maintain all records that support the quarterly payment claim for the work performed, including but not limited to, position details, cost information, Time Study results, records to indicate that services were requested and the extent of services provided, other resources that have been applied to offset costs, and any other information applicable to the work provided under this Agreement.
- D. Provide administrative/monitoring tools for the LHD coordinator and OHA system administrators that help the user to:
1. Monitor and review time study results.
 2. Manage cost pool data including but not limited to exporting reports to Excel.
 3. View survey code definitions.
 4. Store LHD information relating to the survey, e.g., Medicaid Eligible percents, for a minimum of seven (7) years.
 5. View training information that includes training expiration dates and participants that have been and need to be trained.
 6. View the claim electronically, including a detailed view of the claim.
- E. Revise all disapproved LHD MAC claims with correct information provided by LHD and resubmit corrected claiming information to OHA and LHD within three (3) business days of MESD's receipt of the corrected information.
- F. Submit a quarterly claim to LHD program manager.

- G. Maintain confidentiality of client information contained in LHD files provided to MESD to the full extent required by federal and state law and regulations.
- H. Provide technical assistance and training on the web-based MAC time study tool.

SECTION III MESD and LHD agree:

A. Confidentiality of Client Information:

1. LHD shall treat all information as to personal facts and circumstances obtained by the MESD on Medicaid eligible individuals as privileged communication, shall hold such information confidential, and shall not disclose such information without the written consent of the individual, his or her attorney, the responsible parent of a minor child, or the child's guardian, except as required by other terms of this Agreement. Nothing prohibits the disclosure of information in summaries, statistical information, or other form that does not identify particular individuals.
2. The use or disclosure of information concerning Medicaid eligible or potentially eligible individuals shall be limited to persons directly connected with the administration of this Agreement. Confidentiality policies shall be applied to all requests from outside sources. MESD and LHD will share information as necessary to effectively serve Medicaid eligible, or potentially eligible individuals.
3. Personally identifiable health information about applicants and Medicaid recipients will be subject to the transaction, security and privacy provisions of the Health Insurance Portability and Accountability Act ("HIPAA"). This Agreement may be amended in writing in the future to incorporate additional requirements related to compliance with HIPAA.

B. The attached STANDARD PROVISIONS are incorporated herein by reference and made a part of this Agreement.

C. Each party, by the signature below of its authorized representative, hereby acknowledges that it has read this Agreement, understands it, and agrees to be bound by its terms and conditions. Each person signing this Agreement represents and warrants to have the authority necessary to execute this Agreement. This Agreement becomes effective upon execution and continues in effect until terminated by either party.

D. The terms of this Agreement shall not be waived, altered, modified, supplemented or amended, in any manner whatsoever, except by written agreement signed by the Parties. This Agreement shall not be amended after the expiration date. No amendment to this Agreement shall be effective until it has been signed by all Parties and all necessary governmental approvals have been obtained.

E. MESD and LHD are the only parties to this Agreement, but because of the Parties' relationship with OHA, the Parties and OHA are entitled to enforce its terms. Nothing in the Agreement gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly or otherwise, to third persons unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of the terms of this Agreement.

Contract No C03012
Expires June 30, 2021

MULTNOMAH EDUCATION SERVICE
DISTRICT
Attn: Wendy Chase
11611 NE Ainsworth Circle
Portland, OR 97220

NORTH CENTRAL COUNTY HEALTH
DEPARTMENT
Attn: ~~Kathi Hall, Business Manager~~ *Teri Thalhofer, Director*
419 E 7th Street #100
The Dalles, OR 97058

Sam Breyer

Sam Breyer
Superintendent

Teri Thalhofer

for North Central County Health Department
Public District

Teri Thalhofer, RN, BSW - Director

Printed Name / Title

6/13/2018

Date

STANDARD PROVISIONS

1. MESD shall not be held responsible for delay or failure to perform hereunder when such delay or failure is due to fire, flood, epidemic, strikes, act of God or the public enemy, unusually severe weather, legal act of public authority or delays or defaults caused by public carrier, which cannot reasonably be forecast or provided against.

2. Each party shall perform any services under this Agreement as an independent contractor. Each party shall be responsible exclusively with respect to their respective employees. Each party shall provide for employment-related benefits and deductions that are required by law, including but not limited to federal and state income tax deductions, workers' compensation coverage and Public Employees Retirement System contributions. Each party shall be responsible, to the extent required by the Oregon Tort Claims Act (ORS 30.260-30.300), only for the acts, omissions or negligence of its own officers, employees or agents.

3. This Agreement may be terminated by mutual agreement, or by MESD upon 30 days written notice. No such termination shall prejudice any right or obligation of the parties already accrued prior to the effective date of termination.

4. This Agreement shall be governed by and construed in accordance with the laws of the State of Oregon. In the event of any litigation between the parties arising out of or related to this Agreement, such litigation shall only be commenced and maintained in the Circuit Court of Multnomah County in Portland, Oregon.

5. THIS AGREEMENT CONSTITUTES THE ENTIRE AGREEMENT BETWEEN THE PARTIES. THERE ARE NO UNDERSTANDINGS, AGREEMENTS OR REPRESENTATIONS, ORAL OR WRITTEN, NOT SPECIFIED HEREIN REGARDING THIS AGREEMENT.



Nutritional Services/Maternity Support Agreement

MEMORANDUM OF UNDERSTANDING

Program Year 2018-2019

The purpose of this memo of understanding ("MOU") is to set forth the general responsibilities of North Central Public Health District and Mid-Columbia Children's Council in the provision of collaborative services to enrolled participants.

MUTUAL RESPONSIBILITIES OF AGENCIES

1. Exchange and share information on mutual clients for which a release of information is obtained.
 - a. Topics assessed in maternity support programs will include: baby's feeding, sleeping, and growing; the parent's physical health and emotional adjustment; and family's needs and resources.
2. Arrange maternity support or home visit with expectant women enrolled in the Early Head Start Program within 2 weeks after infant's birth to ensure the well-being of the family.
3. Exchange and share information on training opportunities for staff and clients.
4. Recognize and accept nutritional educational training provided by either agency as meeting required agency performance standards.
5. Participate in mutual advisory groups.
6. Share information about nutrition and health initiatives and find ways to promote consistent nutrition and health messages.
7. Provide outreach and referrals.
8. Offer combined services for shared families when financially and logistically feasible, including group socializations.
9. Maintain confidentiality of records at each agency in accordance with applicable law.

RESPONSIBILITIES OF MID-COLUMBIA CHILDREN'S COUNCIL

1. Cooperate with WIC Interagency Nutrition Education Agreement.
 - a. Develop parent education that meet the need of WIC's second nutrition education opportunity.
 - b. Schedule parent education opportunities in advance so WIC is able to offer them in lieu of scheduling a WIC class.

2. Encourage shared families to attend their appointments and classes that North Central Public Health District offers.
3. Provide feedback when appropriate for shared high risk participants.
4. Promote the use of programs provided by the health department to all enrolled participants.


RESPONSIBILITIES OF NORTH CENTRAL PUBLIC HEALTH DISTRICT

1. Provide basic data for shared participants.
 - a. For WIC clients include biometric measurements, hemoglobin, and nutritional assessment results. Provide the TWIST documents called the "participant summary page" and "progress notes" for shared participants determined to be high risk.
 - b. For maternity support clients include baby's feeding, sleeping, and growing; the parent's physical health and emotional adjustment; and family's needs and resources.
2. Work with Mid-Columbia Children's Council to develop parent education opportunities that will meet the needs of shared families and may be used as a WIC second education contact.
3. Provide lactation support to new mothers

This MOU is effective for the 2018-2019 program year. North Central Public Health District and Mid-Columbia Children's Council will review the MOU annually and, as they may mutually agree, update the MOU annually.

SIGNATURES:


Each agency, by the signature below of its authorized representative, hereby acknowledges that he/she has read this MOU, understands it, and agrees to be bound by its terms. This MOU is executed on behalf of North Central Public Health District and Mid-Columbia Children's Council through the undersigned representatives on the dates indicated after their signature.



 North Central Public Health Administrator

8/6/2018

 Date



 Health, Nutrition and Safety Manager, MCCC

8/6/18

 Date



 Executive Director, MCCC

8-7-18

 Date

AMENDMENT TO AGREEMENT BUSINESS ASSOCIATE CONTRACT

The Amendment is made by North Central Public Health District (NCPHD) and Mid-Columbia Medical Center (MCMC).

The Agreement is amended as follows: The hourly rate for contracted dietician services will be increased from \$45.00/hr to \$50.00/hr. All other conditions of the original agreement apply and are to remain in full force and effect.

This addendum to the original agreement, signed and dated below will run from the date signed through the term of the original agreement which is January 1, 2020.

IN WITNESS WHEREOF, the parties hereto execute this Agreement as of the dates written below.

Mid-Columbia Medical Center

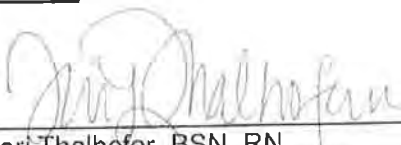


Dave Sturgeon
Chief Financial Officer

8/15/18

Date

NCPHD:



Teri Thalhofer, BSN, RN
Director

8/17/2018

Date

Oregon MothersCare Local Partnership with STEPS Program

Support to Expectant and Parenting Students Information and Agreement to Participate

Eight Oregon MothersCare Sites are eligible to work with four Community Colleges in Oregon on the STEPS Grant. The OMC Sites are:

- Marion County Public Health Department, OMC
- Polk County Public Health Department, OMC
- Linn County Public Health Department, OMC
- Samaritan Hospital, Lebanon, OMC
- Benton County Public Health Department, OMC
- North Central Health Department, OMC
- Hood River Public Health Department, OMC
- Klamath Open Door, OMC

The OMC Sites will work with the college in their region. STEPS Grant Community Colleges are:

- Chemeketa Community College
- Columbia River Gorge Community College
- Klamath Community College
- Linn-Benton Community College

Deliverables and Funding Proposal:

The eight OMC Sites will provide referrals to their OMC clients who are Community College students. Those referrals will be in addition to the standard referral for prenatal care, and include a referral back to the Community College so they can access enhanced educational resources. They will also provide OMC information and resources to the STEPS Program Community Colleges in their respective regions from January 1 – June 30, 2018 to encourage them to refer their pregnant students to OMC.

Deliverables for participating OMC Sites are:

- Documentation of student status – all clients will be asked if they are a student and their status will be recorded on the OMC Tracking form.
- Referral to Community College Student Services – All students will be advised that their college may have academic and social services available to them because they are pregnant or parenting and a student, and will be provided a name and phone number to their regional community college. Community College contact information will be provided to the OMC sites.

- During the 6 month period, the 8 OMC Sites will participate in two additional OMC webinars to address processes, successes, and challenges of working with college students. These are in addition to the quarterly OMC Site Meetings.
- OMC local staff will serve as a resource to the State Office as processes are documented for further evaluation. The State Office is responsible for documenting processes.
- All WTI data will be accurately input no later than 30 days from the close of the first two quarters of 2018.
- Each OMC site will visit their local community college and meet with a community college STEPS point person at least one OMC site per month (who can represent the other sites in the region) to ensure that outreach materials are available and that community college staff have a visible OMC contact.

Funding for participating OMC Sites:

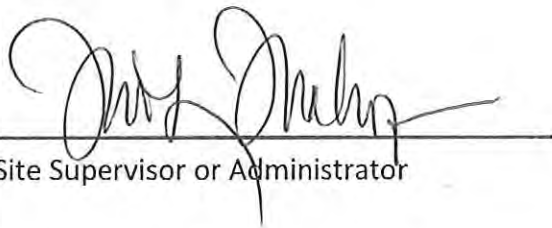
Each participating site shall receive:

- \$1500 per quarter in addition to their regularly allotted funding

Participation is not required. However, all sites are being asked to document student status. All OMC sites are expected to see clients referred for services, and clients may be referred to the OMC site without that site's STEPS Project participation.

Participation Agreement:

- YES, Northcentral public Health (OMC Site) will participate in STEPS
- NO, we cannot participate in STEPS at this time and are aware we will not receive an additional \$1500 for the next two quarters.



 OMC Site Supervisor or Administrator

7/19/2018

 Date

Program Element #42: Maternal, Child and Adolescent Health (MCAH) Services

1. **Purpose of MCAH Services.** Funding provided under the current Public Health Financial Assistance Agreement (the “Agreement”) for this Program Element shall only be used in accordance with and subject to the restrictions and limitations set forth below to provide the following services:
 - Maternal, Child and Adolescent Health (MCAH) Preventive Health Services (or “MCAH Service(s)”);
 - Oregon Mothers Care (OMC) Services;
 - Maternity Case Management (MCM) Services; and
 - Babies First! (B1st!) and/or Nurse Family Partnership (NFP)

If funds awarded to LPHA for MCAH Services, in the Financial Assistance Award located at Exhibit B to the Agreement, are restricted to a particular MCAH Service, those funds shall only be used by LPHA to support delivery of that specific service. All performance by LPHA under this Program Element, including but not limited to reporting obligations, shall be to the satisfaction of OHA.

2. **General Requirements.**

- a. **Data Collection.** LPHA must provide MCAH client data, in accordance with Title V Section 506 [42 USC 706], defined by revised 2015 Federal Guidance, to OHA with respect to each individual receiving any MCAH Service supported in whole or in part with MCAH Service funds provided under this Agreement.
- b. **Administration.** LPHA shall not use more than 10% of the Federal Title V funds awarded for a particular MCAH Service on indirect costs. For purposes of this Agreement, indirect costs are defined as “costs incurred by an organization that are not readily identifiable but are nevertheless necessary to the operation of the organization and the performance of its programs.” These costs include, but are not limited to, “costs of operating and maintaining facilities, for administrative salaries, equipment, depreciation, etc.” in accordance with Title V, Section 504 [42 USC 704(d)].
- c. **Sliding Fee Scale.** If any charges are imposed upon a client for the provision of health services assisted by the State under this Program Element, such charges: (1) will be pursuant to a public sliding fee schedule of charges, (2) will not be imposed with respect to services provided to low-income mothers and children, and (3) will be adjusted to reflect the income, resources, and family size of the client provided the services, in accordance with Title V, Section 505 [42 USC 705 (5) (D)].
- d. **Fees.** Use of any fees collected for these services shall be dedicated to such services.

- e. Medicaid Application. Title V of the Social Security Act mandates that all maternal and child health-related programs identify and provide application assistance for pregnant women and children potentially eligible for Medicaid services. LPHA must collaborate with OHA to develop the specific procedures that LPHA will implement to provide Medicaid application assistance to pregnant women and children who receive MCAH Services supported in whole or in part with funds provided under this Agreement and who are potentially eligible for Medicaid services, according to Title V Section 505 [42 USC 705(a)(5)(F)(iv)] .
- f. MCAH Funds. MCAH funds shall be used for any service or activity described in this Program Element according to the following limitations:
 - i. **Federal Title V Funds.** Federal Title V Funds shall not be used as match for any federal funding source. Federal Title V Funds must be used for services that support Federal or state-identified Title V MCH priorities.
 - (a) MCAH/Title V Child and Adolescent Health Funds: A minimum of thirty percent (30%) of the total LPHA Federal Title V Funds are designated for services for infants, children, and adolescents (Title V, Section 505 [42 USC 705(a)(3)(A)]). LPHA may only use these funds for services to infants, children and adolescents less than 21 years of age.
 - (b) MCAH/Title V Flexible Funds: The remainder of the total LPHA Federal Title V Funds are designated for program or services for women, infants, children and adolescents. LPHA may use these funds for services to women, infants, children and adolescents of any age population.
 - (c) School-Based Health Centers. MCAH/Title V Funds may also be used for School-Based Health Centers within limitations of subsection 2.f.i.(a) and (b) above.
 - (d) Babies First! and NFP. MCAH/Title V Funds (2.f.i.(a) and (b)) may also be used for activities connected with the B1st! and/or NFP Services within the limitations described in subsection 2.f.i.(a) and (b) above,
 - ii. **MCAH/Perinatal Health State General Funds.** Perinatal Health State General Funds shall be used by LPHA for public health services for women during the perinatal period (one year prior to conception through one year postpartum).
 - iii. **MCAH/Child and Adolescent Health State General Funds.** Child and Adolescent Health State General Funds shall be used by LPHA for public health services for infants, children and adolescents.
 - iv. **Babies First! and NFP State General Funds.** State General Funds for B1st! and NFP shall be limited to expenditures for those services. NFP services shall meet program fidelity.

3. **Services Supported by MCAH Funds** (required if Federal Title V Funds are accepted by the LPHA).

a. Definitions Specific to this Section.

i. **MCAH Services.** Activities, functions, or services that support the optimal health outcomes for women before and between pregnancies, during the perinatal time period, infants, children and adolescents.

ii. **MCAH Flexible Funds.** Federal Title V and State General Funds that can be used for any MCAH Service within the scope of the limitations in section 2.f.i. of this Program Element 42.

b. Procedural and Operational Requirements. All MCAH Services supported in whole or in part with MCAH Funds provided under this Agreement must be delivered in accordance with the following procedural and operational requirements:

i. LPHA shall submit a Comprehensive MCAH Plan of the public health goals and services appropriate for the MCAH population within the jurisdiction of the county. Comprehensive Plan shall include a workplan for use of Title V funds demonstrating how Title V funds support activities directly related to Oregon's Title V priorities and action plan. A Comprehensive MCAH Plan shall include:

- (a) Assessment of the health needs of the MCAH population
- (b) Work plan including Objectives, strategies, measures and timelines that coordinate with and support Oregon's Title V State Action Plan
- (c) Evaluation plan to measure progress and outcomes of the Plan.
- (d) Prior year use of Title V Block Grant funds
- (e) Projected use of Title V Block Grant funds and other funds supporting Plan activities and goals

ii. LPHA shall provide MCAH Services administered or approved by OHA that support optimal health outcomes for women, infants, children, and adolescents. Services administered by OHA include, but may not be limited to the following:

- (a) Oregon's Title V priorities (based on findings of Oregon's 5-year Title V Block Grant Needs Assessment) will drive state and local Public Health use of Title V funds. Services and activities funded by Title V must align with Oregon's Title V Action Plan, state and National Title V priorities and performance measures, and state-selected evidence-based/informed strategies and measures. Title V Services administered by OHA must be aligned with the following:

- (i.) Oregon's Title V State Priorities
 - (ii.) National Title V Priorities as defined across six population domains: Maternal/Women's health, Perinatal/Infant Health, Child Health, Children and Youth with Special Healthcare Needs, Adolescent Health, Cross-Cutting or Life Course.
 - (iii.) Oregon's State Title V Measures
 - (iv.) Oregon's evidence-based/informed strategic measures
- (b) Title V-funded work in the following areas must related to state-identified Title V priorities:
- (i.) Preconception health services such as preventive health and health risk reduction services such as screening, counseling and referral for safe relationships, domestic violence, alcohol, substance and tobacco use and cessation, and maternal depression and mental health. Preconception health is defined as interventions that aim to identify and modify biomedical, behavioral, and social risks to a woman's health or pregnancy outcome through prevention and management, emphasizing those factors which must be acted on before conception or early in pregnancy to have maximal impact.
 - (ii.) Perinatal health services such as OMC Services, MCM Services; or other preventive health services that improve pregnancy outcomes and health.
 - (iii.) Infant and child health services such as B1st! and NFP Services, Child Care Consultation, Sudden Infant Death Syndrome/Sudden Unexplained Infant Death Follow-up, Oral Health including dental sealant services; or other health services that improve health outcomes for infants and young children; and
 - (iv.) Adolescent health services such as School-Based Health Centers; teen pregnancy prevention; or other adolescent preventive health services that improve health outcomes for adolescents.
- (c) LPHA may provide other MCAH services identified through the LPHA Comprehensive MCAH Plan and local public health assessment, and approved by OHA with non-Title V funds.
- (d) Subject to OHA approval and notwithstanding the provisions of sections 1, and 2.f. of this Program Element 42, LPHA may provide clinical or outpatient services with funds under this Program Element, when all other payment options for such services are unavailable.

4. **Reporting Obligations and Periodic Reporting Requirements.** In addition to the reporting requirements set forth in section 8 of Exhibit E of the Master Agreement, LPHA shall submit Annual Reports for the Comprehensive MCAH Plan and collect and submit data for clients receiving MCAH Services supported with funds from OHA under this Agreement, satisfactory to OHA.

A progress report on the goals, activities and expenditures of the Comprehensive MCAH Plan must be submitted in conjunction with the Local Public Health Authority Annual Progress Report, due each year by March 1.

- a. By September 30 of each year, all client visit data for the previous state fiscal year (July 1-June 30) must be entered into the Oregon Child Health Information Data System (ORCHIDS).
- b. LPHA may transmit data in an electronic file structure defined by OHA. Electronic transmission of visit data files may be submitted quarterly; however, all client visit data from the previous state fiscal year must be complete and transmitted to OHA by September 30 of each year.
- c. If LPHA pays Providers for Services with MCAH funds, LPHA shall include client data from those Providers.
- d. At a minimum, client data shall include: the number of clients served, the demographic profile of clients, number of visits or encounters, the types of services provided, and source of payment for services.

5. Oregon MothersCare (“OMC”) Services (not a required service).

- a. General Description. OMC Services are referral services to prenatal care and related services provided to pregnant women as early as possible in their pregnancies, with the goal of improving access to early prenatal care services in Oregon. OMC Services shall provide an ongoing outreach campaign, utilize the statewide toll-free 211 Info telephone hotline system, and provide local access sites to assist women to obtain prenatal care services.
- b. Procedural and Operational Requirements for OMC Services. All OMC Services supported in whole or in part with funds provided under this Agreement must be delivered in accordance with the following procedural and operational requirements:
 - i. LPHA must designate a staff member as its Oregon MothersCare Coordinator to work with OHA on developing a local delivery system for OMC Services. LPHA’s Oregon MothersCare Coordinator must work closely with OHA to promote consistency around the state in the delivery of OMC Services.
 - ii. LPHA must follow the Oregon MothersCare Protocols, as described in the most recent version of OHA’s Oregon MothersCare Manual—April, 2015, provided to LPHA and its locations at which OMC Services are available, when providing OMC Services such as outreach and public education about the need for and availability of first trimester prenatal care, maternity case management, prenatal care, including dental care, and other services as needed by pregnant women.
 - iii. As part of its OMC Services, LPHA must develop and maintain an outreach and referral system and partnerships for local prenatal care and related services.

iv. LPHA or its OMC site designee must assist all women seeking OMC Services in accessing prenatal services as follows:

- (a) LPHA must provide follow up services to clients and women referred to LPHA by the 211 Info and other referral sources; inform these individuals of the link to the local prenatal care provider system; and provide advocacy and support to individuals in accessing prenatal and related services.
- (b) LPHA must provide facilitated and coordinated intake services and referral to the following services: CPC Services (such as pregnancy testing, counseling, Oregon Health Plan (“OHP”) application assistance, first prenatal care appointment); MCM Services (such as initial care needs assessment and home visiting services); WIC Services; health risk screening; other pregnancy support programs; and other prenatal services as needed.

v. LPHA shall make available OMC Services to all pregnant women within the county. Special outreach shall be directed to Low-Income women and women who are members of racial and ethnic minorities or who receive assistance in finding and initiating CPC. Outreach includes activities such as talks at meetings of local minority groups, exhibits at community functions to inform the target populations, and public health education with a focus on the target minorities. “Low-Income” means having an annual household income which is 185% or less of the federal poverty level (“FPL”) for an individual or family.

vi. LPHA shall make available to all Low-Income pregnant women within the county assistance in applying for OHP coverage.

vii. LPHA shall make available to all Low-Income pregnant women within the county and all pregnant women within the county who are members of racial and ethnic minorities referrals to additional perinatal health services.

viii. LPHA shall designate a representative who shall attend OMC site meetings conducted by OHA.

ix. Except as specified below, LPHA shall deliver directly all OMC Services supported in whole or in part with financial assistance provided to LPHA under this Agreement. With the prior written approval of OHA, LPHA may contract with one or more Providers for the delivery of OMC Services.

c. Reporting Obligations and Periodic Reporting Requirements. In addition to the reporting requirements set forth in section 8 of Exhibit E of this Master Agreement, LPHA must collect and submit client encounter data quarterly on individuals who receive OMC Services supported in whole or in part with fund provided under this Agreement. LPHA shall submit the quarterly data to OHA using OMC client tracking forms approved by OHA for this purpose

6. **Maternity Case Management (“MCM”) Services (not a required service)**

- a. General Description. Maternity Case Management (“MCM”), a component of perinatal services, includes assistance with health, economic, social and nutritional factors of clients which can negatively impact birth outcomes.
- b. Definitions Specific to MCM Services. Case Management, Case Management Visit, Client Service Plan, High Risk Case Management, High Risk Client, Home/Environmental Assessment, Initial Assessment, Nutritional Counseling, Prenatal/Perinatal Care Provider, and Telephone Case Management Visit have the meanings set forth in OAR 410-130-0595. Services provided during the perinatal period for clients enrolled in a Coordinated Care Organization (CCO) will depend on contractual obligations agreed upon by LPHA and the CCO.
- c. Procedural and Operational Requirements for MCM Services. For those clients not enrolled in a CCO, all MCM Services provided with funds under this Program Element as well as those provided through the Oregon Health Plan must be delivered in accordance with the Maternity Case Management Program requirements set forth in OAR 410-130-0595. Services arranged through contract with a CCO may have a different definition; funds provided under this Program Element are available for use for these contracted perinatal activities, within the limitations described in subsection 2.f.i. of this Program Element 42.
- d. Reporting Obligations and Periodic Reporting Requirements. In addition to the reporting obligations set forth in Section 8 of Exhibit E, of this Master Agreement, LPHA shall collect and submit client data for all clients and visits occurring during the calendar year on to OHA, regardless of whether an individual receiving services has delivered her baby
 - i. By September 30 each year, all client visit data for the previous state fiscal year (July 1-June 30) must be entered into the Oregon Child Health Information Data System (ORCHIDS) or other state-designated data system.
 - (a) The LPHA may transmit data in an electronic file structure defined by OHA. Electronic transmission of visit data files may be submitted quarterly; however, all client visit data from the previous state fiscal year must be complete and transmitted to OHA by September 30 of each year.
 - (b) If LPHA pays Providers for Services with MCAH funds, LPHA shall include client data from those Providers.
 - ii. Client data reports shall include: the number of clients served, the demographic profile of clients, number of visits or encounters, the types of services provided, source of payment for services, trimester at first prenatal visit, infant gestational age at delivery, infant birth weight, and infant feeding method.
 - iii. All data must be collected when MCM funds made available under this Agreement are used to provide or pay for (in whole or in part) an MCM service.

7. **Babies First! and Nurse Family Partnership (B1st!/NFP) Services** (required service if Babies First! State General Fund is accepted by the LPHA).

- a. General Description. The primary goal of B1st!/NFP Services is to prevent poor health and early childhood development delay in infants and children who are at risk. B1st!/NFP Services are delivered or directed by Public Health Nurses (PHNs) and are provided during home visits. PHNs conduct assessment, screening, case management, and health education to improve outcomes for high-risk children. The definition of “Public Health Nurses” and client eligibility criteria are provided in OAR 410-138-000.
- b. Procedural and Operational Requirements. All B1st!/NFP Services supported in whole or in part with funds provided under this Agreement must be delivered in accordance with the following procedural and operational requirements.

i. Staffing Requirements and Staff Qualifications. LPHA must designate a staff member as its B1st!/NFP Coordinator

ii. Home Visits.

- (a) B1st!/NFP Services must be delivered by or under the direction of a PHN. Using Nursing Process, a PHN will establish and support a Care Plan and must, at a minimum, complete assessments and screenings at 0-6 weeks and 4, 8, 12, 18, 24, 36, 48, and 60 months or by LPHA agreement with NFP National Service Office. These activities should occur during home visits. Screenings and assessments include, but are not limited to, the following activities:

- (i.) An assessment of the child’s growth.
- (ii.) A developmental screening.
- (iii.) A hearing, vision and dental screening.
- (iv.) An assessment of perinatal depression and anxiety.
- (v.) An assessment of parent/child interactions.
- (vi.) An assessment of environmental learning opportunities and safety.
- (vii.) An assessment of the child’s immunization status.
- (viii.) Referral for medical and other care when assessments indicate that care is needed.

- (b) Targeted Case Management-billable B1st!/NFP Services must be delivered in accordance with OAR 410-138-000 through OAR 410-138-0390. Nurse Family Partnership (NFP) protocols must also be delivered pursuant to guidelines in agreement with the LPHA and the Nurse Family Partnership National Service Office.
(http://www.nursefamilypartnership.org/assets/PDF/Policy/HV-Funding-Guidance/NFP_Implement_Agreement.)

- (c) B1st!/NFP Services must include follow up on referrals made by OHA for Early Hearing Detection and Intervention, described in ORS 433.321 and 433.323.

iii. Targeted Case Management. If the LPHA, as a provider of Medicaid services, chooses to bill for Targeted Case Management-eligible services, the LPHA shall comply with the Targeted Case Management billing policy and codes in OAR 410-138-0000 through 410-138-0390. Targeted Case Management-eligible services are for fee-for-service eligible clients only. Services arranged through contract with a CCO are not subject to the Targeted Case Management billing policy and codes in OAR 410-138-0000 through 410-138-0390. NFP Services comply with the B1st! requirements and may be combined with Babies First! Targeted Case Management.

c. Reporting Obligations and Periodic Reporting Requirements. In addition to the reporting requirements set forth in section 8 of Exhibit E of this Master Agreement, LPHA shall collect and report to OHA, in a format acceptable to OHA, the following data on LPHA's delivery of High Risk Infant Services:

i. By September 30 each year, all client visit data for the previous state fiscal year (July 1-June 30) must be entered into the Oregon Child Health Information Data System (ORCHIDS) or other state-designated data system.

(a) The LPHA may transmit data in an electronic file structure defined by OHA. Electronic transmission of visit data files may be submitted quarterly; however, all client visit data from the previous state fiscal year must be complete and transmitted to OHA by September 30 of each year.

(b) If LPHA pays Providers for Services, LPHA shall include client data from those Providers.

ii. Client data reports shall include, at a minimum: the number of clients served, the demographic profile of clients, number of visits or encounters, the types of services provided, and source of payment for services. The B1st!/NFP Client Data Form provided by OHA lists details of the required data elements.

iii. All data elements must be collected when funds provided under this Agreement for B1st!/NFP Services are used to pay for (in whole or in part) a B1st!/NFP Service.



PAULY, ROGERS, AND CO., P.C.
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April 18, 2018

North Central Public Health District
419 East Seventh Street
The Dalles, OR 97058

We are pleased to confirm our understanding of the services we are to provide for the year ended June 30, 2018. We will audit the basic financial statements of North Central Public Health District as of and for the year ended June 30, 2018 in connection with its annual reporting obligation to the State of Oregon.

Accounting standards generally accepted in the United States of America provide for certain required supplementary information (RSI), such as management's discussion and analysis (MD&A), 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. As part of our engagement, we will apply certain limited procedures to the RSI in accordance with auditing standards generally accepted in the United States of America. These limited procedures will consist 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 will not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

We have also been engaged to report on supplementary information other than RSI that accompanies the basic financial statements. We will subject the supplementary information to the auditing procedures applied in our audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other 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 will provide an opinion on it in relation to the basic financial statements as a whole.

Any other information accompanying the basic financial statements will not be subjected to the auditing procedures applied in our audit of the basic financial statements, and for which our auditor's report will not provide an opinion or any assurance.

Audit Objectives

The objective of our audit is the expression of opinions as to whether your financial statements are fairly presented, in all material respects, in conformity with accounting principles generally accepted in the United States of America. Our audit will be conducted in accordance with auditing standards generally accepted in the United States of America, and will include tests of the accounting records of North Central Public Health District and other procedures we consider necessary to enable us to express such opinions. If our opinions are other than unmodified, we will fully discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form or have not formed an opinion, we may decline to express an opinion or issue a report as a result of this engagement. If circumstances occur related to the condition of your records, the availability of sufficient, appropriate audit evidence, or the existence of a significant risk of material misstatement of the financial statements caused by error, fraudulent financial reporting, or misappropriation of assets, which in our professional judgment prevent us from completing the audit or forming an opinion on the financial statements, we retain the right to take any course of action permitted by professional standards, including declining to express an opinion or issue a report, or withdrawing from the engagement.

Management Responsibilities

Management is responsible for the basic financial statements and all accompanying information as well as all representations contained therein. You are also responsible for making all management decisions and performing all management functions; for designating an individual with suitable skill, knowledge, or experience to oversee our assistance with the preparation of your financial statements and related notes and any other nonattest services we provide; and for evaluating the adequacy and results of those services and accepting responsibility for them.

Management is responsible for establishing and maintaining effective internal controls, including monitoring ongoing activities; for the selection and application of accounting principles; and for the fair presentation of the basic financial statements in conformity with U.S. generally accepted accounting principles.

Management is responsible for establishing and maintaining internal controls for compliance with laws, regulations, contracts and agreements. In fulfilling this responsibility, estimates and judgments by management are required to assess the expected benefits and related costs of the controls. The objectives of internal control are to provide management with reasonable, but not absolute, assurance that assets are safeguarded against loss from unauthorized use or disposition, that transactions are executed in accordance with management's authorizations and recorded properly.

Management is responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud or illegal acts affecting the District involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud or illegal acts could have a material effect on the financial statements. Management is also responsible for informing us of your knowledge of any allegations of fraud or suspected fraud or illegal acts affecting the District received in communications from employees, former employees, regulators, or others. In addition, you are responsible for identifying and ensuring that the District complies with applicable laws and regulations and for taking timely and appropriate steps to remedy any fraud or illegal acts that we may report.

Management is responsible for making all financial records and related information available to us. We understand that you will provide us with such information required for our audit and that you are responsible for the accuracy and completeness of that information. You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, (2) additional information that we may request for the purpose of the audit, (3) unrestricted access to persons within the entity from whom we determine it necessary to obtain audit evidence, and if applicable, (4) unrestricted access to component information, persons at components (including management and those charged with governance, or component auditors, if applicable). We will advise you about appropriate accounting principles and their application and will assist in the preparation of your financial statements, but the responsibility for the financial statements remains with you. That responsibility includes the establishment and maintenance of adequate records and effective internal control over financial reporting, the selection and application of accounting principles, and the safeguarding of assets. Management is responsible for adjusting the financial statements to correct material misstatements and for confirming to us in the representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

Management is responsible for the preparation of the supplementary information in conformity with U.S. generally accepted accounting principles. Management agrees to include our report on the supplementary information in any document that contains and indicates that we have reported on the supplementary information. You also agree to make the audited financial statements readily available to users of the supplementary information no later than the date the supplementary information is issued with our report thereon. Your responsibilities include acknowledging to us in the representation letter that (1) you are responsible for presentation of the supplementary information in accordance with GAAP; (2) that you believe the supplementary information, including its form and content, is fairly presented in accordance with GAAP; (3) that the methods of

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measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the supplementary information.

We will provide you with an auditor's assistance package prior to our arrival at each stage of fieldwork. This package will detail the schedules and information that we expect your employees to have prepared by the time we arrive. We understand that your employees will have all auditor assistance package items ready and will type all confirmations we request and will locate any invoices selected by us for testing. *The fee for the examination is based on the completion of these supporting schedules and providing other assistance on a timely basis.*

Schedules and Financial Statements Prepared by Management

Management is responsible for ensuring that all accounts are reconciled, preparing the financial statements and all supplementary schedules, preparing the notes to the financial statements, and preparing and reviewing the management's discussion and analysis section. Our responsibility is to audit the financial statements, which includes a review of the notes to the financial statements. Any additional work to assist with the work listed above or any other requested work will be billed at our hourly rate. We will obtain approval of any additional fees before we begin any extra work. We have included our fees for assistance in preparation of the financial statements and notes in our fee section below.

General Audit Procedures

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, our audit will involve judgment about the number of transactions to be examined and the areas to be tested. 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 financial statements. We will plan and perform the audit to obtain reasonable rather than absolute assurance about whether the financial statements are free of material misstatement, whether caused by error or fraud. Because an audit is designed to provide reasonable, but not absolute, assurance and because we will not perform a detailed examination of all transactions, there is a risk that material misstatements (whether caused by errors or fraud), illegal acts, misappropriation of assets, or noncompliance may exist and not be detected by us. Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is a risk that material misstatements may exist and not be detected by us, even though the audit is properly planned and performed in accordance with U.S. generally accepted auditing standards. In addition, an audit is not designed to detect immaterial misstatements, immaterial illegal acts, or illegal acts that do not have a direct effect on the financial statements or major programs. However, we will inform you of any material errors that come to our attention and any fraud that comes to our attention. We will also inform you of any illegal acts that come to our attention, unless clearly inconsequential. Our responsibility as auditors is limited to the period covered by our audit and does not extend to matters that might arise during any later period for which we are not engaged as auditors.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts, and may include tests of the physical existence of inventories, and direct confirmation of receivables and certain other assets and liabilities by correspondence with selected individuals, creditors and financial institutions. We will request written representations from your attorneys as part of the engagement, and they may bill you for responding to this inquiry. At the conclusion of our audit, we will also request certain written representations from you about the financial statements and related matters.

Audit Procedures – Internal Controls

Our audit will include obtaining an understanding of the entity and its environment, including internal control, sufficient to assess the risks of material misstatement of the financial statement and to design the nature, timing, and extent of further audit procedures. An audit is not designed to provide assurance on internal control or to identify deficiencies in internal control. However, during the audit, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards.

We will obtain an understanding of the design of the relevant controls and whether they have been placed in operation, and we will assess control risk. Tests of controls may be performed to test the effectiveness of certain controls that we consider relevant to preventing and detecting errors and fraud that are material to the financial statements and to preventing and detecting misstatements resulting from illegal acts and other noncompliance matters that have a direct and material effect on the financial statements. Tests of controls relative to the financial statements are required only if control risk is assessed below the maximum level. Our tests, if performed, will be less in scope than would be necessary to render an opinion on internal control and, accordingly, no opinion will be expressed.

Audit Procedures – Compliance

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of compliance with the provisions of applicable laws, regulations, contracts, and agreements. However, the objective of our audit will not be to provide an opinion on overall compliance and we will not express such an opinion.

Audit Administration, Fees and Other Items

Roy R. Rogers is the engagement partner and is responsible for supervising the engagement and signing the report or authorizing another individual to sign it.

At the conclusion of the engagement, we will provide copies of our reports to various local and state agencies, as they require. However, it is management's responsibility to submit these reports. At the conclusion of the engagement, we will provide information to management as to where the reporting packages should be submitted and the number to submit.

The District hereby indemnifies Pauly, Rogers and Co., P.C. and its partners, principals and employees and holds them harmless from all claims, liabilities, losses and costs arising in circumstances where there has been a knowing misrepresentation by a member of the District's management, regardless of whether such person was acting in the District's interest. This indemnification will survive termination of this letter.

The workpapers for this engagement are the property of Pauly, Rogers and Co., P.C. and constitute confidential information. However, we may be requested to make certain information available to grantor agencies pursuant to authority given to it by law or regulation. If requested, access to such workpapers will be provided under the supervision of Pauly, Rogers and Co., P.C. personnel. Furthermore, upon request, we may provide photocopies of selected workpapers to grantor agencies. The grantor agency may intend, or decide, to distribute the photocopies or information contained therein to others, including other governmental agencies.

The workpapers for this engagement will be retained for a minimum of three years after the date the auditors' report is issued or for any additional period requested by a federal awarding agency or pass-through entity. If we are aware that a federal awarding agency, pass-through entity, or auditee is contesting an audit finding, we will contact the party(ies) contesting the audit finding for guidance prior to destroying the workpapers.

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Our fees for these services will be based on the actual time spent at our standard hourly rates, plus travel and other out-of-pocket costs such as report production, typing, postage, etc. Our standard hourly rates vary according to the degree of responsibility involved and the experience level of the personnel assigned to your audit. Our invoices for these fees will be rendered as we progress through the audit and are payable upon presentation. The fees for our services should not exceed the following:

Audit Services:	
Financial Statement Audit	\$ 12,925
Non-Audit Services:	
Assistance in preparation of Financials Statements (including review, printing and binding of reports)	<u>2,400</u>
Total	<u>\$ 15,325</u>

This fee includes up to 10 bound copies of the report plus one unbound copy. Additional copies will be billed at the rate of \$40 per copy. This fee is based on the anticipated cooperation from your personnel and on the assumption that the books will be closed, balanced, reconciled, with all material accruals recorded, all auditor requested information prepared prior to our arrival, and that unexpected circumstances will not be encountered during the audit. Our fee is also based upon the scope of work that was done in the previous year. If there is additional activity this year, beyond the scope of last year's work, we will need to charge for that additional work. We will give you a change of scope letter explaining the added work and our estimated fees, which must be signed by you, before we can continue the engagement or before we perform the additional work. Additional time may be necessary due to work which is beyond the scope of the engagement indicated above. Such work could include, but is not limited to, additional agreed upon procedures, audit testing required under the Single Audit Act Amendments of 1996 that was not previously specified, and reconciliations and/or adjustments needed to bring financial statements into conformity with generally accepted accounting principles. The additional time will be billed at our standard hourly billing rates for the individuals who perform those services.

If the District does not have substantially all items on the preparation list available and ready for audit, including all accounts reconciled, the District must contact us to re-schedule the audit. Cancellation for any reason must be communicated to the in-charge auditor at least three days prior to the first scheduled date of fieldwork, otherwise a mobilization fee of \$500 will be charged to the District. If the audit team arrives at the District's offices to conduct fieldwork and finds that the books and records are not adequately prepared for audit, the audit team will have to re-schedule fieldwork until such time that the District's books and records are adequately prepared for audit and a mobilization fee of \$500 will be charged to the District.

Upon issuance of any invoices, there is a 30 day grace period for payment before a finance charge is assessed on any outstanding balance. Should any outstanding balance for our services exceed 31 days, you will be notified in writing of the balance due for the specified work performed, and we will perform no further services until we are paid in full. A total of three letters will be sent before we begin collection procedures after 120 days. You agree to reimburse us for all administrative, collection service, attorney, and other related filing fees and costs associated with the collection of our fees.

Any claim arising out of services rendered to this agreement shall be resolved in accordance with the laws of the State of Oregon. It is agreed by the District and Pauly, Rogers and Co., P.C. or any successors in interest that no claim arising out of services rendered pursuant to this agreement by or on behalf of the District shall be asserted more than two years after the date of this engagement report issued by us.

With regard to the electronic dissemination of audited financial statements, including financial statements published electronically on your website, you understand that electronic sites are a means to distribute information and, therefore, we are not required to read the information contained on those sites or to consider the consistency of other information in the electronic site with the original document.

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We have provided staff to work with your District as auditors. In the future, you may decide that you need the services of one or more full-time employees for this work. At that time, we can assist you in identifying qualified individuals. However, because of the knowledge that our staff has obtained about your District, you may wish to hire one or more of them. If this should occur, we will charge you a recruiting fee equivalent to twenty percent of the annual salary offered to our employee to compensate us for the loss of our valued and extensively trained employee.

We appreciate the opportunity to be of service to the North Central Public Health District and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign the enclosed copy and return it to us. This letter will continue in effect until canceled by either party per the terms of our original contract.

Sincerely,



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

Signature: 
Title: Director
Date: 6/13/2018

AMENDMENT TO AGREEMENT for PROFESSIONAL SERVICES

The Amendment is made by North Central Public Health District (NCPHD) and David Staehnke (Contractor).

The Agreement is amended as follows: The hourly rate for vehicle maintenance services will be increased from \$12.51/hr to \$13.14/hr. All other conditions of the original agreement apply and are to remain in full force and effect.

This addendum to the original agreement, signed and dated below will run from July 1, 2018 through June 30, 2022.

IN WITNESS WHEREOF, the parties hereto execute this Agreement as of the dates written below.

CONTRACTOR:



David Staehnke

7-24-18

Date

NCPHD:



Teri Thalhofer, BSN, RN
Director

7/9/2018

Date



FEE FOR SERVICE AGREEMENT

**The Next Door Inc.
965 Tucker Road
Hood River, OR 97031**

This Agreement sets forth the terms between The Next Door Inc. (TNDI) and the Service Recipient with regard to the performance by TNDI of the services contemplated herein.

TNDI PROGRAM: Consulting Services

SERVICE RECIPIENT INFORMATION

SERVICE RECIPIENT NAME:

SERVICE RECIPIENT ADDRESS:

North Central Public Health Department

NCPHD
419 E 7th Street
The Dalles, OR 97058

**CONTRACT TOTAL
DOLLAR AMOUNT**

TERM START DATE

TERM END DATE

\$5,096

June 1, 2018

July 15, 2018

NOTICE

Any notice to either party shall be in writing and shall be served in person, by electronic mail or by certified mail, addressed to the following individuals:

SERVICE RECIPIENT

THE NEXT DOOR INC.

Contact: Nora Zimmerman

Contact: Elizur Bello

Address : 419 E 7th Street

Address: 965 Tucker Road

City, State, Zip: The Dalles, OR 97058

City, State, Zip: Hood River, OR 97031

Phone: (541) 993-2326

Phone: 541-436-0343

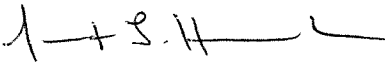
Email: noraz@ncphd.org

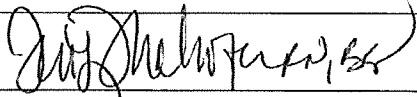
Email: elizurb@nextdoorinc.org

ACCEPTED

EXECUTIVE DIRECTOR FOR THE NEXT DOOR INC.

FULL LEGAL NAME OF THE SERVICE RECIPIENT

Signature: 

Signature: 

Printed Name: Janet L. Hamada, MSW

Printed Name: Ken L. Thalhofer RR, BSW

Title: Executive Director

Title: Director

Date: 6-13-18

Date: 6/13/2018

THE NEXT DOOR, INC.
FEE FOR SERVICE AGREEMENT

- 1. Description of Services.** TNDI shall render the services and provide the deliverables identified in Exhibit A to this Agreement, attached hereto and incorporated by reference herein ("Services"), to the Service Recipient.
- 2. Payment.** In full consideration for the Services performed by TNDI under this Agreement, the Service Recipient shall pay or cause to be paid to TNDI the sum identified in Exhibit A Section 2 ("Payment Schedule") to this agreement. TNDI shall invoice the Service Recipient for the sums set forth in Exhibit A on a net 30-day basis on the schedule set forth on Exhibit A.
- 3. Term.** The term of the Services to be performed by TNDI under this Agreement is defined on page one. Time is of the essence in this Agreement. This term may be extended by mutual written agreement of the parties.
- 4. Confidentiality.** Unless otherwise required by law, including, but not limited to the Oregon Public Records Policy, TNDI will exercise reasonable effort to maintain in confidence proprietary information disclosed or submitted to TNDI by the Service Recipient that is designated in writing as confidential information at the time of disclosure ("Confidential Information"). Confidential Information does not include information which: (a) is generally available in the public domain or becomes available to the public through no act of TNDI; or (b) is independently known prior to receipt thereof or is discovered independently by an employee of TNDI who had no access to the information supplied by the Service Recipient; or (c) is made available to TNDI as a matter of lawful right by a third party. TNDI retains the right to refuse to accept any such information which is not considered to be essential to the completion of the Services. The obligations of TNDI under this Section 4 shall survive and continue for one (1) year after this Agreement ends.
- 5. Equipment.** Equipment, supplies and materials purchased or produced under this Agreement shall be owned by TNDI, unless expressly stated otherwise herein.
- 6. Publicity and Endorsements.** Neither party will use the name service mark, trademark, or abbreviation thereof of the other party in any publicity, advertising, or news release without the prior written approval of the authorized representative of the other party. In addition, the Service Recipient shall not state or imply in any publication, advertisement, or other medium that TNDI has approved, endorsed or tested any product or service.
- 7. Termination.** Either party may terminate this Agreement with thirty (30) days written notice. Upon termination, the Service Recipient shall promptly pay TNDI for all services rendered and costs incurred up to and including the effective date of termination.
- 8. Independent Contractor.** The parties hereto are independent contractors and each shall be solely responsible for maintenance and payment of any and all taxes, insurance, social security deductions and the like that may be required by federal, state or local law with respect to any sums paid hereunder. The Service Recipient is not TNDI's agent or representative and has no authority to bind or commit TNDI to any agreements or other obligations.
- 9. Liability.** Service Recipient agrees to indemnify and hold TNDI, its officers, employees, agents, and students, harmless from any loss, claim, damage or liability of any kind arising out of or in connection with the action or inaction of Service Recipient under this Agreement. Service Recipient shall indemnify and hold harmless TNDI, its officers, employees, agents, and students, from any loss, claim, damage or liability of any kind arising from or in connection with Service Recipient's use of the Deliverables or the results of the Services.

THE NEXT DOOR, INC.
FEE FOR SERVICE AGREEMENT

- 10. Representations and Warranties.** TNDI makes no warranties, express or implied as to any matter whatsoever, including without limitation the condition of the deliverables, whether tangible or intangible, or developed under this agreement; or the marketability or fitness for a particular purpose of deliverables.
- 11. Force Majeure.** Neither party shall be deemed to be in breach of this Agreement or liable for damages if its performance of any obligation under this Agreement (except the payment of money) is prevented or delayed by causes beyond its reasonable control, such as acts or omissions of communications carriers, energy shortages or outages, strikes or labor disputes, fires, floods, inclement weather, acts of God, war, terrorism, civil disturbances or acts of civil or military authorities.
- 12. General.** This Agreement is non-assignable and non-transferable. This Agreement shall be governed by the laws of the State of Oregon without giving effect to its conflicts of laws' provisions. The Service Recipient certifies that he/she is duly authorized to enter into this Agreement and that in doing so, the Service Recipient is not in breach of any agreement or obligation to a third party.
- 13. Entire Agreement; Amendment.** This Agreement constitutes the entire understanding between the Service Recipient and TNDI with respect to the subject matter hereof and may not be amended except by an agreement signed by the Service Recipient and an authorized representative of TNDI.
- 14. Severability.** The invalidity or illegality of one or more provisions of this Agreement shall not affect the enforceability of the remaining provisions.

**THE NEXT DOOR, INC.
FEE FOR SERVICE AGREEMENT**

EXHIBIT A

Section 1- Description of Services:

Services provided under this agreement are the development and facilitation of a 3 hour introductory Diversity, Equity and Inclusion (DEI) training for NCPHD staff in Bakers City on June 19th from 1-4 pm.

The Next Door staff will provide the following services:

- Planning and development of curricula for DEI training
- Facilitation and materials for the DEI training
- Round trip travel for 2 staff from Hood River to Bakers City, OR
- Initial planning for a follow up full day workshop

Budget includes:

Planning and curricula development	\$ 500
Training prep and facilitation	\$ 3,200
Travel and materials	\$ 850
Overhead costs	\$ 546
Total	\$ 5,096

Section 2 - Payment Schedule:

TNDI will invoice NCPHD after completion of the community meeting, to be paid within 30 days after receipt of invoice.



Public Health
Prevent. Promote. Protect.

NORTH CENTRAL PUBLIC HEALTH DISTRICT

“Caring For Our Communities”

Directors Report for the Board of Health: September 11, 2018

Many things have happened since the last written Directors Report in May. I will try to touch on the most important issues.

- As you know, a budget for the current fiscal year was passed at our June meeting. The budget process was very successful this year and I thank our Commissioner board members for some difficult conversations that put a frame work in place for future success and planning. We are excited about the process in the future.
- Summer again brought significant wildfires to our region. Tanya Wray, PHEP Coordinator, worked closely with the Wasco County Emergency Manager during the Substation Fire and when shelters for evacuees were opened, our Environmental Health staff inspected and provided consultation. During subsequent fires, we resourced filters and opened clean air centers in The Dalles so folks with respiratory issues could get out of the smoke. We are grateful to our partners at The Dalles Library, Mid-Columbia Senior Center and the Community Meal Site.
- We continue to work with regional CCO partners around efforts to make communities healthier. I recently participated in a listening session in Maupin around the need for a School Based Health Center. Dr. McDonell and her staff continue their work to combat childhood obesity. Kirah Doerr, the Tobacco Cessation Specialist working in the CGCCO region is offering 1:1 cessation services to Medicaid clients through referral. I am working with CGCCO partners on the process to begin the next Community Health Assessment. Public Health has some requirements that will need to be included this iteration to meet Public Health Accreditation standards. It’s a collaborative process.
- Our internal wellness committee is working with our Blue Zones partners toward becoming a “Blue Zones” workplace. We already have many of the recommended practices in place and are now working on submission.
- I wanted to take a moment to revisit accountability. Last month we discussed the work that goes into our triennial review. In addition to that

event every three years, to be accountable as a sub- grantee of OHA, we also complete a yearly fiscal audit. Accountability also comes in the form of other unexpected audits.

- Leadership Team has continued work on succession planning and employee satisfaction. You will hear more about Coaching 2 Connect in today's meeting, but we very much want a work environment that respects the values of the staff and the community with optimal physical and mental health being the core of the values. We are working to improve processes, the work environment, communication, transparency and trust with staff. This is exciting work.

Respectfully submitted,

Teri L. Thalsofer, RN, BSN
Director, NCPHD