



**Public Health**  
Prevent. Promote. Protect.

---

**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

*“Caring For Our Communities”*

419 East Seventh Street  
The Dalles, OR 97058-2676  
541-506-2600  
[www.ncphd.org](http://www.ncphd.org)

**North Central Public Health District  
Board of Health  
Meeting Minutes  
February 14, 2017 (3:00pm)**

**In Attendance:** Commissioner Scott Hege – Wasco County; Tom McCoy – Sherman County

**By Phone:** Judge Steve Shaffer – Gilliam County

**Staff Present:** Teri Thalhofer, RN, BSN – Director NCPHD; Kathi Hall – Finance Manager NCPHD; Haylie Eiesland, Tobacco Prevention Coordinator; Nicole Bailey, Environmental Health Specialist Trainee

Minutes taken by Gloria Perry / Alyssa Borders

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

**SUMMARY OF ACTIONS TAKEN**

**Commissioner Tom McCoy motioned to accept the 1/10/2017 executive committee meeting minutes as presented; Judge Steve Shaffer seconded.**

Vote: 3-0

Yes: Commissioner Tom McCoy, Judge Steve Shaffer, Commissioner Scott Hege.

No: 0

Abstain: 0

Motion carried.

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

Vote: 3-0

Yes: Commissioner Tom McCoy, Judge Steve Shaffer, Commissioner Scott Hege.

No: 0

Abstain: 0

Motion carried.

### WELCOME AND INTRUCTIONS

### MINUTES / NEXT MEETING DATE

1. Approval of past meeting minutes
  - a. 1/10/2017 meeting minutes were approved as presented.
2. Set next meeting date.
  - a. Staff will work to reschedule the March Executive Committee meeting as the usual date and time of March 14, 2017 at 3:00pm did not work for all board members.

### ADDITIONS TO THE AGENDA

1. None

### PUBLIC COMMENT

1. None

### UNFINISHED BUSINESS

1. 2017-18 Budget Update
  - a. Public Members
    - i. Sherman County is in the process of searching for a public member.
  - b. Meeting Location
    - i. After discussion it was agreed that the budget committee meeting will be held in Sherman County at the Steve Burnett Extension & Research Building.
  - c. Process Discussion
    - i. Commissioner Hege made a suggestion that NCPHD's budget committee not meet until after Sherman, Gilliam and Wasco County's budget committees have met and approved their respective budgets.
    - ii. After a lengthy discussion there was consensus among the Executive Committee members to move forward with Commissioner Hege's suggestion for the 17-18 budget process.
  - d. Recap Report for FY 16-17
    - i. Kathi reviewed Recap report.
  - e. Things to consider:

- i. For 2018, Kathi and Teri are working on the assumption that our contract with OHA is going to be flat funding – no increase. Not current service level, but flat funding; which means a reduction.
- ii. There is potential for significant changes if the Affordable Care Act is repealed.
- iii. In the Co-Chair's framework, there will be 350,000 Oregonians losing their Medicaid through Medicaid expansion. If this happens, we will see more people coming to NCPHD for safety net services. Oregon has defunded those safety net services as they funded Medicaid.
- iv. The CCare program which supports reproductive health services for people who are not eligible for full Medicaid, the funding for it has gone down steadily with the CCO's and the Affordable Care Act, so we don't get nearly the capacity to provide that service that we did before systems transformation so if that comes to be, we'll be at a worse spot than we were.
- v. We are looking at ways to enhance revenue through home visiting services. Through Targeted Case Management our nurses have been out visiting a lot of clients and the model that we're using with the nurse community health worker team is really bringing in significant revenue and we are able to see a lot more clients that way.
- vi. In the State plan amendment that Oregon files with the Center for Medicaid and Medicare Services that allows us to create our Oregon Medicaid program; they moved the age for targeted case management. In the past we could visit and bill Medicaid for targeted case management for children 0 to 5 with a risk of developmental delay and birth to 21 with a special health care needs diagnoses. There is a program called Maternity Case Management to see pregnant women that wasn't a part of that, it was a direct service billed through their Medicaid plan. Overall, Oregon had tried to work on that relationship because it required a nurse to visit and we could only get back \$40.00 for the visit, which doesn't really pay for a nurse going out there. What they were able to do is move the age for target case management in the State plan amendment to prenatal. Once the rules are written, we probably will not be doing maternity case management any longer. We are not going to be doing that service where we bill their plan specifically; we'll be doing targeted case management to the prenatal so we'll be able to see pregnant women. Right now we get \$230.00 and we have to pay a 1/3<sup>rd</sup> match but we see \$230.00 for each of those visits. So those \$40.00 visits will now bring us \$230.00 of revenue. It's also going to require additional local match for that but we're working on how that ask will look. We anticipate that there will be a new cost analysis done. The value of those visits will probably go up.
- vii. Last year we received \$90,000 from Columbia Gorge Health Council through Pacific Source for quality incentive metric funding which has

supported a community health specialist and an office specialist. This year we'll be receiving \$25,700 that we actually have to write a grant application for and provide reporting specific to a quality incentive metric area; so that's a difference of \$64,300 in our budget.

- viii. We are seeing a change from the Oregon Center for Children and Youth with special health care needs. For many years they have funded a program called Community Connections Network. It's a multi-disciplinary team that sees kids with special health care needs that makes a local plan. We have had the contract to administer that and we've had a contract for one of our Cacoon nurses to be the professional adjunct to that team and we've had a provider. We have a nurse practitioner that provides a medical exam and consultation to that plan. OCCYSHN (Oregon Center for Children and Youth with Special Health Needs) is no longer going to support that program in the next fiscal year so we will lose the funding for those three positions. They are replacing it with something called Shared Plan of Care that will come close to what we are losing for the nurses' salary but it won't replace the admin coordinator piece or the provider piece. Teri is working with community partners right now to try to see if we can sustain the program in collaboration with community partners. Lots of conversation with Lisa Roth who is managing the Wrap Around Program at Center for Living about how this will coordinate well with the Wrap Program.
- ix. COLA's have not kept up with the cost of living; and many years there has been a freeze.
- x. The salary survey is in process. Teri is not sure if we we'll have the salary survey completed in time for this budget year for us to respond to it.
- xi. Teri estimates that we will have a \$6,000 increase to our PERS funding.
- xii. We won't know what our health benefits increase will be until after CIS holds their annual conference February 22 – 24.
- xiii. The Environmental Health Specialist Trainee position was added. Teri and John Zalaznik are in conversation with Hood River Health Department about whether or not they are going to move forward with sharing this position.
- xiv. Teri advised the board that we need to start thinking about nurse succession planning. We have 7 nurses including Teri, and of them 6 are five years or under to retirement and 1 is within 10 years. We only have one nurse that is probably more than 10 years from retirement. Kathi and Teri are having discussions about how we build that work force.
- xv. Teri reviewed the Direct County Funding Support report with the board. She explained to Commissioner McCoy that there is no funding formula. There was a funding formula for what the counties paid in the first 2 or 3 years of the existence of the District and then it's just been negotiated from that point forward. The report shows where we are and what county funding supports.

- f. Commissioner Hege asked if by the next board meeting, if a report can be put together so the board can have a general sense of what the budget is looking like so the board can have a discussion about where the holes are and how we want to approach those.
  - i. Teri commented that she and Kathi are hoping to have the first draft together between March 1<sup>st</sup> and March 7<sup>th</sup>.

**NEW BUSINESS**

- 1. Introduction of New Employees
  - a. Nicole Bailey, newly hired Environmental Health Specialist Trainee was introduced to the Board by Teri Thalhofer.
- 2. Indoor Clean Air Act Update – Presented by Hayli Eiesland, NCPHD’s TPEP Coordinator.
  - a. PowerPoint presented to the Board and feedback requested.
- 3. Approval of A/P Check Report (January 2017)
  - a. Report was approved as presented.
- 4. Contracts Reviewed
  - a. Columbia Gorge Health Council – Business Agreement
  - b. Columbia Gorge Health Council – Program Services Agreement
  - c. Columbia Gorge Health Council – Confidentiality Non-Disclosure Agreement
- 5. Director’s Report – By Teri Thalhofer
  - a. Report presented to the board

Meeting adjourned at 4:27pm



Signature

Scott C. Hege

Printed Name

03/14/17

Date

**{Copy of 1/10/2016 Meeting Minutes, 17-18 Draft Budget Calendar, Recap Report, COLA History, County Funding Analysis, Oregon Indoor Clean Air Act PowerPoint Presentation, A/P Check Report for January 2017, Columbia Gorge Health Council’s Business Agreement, Program Services Agreement and Confidentiality Non-Disclosure Agreement and February 2017 Director’s Report attached and made part of this record.}**