



# CURRY COUNTY BOARD OF COMMISSIONERS

## GENERAL MEETING

Wednesday, January 04, 2017 – 10:00 A.M.  
Commissioners' Hearing Room, Courthouse Annex  
94235 Moore Street, Gold Beach, Oregon  
[www.co.curry.or.us](http://www.co.curry.or.us)

### AGENDA

*Items may be taken out of sequence to accommodate staff availability and the public.  
For public comment, a completed speaker's slip must be submitted.*

- 1. CALL TO ORDER & PLEDGE OF ALLEGIANCE**
- 2. AGENDA AMENDMENTS**
- 3. APPROVAL OF AGENDA**
- 4. ANNOUNCEMENTS**  
Curry County offices will be closed Monday, January 16th, 2017 in observance of the holiday.
- 5. APPOINTMENT OF THE CHAIR & VICE CHAIR OF THE CURRY COUNTY BOARD OF COMMISSIONERS**
- 6. ASSIGN COMMISSIONER LIAISON LIST AND OTHER RESPONSIBILITIES**
- 7. PUBLIC COMMENTS**
- 8. ADMINISTRATIVE ACTIONS/ APPOINTMENTS**
  - A. Appointment to the Coos Curry Housing Advisory Board
  - B. Appointments to Fair Board
  - C. LPSCC requesting a Blue Ribbon Committee be appointed
  - D. Agreement #148007 for the financing of Public Health services with signature authority to the BOC Chair
  - E. Review of the OHA Triennial Review of Public Health
  - F. 2016-17 Budget Appropriations Transfers - IT Department
  - G. Discussion Relating to the Purchase of Two Laptop Computers
  - H. Intergovernmental Agreement with State Dept of Revenue to collect Marijuana Retail Sales Taxes
- 9. PROCLAMATIONS/RESOLUTIONS/ LEGISLATIVE ACTIONS**
- 10. NEW BUSINESS**
- 11. OLD BUSINESS**
  - A. O&C Litigation Special Assessment
- 12. PRESENTATIONS TO THE BOARD**
  - A. Memorandum Re: Governor's Legislative Concept Public Records

**Curry County does not discriminate against individuals with disabilities and all public meetings are held in accessible locations. Auxiliary aids will be provided upon request with 48 hours advance notification. Please call 541-247-3296 if you have questions regarding this notice.**

- B. Status report - contact with South Coast Development Corporation regarding a feasibility study for the Brookings airport.

**13. CONSENT CALENDAR**

- A. Reclassification of County Surveyor
- B. Personnel Actions done by Appointing Authorities

**14. COMMISSIONER UPDATES/ LIAISON & DEPARTMENT ACTIVITY REPORTS**

- A. Revision of Department Head Handbook

**15. EXECUTIVE SESSION**

**16. ADJOURN**

**CURRY COUNTY BOARD OF COMMISSIONERS**  
**AGENDA ITEM ROUTING SLIP**  
FORM 10-001.1 Rev. 03-02-2016

**PART I – SUBMITTING DEPARTMENT: RETURN TO [BOC OFFICE@CO.CURRY.OR.US](mailto:BOC_OFFICE@CO.CURRY.OR.US)**

**AGENDA ITEM TITLE:** Appointment of Chair and Vice Chair for the Board of Commissioners for 2017.

**AGENDA DATE<sup>a</sup>:** 2017\_01\_04 **DEPARTMENT:** Commissioners **TIME NEEDED:** 15 min

<sup>a</sup>Submit by seven days prior to the next General Meeting ( eight days if a holiday falls within that seven day period)

**CONTACT PERSON:** T. Huxley **PHONE/EXT:** 3296 **TODAY'S DATE:** 12-27-16

**BRIEF BACKGROUND OR NOTE<sup>b</sup>:** First Board Meeting in January, Chair and Vice Chair are appointed - no paperwork required

<sup>b</sup>Indicate if more than one copy to be signed

**FILES ATTACHED:**

**SUBMISSION TYPE:** Appointment

- (1)
- (2)

Are there originals in route (paper copies with pre-existing signatures) Yes  No

**QUESTIONS:**

- 1. Would this item be a departure from the Annual Budget if approved? Yes  No   
(If Yes, brief detail)
- 2. Does this agenda item impact any other County department? Yes  No   
(If Yes, brief detail)
- 3. If Land Transaction, filed with the clerk? Yes  No  N/A

**INSTRUCTIONS ONCE SIGNED:**

No Additional Activity Required

OR

- File with County Clerk
- Send Printed Copy to:
- Email a Digital Copy to:
- Other

Name:  
Address:  
City/State/Zip:

Phone:

Due date to send:        /        /

Email:

<sup>c</sup>Note: Most signed documents are filed/recorded with the Clerk per standard process.

**PART II – COUNTY CLERK REVIEW**

**EVALUATION CRITERIA:**

**CLERK ASSESSMENT:** Does this agenda item meet filing/recording standards? Yes  No  N/A   
(If No, brief detail)

**PART III - FINANCE DEPARTMENT REVIEW**

**EVALUATION CRITERIA 1-4:**

- 1. Confirmed Submitting Department's finance-related responses Yes  No   
Comment:
- 2. Confirmed Submitting Department's personnel-related materials Yes  No  N/A   
Comment:
- 3. If job description, Salary Committee reviewed: Yes  No  N/A
- 4. If hire order requires an UA, is it approved? Yes  No  Pending  N/A

**PART IV – COUNTY COUNSEL REVIEW**

**AGENDA ASSIGNMENT TYPE:** **Administrative Actions**

**LEGAL ASSESSMENT:** Does this agenda item have a legal impact? Yes  No   
(If Yes, brief detail) Appoints Board Officers

**PART V – BOARD OF COMMISSIONER REVIEW/COMMENT**

**LIAISON COMMISSIONER AGREES TO ADD TO AGENDA:**

- Commissioner Susan Brown Yes  No
- Commissioner Thomas Huxley Yes  No
- Commissioner David Brock Smith Yes  No

Not applicable to Sheriff's Department since they do not have a liaison

**CURRY COUNTY BOARD OF COMMISSIONERS**  
**AGENDA ITEM ROUTING SLIP**  
FORM 10-001.1 Rev. 03-02-2016

**PART I – SUBMITTING DEPARTMENT: RETURN TO [BOC OFFICE@CO.CURRY.OR.US](mailto:BOC_OFFICE@CO.CURRY.OR.US)**

**AGENDA ITEM TITLE:** Liaison List for Commissioner Duties  
**AGENDA DATE<sup>a</sup>:** 2017\_01\_04 **DEPARTMENT:** Commissioners **TIME NEEDED:** 15 min

<sup>a</sup>Submit by seven days prior to the next General Meeting ( eight days if a holiday falls within that seven day period)

**CONTACT PERSON:** T. Huxley **PHONE/EXT:** 3296 **TODAY’S DATE:** 12-27-16

**BRIEF BACKGROUND OR NOTE<sup>b</sup>:** Re-establish Commissioners/Liaison list duties

<sup>b</sup>Indicate if more than one copy to be signed

**FILES ATTACHED:** **SUBMISSION TYPE:** Appointment

- (1)2016 Liaison List
- (2)

Are there originals in route (paper copies with pre-existing signatures) Yes  No

**QUESTIONS:**

- 1. Would this item be a departure from the Annual Budget if approved? Yes  No   
(If Yes, brief detail)
- 2. Does this agenda item impact any other County department? Yes  No   
(If Yes, brief detail) Nearly all departments
- 3. If Land Transaction, filed with the clerk? Yes  No  N/A

**INSTRUCTIONS ONCE SIGNED:**

No Additional Activity Required

OR

- File with County Clerk
- Send Printed Copy to:
- Email a Digital Copy to:
- Other

Name:  
Address:  
City/State/Zip:  
Phone:

Due date to send:        /        /               Email:

<sup>c</sup>Note: Most signed documents are filed/recorded with the Clerk per standard process.

**PART II – COUNTY CLERK REVIEW**

**EVALUATION CRITERIA:**

**CLERK ASSESSMENT:** Does this agenda item meet filing/recording standards? Yes  No  N/A   
(If No, brief detail)

**PART III - FINANCE DEPARTMENT REVIEW**

**EVALUATION CRITERIA 1-4:**

- 1. Confirmed Submitting Department’s finance-related responses Yes  No   
Comment:
- 2. Confirmed Submitting Department’s personnel-related materials Yes  No  N/A   
Comment:
- 3. If job description, Salary Committee reviewed: Yes  No  N/A
- 4. If hire order requires an UA, is it approved? Yes  No  Pending  N/A

**PART IV – COUNTY COUNSEL REVIEW**

**AGENDA ASSIGNMENT TYPE:** Appointments

**LEGAL ASSESSMENT:** Does this agenda item have a legal impact? Yes  No   
(If Yes, brief detail) Assigns Commissioner Liaisons for 2017

**PART V – BOARD OF COMMISSIONER REVIEW/COMMENT**

**LIAISON COMMISSIONER AGREES TO ADD TO AGENDA:**

- Commissioner Susan Brown Yes  No
- Commissioner Thomas Huxley Yes  No
- Commissioner David Brock Smith Yes  No
- Not applicable to Sheriff’s Department since they do not have a liaison



## Curry County Board of Commissioners

*Susan Brown, Chair*

*Tom Huxley, Vice-Chair*

*David Brock Smith, Commissioner*

### 2016 Department Liaison List

#### **Susan Brown**

Brookings Airport

Commissioners' Office

Economic Development

Fair/4H & Ext. Service Dist.

Community Development

Public Transit

RSVP

Veteran's Services

#### **Thomas Huxley**

Assessor/Tax

Clerk

County Counsel

Finance/HR

Information Technology

Surveyor

Treasurer

#### **David Brock Smith**

District Attorney

Facilities Maintenance

Juvenile

Public Health

Parks

Roads

### Other Liaison Responsibilities

#### **Susan Brown**

Ambulance

Border Coast Regional Airport  
Authority

Citizens for Community  
Involvement

Coordinated Care Organization

CCD Business Development

CCD Workforce Consortium

Emergency Food & Shelter Program

Public Services Advisory Committee

Reg. Solutions Team

#### **Thomas Huxley**

Board of Property Tax Appeals

Cable Franchise

Local Public Safety Coordinating  
Council

#### **David Brock Smith**

Coos Curry Hazardous Waste

Curry Community Health

Natural Resource Adv. Comm.

Solid Waste Recycling

Wild Rivers Forestland  
Collaborative

South Coast Business Employment  
Corporation

O&C Board of Directors

**CURRY COUNTY BOARD OF COMMISSIONERS**  
**AGENDA ITEM ROUTING SLIP**  
FORM 10-001.1 Rev. 03-02-2016

**PART I – SUBMITTING DEPARTMENT: RETURN TO [BOC\\_OFFICE@CO.CURRY.OR.US](mailto:BOC_OFFICE@CO.CURRY.OR.US)**

**AGENDA ITEM TITLE:** Appointment to the Coos Curry Housing Board

**AGENDA DATE<sup>a</sup>:** 2017\_01\_04 **DEPARTMENT:** Commissioners **TIME NEEDED:** 2min

<sup>a</sup>Submit by seven days prior to the next General Meeting ( eight days if a holiday falls within that seven day period)

**CONTACT PERSON:**                      **PHONE/EXT:** 3296      **TODAY'S DATE:** 12-27-16

**BRIEF BACKGROUND OR NOTE<sup>b</sup>:** Mary Rowe has applied to be appointed to this Board.

<sup>b</sup>Indicate if more than one copy to be signed

**FILES ATTACHED:**

**SUBMISSION TYPE:** Appointment

- (1)Order
- (2)Application

Are there originals in route (paper copies with pre-existing signatures) Yes  No

**QUESTIONS:**

1. Would this item be a departure from the Annual Budget if approved?                      Yes  No   
(If Yes, brief detail)
2. Does this agenda item impact any other County department?                      Yes  No   
(If Yes, brief detail)
3. If Land Transaction, filed with the clerk?                      Yes  No  N/A

**INSTRUCTIONS ONCE SIGNED:**

No Additional Activity Required

OR

File with County Clerk

Name:

Send Printed Copy to:

Address:

Email a Digital Copy to:

City/State/Zip:

Other

Phone:

Due date to send:                      /                      /

Email:

**\*Note: Most signed documents are filed/recorded with the Clerk per standard process.**

**PART II – COUNTY CLERK REVIEW**

**EVALUATION CRITERIA:**

**CLERK ASSESSMENT:** Does this agenda item meet filing/recording standards? Yes  No  N/A

(If No, brief detail)

**PART III - FINANCE DEPARTMENT REVIEW**

**EVALUATION CRITERIA 1-4:**

1. Confirmed Submitting Department's finance-related responses                      Yes  No   
Comment:
2. Confirmed Submitting Department's personnel-related materials                      Yes  No  N/A   
Comment:
3. If job description, Salary Committee reviewed:                      Yes  No  N/A
4. If hire order requires an UA, is it approved?                      Yes  No  Pending  N/A

**PART IV – COUNTY COUNSEL REVIEW**

**AGENDA ASSIGNMENT TYPE:**      **Appointments**

**LEGAL ASSESSMENT:** Does this agenda item have a legal impact?                      Yes  No

(If Yes, brief detail) Appointment to Coos Curry Housing Authority

**PART V – BOARD OF COMMISSIONER REVIEW/COMMENT**

**LIAISON COMMISSIONER AGREES TO ADD TO AGENDA:**

Commissioner Susan Brown                      Yes  No

Commissioner Thomas Huxley                      Yes  No

Commissioner David Brock Smith                      Yes  No

Not applicable to Sheriff's Department since they do not have a liaison

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
IN AND FOR THE COUNTY OF CURRY, OREGON

IN THE MATTER OF THE )  
APPOINTMENT OF A ) ORDER NO. \_\_\_\_\_  
MEMBER TO THE COOS CURRY )  
HOUSING AUTHORITY )

WHEREAS, a position has become vacant on the Coos Curry Housing Authority Board due to a resignation; and

WHEREAS, the Board of Curry County Commissioners announced the vacancy, and invited interested persons to apply; and

WHEREAS, Mary Rowe has applied and indicated her willingness to serve;

NOW, THEREFORE, IT IS HEREBY ORDERED that Mary Rowe is appointed to the Coos Curry Housing Authority with said term to expire January 3, 2021.

DATED this 4<sup>th</sup> day of January, 2017.

CURRY COUNTY BOARD OF COMMISSIONERS

\_\_\_\_\_  
Thomas Huxley

\_\_\_\_\_  
Court Boice

\_\_\_\_\_  
Sue Gold

Reviewed as to Form:

\_\_\_\_\_  
John Huttli, Curry County Legal Counsel



## Application for Volunteer Boards, Commissions, Councils, Committees or Task Forces

Board of Curry County Commissioners  
 94235 Moore Street, Suite 122  
 Gold Beach, OR 97444  
 Phone: 541-247-3296 Fax: 541-247-2718 Email: [BOC\\_Office@co.curry.or.us](mailto:BOC_Office@co.curry.or.us)

Please complete both sides of this form. Information submitted as part of this application is available and shall be considered public information as it pertains to Oregon Public Records.

NOTE: A separate application may be required for each Board, Commission, Council, Committee or Task Force for which you are applying.

Please print or type clearly

Name: Mary Rowe Date: 12/23/2014

Please indicate which Board, Commission, Council, Committee or Task Force on which you are interested in serving.

<input type="checkbox"/> Ambulance Service Area Advisory Committee	<input type="checkbox"/> Fair Board
<input type="checkbox"/> Board of Property Tax Appeals	<input type="checkbox"/> Farm Board of Review
<input type="checkbox"/> Brookings Airport Advisory Committee	<input type="checkbox"/> Local Public Safety Coordinating Council
<input type="checkbox"/> Budget Committee	<input type="checkbox"/> Planning Commission
<input type="checkbox"/> Building Codes Appeal Board	<input type="checkbox"/> Public Services Financial Advisory Committee
<input type="checkbox"/> CCD Business Development Corporation	<input type="checkbox"/> RSVP Advisory Board
<input type="checkbox"/> Citizen Involvement Committee	<input type="checkbox"/> Solid Waste Advisory Committee
<input type="checkbox"/> Compensation Board	<input type="checkbox"/> Veteran's Advisory Council
<input checked="" type="checkbox"/> Coos Curry Housing Authority	
<input type="checkbox"/> Other	

Are you currently serving on a Board, Commission, Council, Committee or Task Force for Curry County?

Yes  No If Yes, list which committee(s):

What experience, training or qualifications do you have for this particular Board, Commission, Council, Committee or Task Force? MSW, 1987 from California State University, Sacramento.

I have advocated for the homeless in Curry County for the past nine years. I am a low-income senior citizen. I have served on several other boards of directors prior to moving to Curry County.

What community topics concern you that relate to this Board, Commission, Council, Committee or Task Force? \_\_\_\_\_

The cost of housing, homelessness, landlord-tenant issues, accessibility for the disabled, services that assist tenants in maintaining housing.

Describe your previous experience in this appointed position or a similar position: \_\_\_\_\_



Other volunteer activities:

*Doing street outreach to the homeless and travelers, and to those stranded overnight in Gold Beach after using the hospital's emergency room, public education about homelessness; program development for the homeless; helping with the annual one day homeless crunch, etc.*

Does your schedule allow you to attend daytime meetings?

Yes

No

Does your schedule allow you to attend evening meetings?

Yes

No

Does your schedule limit the days you could attend meetings?

Yes

No

If Yes, please explain \_\_\_\_\_

Have you ever been convicted of a crime?

Yes

No

If Yes, please explain \_\_\_\_\_

*May Rowe*

Signature

*12/23/2016*

Date

**My signature above indicates my desire to serve Curry County in a voluntary capacity as a member of one of its Boards, Commissions, Councils, Committees or Task Forces. I understand that there is no financial compensation for serving.**

**Thank you for your application.**

**Please return your completed application to the Curry County Commissioners' Office at the address or email listed on Page one of this form or you may submit your application on the county's website at [www.co.curry.or.us](http://www.co.curry.or.us).**

**Per HB3557 the following can only be disclosed to the public following a public record request that shows clear and convincing evidence that the public interest requires disclosure.**

**CURRY COUNTY BOARD OF COMMISSIONERS**  
**AGENDA ITEM ROUTING SLIP**  
FORM 10-001.1 Rev. 03-02-2016

**PART I – SUBMITTING DEPARTMENT: RETURN TO [BOC\\_OFFICE@CO.CURRY.OR.US](mailto:BOC_OFFICE@CO.CURRY.OR.US)**

**AGENDA ITEM TITLE:** Appointments to Fair Board

**AGENDA DATE<sup>a</sup>:** 2017\_01\_04 **DEPARTMENT:** Commissioners **TIME NEEDED:** 10 min

<sup>a</sup>Submit by seven days prior to the next General Meeting ( eight days if a holiday falls within that seven day period)

**CONTACT PERSON:** Liaison **PHONE/EXT:** 3296 **TODAY'S DATE:** 12-22-16

**BRIEF BACKGROUND OR NOTE<sup>b</sup>:** This agenda item was pulled from 12-21-16 meeting as all applications hadn't been submitted. There are four applicants, three positions to be filled

<sup>b</sup>Indicate if more than one copy to be signed

**FILES ATTACHED:**

**SUBMISSION TYPE:** Order

- (1) Order for Burris
- (2) Order for Golay
- (3) Order for Carrillo
- (4) Order for Brand

Are there originals in route (paper copies with pre-existing signatures) Yes  No

**QUESTIONS:**

1. Would this item be a departure from the Annual Budget if approved? Yes  No   
(If Yes, brief detail)
2. Does this agenda item impact any other County department? Yes  No   
(If Yes, brief detail)
3. If Land Transaction, filed with the clerk? Yes  No  N/A

**INSTRUCTIONS ONCE SIGNED:**

No Additional Activity Required

OR

- File with County Clerk
- Send Printed Copy to:
- Email a Digital Copy to:
- Other

Name:  
Address:  
City/State/Zip:

Phone:

Due date to send:        /        /

Email:

<sup>c</sup>Note: Most signed documents are filed/recorded with the Clerk per standard process.

**PART II – COUNTY CLERK REVIEW**

**EVALUATION CRITERIA:**

**CLERK ASSESSMENT:** Does this agenda item meet filing/recording standards? Yes  No  N/A   
(If No, brief detail)

**PART III - FINANCE DEPARTMENT REVIEW**

**EVALUATION CRITERIA 1-4:**

1. Confirmed Submitting Department's finance-related responses Yes  No   
Comment:
2. Confirmed Submitting Department's personnel-related materials Yes  No  N/A   
Comment:
3. If job description, Salary Committee reviewed: Yes  No  N/A
4. If hire order requires an UA, is it approved? Yes  No  Pending  N/A

**PART IV – COUNTY COUNSEL REVIEW**

**AGENDA ASSIGNMENT TYPE:** Administrative Actions

**LEGAL ASSESSMENT:** Does this agenda item have a legal impact? Yes  No   
(If Yes, brief detail) Board needs to pick three out of four applicants to serve on Fair Board

**PART V – BOARD OF COMMISSIONER REVIEW/COMMENT**

**LIAISON COMMISSIONER AGREES TO ADD TO AGENDA:**

- Commissioner Susan Brown Yes  No
- Commissioner Thomas Huxley Yes  No
- Commissioner David Brock Smith Yes  No

Not applicable to Sheriff's Department since they do not have a liaison

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
IN AND FOR THE COUNTY OF CURRY, OREGON

In the Matter of Appointments     )  
To the Curry County Fair Board    )

ORDER NO. \_\_\_\_\_

WHEREAS, positions on the Curry County Fair Board will become vacant due to the expiration of terms; and

WHEREAS, the Board of Commissioners announced at a public meeting that any interested county resident who would volunteer to serve as a member of the Curry County Fair Board should apply for appointment; and

WHEREAS, Laurie Brand has applied for appointment to the Curry County Fair Board; and

NOW, THEREFORE, IT IS HEREBY ORDERED that Laurie Brand is appointed to the Curry County Fair Board with said term to begin January 1, 2017 and expire December 31, 2019.

DATED this 4<sup>th</sup> day of January, 2017.

Curry County Board of Commissioners

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Vice Chair

Approved as to Form:

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
John Huttli, County Counsel



# Application for Volunteer Boards, Commissions, Councils, Committees or Task Forces

Board of Curry County Commissioners  
94235 Moore Street, Suite 122  
Gold Beach, OR 97444  
Phone: 541-247-3296 Fax: 541-247-2718 Email: [BOC\\_Office@co.curry.or.us](mailto:BOC_Office@co.curry.or.us)

Please complete both sides of this form. Information submitted as part of this application is available and shall be considered public information as it pertains to Oregon Public Records.

NOTE: A separate application may be required for each Board, Commission, Council, Committee or Task Force for which you are applying.

Please print or type clearly

Name: Laurie Brand Date: 11.1.16

Please indicate which Board, Commission, Council, Committee or Task Force on which you are interested in serving.

<input type="checkbox"/> Ambulance Service Area Advisory Committee	<input checked="" type="checkbox"/> Fair Board
<input type="checkbox"/> Board of Property Tax Appeals	<input type="checkbox"/> Farm Board of Review
<input type="checkbox"/> Brookings Airport Advisory Committee	<input type="checkbox"/> Local Public Safety Coordinating Council
<input type="checkbox"/> Budget Committee	<input type="checkbox"/> Planning Commission
<input type="checkbox"/> Building Codes Appeal Board	<input type="checkbox"/> Public Services Financial Advisory Committee
<input type="checkbox"/> CCD Business Development Corporation	<input type="checkbox"/> RSVP Advisory Board
<input type="checkbox"/> Citizen Involvement Committee	<input type="checkbox"/> Solid Waste Advisory Committee
<input type="checkbox"/> Compensation Board	<input type="checkbox"/> Veteran's Advisory Council
<input type="checkbox"/> Coos Curry Housing Authority	
<input type="checkbox"/> Other	

Are you currently serving on a Board, Commission, Council, Committee or Task Force for Curry County?

Yes  No If Yes, list which committee(s):

What experience, training or qualifications do you have for this particular Board, Commission, Council, Committee or Task Force? WORKED FOR THE FAIR BOARD AS A CURRY COUNTY EMPLOYEE FOR 5 YEARS ON A PART TIME BASIS.

What community topics concern you that relate to this Board, Commission, Council, Committee or Task Force? THE CONTINUANCE OF THE EVENT CENTER

Describe your previous experience in this appointed position or a similar position: WORKED AT THE

FAIR GROUNDS FOR 5 YEARS AS THE ASSISTANT TO  
FAIR MANAGER

Other volunteer activities: PRESIDENT OF THE GOLD BEACH QUILT GUILD

Does your schedule allow you to attend daytime meetings?  Yes  No

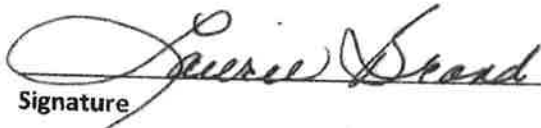
Does your schedule allow you to attend evening meetings?  Yes  No

Does your schedule limit the days you could attend meetings?  Yes  No

If Yes, please explain \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No

If Yes, please explain \_\_\_\_\_

  
Signature

11-1-16  
Date

My signature above indicates my desire to serve Curry County in a voluntary capacity as a member of one of its Boards, Commissions, Councils, Committees or Task Forces. I understand that there is no financial compensation for serving.

Thank you for your application.

Please return your completed application to the Curry County Commissioners' Office at the address or email listed on page one of this form or you may submit your application on the county's website at [www.co.curry.or.us](http://www.co.curry.or.us).

**Per HB3557 the following can only be disclosed to the public following a public record request that shows clear and convincing evidence that the public interest requires disclosure.**

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
IN AND FOR THE COUNTY OF CURRY, OREGON

In the Matter of an Appointment )  
To the Curry County Fair Board )

ORDER NO. \_\_\_\_\_

WHEREAS, positions on the Curry County Fair Board will become vacant due to the expiration of terms; and

WHEREAS, the Board of Commissioners announced at a public meeting that any interested county resident who would volunteer to serve as a member of the Curry County Fair Board should apply for appointment; and

WHEREAS, Ronald Burriss has applied for appointment to the Curry County Fair Board; and

NOW, THEREFORE, IT IS HEREBY ORDERED that Ronald Burriss is appointed to the Curry County Fair Board with said term to begin January 1, 2017 and expire December 31, 2019.

DATED this 4<sup>th</sup> of January, 2017.

Curry County Board of Commissioners

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Vice Chair

Approved as to Form:

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
John Huttl, County Counsel



# Application for Volunteer Boards, Commissions, Councils, Committees or Task Forces

Board of Curry County Commissioners  
94235 Moore Street, Suite 122  
Gold Beach, OR 97444  
Phone: 541-247-3296 Fax: 541-247-2718 Email: [BOC\\_Office@co.curry.or.us](mailto:BOC_Office@co.curry.or.us)

Please complete both sides of this form. Information submitted as part of this application is available and shall be considered public information as it pertains to Oregon Public Records.

NOTE: A separate application may be required for each Board, Commission, Council, Committee or Task Force for which you are applying.

Please print or type clearly

Name: Ronald N. Burris Date: 12-8-16

Please indicate which Board, Commission, Council, Committee or Task Force on which you are interested in serving.

<input type="checkbox"/> Ambulance Service Area Advisory Committee	<input checked="" type="checkbox"/> Fair Board
<input type="checkbox"/> Board of Property Tax Appeals	<input type="checkbox"/> Farm Board of Review
<input type="checkbox"/> Brookings Airport Advisory Committee	<input type="checkbox"/> Local Public Safety Coordinating Council
<input type="checkbox"/> Budget Committee	<input type="checkbox"/> Planning Commission
<input type="checkbox"/> Building Codes Appeal Board	<input type="checkbox"/> Public Services Financial Advisory Committee
<input type="checkbox"/> CCD Business Development Corporation	<input type="checkbox"/> RSVP Advisory Board
<input type="checkbox"/> Citizen Involvement Committee	<input type="checkbox"/> Solid Waste Advisory Committee
<input type="checkbox"/> Compensation Board	<input type="checkbox"/> Veteran's Advisory Council
<input type="checkbox"/> Coos Curry Housing Authority	
<input type="checkbox"/> Other	

Are you currently serving on a Board, Commission, Council, Committee or Task Force for Curry County?

Yes  No If Yes, list which committee(s):  
FAIR BOARD

What experience, training or qualifications do you have for this particular Board, Commission, Council, Committee or Task Force?  
being on FAIR BOARD FOR 6 YRS + being in charge of FAIR parade.

What community topics concern you that relate to this Board, Commission, Council, Committee or Task Force?  
Repair of all Bldgs on FAIR grounds & Keeping going each yr.

Describe your previous experience in this appointed position or a similar position: being on the



Redding Reads Board For 14 YRS

Other volunteer activities: VFW, Board member Moose Lodge

Does your schedule allow you to attend daytime meetings?

Yes  No

Does your schedule allow you to attend evening meetings?

Yes  No

Does your schedule limit the days you could attend meetings?

Yes  No

If Yes, please explain

Have you ever been convicted of a crime?

Yes  No

If Yes, please explain

Ronald W. Burns

12-8-16

Signature

Date

My signature above indicates my desire to serve Curry County in a voluntary capacity as a member of one of its Boards, Commissions, Councils, Committees or Task Forces. I understand that there is no financial compensation for serving.

Thank you for your application.

Please return your completed application to the Curry County Commissioners' Office at the address or email listed on page one of this form or you may submit your application on the county's website at [www.co.curry.or.us](http://www.co.curry.or.us).

**Per HB3557 the following can only be disclosed to the public following a public record request that shows clear and convincing evidence that the public interest requires disclosure.**

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
IN AND FOR THE COUNTY OF CURRY, OREGON

In the Matter of Appointments     )  
To the Curry County Fair Board    )

ORDER NO. \_\_\_\_\_

WHEREAS, positions on the Curry County Fair Board will become vacant due to the expiration of terms; and

WHEREAS, the Board of Commissioners announced at a public meeting that any interested county resident who would volunteer to serve as a member of the Curry County Fair Board should apply for appointment; and

WHEREAS, Rob Carrillo has applied for appointment to the Curry County Fair Board; and

NOW, THEREFORE, IT IS HEREBY ORDERED that Rob Carrillo is appointed to the Curry County Fair Board with said terms to begin January 1, 2017 and expire December 31, 2019.

DATED this 4<sup>th</sup> day of January, 2017.

Curry County Board of Commissioners

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Vice Chair

Approved as to Form:

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
John Huttli, County Counsel



## Application for Volunteer Boards, Commissions, Councils, Committees or Task Forces

Board of Curry County Commissioners  
 94235 Moore Street, Suite 122  
 Gold Beach, OR 97444  
 Phone: 541-247-3296 Fax: 541-247-2718 Email: [BOC\\_Office@co.curry.or.us](mailto:BOC_Office@co.curry.or.us)

Please complete both sides of this form. Information submitted as part of this application is available and shall be considered public information as it pertains to Oregon Public Records.

NOTE: A separate application may be required for each Board, Commission, Council, Committee or Task Force for which you are applying.

**Please print or type clearly**

Name: Rob Carrillo Date: Dec 13, 2016

Please indicate which Board, Commission, Council, Committee or Task Force on which you are interested in serving.

<input type="checkbox"/> Ambulance Service Area Advisory Committee	<input checked="" type="checkbox"/> Fair Board
<input type="checkbox"/> Board of Property Tax Appeals	<input type="checkbox"/> Farm Board of Review
<input type="checkbox"/> Brookings Airport Advisory Committee	<input type="checkbox"/> Local Public Safety Coordinating Council
<input type="checkbox"/> Budget Committee	<input type="checkbox"/> Planning Commission
<input type="checkbox"/> Building Codes Appeal Board	<input type="checkbox"/> Public Services Financial Advisory Committee
<input type="checkbox"/> CCD Business Development Corporation	<input type="checkbox"/> RSVP Advisory Board
<input type="checkbox"/> Citizen Involvement Committee	<input type="checkbox"/> Solid Waste Advisory Committee
<input type="checkbox"/> Compensation Board	<input type="checkbox"/> Veteran's Advisory Council
<input type="checkbox"/> Coos Curry Housing Authority	
<input type="checkbox"/> Other	

Are you currently serving on a Board, Commission, Council, Committee or Task Force for Curry County?

Yes  No If Yes, list which committee(s):  
Fairboard

What experience, training or qualifications do you have for this particular Board, Commission, Council, Committee or Task Force? I have served multiple terms. I have served as Chair, vice chair and on Rodeo, Financial, Maintenance and other special committed and work groups. I have been involved in 4H, the Curry County Junior Livestock Auction Committee and Ford Family Foundation Leadership Training. I am a founding committee member of Wild Rivers Connect an Oregon nonprofit networking community resources.

What community topics concern you that relate to this Board, Commission, Council, Committee or Task Force? \_\_\_\_\_

I wish to continue the work to make this unique facility a self sustaining community resource. I love county fairs, especially this one.

Describe your previous experience in this appointed position or a similar position: See above.

Other volunteer activities: Various work groups and community efforts. Safe and Sober Graduation fund raising, youth activities.

Does your schedule allow you to attend daytime meetings?  Yes  No

Does your schedule allow you to attend evening meetings?  Yes  No

Does your schedule limit the days you could attend meetings?  Yes  No

If Yes, please explain \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No

If Yes, please explain \_\_\_\_\_



Dec 13, 2016

Signature

Date

My signature above indicates my desire to serve Curry County in a voluntary capacity as a member of one of its Boards, Commissions, Councils, Committees or Task Forces. I understand that there is no financial compensation for serving.

Thank you for your application.

Please return your completed application to the Curry County Commissioners' Office at the address or email listed on page one of this form or you may submit your application on the county's website at [www.co.curry.or.us](http://www.co.curry.or.us).

**Per HB3557 the following can only be disclosed to the public following a public record request that shows clear and convincing evidence that the public interest requires disclosure.**

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
IN AND FOR THE COUNTY OF CURRY, OREGON

In the Matter of an Appointment )  
To the Curry County Fair Board )

ORDER NO. \_\_\_\_\_

WHEREAS, positions on the Curry County Fair Board will become vacant due to the expiration of terms; and

WHEREAS, the Board of Commissioners announced at a public meeting that any interested county resident who would volunteer to serve as a member of the Curry County Fair Board should apply for appointment; and

WHEREAS, Sue Golay has applied for appointment to the Curry County Fair Board; and

NOW, THEREFORE, IT IS HEREBY ORDERED that Sue Golay is appointed to the Curry County Fair Board with said term to begin January 1, 2017 and expire December 31, 2019.

DATED this 4<sup>th</sup> day of January, 2017.

Curry County Board of Commissioners

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Vice Chair

Approved as to Form:

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
John Huttl, County Counsel



## Application for Volunteer Boards, Commissions, Councils, Committees or Task Forces

Board of Curry County Commissioners  
 94235 Moore Street, Suite 122  
 Gold Beach, OR 97444  
 Phone: 541-247-3296 Fax: 541-247-2718 Email: [BOC\\_Office@co.curry.or.us](mailto:BOC_Office@co.curry.or.us)

Please complete both sides of this form. Information submitted as part of this application is available and shall be considered public information as it pertains to Oregon Public Records.

NOTE: A separate application may be required for each Board, Commission, Council, Committee or Task Force for which you are applying.

**Please print or type clearly**

Name: Susan Golay Date: 12/14/2016

Please indicate which Board, Commission, Council, Committee or Task Force on which you are interested in serving.

<input type="checkbox"/> Ambulance Service Area Advisory Committee	<input type="checkbox"/> Fair Board Fair Board Member
<input type="checkbox"/> Board of Property Tax Appeals	<input type="checkbox"/> Farm Board of Review
<input type="checkbox"/> Brookings Airport Advisory Committee	<input type="checkbox"/> Local Public Safety Coordinating Council
<input type="checkbox"/> Budget Committee	<input type="checkbox"/> Planning Commission
<input type="checkbox"/> Building Codes Appeal Board	<input type="checkbox"/> Public Services Financial Advisory Committee
<input type="checkbox"/> CCD Business Development Corporation	<input type="checkbox"/> RSVP Advisory Board
<input type="checkbox"/> Citizen Involvement Committee	<input type="checkbox"/> Solid Waste Advisory Committee
<input type="checkbox"/> Compensation Board	<input type="checkbox"/> Veteran's Advisory Council
<input type="checkbox"/> Coos Curry Housing Authority	
<input type="checkbox"/> Other	

Are you currently serving on a Board, Commission, Council, Committee or Task Force for Curry County?

Yes  No If Yes, list which committee(s):  
NO

What experience, training or qualifications do you have for this particular Board, Commission, Council, Committee or Task Force?  
I have ben an active volunteer at the Fairgrounds for the past few years and am interested  
in being more involved in helping to ensure the sustainability of the Curry COunty Fairgrounds and its contribution  
to our community.

What community topics concern you that relate to this Board, Commission, Council, Committee or Task Force?  
Fair Grounds sustainability, cultural heritage

Describe your previous experience in this appointed position or a similar position: Chamber of Gold Beach Board memb

\_\_\_\_\_  
current Gold Beach Chamber Board member  
\_\_\_\_\_  
Condo association Board member

**Other volunteer activities:** \_\_\_\_\_ President of the Gold Beach Youth Soccer Association  
\_\_\_\_\_  
Cubscout Committee chair  
\_\_\_\_\_

Does your schedule allow you to attend daytime meetings?       Yes     No

Does your schedule allow you to attend evening meetings?       Yes     No

Does your schedule limit the days you could attend meetings?       Yes     No  
If Yes, please explain \_\_\_\_\_ I teach GED classess for the community college Mon and Wed evenings September thru May

Have you ever been convicted of a crime?       Yes     No  
If Yes, please explain \_\_\_\_\_

\_\_\_\_\_  
Susan Golay  
Signature

\_\_\_\_\_  
Date

My signature above indicates my desire to serve Curry County in a voluntary capacity as a member of one of its Boards, Commissions, Councils, Committees or Task Forces. I understand that there is no financial compensation for serving.

Thank you for your application.

Please return your completed application to the Curry County Commissioners' Office at the address or email listed on page one of this form or you may submit your application on the county's website at [www.co.curry.or.us](http://www.co.curry.or.us).

**Per HB3557 the following can only be disclosed to the public following a public record request that shows clear and convincing evidence that the public interest requires disclosure.**

*[Faint handwritten notes or signature]*

**CURRY COUNTY BOARD OF COMMISSIONERS**  
**AGENDA ITEM ROUTING SLIP**  
FORM 10-001.1 Rev. 03-02-2016

**PART I – SUBMITTING DEPARTMENT: RETURN TO [BOC OFFICE@CO.CURRY.OR.US](mailto:BOC_OFFICE@CO.CURRY.OR.US)**

**AGENDA ITEM TITLE:** LPSCC requesting a Blue Ribbon Committee be appointed

**AGENDA DATE<sup>a</sup>:** 1/4/2017 **DEPARTMENT:** Sheriff **TIME NEEDED:** 15 min

<sup>a</sup>Submit by seven days prior to the next General Meeting ( eight days if a holiday falls within that seven day period)

**CONTACT PERSON:** Sgt. Denney **PHONE/EXT:** 3381 **TODAY'S DATE:** 12/15/16

**BRIEF BACKGROUND OR NOTE<sup>b</sup>:** LPSCC requesting appointment of a Blue Ribbon Committee, who would review the Curry County budget, including potential loss of funds, and make recommendations to the BOC.

<sup>b</sup>Indicate if more than one copy to be signed

**FILES ATTACHED:** **SUBMISSION TYPE:** Discussion/Decision

- (1) Letter to the BOC from LPSCC Chair
- (2)

Are there originals in route (paper copies with pre-existing signatures) Yes  No

**QUESTIONS:**

1. Would this item be a departure from the Annual Budget if approved? Yes  No   
(If Yes, brief detail)
2. Does this agenda item impact any other County department? Yes  No   
(If Yes, brief detail)
3. If Land Transaction, filed with the clerk? Yes  No  N/A

**INSTRUCTIONS ONCE SIGNED:**

No Additional Activity Required

OR

File with County Clerk

Name:

Send Printed Copy to:

Address:

Email a Digital Copy to:

City/State/Zip:

Other

Phone:

Due date to send:        /        /

Email:

**\*Note: Most signed documents are filed/recorded with the Clerk per standard process.**

**PART II – COUNTY CLERK REVIEW**

**EVALUATION CRITERIA:**

**CLERK ASSESSMENT:** Does this agenda item meet filing/recording standards? Yes  No  N/A

(If No, brief detail)

**PART III - FINANCE DEPARTMENT REVIEW**

**EVALUATION CRITERIA 1-4:**

1. Confirmed Submitting Department's finance-related responses        Yes  No   
  Comment:
2. Confirmed Submitting Department's personnel-related materials        Yes  No  N/A   
  Comment:
3. If job description, Salary Committee reviewed:        Yes  No  N/A
4. If hire order requires an UA, is it approved?        Yes  No  Pending  N/A

**PART IV – COUNTY COUNSEL REVIEW**

**AGENDA ASSIGNMENT TYPE:** **Appointments**

**LEGAL ASSESSMENT:** Does this agenda item have a legal impact?        Yes  No

(If Yes, brief detail) impact: must follow public meeting & record reqs; no impact: no binding authority

**PART V – BOARD OF COMMISSIONER REVIEW/COMMENT**

**LIAISON COMMISSIONER AGREES TO ADD TO AGENDA:**

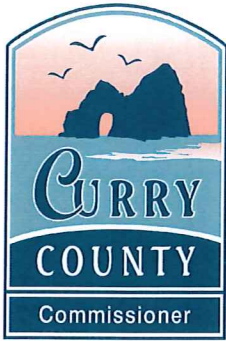
Commissioner Susan Brown        Yes  No

Commissioner Thomas Huxley        Yes  No

Commissioner David Brock Smith        Yes  No

Not applicable to Sheriff's Department since they do not have a liaison





**Curry County  
Local Public Safety Coordinating Council**

---

94235 Moore Street, Ste. 122  
Gold Beach, OR 97444  
Ph. 541-247-3296, Fx. 541-247-2718  
[www.co.curry.or.us](http://www.co.curry.or.us)

December 15, 2016

Dear County Commissioners,

The Local Public Safety Coordinating Council (LPSCC) met today for a regularly scheduled meeting. The agenda included a discussion regarding Public Safety funding for the next fiscal year because of the potential loss of federal funds to Curry County. After discussion, the LPSCC motioned and passed a recommendation to provide a letter to the Curry County Board of Commissioners (CCBOC) requesting the appointment a Blue Ribbon Committee. The Blue Ribbon Committee would review the Curry County budget, to include the potential loss of funds for the next fiscal year, and make recommendations to the CCBOC regarding departmental funding and other budget related matters.

Should the CCBOC support this recommendation and authorize the establishment of the Blue Ribbon Committee, LPSCC requests that the CCBOC have a work session to discuss membership, work objectives, and outcomes for the Blue Ribbon Committee. The Blue Ribbon Committee would report directly to the CCBOC. Given the short period of time between today and the end of the fiscal year, we further request that this matter be expedited.

Sincerely,

Sgt. Dave Denney  
LPSCC Chair

**CURRY COUNTY BOARD OF COMMISSIONERS**  
**AGENDA ITEM ROUTING SLIP**  
FORM 10-001.1

**PART I – SUBMITTING DEPARTMENT: RETURN TO [BOC OFFICE@CO.CURRY.OR.US](mailto:BOC_OFFICE@CO.CURRY.OR.US)**

**AGENDA ITEM TITLE:** 11<sup>th</sup> Amendment to OHA 2015-2017 Agreement #148007 for the financing of Public Health services with signature authority to the BOC Chair and review of the OHA Triennial Review of Public Health

**AGENDA DATE<sup>a</sup>:** 1/4/2017    **SUBMITTING DEPARTMENT:** CCH

<sup>a</sup>Submit **5:00 p.m. on the Wednesday** prior to the next General meeting.

**CONTACT PERSON:** Ken Dukek

**PHONE/EXT:** 373-8012

**BRIEF BACKGROUND OR NOTE<sup>b</sup>:**

<sup>b</sup>indicate if more than one copy to be signed

**FILES ATTACHED:**

**SUBMISSION TYPE:** Agreement

- (1)148007-11 Amendment
- (2)OHA Triennial Review of Public Health
- (3)
- (4)

Are there originals in route (paper copies with pre-existing signatures) **Yes**  **No**

**QUESTIONS:**

1. Would this item be a departure from the Annual Budget if approved? **Yes**  **No**   
(If Yes, brief detail)
2. Does this agenda item impact any other County department? **Yes**  **No**   
(If Yes, brief detail)
3. If Land Transaction, filed with the clerk? **Yes**  **No**  **N/A**

**INSTRUCTIONS ONCE SIGNED:**

No Additional Activity Required

OR

File with County Clerk

Name:

Send Printed Copy to:

Address:

Email a Digital Copy to:

City/State/Zip:

Other Return to CCH for processing

Phone:

Due date to send:        /        /

Email:

<sup>\*</sup>Note: Most signed documents are filed/recorded with the Clerk per standard process.

**PART II – COUNTY CLERK REVIEW**

**EVALUATION CRITERIA:**

**CLERK ASSESSMENT:** Does this agenda item meet filing/recording standards? **Yes**  **No**  **N/A**   
(If No, brief detail) Please leave some space in the top margin for our filing information. Thank you.

**PART III - FINANCE DEPARTMENT REVIEW**

**EVALUATION CRITERIA 1-4:**

1. Confirmed Submitting Department's finance-related responses **Yes**  **No**   
Comment:
2. Confirmed Submitting Department's personnel-related materials **Yes**  **No**  **N/A**   
Comment:
3. If job description, Salary Committee reviewed: **Yes**  **No**  **N/A**
4. If hire order requires an UA, is it approved? **Yes**  **No**  **Pending**  **N/A**

**PART IV – COUNTY COUNSEL REVIEW**

**AGENDA ASSIGNMENT TYPE:**    **Administrative Actions**

**LEGAL ASSESSMENT:** Does this agenda item have a legal impact? **Yes**  **No**   
(If Yes, brief detail) Amends agreement with Curry Community Health

**PART V – BOARD OF COMMISSIONER REVIEW/COMMENT**

**LIAISON COMMISSIONER AGREES TO ADD TO AGENDA:**

- Commissioner Susan Brown    **Yes**  **No**
  - Commissioner Thomas Huxley    **Yes**  **No**
  - Commissioner David Brock Smith    **Yes**  **No**
- Comment:

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to [dhs-oha.publicationrequest@state.or.us](mailto:dhs-oha.publicationrequest@state.or.us) or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

**Agreement #148007**

**ELEVENTH AMENDMENT TO OREGON HEALTH AUTHORITY  
2015-2017 INTERGOVERNMENTAL AGREEMENT FOR THE  
FINANCING OF PUBLIC HEALTH SERVICES**

This Eleventh Amendment to Oregon Health Authority 2015-2017 Intergovernmental Agreement for the Financing of Public Health Services, effective July 1, 2015 (as amended the “Agreement”), is between the State of Oregon acting by and through its Oregon Health Authority (“OHA”) and Curry County, acting by and through its Curry County Curry Community Health (“LPHA”), the entity designated, pursuant to ORS 431.375(2), as the Local Public Health Authority for Curry County.

**RECITALS**

WHEREAS, OHA and LPHA wish to modify the financial assistance award for fiscal year 2016-2017 set forth in Exhibit C of the Agreement;

WHEREAS, OHA and LPHA wish to modify the Exhibit J information required by 2 CFR Subtitle B with guidance at 2 CFR Part 200;

NOW, THEREFORE, in consideration of the premises, covenants and agreements contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

**AGREEMENT**

1. The Agreement is amended as follows:
  - a. Exhibit C “Financial Assistance Award”, Section 1 only is amended to add the Financial Assistance Award for the period July 1, 2016 through June 30, 2017 as set forth in Attachment A attached hereto and incorporated herein by this reference. Attachment A must be read in conjunction with Section 4 of Exhibit C, entitled “Explanation of Financial Assistance Award” of the Agreement.
  - b. Exhibit J “Information required by 2 CFR Subtitle B with guidance at 2 CFR Part 200” is amended to add to the federal award information datasheet as set forth in Attachment B, attached hereto and incorporated herein by this reference.
2. LPHA represents and warrants to OHA that the representations and warranties of LPHA set forth in Section 2 of Exhibit E of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.
3. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.
4. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect. The parties expressly agree to and ratify the Agreement as herein amended.

- 5. This Amendment may be executed in any number of counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of this Amendment so executed shall constitute an original.
- 6. This Amendment becomes effective on the date of the last signature below.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment as of the dates set forth below their respective signatures.

**APPROVED:**

**STATE OF OREGON ACTING BY AND THROUGH ITS OREGON HEALTH AUTHORITY (OHA)**

By: \_\_\_\_\_  
 Name: /for/ Lillian Shirley, BSN, MPH, MPA  
 Title: Public Health Director  
 Date: \_\_\_\_\_

**CURRY COUNTY ACTING BY AND THROUGH ITS CURRY COUNTY CURRY COMMUNITY HEALTH (LPHA)**

By: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

**DEPARTMENT OF JUSTICE – APPROVED FOR LEGAL SUFFICIENCY**

*Amendment form group-approved by D. Kevin Carlson, Senior Assistant Attorney General, by email on June 30, 2016. A copy of the emailed approval is on file at OCP.*

**OHA PUBLIC HEALTH ADMINISTRATION**

Reviewed by: \_\_\_\_\_  
 Name: Karen Slothower (or designee)  
 Title: Program Support Manager  
 Date: \_\_\_\_\_

**OFFICE OF CONTRACTS & PROCUREMENT (OCP)**

By: \_\_\_\_\_  
 Name: Tammy L. Hurst, OPBC, OCAC  
 Title: Contract Specialist  
 Date: \_\_\_\_\_

**ATTACHMENT A  
FINANCIAL ASSISTANCE AWARD  
Award Period July 1, 2016 through June 30, 2017**

State of Oregon Oregon Health Authority Public Health Division		Page 1 of 2	
<b>1) Grantee</b> Name: Curry County Health Department  Street: 94235 Moore St., Suite 121 City: Gold Beach State: OR Zip Code: 97444		<b>2) Issue Date</b> October 19, 2016	<b>This Action</b> AMENDMENT FY2017
		<b>3) Award Period</b> From July 1, 2016 Through June 30, 2017	
<b>4) OHA Public Health Funds Approved</b>			
<b>Program</b>	Previous Award	Increase/ (Decrease)	Grant Award
PE 01 State Support for Public Health	24,926	0	24,926
PE 03 TB Case Management	647	0	647 ( e )
PE 12 Public Health Emergency Preparedness	65,228	3,985	69,213
PE 13 Tobacco Prevention & Education	57,973	0	57,973
PE 27 Prescription Drug Overdose Prevention	95,500	0	95,500 ( g )
PE 40 Women, Infants and Children FAMILY HEALTH SERVICES	88,013	0	88,013 ( b,c,h,i )
PE 41 Reproductive Health Program FAMILY HEALTH SERVICES	8,768	0	8,768 ( a )
PE 42 MCH/Child & Adolescent Health -- General Fund FAMILY HEALTH SERVICES	3,740	0	3,740
PE 42 MCH-TitleV -- Child & Adolescent Health FAMILY HEALTH SERVICES	6,025	0	6,025
PE 42 MCH-TitleV -- Flexible Funds FAMILY HEALTH SERVICES	14,057	0	14,057
PE 42 MCH/Perinatal Health -- General Fund FAMILY HEALTH SERVICES	1,994	0	1,994
PE 42 Babies First FAMILY HEALTH SERVICES	6,082	0	6,082
<b>5) FOOTNOTES:</b>			
a) The Title X funding may change due to availability of funds and funding formula calculation based on clients served in Fiscal Year 2015.			
b) The July-September 2016 grant is \$23,624 and includes \$4,725 of minimum Nutrition Education. \$1,061 is for Breastfeeding Promotion.			
c) The October-June 2017 grant is \$64,389 and includes \$12,878 of minimum Nutrition Education \$3,182 is for Breastfeeding Promotion.			
d) Immunization Special Payments is funded by State General Funds and is matched dollar for dollar with Federal Medicaid Match.			
e) \$70 needs to be expended by 12/31/16			
f) \$5,000 is for School Based Health Center Youth Friendly Clinic Grant Funds.			
g) \$95,000 of funds are for the State Fiscal Year 2017 period of July 1, 2016 through June 30, 2017.			
h) \$245 represents the Fresh Fruit and Veggies funds.			
i) \$1,916 represents one-time funding amount. Funding rate is \$4 per assigned caseload.			
<b>6) Capital Outlay Requested in This Action:</b>			
Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.			
<b>PROGRAM</b>	<b>ITEM DESCRIPTION</b>	<b>COST</b>	<b>PROG. APPROV</b>



**ATTACHMENT B**  
**Information required by 2 CFR Subtitle B with guidance at 2 CFR Part 200**

<b>PE 12 Public Health Emergency Preparedness Program (PHEP)</b>				
<b>FY17 07/01/16-06/30/17</b>				
<b>Federal Award Identification Number(FAIN):</b>		<b>5 NU90TP000544-05-00</b>		
<b>Federal Award Date:</b>		<b>6/23/2016</b>		
<b>Performance Period:</b>		<b>07/01/16-06/30/17</b>		
<b>Federal Awarding Agency:</b>		<b>CDC</b>		
<b>CFDA Number:</b>		<b>93.069</b>		
<b>CFDA Name:</b>		<b>Public Health Emergency Preparedness</b>		
<b>Total Federal Award:</b>		<b>\$7,510,978</b>		
<b>Project Description</b>		<b>Public Health Emergency Preparedness (PHEP)</b>		
<b>Awarding Official:</b>		<b>Shicann Phillips, Grants Management</b>		
		<b>770-488-2809</b>		
		<b>IBQ7@cdc.gov</b>		
<b>Indirect Cost Rate:</b>		<b>17.45%</b>		
<b>Research And Development(Y/N): N</b>				
<b>Agency/Contractors Name</b>	<b>DUNS</b>	<b>Award Amount</b>	<b>October Amendment</b>	<b>New Award Amount</b>
CURRY	042631270	\$ 65,228.00	\$3,985	\$ 69,213.00

**AGENCY REVIEW**

**CURRY COUNTY COMMUNITY HEALTH**

**July 1 – 29, 2016**  
**Prepared by Marti Baird MSN, NP**  
**Oregon Health Authority**  
**Public Health Division**



## ACKNOWLEDGEMENTS

The following OHA, Public Health Division reviewers participated in the onsite agency review of Curry Community Health.

Administration/Health Officer/Civil Rights	Marti Baird
Babies First!/Perinatal	Fran Goodrich
Communicable Disease	June Bancroft
Drinking Water	Tia Skerbeck
Fiscal	Joass Lyatuu
Food, Pool & Lodging Health and Safety	Cindy Robinson
Health Security, Preparedness and Response	Elizabeth Miglioretto
Immunizations	Albert Koroloff
Reproductive Health	Carol Easter
Sexually Transmitted Infection	Josh Ferrer
Tobacco Prevention & Education	Tamara Burkovskaia
Tuberculosis	Heidi Behm
Vital Records	Judy Shioishi

November 28, 2016

Mr. Thomas Huxley, Chair  
Curry County Board of Commissioners  
94235 Moore Street, Suite 122  
Gold Beach, OR 97444

Dear Commissioner Huxley:

The triennial onsite agency review of Curry Community Health was conducted between July 1 and 29, 2016. The Oregon Health Authority Public Health Division evaluated county public health programs for compliance with state and federal public health laws and compliance with the Financial Assistance Agreement.

The review included the appraisal of items in 15 program areas. Program areas with compliance findings are indicated with an asterisk. Programs included in the compliance review were:

Administration	Health Officer
Babies First! and Perinatal Programs	Immunizations*
Civil Rights	Reproductive Health
Communicable Disease	Sexually Transmitted Infection
Drinking Water*	Tobacco Prevention & Education
Fiscal*	Tuberculosis
Food, Pool and Lodging*	Vital Records
Health Security, Preparedness & Response	

An summary report is enclosed which includes a list of specific compliance findings and areas of strength. We urge you to review this document as it contains important information about your public health programs and their requirements.

Our team will work closely with Curry Community Health to resolve the findings and notify you by letter upon resolution.

A full report has been sent to Ken Dukek, CEO of Curry Community Health. We think the report will be of assistance to CCH staff and their continuing efforts to provide quality public health services to your community.

Our office will contact Ken Dukek to inquire if you would like to meet with us to go over findings and answer any questions. We leave it to the local Board of Commissioners to decide if this meeting of the Local Public Health Authority (LPHA) is attended by one or more of the commissioners.

The Curry Community Health public health team is composed of committed professionals who deliver quality public health services to your community. The citizens of Curry County are fortunate to have this agency providing comprehensive public health services.

We thank you for assuring that the compliance findings are corrected and for the strong public health work you do for the community.

Sincerely,



Danna Drum  
Strategic Partnerships Lead

cc: Commissioner Susan Brown  
Commissioner David Brock Smith  
Curry Community Health CEO Ken Dukek

**CURRY COMMUNITY HEALTH (CCH) TRIENNIAL REVIEW  
November 2016**

**COMPLIANCE FINDINGS SUMMARY**

**Administration**

The LPHA is in compliance with all program requirements.

**Babies First! and Perinatal Programs**

The LPHA is in compliance with all program requirements.

**Civil Rights**

The LPHA is in compliance with all program requirements.

**Communicable Disease**

The LPHA is in compliance with all program requirements.

**Drinking Water Services**

The LPHA must complete the following to be in compliance with program requirements:

1. The LPHA must respond to emergencies.
  - a. LPHA must develop an emergency response plan that addresses public water system emergencies, including waterborne disease outbreaks, spills, operational failures and water system contamination.  
DUE DATE TO COMPLY: 11/30/2016
  - b. The emergency response plan must be reviewed and updated annually.  
DUE DATE TO COMPLY: 11/30/2016
2. The LPHA must conduct independent enforcement actions.
  - a. LPHA shall take independent enforcement actions against licensed facilities which are public water systems, for violations of maximum contaminant levels and monitoring and reporting requirements. See Program Element 50 3.b.ii; Foodborne Illness Prevention Program Policy 09-95.  
DUE DATE TO COMPLY: 02/28/2017
    - i. LPHA must carry out independent enforcement action where appropriate with the licensed facilities that are public water systems with microbial and M&R violations.
    - ii. Lucas Pioneer Ranch & Lodge – no coliform sample since November 2013, a PNC with a system score of 12.

- b. LPHA must report these actions and water system status to the state Drinking Water Services (DWS) program and provide documentation via contact reports to DWS outlining the independent enforcement actions carried out, and steps the systems are taking to correct violations.

DUE DATE TO COMPLY: 02/28/2017

3. The LPHA must investigate water quality alerts.

- a. The LPHA shall investigate all water quality alerts for detections of regulated contaminants. See Program Element 50 3.b.v., Monitoring Resources.

DUE DATE TO COMPLY: 02/28/2017

- i. LPHA must respond to all water quality alerts for E. coli and nitrate >10 mg/L, and any other acute MCL exceedance immediately.
- ii. LPHA must respond to all water quality alerts for coliform within the same day.
- iii. LPHA must respond to all other water quality alerts as soon as possible.
- b. The LPHA shall consult with and advise water system operators on actions to ensure that follow-up sampling is completed and that any confirmed water quality violations are resolved.

DUE DATE TO COMPLY: 02/28/2017

- i. LPHA shall immediately consult with and advise water system operators on actions to ensure follow-up sampling is conducted for E. coli, nitrate >10 mg/L and any other acute MCL exceedance.
- ii. By the end of the same day the alert is generated LPHA must consult with and advise water system operators on actions to ensure follow-up sampling is conducted for coliform alerts for coliform. See Coliform Alert Response Procedure.
- iii. As soon as possible the LPHA must consult with and advise water system operators on actions to ensure follow-up sampling is conducted for all other alerts.
- c. The LPHA shall advise water system operators on carrying out required public notices. OAR 333-061-0042.

DUE DATE TO COMPLY: 02/28/2017

- i. Immediately advise water system operators on carrying out Tier 1 public notices. See Public Notice Resources and Templates.
- ii. As soon as possible advise water system operators on carrying out Tier 2 and Tier 3 public notices. See Public Notice Resources and Templates.

4. The LPHA shall resolve priority non-compliers (PNC).
  - a. The LPHA shall provide assistance to EPA water systems that are designated PNCs (Priority Non-compliers) to resolve violations and return them to compliance. See Program Element 50 3.b.vii.  
DUE DATE TO COMPLY: 02/28/2017
  - b. The LPHA shall review system scores at least monthly for PNC systems and contact the water system operators of PNC systems to discuss unaddressed violations and ways to correct the noncompliance, including carrying out public notification as required. See Program Element 50 3.b.vii.(a) (1-2).  
DUE DATE TO COMPLY: 02/28/2017
  - c. The LPHA shall submit public notices received and contact reports on LPHA follow-up actions to DWS on a monthly basis. See Program Element 50 3.b.vii.(a)(3) and 4.c. As public notices are issued due to violations and received from water systems, LPHA shall submit to DWS compliance inbox.  
DUE DATE TO COMPLY: 02/28/2017
  - d. The LPHA shall review all persistent PNCs at five (5) months after being designated a PNC to determine if water system can be returned to compliance within eight (8) months of the PNC designation. See Program Element 50 3.b.vii (b).
  - e. LPHA shall submit a report to DWS with a compliance schedule listing corrective actions and deadlines, if the system can be returned to compliance within eight (8) months of the PNC designation; OR, if the system cannot be returned to compliance within eight (8) months of the PNC designation, LPHA shall prepare and submit to DWS a request for formal enforcement. See Program Element 50 3.b.vii.(c-d). PNC resolution process should be followed.  
DUE DATE TO COMPLY: 02/28/2017
5. The LPHA must track and follow up on enforcement actions.
  - a. After DWS issues an enforcement action, LPHA shall monitor the corrective action schedule and verify completion of each corrective action by the water supplier. See Program Element 50 3.b.ix  
DUE DATE TO COMPLY: 02/28/2017
  - b. LPHA shall document all contacts and verifications and submit documentation of such to the DWS, including failure by the water supplier to meet any corrective action date.  
DUE DATE TO COMPLY: 02/28/2017
  - c. Notice shall be submitted to DWS within 30 days after all corrections are completed.

DUE DATE TO COMPLY: 02/28/2017

### **Fiscal**

The LPHA must complete the following to be in compliance with all program requirements:

DUE DATE TO COMPLY: 03/28/2017

1. The LPHA is not in compliance with federal regulations consistent with 2 CFR Part 22 Appendix B No 8 which requires sub recipient to use time sheet/activity reports to allocate the payroll to various programs. CCH is allocating payroll cost to various federal programs based on the budget rates and not actual time reported by employees on the time sheet.
  - a. CCH must use time sheet/activity reports signed by employees and approved by supervisors/ managers to allocate payroll costs to various federal/state funded programs. CCH must refrain using budget labor distribution percentages to charge payroll costs to programs.
  
2. The CCH is not in compliance with federal regulations consistent with OMB A-133 Subpart C; 45 CFR 74.21 Standard for Financial Management Systems, 45CFR 92.20, which requires sub recipient to have proper system and procedures for handling cash and checks, including a written policy and procedure for handling payments received from the clients at the time of services as well as written procedures for preparation and reconciliation of cash and cash deposit.
  - a. CCH must develop an effective internal control system to handle cash and cash equivalents received at different locations consistent with its accounting policy manual. The systems/process must include among other things a daily/timely physical cash counting and verification of cash and reconciled with records in the daily transaction postings.

### **Food, Pool and Lodging, Health & Safety**

The LPHA must complete the following to be in compliance with all program requirements:

DUE DATE TO COMPLY: 12/31/2016

1. The LPHA must maintain an inspection rate of 100% for all licensed facilities. The following programs are below the compliance rate: Mobile Food Units and Swimming Pools and Spas.

2. The LPHA must document on the food service inspection report how priority and priority foundation violations have been resolved at the time of the semi-annual inspection. If the priority/priority foundation violation has not been corrected, a recheck inspection must be conducted within 14 days.

### **Health Security, Preparedness and Response**

The LPHA is in compliance with all program requirements

### **Health Officer**

The LPHA is in compliance with all program requirements

### **Immunizations**

The LPHA must complete the following to be in compliance with all program requirements:

DUE DATE TO COMPLY: 08/18/2016 **RESOLVED**

1. The LPHA must operate under current standing orders signed by their health officer.
  - a. Updated standing orders for PPV23 & PCV13 must be signed by the health officer for Curry Community Health, Dr. Jon Park.
2. LPHA must implement a process for managing their active patient population in ALERT IIS using status codes such as deceased and inactive/MOGE.
3. LPHA must implement their action plan to provide technical assistance to the local hospital to address low rates of birth dose hepatitis B vaccine administration and screening for HBsAg status.
4. LPHA must create a plan for engaging with local labs and healthcare providers to improve reporting of HBsAg-positive pregnant women.

### **Reproductive Health**

The LPHA is in compliance with all program requirements

### **Sexually Transmitted Infection**

The LPHA is in compliance with all program requirements

### **Tobacco Prevention and Education Program**



The LPHA must complete the following to be in compliance with all program requirements:

1. LPHA must assure that its local tobacco program is staffed at the appropriate level, depending on the level of funding, as specified in the award of funds for this program element.

DUE DATE TO COMPLY: 09/30/2016     **RESOLVED**

2. LPHAs that complete fewer than 75% of the planned activities in its local program plan for two consecutive calendar quarters in one state fiscal year shall not be eligible to receive funding under this program element during the next state fiscal year.

DUE DATE TO COMPLY: 06/30/2017     **RESOLVED**

### **Tuberculosis**

The LPHA is in compliance with all program requirements.

### **Vital Records**

The LPHA is in compliance with all program requirements.

## **SUMMARY OF STRENGTHS**

### **Administration**

- CEO Ken Dukek is dedicated to providing comprehensive health services to the community. Ken demonstrates exceptional organizational abilities, strong work ethics and a commitment to their department and to the community.
- Health Officer Jon Park is new to his position, but already is demonstrating a strong commitment to learning and to his community to provide comprehensive public health services.
- Curry Community Health has utilized planning processes to articulate a vision of health for their community and to engage staff and the community in taking steps to improve the community's health
- Curry Community Health often collaborates with community partners to bring comprehensive services to the entire county.

### **Communicable Disease**

The CD staff are quickly available to respond to communicable disease needs in the county. Staff went above and beyond on a recent suspected Legionella case. They are

always a pleasure to work with and respond quickly when necessary. Their response to a cat positive for rabies in a rural area is a good example. In addition, staff appropriately ask for assistance as needed and inform the state program when they are going to be out of the office.

### **Drinking Water Services**

The drinking water program staff are committed to promoting public health and taking actions to protect the public's health. Staff maintain professional working relationships with the 51 water systems they oversee. Staff attend all state Drinking Water Services sponsored trainings.

### **Public Health Emergency Preparedness**

The Curry Community Health Public Health Preparedness Coordinator is managed by the public health administrator which allows the coordinator to have greater access to public health program managers for integration of preparedness across public health programs and assessment, review and implementation of preparedness practices and procedures. Curry Community Health has built a medical reserve corp of a good size and composition in just a couple of years. They have updated plans and procedures and have completed several basic safety drills. The preparedness program has become well-established as a resource for Curry County residents.

### **Food, Pool and Lodging**

Curry County inspection staff has been through a transition over the past few years. Long-time employees have retired and a new environmental health specialist is on staff. The lower inspection rates in some programs reflect this transition and current staff are working to improve these numbers. Staff is also committed to obtaining standardization in the near future.

### **Fiscal**

Curry Community Health has sufficient internal controls to adequately safeguard assets and detect and prevent errors in a timely manner. The operation is well-organized, monitored and efficient with a commitment to quality, fairness and accuracy. Curry Community Health has a new Finance Director. Her priorities include revitalizing financial management systems and resolving accounting problems and internal controls issues experienced in the past.

### **Immunizations**

Curry Community Health staff demonstrate an unwavering commitment to the health of their community. Susan Flemming is a strong advocate for immunizations in Curry

County and a valued partner to the state immunization program. The LPHA has met all currently required (1 & 2) billing standard tiers.

### **Maternal and Child Health**

- Excellent skills and leadership noted from long time agency MCH Nurse, Kelli Brown.
- Strong collaborative work and rapport noted among MCH staff members.
- CCO AllCare continues to provide support and collaborative work with MCH Home Visiting programs.
- The MCH Home Visiting structure model that includes RN staff and support from an experienced, skilled Community Health Worker is well implemented.

### **Reproductive Health**

Curry County Health has strong and active youth outreach at the School Based Health Center (SBHC). They developed a positive group for input for center needs. An indicator of effectiveness may be the 57% decrease in teen pregnancy rates between the years 2004–2014. In 2004, the 10 to 17 year olds pregnancy rate was 3.0 per 1000 in this service area and in 2014 the rate decreased to 1.3 per 1000.

Curry Community Health reproductive health program serves 47.1% of the county's sexually active 15 to 17 year old females. They provide quality family planning that optimizes individual health and leads to healthy lives. This may assist in plans for if/when they are ready for changes in the future providing a more seamless transition for their clients.

Curry Community Health has a three locations for services, Gold Beach, Brookings, and at the SBHC. In Brookings, the location is shared with the County Mental Health which allows for a warm hand off for shared clients. The current Gold Beach location is located in the same building as the Board of Commissioners, but they are planning a move at a future date.

Implementing a client centered approach is a priority in the clinics. Some agency staff provide translation to English from Spanish, but the population of clients is 88.1% White.

### **Sexually Transmitted Infection**

The Nursing Supervisor who oversees STD/HIV work at Curry Community Health (Susan Flemming), along with her colleagues, is very committed and provides high-quality services to those infected with and affected by STDs in Curry County. The reviewer was particularly impressed with the work she did on two recent HIV case investigations, making sure that the individuals involved were interviewed, received

follow-up and linkage to care services, and that all documentation was thorough and complete. Staff have strong relationships with medical providers in the community who most commonly diagnose and treat STDs which facilitates timely case investigation and follow-up activities. The integrated nature of Curry Community Health also allows for opportunities to integrate HIV/STD work as part of a broader array of holistic health services for the community and the program's efforts to provide STD education at venues such as The Clubhouse are noteworthy.

### **Tobacco Prevention and Education Program (TPEP)**

- Curry Community Health adopted smoke-free policy for two CCH-controlled residential properties. City of Brookings adopted a smoke-free parks policy.
- The TPEP program fulfilled its responsibilities related to local enforcement of the Oregon Indoor Clean Air Act.
- TPEP Coordinator worked on educating businesses about the changes to the Indoor Clean Air Act.
- The TPEP program integrated the promotion of the Oregon Tobacco Quit Line into a number of activities.
- The TPEP program reached out to community partners, such as THE CCO, Juvenile Department, and Chamber of Commerce to engage them in discussions related to tobacco prevention.
- The TPEP program used social media to warn the public about the dangers of tobacco use and to promote information about tobacco prevention and cessation services

### **Tuberculosis (TB)**

Curry Community Health is prepared for a TB case. Appropriate documents and procedures are in place. Nursing staff are trained and knowledgeable about TB.

### **Vital Records**

The Curry Community Health Office of Vital Records consistently provides excellent customer service to their customers and partners throughout the community. Registrar Lauren Butterfield and Deputy Registrar Kristen Davis work closely with partners in the area to produce accurate and timely records for the residents of Curry County. Staff from local funeral homes shared their appreciation for the county staff members' excellent follow-up and timely responses to orders placed and inquiries. The office is well-organized and efficient. It is noteworthy that the entire office, including policies and procedures have been reinvented in the period since the last triennial review for this county. Organizational and leadership changes have provided an opportunity to develop a fresh and up-to-date platform from which to base their work.

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## Public Health Systems Innovation and Partnership Report

### Curry Community Health

### Administrative, Civil Rights, Health Officer Reviews

**Date: 07-27-2016**

**Summary description of program** Curry Community Health (CCH) is located in Gold Beach, a small southern Oregon coastal community that relies primarily on tourism dollars to sustain their livelihood. Gold Beach is somewhat economically depressed, and is composed of a large percentage of retirees. CCH is striving to provide a variety of services, and is struggling a bit due to staff turn-over. Ken Dukek, CEO is actively recruiting for a new Public Health Supervisor, as the present supervisor left the day after this review.

CCH provides services in counselling, supported housing, primary care, family planning, STD testing and treatment, environmental services, home visiting programs for at risk pregnant women and children, and WIC. In addition they have counseling and treatment for alcohol and drug addiction, problem gambling, and anger management. They are striving to be a one stop health clinic where the citizens of Curry County can access health care, counseling services, and other ancillary services.

Curry Community Health also promotes the Living Well Program. They value and strive to be inclusive through the development of solid relationships and agreements with organizations, businesses, and community partners. It works with Coordinated Care Organizations (CCOs) and other providers to understand the capacity of the community's health care system, identify barriers and populations who experience barriers to health care services.

CCH is currently in the process of accreditation. Ken Dukek estimates that they are about 50% completed and about 6 months from filing. He will be recruiting for a coordinator for this project.

#### **Program strength**

- CEO Ken Dukek is dedicated to providing comprehensive health services to the community. Although Ken is fairly new, he demonstrates exceptional organizational abilities, strong work ethics and a commitment to their department and to the community.
- Health Officer Jon Park is new to his position, but already is demonstrating a strong commitment to learning and to his community to provide comprehensive health care services.
- Curry Community Health has utilized planning processes to articulate a vision of health for their community and to engage staff and the community in taking steps to improve the community's health
- They often collaborate with community partners to bring comprehensive services to the entire county.

#### **Compliance findings**

No Compliance Findings

#### **Recommendations for improvement**

<b>CURRY COUNTY COMMUNITY HEALTH</b>	
<b>COMPLIANCE FINDINGS</b>	<b>TIME LINE FOR CHANGE</b>
<p><b>Date: 7-23-2016</b></p> <p><b>OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR PUBLIC HEALTH SYSTEMS INNOVATION AND PARTNERSHIP UNIT (PHSIP)</b></p> <p><b>ADMINISTRATION CIVIL RIGHTS HEALTH OFFICER</b></p> <p>No compliance findings.</p>	N/A
<b>REVIEWER:</b> Marti Baird	<b>RESPONDENTS:</b> Ken Dukek

### ADMINISTRATIVE REVIEW TOOL

AGENCY: Curry Community Health

REVIEWER: Marti Baird MSN. MP

ADMINISTRATOR: Hollie Strahm

PARTICIPANTS: Ken Dukek, Hollie Strahm

DATE OF REVIEW (mm/dd/yyyy): 7/27/2016

DATE OF REPORT (mm/dd/yyyy): 9/20/2016

Criteria for Compliance	Compliant		Comments/Documentation/Explanation/Timelines
	Y	N	
<b>I. ORGANIZATION</b>			
A. There is a local public health authority (LPHA). <a href="#">ORS 431.375</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
B. There is a local board of health (BOH). <a href="#">ORS 431.410</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Public Health Advisory Board and BOCC 3 member
C. There is evidence of communication between the LPHA and BOH. <a href="#">ORS 431.418(3)(a)(c)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Meeting minutes
<input checked="" type="checkbox"/> There is a commissioner assigned as liaison to public health. Name: <u>David Brock Smith</u>			
1. There is an annual public health plan: <a href="#">ORS 431.385 (1-3)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a. The plan was submitted by May 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. The plan was approved.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. The plan addresses all program areas.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. LPHA maintains an office open to the public during the normal work week of the local government. <a href="#">OAR 333-014-0070(6)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	M-F 8:30 to 5
3. The essential services are provided. <a href="#">ORS 431.416 (2)(a-e)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a. Epidemiology, control of preventable diseases and disorder.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Parent and child health services, including family planning clinics as described in <a href="#">ORS 435.205</a> .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Collection and reporting of health statistics.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	



d. Health information and referral services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Internal referrals.
e. Environmental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Other programs are provided according to the community's health needs. <a href="#">OAR 333-014-0050(3)(a-i)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Primary Health Clinic
a. Dental health including preventive education, promotion of fluoride use and procedures for early detection and treatment of dental problems.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Referral to South Coast Dental Coalition
b. Emergency preparedness including participation in the development of the county's emergency response plans and internal procedures necessary to carry out the health department's role in the plans.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Working with Curry County ER. Have new Emergency Preparedness Coordinator beginning August 8, 2016 Working with Coos County
c. Health education/health promotion including activities and programs to promote health and assist individuals and groups to achieve and maintain healthy behaviors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bringing behavioral health in to emergency preparedness. Large homeless population (approx 2400)
d. Laboratory services including providing diagnostic and screening tests to support public health services that are in compliance with quality assurance guidelines established by the Public Health Division.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. Medical examiner services to coordinate the epidemiological investigation of deaths of public health significance with the county medical examiner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical Examiner is James Olson
f. Nutrition services including identification and intervention with clients at nutritional risk, and education and consultation for the promotion of good dietary habits.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WIC, Health Fair in September. Partners with Early Learning to look at food insecurity.
g. Older adult health including services to reduce morbidity and premature death; detect conditions that impair functioning; strengthen the ability to remain independent; and to promote physical, social and emotional well-being.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	. Several "Living Well" programs for Seniors and referrals to Primary Care
h. Primary health care services including participation in community efforts to promote necessary services and/or provide health services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	By referral through Mosaic Medical

i. Shellfish sanitation (in coastal counties) to monitor harvesting and provide public information to harvesters of shellfish.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No fish canning facilities in Curry County.
<b>II. STAFFING AND QUALIFICATIONS</b>			
If there are staff who do not meet minimum qualifications, this is not a compliance finding, but the issue should be addressed in the annual plan by providing details of a plan to reach minimum qualifications. <a href="#">CLHO Minimum Standards (CLHO MS)</a> , <a href="#">Public Health Personnel Responsibilities and Qualifications</a>			
A. A qualified health administrator has been appointed to supervise activities of the district in accordance with the law. <a href="#">ORS 431.418(1)</a> ; <a href="#">CLHO MS</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ken Dukek
B. There is a licensed professional nurse who directs nursing practice.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hollie Strahm-will be leaving end of July 2016
C. The supervising public health nurse meets the minimum qualifications. <a href="#">CLHO MS</a> .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
D. Nursing staff are licensed by the Oregon State Board of Nursing (OSBN). <a href="#">OAR 333-014-0070(2)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
E. A health officer is employed or contracted who is a licensed physician and is responsible for the medical supervision of the health programs. <a href="#">ORS 431.418(2)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	New HO August 2016
F. The Environmental Health Supervisor meets minimum qualifications. <a href="#">CLHO MS</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
G. Environmental Health Specialists (Sanitarians) are registered by the National Environmental Health Association (Sanitarians Registration Board). <a href="#">OAR 333-014-0070(2)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NEHA licensed
H. Written performance evaluations are conducted annually or according to county policy. <a href="#">CLHO MS</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6 months initially and then annually
I. All positions have current written job descriptions, including minimum qualifications. <a href="#">CLHO MS</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>III. MEDICAL RECORDS AND CONFIDENTIALITY</b>			

A. Client protected health information (PHI) is safeguarded from unlawful use or disclosure. <a href="#">ORS 192.553 (a)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
B. HIPAA requirements are met. <a href="#">45 CFR parts 160 &amp; 164</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1. There is a designated privacy official. <a href="#">45 CFR part 164.530 (a)(1)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mary Trost
2. All members of workforce have been trained in HIPPA. <a href="#">45 CFR part 164.530 (b)(1)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Annual HIPPA training online
3. There is a process for new employee training. <a href="#">45 CFR part 164.530 (b)(2)(B)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Orientation to Health Records, HIPPA, BBP training
C. Written policies and procedures exist to guide staff in maintaining appropriate confidentiality standards. <a href="#">CLHO MS</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1. Clients may access their own records. <a href="#">ORS 192.553 (b)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	With ROR
2. Immunization records <a href="#">ORS 433.092</a> and <a href="#">ORS 433.280</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Mandatory reporting:			
a. Elder abuse <a href="#">ORS 124.060</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Child abuse <a href="#">ORS 419B.005 – 419B.050</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Abuse mentally ill or of those with development disabilities <a href="#">ORS 430.737 and 430.743</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Long-term care <a href="#">ORS 441.640 and 441.645</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Release of protected health information with authorization. <a href="#">45 CFR part 160.508</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Release of protected health information without authorization. <a href="#">45 CFR part 164.512</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Rights of minors. <a href="#">ORS 109.610, 109.640, 109.650</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Subpoena. <a href="#">45 CFR part 164.512 (e)(ii)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
D. Records retention policy and practice are compliant with the most current rules prescribed by the State Archives. <a href="#">OAR 166-150-0065-0075</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

E. Records are protected from fire, water, unauthorized access and theft. <a href="#">OAR 166-020-0015</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not in separate locked room.
<b>IV. PHARMACY</b>			
A. There are written policies and procedures for drug dispensing, storage, security and accountability, signed by the health officer. <a href="#">OAR 855-043-0130</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dated 2-17-2016
B. Drug cabinet or room is locked in the absence of the health officer or registered nurse. Only these persons shall have a key. <a href="#">OAR 855-043-0130(1)(a)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
C. Drugs which are outdated or damaged shall be quarantined and physically separated from the other drugs until they are destroyed or returned to supplier. <a href="#">OAR 855-043-0130(4)(a)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Watch expiration date
1. Emergency kit is adequately stocked and current.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Very nice, expansive ER kit w/ good P&P
D. Drug dispensing record is maintained separately from the patient chart and kept for a minimum of three years. Record shall include the name of patient, name of drug, date and initials of the person dispensing. <a href="#">OAR 855-043-0130(5)(a)(A-D)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
E. Current pharmacy license is posted at all sites. <a href="#">ORS 689.615 (1)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>V. FACILITY</b>			
A. LPHA phone numbers and facility addresses are publicized. <a href="#">CLHO MS</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
B. Written policies and procedures exist to guide staff in responding to an emergency. <a href="#">29 CFR § 1910.38</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
C. Equipment, including scales and fire extinguishers, is maintained and calibrated regularly. <a href="#">29 CFR § 1910.157 (e)(3)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
D. All indoor areas of health department facilities are smokefree. <a href="#">ORS 433.835-440</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

1. A person may not smoke or carry any lighted instrument within 10 feet of entrances, exits, windows that open, ventilation intakes that serve an enclosed area, or accessibility ramps. <a href="#">OAR 333-015-0035(3)(4)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. No smoking signs are posted prominently at all entrances and exits. Signs shall use either the “no smoking” symbol and the words “within 10 feet,” or the words “no smoking within 10 feet,” or both. <a href="#">OAR 333-015-0040</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. There are no ashtrays or receptacles used for smoking or depositing cigarette debris within 10 feet of entrances, exits, accessibility ramps that extend 10 feet from entrance or exit, windows that open, or ventilation intakes that serve an enclosed area. <a href="#">OAR 333-015-0045</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
E. Entire campus is smokefree.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>VI. CLIENT CARE PROTOCOLS</b>			
A. Nurse scope of practice is supported by current, signed policies, procedures and standing orders. ( <a href="#">Oregon State Board of Nursing, Nurse Practice Act, Division 45</a> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1. Communicable Disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. STD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Reproductive Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
B. There is a nurse delegation policy and procedure in place for: <input type="checkbox"/> Certified Nurse Assistant (CNA) <input type="checkbox"/> Unlicensed assistive personnel <input type="checkbox"/> Medical Assistant (MA)	<input type="checkbox"/>	<input type="checkbox"/>	N/A
<b>VII. CULTURAL &amp; LINGUISTIC COMPETENCY</b>			
A. Health promotion interventions are culturally, linguistically and age appropriate. <a href="#">CLHO MS</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pamphlets, other reading material, bilingual staff

B. Ongoing staff training in cultural competence is documented.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Last training in 2014
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### CIVIL RIGHTS SELF ASSESSMENT

AGENCY: Curry Community Health

REVIEWER: Marti Baird MSN, NP

ADMINISTRATOR: Ken Dukek

PARTICIPANTS: Hollie Strahm

DATE OF SELF ASSESSMENT 7/27/2016

DATE OF REPORT: September 20, 2016

Criteria for Compliance	Compliant		Comments/Documentation/Explanation/Timeline
	Y	N	
1. There is at least one designated employee who assures compliance with ADA requirements.	X	<input type="checkbox"/>	
Name: Mary Trost-Human Resources Curry County			
Title:			
Contact information:			
<b>I. NONDISCRIMINATION POLICIES AND NOTICES</b>			
1. Is there a written policy for nondiscrimination on the basis of:			
a. Race	X	<input type="checkbox"/>	Standard "And liberty for all" poster
b. Color	X	<input type="checkbox"/>	
c. National origin	X	<input type="checkbox"/>	
d. Disability	X	<input type="checkbox"/>	
e. Age	X	<input type="checkbox"/>	
2. Does the nondiscrimination policy pertain to both employees and clients?	X	<input type="checkbox"/>	
3. Is the nondiscrimination policy and notice effectively communicated to employees and volunteers, clients, the community and others. (Check all that apply.)	X	<input type="checkbox"/>	
a. Is the nondiscrimination policy posted in the facility?	X	<input type="checkbox"/>	
b. Is the nondiscrimination policy on the county website	X	<input type="checkbox"/>	

c. Is the nondiscrimination policy on printed materials that publicize the program(s)?	X	<input type="checkbox"/>	
d. Is the nondiscrimination policy in the employee handbook or on the employee bulletin board?	X	<input type="checkbox"/>	Both
If none of the above are checked yes, then describe how you are effectively communicating the nondiscrimination policy?			
4. Are employees aware of the nondiscrimination policy? For example, do they have training during new employee orientation or annual training at a staff meeting?	X	<input type="checkbox"/>	
5. Are policies reviewed to ensure all employees are giving nondiscriminatory treatment to clients and employees?	X	<input type="checkbox"/>	
6. Are equal opportunity (EO) notices posted in an accessible format to the public?	X	<input type="checkbox"/>	
7. Does the EO notice inform people of the protections provided by the American Disability Act (ADA)?	X	<input type="checkbox"/>	
8. Does the EO notice get conveyed to persons with sensory impairment or low English proficiency (LEP)?	X	<input type="checkbox"/>	Must be requested
<b>II. COMMUNICATION WITH PERSONS WHO ARE LOW ENGLISH PROFICIENT (LEP)</b>			
1. Do procedures exist for effectively communicating with persons who are Low English Proficient (LEP)?	X	<input type="checkbox"/>	
2. Do procedures include how individuals with LEP or who are in need of language assistance are identified?	X	<input type="checkbox"/>	
3. Do procedures include instruction on how to acquire needed oral and written communication services if requested?	X	<input type="checkbox"/>	
4. Do staff know how to provide needed language services? (If a staff person was asked to provide a language services, would they know how to access services?)	X	<input type="checkbox"/>	Bilingual staff- Spanish/English only. Use language flash cards and Telephone Language services if needed
5. Are there various forms of communication that inform the public language services are available and at no cost? (Check all that apply.)	X	<input type="checkbox"/>	Posted in various locations



a. Brochures	X	<input type="checkbox"/>	
b. Website	X	<input type="checkbox"/>	
c. Signage in facility	X	<input type="checkbox"/>	
d. Other:	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do you provide translated materials for your clients?	X	<input type="checkbox"/>	Most reading material translated to Spanish. No other language prevalent.
<b>III. AUXILIARY AIDS AND SERVICES FOR PERSONS WITH DISABILITIES</b>			
1. Do procedures exist for effective communication with individuals who are deaf, hearing impaired, blind, visually impaired or who have impaired sensory, manual, or speaking skills?	X	<input type="checkbox"/>	
2. Do procedures indicate how individuals with sensory impairment will be identified?	X	<input type="checkbox"/>	
3. Do your procedures indicate how to determine whether interpreters or other assistive services are needed? For example do you ask clients when they call for an appointment, "Do you use a TTY phone?"	X	<input type="checkbox"/>	
List all methods:			
4. Are employees aware of the non-discrimination policy? For example, do they have training during new employee orientation or annual training at a staff meeting?	X	<input type="checkbox"/>	
5. Are policies reviewed to ensure all employees are giving non-discriminatory treatment to clients and employees?	X	<input type="checkbox"/>	
6. Are equal opportunity (EO) notices posted in an accessible format to the public?	X	<input type="checkbox"/>	
7. Does the EO notice inform people of the protections provided by the American Disability Act (ADA)?	X	<input type="checkbox"/>	
8. Does the EO notice get conveyed to persons with sensory impairment or low English proficiency (LEP)?	X	<input type="checkbox"/>	

IV. REQUIREMENTS FOR EMPLOYERS WITH 15 OR MORE STAFF: (Based on county staff not just health department staff)			
1. Is a responsible staff person designated to coordinate compliance with 45 CFR §84, better known as the 504 Coordinator?	<input type="checkbox"/>	<input type="checkbox"/>	N/A-less than 15 staff members
Name:			
Title:			
Phone number:			
1. Are staff, including governing board members, familiar with the civil rights compliance responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	Unknown the extent of board members knowledge on this.
2. Is training available? If so, how often?	X	<input type="checkbox"/>	If requested
3. Is there a written policy for handling disability discrimination grievances filed by anyone (client and staff)?	X	<input type="checkbox"/>	
<b>For employee or potential employees, do grievance procedures contain the minimum “due process” standards?</b>			
4. Does the policy have an established process and time frame for filing a grievance?	X	<input type="checkbox"/>	
5. Does the policy have an established hearing and appeal process?	X	<input type="checkbox"/>	
6. Does the policy require maintaining adequate records and confidentiality?	X	<input type="checkbox"/>	
7. Does the policy describe the options available for resolving disputes?	X	<input type="checkbox"/>	
<b>For clients or patients, do grievance procedures contain the minimum “due process” standards?</b>			
8. Does the policy have an established process and time frame for filing a grievance?	X	<input type="checkbox"/>	
9. Does the policy have an established hearing and appeal process?	X	<input type="checkbox"/>	
10. Does the policy require maintaining adequate records and confidentiality?	X	<input type="checkbox"/>	
11. Does the policy describe the options available for resolving disputes?	X	<input type="checkbox"/>	
V. ADA ACCESSIBILITY			

1. Is there an entrance with a route of travel that does not require stairs?	X	<input type="checkbox"/>	On ground floor
2. Do all inaccessible entrances have signs indicating the location of the nearest accessible entrance?	<input type="checkbox"/>	X	Most, not all
3. Can accessible entrances be opened independently? Consider if you don't have an electric door opener, is door easy to open? (5# of pressure for inside doors, 8# of pressure for outside doors.)	X	<input type="checkbox"/>	Electric Door Openers present
If you answered no to this question, describe how you assure that people have access to your services.			
4. Is the door handle no higher than 48 inches and operable with a closed fist?	<input type="checkbox"/>		UNKNOWN
5. Do curbs on the route have curb cuts at drives, parking, and drop-off?	X	<input type="checkbox"/>	
6. Are accessible parking spaces those closest to the accessible entrance?	X	<input type="checkbox"/>	
7. Is there is signage for accessible parking?	X	<input type="checkbox"/>	
8. Are there procedures to ensure that areas in need of repair to maintain accessibility are given priority in the plans for construction?	X	<input type="checkbox"/>	
9. Are paths of travel free of obstruction and wide enough for a wheelchair?	X	<input type="checkbox"/>	
10. Are there ramps, lifts, or elevators to all public levels?	X <input type="checkbox"/>	<input type="checkbox"/>	
11. Are there procedures to ensure multiple ways to notify clients and employees about emergencies and evacuations?	X	<input type="checkbox"/>	
12. Do emergency systems have both flashing lights and audible signals?	X	<input type="checkbox"/>	
13. Does the emergency plan includes transportation resources and evacuation procedures that consider those with disabilities	<input type="checkbox"/>	X	
Access to restrooms includes:			
14. Is there at least one fully accessible restroom (either one for each	X	<input type="checkbox"/>	

sex, or unisex)?			
15. Are there signs at inaccessible restrooms that give directions to accessible ones?	X		Restrooms all accessible
16. Are there tactile signage identifying restrooms?	X	<input type="checkbox"/>	
17. Are soap dispensers and towels no more than 48" from floor?	<input type="checkbox"/>	<input type="checkbox"/>	UNK
18. Are soap dispensers and towels usable with a closed fist?	X	<input type="checkbox"/>	

They plan on moving to a new facility be the end of the year.

### HEALTH OFFICER REVIEW TOOL

DATE (mm/dd/yyyy): 5/11/2016

AGENCY: Deschutes County Health Services

REVIEWER: Marti Baird MSN, NP

ADMINISTRATOR: Jane Smiley

HEALTH OFFICER: Richard Fawcett MD

DATE(S) OF REVIEW (mm/dd/yyyy): 5/11-12/ - 2016

DATE OF REPORT (mm/dd/yyyy): 5/12/2016

Criteria for Compliance	Compliant		Comments/Documentation/Explanation/Timelines
	Y	N	
<p>A. A health officer is employed or contracted who is a licensed physician and is responsible for the medical supervision of the health programs. <a href="#">ORS 431.418(2)</a> Type of employment and time spent on-site at local public health authority: <input checked="" type="checkbox"/> Contract services <input type="checkbox"/> Staff position <input type="checkbox"/> Other</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Board Certified Infection Disease, Board Certified Internal Medicine. Three year residency Infectious disease .
<p>B. The health officer meets the minimum qualifications as outlined in the <a href="#">CLHO Minimum Standards</a>.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>1. Licensed in the state of Oregon as M.D. or D.O.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>2. Two years of practice as a licensed physician (two years after internship and/or residency).</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>3. Training and/or experience in epidemiology and public health</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Annual CME, OR-EPI, Health Officers Caucus
<p>C. Provides medical direction for clinical services, including developing and signing standing orders and protocols. <a href="#">CLHO Minimum Standards</a></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>D. Is the health officer the laboratory director? <a href="#">42CFR493.1357</a> (If yes, answer 1 and 2 below)</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Anne Hildreth is lab director
<p>1. The laboratory director must possess a current license as a laboratory director issued by the state in which the laboratory is located, if the licensing is required. <a href="#">42CFR493.1357</a></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>2. The laboratory director provides overall management and administration of the lab; including prompt, accurate and proficient reporting of test results. <a href="#">42CFR493.1359</a></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

E. Other	<input checked="" type="checkbox"/> Communication with administrator? In office 1-2 times q week. Available by cell phone if needed. Very responsible and returns phone calls promptly
	<input checked="" type="checkbox"/> Communication with LPHA?
	<input checked="" type="checkbox"/> Continuing education in public health?
	<input type="checkbox"/> Challenges?
	<input checked="" type="checkbox"/> Other activities with the community in the role of HO? MD in private practice
	Other comments: Other MD's participate prn if HO is out of town. Attends monthly conference calls and partners with other md's from other cagencies.

## Program Report

### Acute and Communicable Disease Prevention

**Date:** 7/25/2016

**Summary description of program**

The Communicable Disease Program is comprised of two staff member, Susan Flemming and Brody Hodges. Susan is also the nursing supervisor for the county clinics. Brody is the main Environmental Health staff responsible for restaurant inspections, drinking water and animal bite response. Both staff had been hired since the last triennial review and have provided consistency for communicable disease investigation in Curry County. During the triennial review period (June 2013-May 2016) they received 144 reports of communicable disease.

**Program strength**

The CD staff are quickly available to respond to communicable disease needs of the county. Staff went above and beyond on a recent suspected Legionella case. They are always a pleasure to work with and respond quickly when necessary, for example their response to a cat positive for rabies in a rural area. In addition, staff appropriately ask for assistance as needed and inform us when they are going to be out of the office.

**Compliance findings**

None

**Recommendations for improvement**

Some data quality assurance recommendations for using Orpheus, otherwise, no improvement needed.

<b>CURRY COUNTY HEALTH DEPARTMENT</b>	
<b>COMPLIANCE FINDINGS</b>	<b>TIME LINE FOR CHANGE</b>
<p><b>DATE: 7/25/2016</b></p> <p><b>CENTER FOR PUBLIC HEALTH PRACTICE</b></p> <p><b>ACUTE AND COMMUNICABLE DISEASE</b></p> <p><b>ACUTE AND COMMUNICABLE DISEASE</b></p> <p>County is in compliance</p> <p><b>For more detailed information, please see the completed program review tool in section &lt;enter section number&gt;.</b></p>	
<b>REVIEWER:</b> June Bancroft	<b>RESPONDENTS:</b> Susan Flemming, Brody Hodges



<b>CURRY COUNTY HEALTH DEPARTMENT</b>	
<b>QUALITY ASSURANCE RECOMMENDATIONS</b>	<b>TIME LINE FOR CHANGE</b>
<p><b>DATE: 7/25/2016</b></p> <p><b>CENTER FOR PUBLIC HEALTH PRACTICE</b></p> <p><b>ACUTE AND COMMUNICABLE DISEASE</b></p> <p><b>ACUTE AND COMMUNICABLE DISEASE</b></p> <p>Cases should be created in Orpheus in a timely manner and complete date entered when LHD investigation is complete.            Collect race and ethnicity data on all cases.            When contact investigation is recommended per investigative guidelines, if no contacts are elicited, check “none elicited” box in Orpheus on the contact tab.            Occupational information for conditions with work restrictions should be asked and recorded in Orpheus.</p> <p><b>For more detailed information, please see the completed program review tool in section &lt;enter section number&gt;.</b></p>	<p>Next review</p>
<p><b>REVIEWER:</b> June Bancroft</p>	<p><b>RESPONDENTS:</b> Susan Flemming, Brody Hodges</p>

### COMMUNICABLE DISEASE REVIEW TOOL

AGENCY: Curry County

REVIEWER: June Bancroft

ADMINISTRATOR: Hollie Strahm

PARTICIPANTS: Susan Flemming, Brody Hodges

DATES OF REVIEW (mm/dd/yyyy): 6/1/2013-5/31/2016

DATE OF REPORT (mm/dd/yyyy): 7/25/2016

Criteria for Compliance	Compliance		Comments
	Yes	No	
<b>I. Bloodborne pathogen (BBP) protocols and training</b>			
1. The LHD has a BBP protocol (Exposure control plan). <a href="#">29 CFR 1910.1030 (c)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. The BBP/exposure plan should be reviewed and updated annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions and occupational exposure. <a href="#">29 CFR 1910.1030 (c) (iv)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Use online system - Relias
3. All employees with potential occupational exposure to bloodborne pathogens participate in a infection control training at time of initial work and at least annual thereafter. <a href="#">OAR 333.022.0415</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>II. Control of reportable communicable disease</b>			
1. Ensure the availability of immunizations for human and animal target populations. a) Rabies immunizations for human and animal target populations are available to residents of jurisdiction. <a href="#">OAR 333.014.0050 (2) (a)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sutter Coast Hospital, Crescent City

Quality Assurance Measures (any measure below the state average or below 80% will trigger a recommendation for improvement)	Recommendations for improvement
<b>I. Active surveillance protocols</b>	
1. Ensure contact with ICPs to encourage reporting in each hospital within the jurisdiction.	Curry General does not have an ICP, Marie Fribrizio resigned. An MA, Cassandra, is covering IC in the interim, she consults with the RN QA nurse - Megan Brace. In contact with them both
2. Provide documentation (e.g., Active Surveillance SOP) related to lab and provider reporting and active surveillance for use in the event of a public health emergency	Notify by email. PHEP Beth, has left, and the interim PHEP is working with Nick May to make sure all emails move over to Everbridge. All but two community providers use email.
<b>II. Employee training</b>	
1. New staff shall undergo online CD training within 30 days of hire	No new staff
2. New CD staff shall attend CD101 within 1 year of hire	No new staff
3. New staff shall attend CD303 within 2 years of hire	No new staff
4. Each communicable disease investigator shall attend OR Epi once every 3 years	Yes
5. All employees responsible for epi services will complete continuing education equal to 8 hours of credit every 2 years (e.g., CD101, OR-Epi, certain eligible online courses)	Yes
<b>III. Employee vaccination status</b>	
1. Proportion of CD employees with direct patient contact that have these immunizations: HBV, MMR, Tdap, and varicella (LHD will offer vaccine to those unvaccinated)	100
2. Proportion of CD employees with direct patient contact immunized against influenza (LHD will offer vaccine to those unvaccinated)	100
<b>IV. Standing orders</b>	
1. LPHA has standing orders for prophylaxis for the following diseases: hepatitis A, hepatitis B meningitis, and pertussis	Model standing orders, New HO Jon Park
2. LPHA has standing order for post-exposure immunization with varicella vaccine	Uses immy orders

V. Surveillance summary	
1. Produces an annual summary of CD data and make available to public (e.g., post to website)	Demo disease reports in Orpheus that could be shared with hospitals and providers
VI. Timeliness of CD reporting	
1. Number of days from initial report received by LHD to:	Create cases in Orpheus in a timely manner. 39% created within one day compared to staette - 70% within one day
a. case interview (acute heps & chronic B)	4/6 cases interveiwed. One refused
b. location of contacts (pertussis, meningitis, hep A & B)	Hepatitis contacts identified as appropriate. one mening case - contact identified and treated. If no contacts are identified check the none elicited checkbox in Orpheus
c. completion (excludes campylobacter, giardia and chronic hepatitis C)	Enter in complete date. Below state average for completion - 73% within 10 days, state average 90%
VII. Case Investigation (excludes campylobacter, giardia and chronic hepatitis C)	
1. Proportion of case interviews conducted (interview by proxy is acceptable)	Encourage improvement. Overall 79% of eligible cases for interview were interviewed, state average is 80%
2. Proportion of interviewed cases with COMPLETE:	
a. date of birth or age	100%
b. race info (unknown = "incomplete")	Encourage improvement. 75% - state average 90%
c. ethnicity info (unknown = "incomplete")	Encourage improvement. 73% - state average 93%
d. residence info (i.e., address and zip code)	100%
3. Proportion of cases with occupation information [for work/daycare restrictable diseases] (diphtheria, measles, <i>Salmonella Typhi</i> , shigellosis, <i>E. coli</i> , hepatitis A, pertussis and rubella)	Encourageimprovement. 46% - state average 82%, pertussis cases not documented in occupation field
4. Proportion of cases with complete risk factor data	great - 91%, above state average (78%)
5. Proportion of specific disease groups with completed risk factors (e.g., acute hepatitis A, B, & C, botulism, chronic hepatitis B, cryptosporidiosis, cyclospora, meningitis, <i>Salmonella</i> , shigella, shigatoxigenic <i>E. coli</i> , tularemia, typhoid, vibrio and yersinia)	
6. Proportion of cases with complete hospitalization status	100%

7. Proportion of cases with complete outcome status	100%
a. Proportion of specific diseases with complete outcome status (e.g., H. influenza, meningitis, pertussis [infant cases only], and acute hepatitis A, B, and C)	100%
8. Proportion of cases with vaccination status assessed (vaccine specific to reported disease: hepatitis A and B, pertussis, measles, meningitis, mumps, rubella)	100%
9. Proportion of malaria, vibrio, listeria, tularemia and arthropod-borne diseases with CDC case report form submitted	NA
<b>VIII. Contact management</b>	
1. Proportion of contact interviews conducted [interview by proxy is acceptable] (pertussis, meningitis, hepatitis A, and hepatitis B)	Not measureable in Orpheus, Case reviews showed contact for mening and hepatitis, none for STEC or Shigella case
2. Proportion of chronic hepatitis B household and sexual contacts tested for hepatitis	Not measurable in Orpheus, 100% of Hep B contacts asked of vaccine status
<b>IX. Outbreak investigations</b>	
1. Average number of days from LHD notification to OPHD notification	<1
2. Average number of days from LHD notification to LHD investigation initiation	<1
3. Proportion of outbreaks with no real investigation	<1
4. Proportion of outbreaks that are lab confirmed	2/3
5. Were five or more specimens collected (lab-confirmed and non lab-confirmed)?	None had five or more collected but two were confirmed. one rhinovirus, one norovirus
6. Proportion of potential "common source" outbreaks with adequate case finding (e.g., restaurant, school, potluck, institutional setting, etc.)	NA
7. Proportion of potential "common source" outbreaks with an epidemic curve (e.g., restaurant, school, potluck, institutional setting, etc.)	NA
8. Number of outbreaks reported per capita (four categories: nursing home, non-nursing home, VPDs, and restaurant)	4.7 nursing home, 9.5 non nursing home, below state average, see report
9. Proportion of LTCF norovirus outbreaks with completed control measures report.	one outbreak, no control measures report on file
10. Proportion of LTCF norovirus outbreaks with an epidemic curve	100%

11. Proportion of outbreak reports completed within 30 business days from end of outbreak ("the end" = one week after last reported onset)	1/3
<b>X. Other concerns and unmet needs</b>	
Staff went above and beyond on a recent suspected Legionella case. Always a pleasure to work with. Respond quickly when necessary - Curry county had Cat positive for rabies. Staff appropriately ask for assistance as needed and inform us when they are going to be out of the office.	

## PROGRAM SUMMARY

### Curry County Drinking Water Program

<b>Date:</b> 8/17/16	
<b>Summary prepared by:</b> Tia Skerbeck	<b>Title/position:</b> Partner Services Coordinator
<p><b>Program description:</b></p> <p>The drinking water program provides services to public water systems that result in reduced health risk and increased compliance with drinking water monitoring and maximum contaminant level requirements. The drinking water program reduces the incidence and risk of waterborne disease and exposure of the public to hazardous substances potentially present in drinking water supplies. Services provided through the drinking water program include investigation of occurrences of waterborne illness, drinking water contamination events, response to spills, emergencies, and inspection of water system facilities. Drinking water program reports data to OHA, Drinking Water Services (DWS) necessary for program management and to meet federal Environmental Protection Agency (EPA) Safe Drinking Water Act program requirements</p>	
<p><b>Program strength:</b></p> <p>The drinking water program staff are committed to promoting public health and taking actions to protect public health. Staff maintain professional working relationships with the 51 water systems they oversee. Staff attend all State DW sponsored trainings.</p>	
<p><b>Compliance findings:</b></p> <ol style="list-style-type: none"> <li>I. Respond to Emergencies</li> <li>II. Conduct Independent Enforcement Actions</li> <li>III. Investigate Water Quality Alerts</li> <li>IV. Resolve Priority Non-compliers (PNC)</li> <li>V. Track and Follow-up on Enforcement Actions</li> </ol>	
<p><b>Recommendations for improvement:</b></p> <ul style="list-style-type: none"> <li>• See Compliance Findings document.</li> <li>• Consider allocating additional staff and resources to support the drinking water program.</li> <li>• Develop a working procedure to respond to alerts, document via contact report, and file in system files (either electronic or hard copy).</li> <li>• Continue to review State DW resources and training materials.</li> <li>• Continue to follow-up with DW technical services staff for guidance, support, and program specific rule interpretation.</li> <li>• Continue to attend State DW sponsored training and participate in discussions voicing relevant questions that pertain to Curry County specific water systems.</li> </ul>	

**CURRY COUNTY HEALTH DEPARTMENT**

**COMPLIANCE FINDINGS**

**TIME LINE FOR CHANGE**

**DATE: 8/16/16**

**CENTER FOR PUBLIC HEALTH PROTECTION**

**DRINKING WATER PROGRAM**

<p><b>I. Respond to Emergencies</b></p> <p>i. There is a response plan in place plan for public water system emergencies, including waterborne disease outbreaks, spills, operational failures and water system contamination.</p> <ul style="list-style-type: none"> <li>• Develop an emergency response plan that addresses public water system emergencies, including waterborne disease outbreaks, spills, operational failures and water system contamination.</li> </ul>	<p>11/30/16</p>
<p>ii. The response plan is up to date.</p> <ul style="list-style-type: none"> <li>• Review and update the response plan on an annual basis.</li> </ul>	<p>11/30/16</p>
<p><b>II. Conduct Independent Enforcement Actions</b></p> <p>i. LPHA shall take independent enforcement actions against licensed facilities, which are public water systems, for violations of maximum contaminant levels and monitoring and reporting requirements. <a href="#">PE 50 3.b.ii.</a>; Foodborne Illness Prevention Program Policy 09-95.</p>	<p>2/28/17</p>
<ul style="list-style-type: none"> <li>• Carry out independent enforcement action where appropriate with the licensed facilities that are public water systems with microbial and M&amp;R violations.             <ul style="list-style-type: none"> <li>○ Lucas Pioneer Ranch &amp; Lodge – no coliform sample since Nov 2013, a PNC with a system score of 12.</li> </ul> </li> </ul>	<p>2/28/17</p>
<p>ii. Report these actions and water system status to DWS.</p> <ul style="list-style-type: none"> <li>• Provide documentation via contact reports to DWS outlining the independent enforcement action carried out, and steps the systems are taking to correct violations.</li> </ul>	<p>2/28/17</p>
<p><b>III. Investigate Water Quality Alerts</b></p>	
<p>i. LPHA shall investigate all water quality alerts for detections of regulated contaminants. <a href="#">PE 50 3.b.v.</a>, <a href="#">Monitoring Resources</a></p> <ul style="list-style-type: none"> <li>• Respond to all water quality alerts for E. coli and nitrate &gt;10 mg/L, and any other acute MCL exceedance immediately.</li> <li>• Respond to all water quality alerts for coliform within the same day.</li> <li>• Respond to all other water quality alerts as soon as possible.</li> </ul>	<p>2/28/17</p>
<p>ii. LPHA shall consult with and advise water system operators on actions to ensure that follow-up sampling is completed and that any confirmed water quality violations are resolved. <a href="#">Monitoring Resources</a></p> <ul style="list-style-type: none"> <li>• Immediately consult with and advise water system operators on actions to ensure follow-up sampling is conducted for E. coli, nitrate &gt; 10</li> </ul>	



<ul style="list-style-type: none"> <li>mg/L, and any other acute MCL exceedance.             <ul style="list-style-type: none"> <li>• By the end of the same day the alert is generated consult with and advise water system operators on actions to ensure follow-up sampling is conducted for coliform alerts for coliform. <a href="#">Coliform Alert Response Procedure</a></li> <li>• As soon as possible consult with and advise water system operators on actions to ensure follow-up sampling is conducted for all other alerts.</li> </ul> </li> <li>iii. LPHA shall advise water system operators on carrying out required public notices (PNs). <a href="#">OAR 333-061-0042</a>.             <ul style="list-style-type: none"> <li>• Immediately advise water system operators on carrying out Tier 1 public notices. <a href="#">Public Notice Resources and Templates</a></li> <li>• As soon as possible advise water system operators on carrying out Tier 2 and Tier 3 public notices. <a href="#">Public Notice Resources and Templates</a></li> </ul> </li> </ul>	<p>2/28/17</p>
<p>IV. Resolve Priority Non-compliers (PNC)</p>	<p>2/28/17</p>
<ul style="list-style-type: none"> <li>i. LPHA shall provide assistance to EPA water systems that are designated PNCs to resolve violations and return them to compliance. <a href="#">PE 50 3.b.vii.</a></li> </ul>	<p>2/28/17</p>
<ul style="list-style-type: none"> <li>•</li> <li>ii. LPHA shall review system scores at least monthly for PNC systems and contact the water system operators of PNC systems to discuss unaddressed violations and ways to correct the noncompliance, including carrying out public notification (PN) as required. <a href="#">PE 50 3.b.vii.(a)(1 - 2)</a> <ul style="list-style-type: none"> <li>• <a href="#">Review system scores</a> on a monthly basis and use the guidance outlined in the <a href="#">PNC resolution process</a> to follow up with water system operators to discuss unaddressed violations and methods to return to compliance.</li> </ul> </li> </ul>	<p>2/28/17</p>
<ul style="list-style-type: none"> <li>iii. Submit public notices received and contact reports on LPHA follow-up actions to DWS on a monthly basis. <a href="#">PE 503.b.vii.(a)(3)</a>; <a href="#">PE 50 4.c.</a></li> </ul>	<p>2/28/17</p>
<ul style="list-style-type: none"> <li>• As <a href="#">public notices</a> are issued due to violations and received from water systems, submit to <a href="#">DWS compliance inbox</a>.</li> </ul>	<p>2/28/17</p>
<ul style="list-style-type: none"> <li>iv. LPHA shall review all persistent PNCs at five (5) months after being designated a PNC to determine if the water system can be returned to compliance within eight (8) months of the PNC designation. <a href="#">PE 50 3.b.vii.(b)</a></li> </ul>	<p>2/28/17</p>
<ul style="list-style-type: none"> <li>v. LPHA shall submit a report to DWS with a compliance schedule listing corrective actions and deadlines, if the system can be returned to compliance within eight (8) months of the PNC designation; OR, if the system cannot be returned to compliance within eight (8) months of the PNC designation, LPHA shall prepare and submit to DWS a request for formal enforcement. <a href="#">PE 50 3.b.vii.(c - d)</a>.</li> </ul>	<p>2/28/17</p>
<ul style="list-style-type: none"> <li>• For water systems that are PNCs for 5 months and need to either be placed on a compliance schedule or referred to DWS for formal enforcement, follow the <a href="#">PNC resolution process</a>.</li> </ul>	<p>2/28/17</p>
<p>V. Track and Follow-up on Enforcement Actions</p>	
<ul style="list-style-type: none"> <li>i. After DWS issues an enforcement action, LPHA shall monitor the corrective action schedule and verify completion of each corrective action by the water supplier. <a href="#">PE 50 3.b.ix.</a></li> </ul>	<p>2/28/17</p>
<ul style="list-style-type: none"> <li>ii. LPHA shall document all contacts and verifications and submit documentation of such to the DWS, including failure by the water supplier to meet any</li> </ul>	<p>2/28/17</p>

<p>iii. corrective action date. Notice shall be submitted to DWS within 30 days after all corrections are completed.</p>	<p>2/28/17</p>
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### DRINKING WATER SERVICES - TRIENNIAL REVIEW TOOL

AGENCY: Curry County

REVIEWER: Tia Skerbeck

ADMINISTRATOR: Hollie Strahm

PARTICIPANTS: Brody Hodges

DATES OF REVIEW (mm/dd/yyyy): 7/19/2016-

DATE OF REPORT (mm/dd/yyyy): 8/16/2016

Criteria for Compliance	Compliance			Comments/Documentation/Explanation/Timelines
	Yes	No	N/A	
<b>A. REQUIRED SERVICES</b>				
<b>1. Respond to emergencies:</b> The local public health authority (LPHA) shall develop, maintain and carry out a response plan for public water system emergencies, including waterborne disease outbreaks, spills, operational failures and water system contamination, and notify Oregon Health Authority (OHA) Drinking Water Services (DWS) of emergencies that may affect drinking water supplies. <a href="#">ORS 401.305(5)(a)</a> ; <a href="#">Program Element (PE) 50 3.b.i.</a>				
a. There is a response plan in place plan for public water system emergencies, including waterborne disease outbreaks, spills, operational failures and water system contamination.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The LPHA does not have an emergency response plan (ERP) that identifies response for pulic water system emergencies, waterborne disease outbreaks, spills, operational failures, or water system contamination.
b. The response plan is up to date.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The components of the plan present (staff contact list, county resources, etc.) are not updated or located in one larger response plan.
c. The plan is used when needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>2. Conduct independent enforcement actions:</b> LPHA shall take independent enforcement actions against licensed facilities, which are public water systems, for violations of maximum contaminant levels and monitoring and reporting requirements. <a href="#">PE 50 3.b.ii.</a> ; Foodborne Illness Prevention Program Policy 09-95*	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff members are not aware of when to cite critical drinking water violations at those restaurants which supply drinking water from on-site sources.  Agness RV Park-Licensed facility with a current system score of 30, a PNC for 7 months with multiple Ecoli +, MCL violation, public notice violations, late/non-reporting

Criteria for Compliance	Compliance			Comments/Documentation/Explanation/Timelines
	Yes	No	N/A	
				<p>violations. No recent contact reports, most recent 12/2015 from DWS.</p> <p>Cedar Bend Golf Association - Licensed facility with a current sore of 14, pubic notice violation, multiuple non-reportring routine and source violations.</p> <p>Lucas Pioneer Ranch &amp; Lodge – no coliform sample since Nov 2013, a PNC with a system score of 12.</p>
a. Report these actions and water system status to DWS.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contact reports are missing from Data Online for contact made with water systems and response to alerts.
<b>3. Maintain and use DWS database:</b> LPHA shall maintain access via computer to the safe drinking water information system (SDWIS) database and make timely changes to the database to keep inventory records of public water systems current. <a href="#">40 CFR 142.10(b)(1)</a> ; <a href="#">PE 50 3.b.iii</a> .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The LPHA has an inventory of 51 active public water systems, which includes 17 non-EPA systems.</p> <p>Access is being maintained to the SDWIS database, and changes are made to update system inventories when needed. Appropriate DWS forms are in use for this purpose.</p>
<b>4. Provide technical regulatory assistance:</b> LPHA shall provide technical regulatory assistance in response to requests from water system operators for information on and interpretation of regulatory requirements and respond to water system complaints as appropriate or as referred by DWS. <a href="#">PE 50 3.b.iv</a> .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The LPHA responds appropriately to requests from water systems on interpretation of regulations and routine requests for information.</p> <p>Contact reports, or other DWS forms, are not in use for documenting technical assistance and other contacts with water systems.</p>
<b>5. Investigate water quality alerts:</b> LPHA shall investigate all water quality alerts for detections of regulated contaminants. <a href="#">PE 50 3.b.v</a> .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The LPHA is not consistent and timely in responding to water quality alerts. Alerts that are responded to are not documented with contact reports or submitted to DWS.

Criteria for Compliance	Compliance			Comments/Documentation/Explanation/Timelines
	Yes	No	N/A	
a. LPHA shall consult with and advise water system operators on actions to ensure that follow-up sampling is completed and that any confirmed water quality violations are resolved.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Operators are not consistently consulted by the LPHA about additional follow-up sampling that may be necessary to resolve water quality violations.
b. LPHA shall advise water system operators on carrying out required public notices (PNs). <a href="#">OAR 333-061-0042(1)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The LPHA provides technical assistance and guidance to operators on steps to carry out public notice (PN) and/or advisories when required. Copies of PNs are not sent to DWS.
<b>6. Conduct water system surveys:</b> LPHA shall conduct surveys of Environmental Protection Agency (EPA) water systems as scheduled by DWS: community systems every three (3) years; and non-transient non-community and transient non-community systems every five (5) years. <a href="#">ORS 448.150(a)</a> ; <a href="#">PE 50 3.b.vi.</a> ; Water System Survey Reference Manual, March 2013*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The LPHA is working from the DWS-designated list of EPA water systems due for surveys in 2015.  In 2015, 6/6 surveys were completed. In 2014, 9/9 surveys were completed. In 2012, 8/8 surveys were completed.
<b>7. Resolve priority noncompliers (PNC):</b> LPHA shall provide assistance to EPA water systems that are designated PNCs to resolve violations and return them to compliance. <a href="#">PE 50 3.b.vii.</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Currently 4 water systems are PNCs -Agness RV Park, system score 30 -Cedar Bend Golf Association, system score 14 -Illinois River Lodge RV, system score 11 -Lucas Pioneer Ranch & Lodge, system score 11
a. LPHA shall review system scores at least monthly for PNC systems and contact the water system operators of PNC systems to discuss unaddressed violations and ways to correct the noncompliance, including carrying out public notification (PN) as required. <a href="#">PE 50 3.b.vii.(a)(1 - 2)</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LPHA does not review system scores on a monthly basis and contact water system operators of PNC systems to discuss violations and way to return to compliance.
b. Submit public notices received and contact reports on LPHA follow-up actions to DWS on a monthly basis. <a href="#">PE 503.b.vii.(a)(3)</a> ; <a href="#">PE 50 4.c.</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Public notices are often received by the LPHA but not submitted to DWS. Correspondence with water systems on ways to return to compliance is not documented via contact reports nor are contact reports submitted to DWS on a monthly basis.

Criteria for Compliance	Compliance			Comments/Documentation/Explanation/Timelines
	Yes	No	N/A	
c. LPHA shall review all persistent PNCs at five (5) months after being designated a PNC to determine if the water system can be returned to compliance within eight (8) months of the PNC designation. <a href="#">PE 50 3.b.vii.(b)</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LPHA does not routinely review system scores at 5 months to determine if they can be returned to compliance by 8 months.
d. LPHA shall submit a report to DWS with a compliance schedule listing corrective actions and deadlines, if the system can be returned to compliance within eight (8) months of the PNC designation; OR, if the system cannot be returned to compliance within eight (8) months of the PNC designation, LPHA shall prepare and submit to DWS a request for formal enforcement. <a href="#">PE 50 3.b.vii.(c – d)</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LPHA does not routinely place water systems on a corrective action schedule to return to compliance, or refer to DWS for formal enforcement.
<b>8. Conduct water system survey significant deficiency follow-ups:</b> LPHA shall follow-up on significant deficiencies between surveys to verify that all deficiencies are corrected. <a href="#">OAR 333-061-0076 (6)(b)(7 – 8)</a> ; Water System Survey Reference Manual, March 2013*; <a href="#">PE 50 3.b.viii.</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program occasionally conducts water system significant deficiency follow-ups to verify all significant deficiencies have been corrected, or to place the systems on corrective action plans.
a. After all deficiencies are corrected, LPHA shall prepare a list of the deficiencies corrected and dates of correction and submit to DWS.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. If all deficiencies are not corrected by the due date outlined in the survey report, LPHA shall ensure the water system has an approved corrective action plan submitted to DWS to correct all deficiencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>9. Track and follow-up on enforcement actions:</b> After DWS issues an enforcement action, LPHA shall monitor the corrective action schedule and verify completion of each corrective action by the water supplier. <a href="#">PE 50 3.b.ix.</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The LPHA currently has 5 water systems on formal enforcement. Monitoring of corrective action schedules and verification of completion of actions is not documented or submitted to DWS.

Criteria for Compliance	Compliance			Comments/Documentation/Explanation/Timelines
	Yes	No	N/A	
a. LPHA shall document all contacts and verifications and submit documentation of such to the DWS, including failure by the water supplier to meet any corrective action date.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Monitoring of corrective action schedules and verification of completion of actions is not documented or submitted to DWS.
b. Notice shall be submitted to DWS within 30 days after all corrections are completed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Monitoring of corrective action schedules and verification of completion of actions is not documented or submitted to DWS.
<b>10. Inventory and document new water systems:</b> LPHA shall inventory existing water systems, including nonEPA systems, that are not in the DWS inventory as they are discovered. <a href="#">PE 50 3.b.x.</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The LPHA has inventoried and documented 1 new PWS within the jurisdiction during the review period. Pigeon Point -4106234
a. Provide documentation to DWS within 60 days of identification of an inventoried system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>B. SUPPLEMENTAL SERVICES - If LPHA has completed all required services, LPHA may complete supplemental services listed below as resources allow.</b>				
<b>1. Resolve violations for nonPNC systems:</b> LPHA may work on EPA water systems that are not PNCs, as described in 7a and 7b above, to help systems maintain compliance. <a href="#">ORS 448.150(c); PE 50 3.c.i.</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2. Conduct Plan Review Inspections:</b> On-site visits may be conducted upon request of DWS to determine conformance to engineering plans reviewed and approved by DWS. <a href="#">ORS 448.131(3); PE 50 3.c.ii.</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The program was/was not called upon in the past three years by DWS to conduct plan review inspections. Inspections were successfully completed and submitted on _____.
a. Documentation shall be submitted to DWS within 30 days of the inspection.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>3. Assist with emergency response plan development:</b> LPHA may assist water suppliers in completing their Emergency Response Plans and ensure that completed plans meet DWS standards. <a href="#">ORS 448.160 (2); PE 50 3.c.iii.</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Criteria for Compliance	Compliance			Comments/Documentation/Explanation/Timelines
	Yes	No	N/A	
<b>4. Conduct customized and negotiated work:</b> LPHA may conduct such customized and negotiated work as required or requested by DWS to maintain safe and efficient public water system operations. <a href="#">PE 50 3.c.iv.</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

\* *Contact agreement administrator for reference*

Comments:



## Program Summary

### CURRY COMMUNITY HEALTH-GOLD BEACH OREGON

**Date: 08/09/2016**

#### **Summary description of program**

Curry Community Health (CCH) is a 501(c) (3) non-profit organization located in Curry count with a mission to supporting and promoting the health and well-being of Curry community. CCH provides a variety of services within the divisions of Medical Services, Public Health, Addiction Programs, and Mental Health Service. In public health, CCH provide services on environmental health, communicable disease, immunizations, vital statistics, emergency preparedness, and tobacco prevention. For Mental Health, CCH provide services in counselling, supported housing, school based health conic, supported employment, 24/7 crisis response team, as well as clubhouse. CCH also provide Medical services which includes primary care, school based health center, reproductive health clinics, breast and amp, cervical cancer program. In addition there is addiction program services which include counseling and treatment, alcohol and drug screening, problem gambling, anger management and addiction treatment.

#### **Program strength**

The County Health Department has sufficient internal controls to adequately safeguard assets, to detect and prevent errors in a timely manner. The operation is well organized, monitored and efficient with a commitment to quality, fairness and accuracy. The CCH has a new Finance Director, her priorities among other things is to help with revitalizing financial management systems and resolve accounting problems and internal controls issues experienced in the past.

#### **Compliance findings:**

1. The CCH is not in compliance with federal regulations consistent with 2CFR Part 22 Appendix B No 8 which requires sub recipient to use time sheet/ activity reports to allocate the payroll to various programs. CCH is allocating payroll cost to various federal programs based on the budget rates and not actual time reported by employees on the time sheet.
  - 1.1. CCH must use time sheet/activity reports signed by employees and approved by supervisors/ managers to allocate payroll costs to various federal/state funded programs. CCH must refrain using Budget labor distribution percentages to charge payroll costs to programs.
2. The CCH is not in compliant with federal regulations consistent with OMB A-133 Subpart C; 45 CFR 74.21 Standard for Financial Management Systems, 45CFR 92.20 which requires sub recipient to have proper system and procedures for handling cash and checks including a written policy and procedure for handling payments received from the clients at the time of services as well as written procedures for preparation and reconciliation of cash and cash deposit.
  - 2.1. CCH must develop an effective internal control system to handle cash and cash equivalents received at different locations consistent with its accounting policy manual. The systems/process must include among other things a daily/timely physical cash counting and verification of cash and reconciled with records in the daily transaction postings.

<b>CURRY COMMUNITY HEALTH</b>	
<b>COMPLIANCE FINDINGS</b>	<b>TIME LINE FOR CHANGE</b>
<p><b>DATE: 08/09/2016</b></p> <p><b>OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR</b></p> <p><b>FISCAL- OFFICE OF FINANCIAL SERVICES</b></p> <p>1. The CCH is not in compliance with federal regulations consistent with 2CFR Part 22 Appendix B No 8 which requires sub recipient to use time sheet/ activity reports to allocate the payroll to various programs. CCH is allocating payroll cost to various federal programs based on the budget rates and not actual time reported by employees on the time sheet.</p> <p style="padding-left: 40px;">1.1. CCH must use time sheet/activity reports signed by employees and approved by supervisors/ managers to allocate payroll costs to various federal/state funded programs. CCH must refrain using Budget labor distribution percentages to charge payroll costs to programs.</p> <p>2. The CCH is not in compliant with federal regulations consistent with OMB A-133 Subpart C; 45 CFR 74.21 Standard for Financial Management Systems, 45CFR 92.20 which requires sub recipient to have proper system and procedures for handling cash and checks including a written policy and procedure for handling payments received from the clients at the time of services as well as written procedures for preparation and reconciliation of cash and cash deposit.</p> <p style="padding-left: 40px;">2.1. CCH must develop an effective internal control system to handle cash and cash equivalents received at different locations consistent with its accounting policy manual. The systems/process must include among other things a daily/timely physical cash counting and verification of cash and reconciled with records in the daily transaction postings.</p> <p><b>For more detailed information, please see the completed program review tool.</b></p>	<p>11/09/2016</p> <p>11/09/2016</p>
<b>REVIEWER:</b> Joass Lyatuu	<b>RESPONDENTS:</b> Carole Cooke

## FISCAL REVIEW TOOL

AGENCY: Curry Community Health

REVIEWER: Joass Lyatuu

ADMINISTRATOR: Kenneth Duke

FISCAL MANAGER:

PARTICIPANTS: Carole Cooke, Joass Lyatuu

DATE(S) OF REVIEW 07/25/2016

DATE OF REPORT (mm/dd/yyyy): 08/09/2016

A fiscal compliance review is conducted to provide assurance that the local public health authority (LPHA) has an accounting system with proper controls to identify and report revenues, expenditures and equipment provided by the U.S. Department of Health and Human Services (HHS) through the Oregon Health Authority (OHA). The financial statements of the LPHA were not audited by this office and accordingly, no opinion or other form of assurance can be expressed.

A period is selected for conducting the review. The accounting transactions for that period will be evaluated for accuracy and compliance with applicable federal and state regulations, Title X Family Planning Program Guidelines, Women, Infants and Children Program (WIC) and Breastfeeding Peer Counseling Program (BFPC) policies and procedures.

Instances of noncompliance, material discrepancies and other irregularities are considered findings of the review for which management response and corrective action is required within 60 days upon receipt of the fiscal reports.

Criteria for Compliance	Compliant		Comments/Documentation/Explanation/Timelines
	Y	N	
<b>I. INTERNAL CONTROLS</b>			
<b>A. Payroll – Grantee allocate payroll in compliance with federal regulations:</b> 2 CFR Part 225 Appendix B No. 8 <a href="#">Compensation for Personal Services</a> ; Oregon WIC Policies <a href="#">WIC Fiscal Policy</a>			
1. Certification for personnel working solely on a single federal award.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Not applicable. Employees complete time sheet /activity twice a month following payroll circle
2. Time sheets/activity report reflects actual activity.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CCH is allocating payroll cost to various federal programs based on the budget rates and not actual time reported by employees on their time sheets.
3. Time sheets/activity report account for monthly total activity, explain.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See above. Time sheet are not used to allocate payroll to programs.

4. Time sheets/activity reports are signed by employee.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Verified- Time sheets are signed by employees.
5. Time sheets/activity reports are signed by direct supervisor.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes, time sheets are signed by supervisors
6. Salaries and fringe benefit of general administrative personnel (e.g. executive officers, personnel administration, accounting, etc.) not easily allocable to various programs are billed on an indirect allocation basis, if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The salary of Administrator is paid out of General Fund
<b>B. Payroll timing process:</b> 2 CFR Part 225 Appendix B No. 8 <a href="#">Compensation for Personal Services</a> ; Oregon WIC Policies <a href="#">WIC Fiscal Policy</a>			
1. There is a process for submission of time/activity reports and issuance of paycheck.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employees complete time sheets twice a month, then submit it to a supervisor who review it and approve.
2. There is an accounting process to charge payroll expenditures to various grants in accounting system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Salaries and wages charged to programs are based on actual time worked on the programs.
3. Payroll reports can be generated from accounting system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The Curry Community Health use ABILA Accounting system which have a Payroll Module. Payroll reports can be printed from the system as needed.
<b>C. Travel:</b> 2 CFR Part 225 Appendix B No. 43 <a href="#">Travel Costs</a> ; 45 CFR 74.21 <a href="#">Standard for Financial Management Systems</a>			
1. There is a process of approving and authorizing travel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A Travel Authorization form and Per-diem Request form must be completed and submitted for all travels.
2. Standard per diem rates and lodging rates. <a href="#">Per diem rates overview</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CCH use standard rates/County rates whichever is lower
3. Foreign travel is not charged to grant.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No foreign travel
4. There are travel policies and procedures.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CCH Travel and Vehicle Use Policy Addendum 15.01
<b>D. Purchasing, equipment and inventory:</b> OMB A133 Subpart C <a href="#">OMB A133 Subpart C</a> ; 2 CFR Part 225 Appendix B <a href="#">Selected Items of Costs</a> ; Oregon WIC Policies <a href="#">WIC Fiscal Policy</a> ; LPHA's Notice of Grant Award including: 1) Separation of duties*, 2) Authorization and approval*, 3) Custodial and security arrangements*			

<p>1. Written procurement policies and procedures for procurement of supplies, equipment and other services.</p> <p>45 CFR 74.44 <a href="#">HHS Procurement Procedures</a>; 45 CFR 92.36 <a href="#">Procurement Standards</a></p> <p>Copy of procurement policy. <input type="checkbox"/></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Policy Addendum 003.2015</p>
<p>2. All procurement transactions conducted provide practical, open and free competition.</p> <p>45 CFR 74.43 <a href="#">Open and Free Competition</a>; 45CFR 92.36 <a href="#">Procurement Standards</a></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>The procurement policy provides necessary protocol to ensure necessary controls, transparency as well as segregation of duties.</p>
<p>3. Grantee maintains record of procurement history.</p> <p>45 CFR 74.21 <a href="#">Standard for Financial Management Systems</a>; 45 CFR 74.41 <a href="#">Recipient Responsibilities</a>; 45 CFR 92.20 <a href="#">HHS Standards of Financial Management Systems</a></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>All procurement records are kept in a hard copy files for 5 years.</p>
<p>4. Grantee uses purchase requisition/order system of purchasing.</p> <p>45 CFR 74.21 <a href="#">Standard for Financial Management Systems</a>; 45 CFR 92.20 <a href="#">HHS Standards of Financial Management Systems</a></p> <p>Accepted internal control procedures</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Program staff orders all programs supplies which do not exceed \$500 per unit cost. CCH uses Requisition Purchase Order (RPO) to purchase supplies. The RPO is reviewed by Departments heads/directors, approved and sent to Operations Director who review and verify pricing and ensure a buy decision hierarch was followed. The RPO is then approved by the Director of Finance, and order can be placed.</p>
<p>5. Grantee has proper segregation between:</p> <p>45 CFR 74.21 <a href="#">Standard for Financial Management Systems</a>; 45 CFR 92.20 <a href="#">HHS Standards of Financial Management Systems</a></p> <p>Accepted internal control procedures</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Yes, there are Internal controls procedures contained in the procurement policy.</p>
<p>a. Requisition</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>RPO is initiated by Department staff and reviewed by department heads and submitted to Operations Director and Finance Director for review and approval.</p>

b. Procurement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Department Director or their designee order supplies for their programs (Clinic/Medical supplies) while Operations director or designee order Office supplies.
c. Receiving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On receiving supplies, another employee other than the one who placed the order must be present to observe the receiving process, verifying the contents against packing slips and sign off the delivery documents.
1) Verified, signed and dated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Two employees complete this process to ensure proper segregation of duties on the key element of the procurement process is adequately observed.
6. Invoice and expenditure processing 45 CFR 74.21 <a href="#">Standard for Financial Management Systems</a> ; 45 CFR 92.20 <a href="#">HHS Standards of Financial Management Systems</a> Accepted internal control procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	When invoice is received from Vendor or supplier, Director of Finance review the invoice, ensures services/supplies were received or provided and is not a duplicate invoice. Payment request form is prepared and attached with supporting documentations such as copy of RPO, invoices, delivery documents and packing slips.
a. Expenditures/invoices billed are reasonable, allowable, allocable to the programs (WIC, BFPC, FP, MCH, HIV, Immunization, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	There is a process to review expenditures to ensure are based on needs, budgets, allowable, comply with regulations and allocable to programs.
b. Approvals are obtained before payment processing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The expenditure must be approved by both departmental and operational directors as well as Finance director.
c. Expenditures are billed correctly to the appropriate program.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No see (I) (A) (2) above.
d. Expenditures are allocated accurately between nutrition education (NE), breastfeeding (BF), administration, and other special breakouts.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Because of inaccuracy in payroll allocation as discussed (I) (A) (2), allocation of expenditures to the categories of NE, BF, ADM and other special breakouts, is also inaccurate.
e. Expenditures are allocated accurately among all programs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	With exemption of Payroll expenditure which is inaccurately allocated as discussed above, other expenditures are coded and allocated accurately to programs.

<p>f. Prevent duplicate payment of invoices.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Yes, there is a review process done to ensure invoices are not duplicated. Also the account system is capable to reject the double payments to same vendor with same invoice number.</p>
<p>g. Payment for partial shipments</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>The procurement policy does not allow partial payments, all payments are in respect of already supplied good and services.</p>
<p>h. Receipts for prepaid items are retained for audit.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Yes.</p>
<p>7. Grantee has inventory system to control purchase, use, ordering of medications and supplies.  45 CFR 74.21 <a href="#">Standard for Financial Management Systems</a>; 45 CFR 92.20 <a href="#">HHS Standards of Financial Management Systems</a>  Accepted internal control procedures</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Yes. There is a system to record Medication and medical supplies. There is a log to record medications when received and dispensed. Physical count and verification of medication is performed and reconciled to the log monthly. Discrepancies-if any are investigated and rectified.</p>
<p>a. Subrecipient periodically confirms inventory with actual inventory counts.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Yes, see above. There is monthly stock counting and verified against the log records.</p>
<p>b. Subrecipient has established controls over access of medications and supplies.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>The medication room is locked and only accessible to authorized personnel. The medicines are stored in a locked cabinets.</p>
<p>8. Property management system includes: asset description, ID number, acquisition date, current locations, and federal share of asset.  45 CFR 74.21 <a href="#">Standard for Financial Management Systems</a>; 45 CFR 92.20 <a href="#">HHS Standards of Financial Management Systems</a>  Accepted internal control procedures</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>There is policy for Assets and Property Management. All items purchased and capitalized if has useful life of three or more years and cost more than 1,500. No assets were purchased using federal grants in excess of capitalized rate</p>
<p>9. Physical inventory taken at least once every two years.  Date of last inventory: 2016</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>This is conducted annually.</p>
<p>E. <b>Allocated/assigned costs. Types of costs charged to federal programs from other departments:</b> 2 CFR Part 225 Appendix C <a href="#">State/Local Wide Central Cost Allocation Plans</a>; Oregon WIC Policies <a href="#">WIC Fiscal Policy</a></p>			

1. If subrecipient uses cost allocation method of charging federal programs, there is Certificate of Cost Allocation Plan signed by chief financial officer of the governmental unit. Copy of the certification. <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CCH use indirect rate to charge federal programs
2. If there is no cost allocation plan, following is a list the direct charges; indicate the basis for allocation to all programs.	<input type="checkbox"/>	<input type="checkbox"/>	
a. Rent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Programs are charged per square footage occupied
b. Insurance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Included in Lease/Rent
c. Mail room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No applicable
d. Utilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Included in rental/lease
e. Information Technology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No charge to public health
f. Accounting/County fiscal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No charge to public health
g. Motor pool	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mileage used/gas charged per program.
<b>F. Indirect costs:</b> 2 CFR Part 225 Appendix E. <a href="#">State/Local Indirect Cost Rate Proposal</a>			
1. Indirect rate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Indirect rate of 9.89% used to allocate indirect costs
2. Indirect charges are allocated to all programs proportionately or appropriately.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Per budget, rate is based proportionately to program revenues
3. If the grantee uses indirect rate to charge federal programs, there is a copy of the agreement. <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Part of approved budget
4. Costs are not double charged to federal grants. Discuss:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	There is a process of tracking costs to ensure are not double charged to federal programs. Actual expenses are tracked in respective cost centers and in line with budgets.
<b>G. Other direct allowable costs:</b> OMB A- 133 ( <a href="#">OMB A133</a> ); 2 CFR Part 225 Appendix B. <a href="#">Selected Items of Costs</a> Oregon WIC Policies <a href="#">WIC Fiscal Policy</a>			



<p>1. Review of specific charges to accounts (WIC, BFPC, Title X, and other major programs) to determine that cost claimed is appropriate, e.g., purchase orders, invoices, travel vouchers.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Overall all claims of payments were properly processes and approved before paid. There were some improper processing of payments in period before the new Finance Director assumed office. The current process appears accurate and in line with policies and internal controls guidelines.</p>
<p><b>II. ACCOUNTING SYSTEM</b> OMB A-133 Subpart C: ( <u>OMB A133 Subpart C</u>); 45 CFR 74.21 <u>Standard for Financial Management Systems</u>; 45 CFR 92.20 <u>HHS Standards of Financial Management Systems</u>; Accepted Internal Control Procedures</p>			
<p>A. There is an accounting system.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>CCH uses ABILA MIP Advanced Accounting System designed for Not for Profit Organization.</p>
<p>1. Internally developed. <input type="checkbox"/> Purchased <input checked="" type="checkbox"/></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Purchased from MIP</p>
<p>B. Cost centers and accounts are maintained for each grant. Discuss.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Yes</p>
<p>C. An annual budget is submitted to the Board of Health by the Public Health Administrator.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Yes</p>
<p>D. There are budgetary controls to preclude obligations in excess of grant total. Discuss.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Expenditures are tracked and compared to budget. All heads and directors receive expenditure reports periodically for monitoring purposes.</p>
<p>E. Accounting system provides for accounts payable/encumbrances.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Account system include Accounts Payable module.</p>
<p>F. The expenditures are charged to the correct grant period at year-end. Subrecipient is on cash or accrual basis of accounting. Discuss.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>CCH uses Modified accrual basis of accounting to book revenues in the period which become available, and expenditure when fund liability is incurred</p>
<p>G. Copies of revenue and expense reports.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Yes, received at OFS</p>
<p>H. There are written policies and procedures for accounting controls.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>There are written policies and procedures for accounting controls.</p>
<p><b>III. CASH MANAGEMENT:</b> OMB A-133 Subpart C; <u>OMB A133 Subpart C</u>; 45 CFR 74.21 <u>Standard for Financial Management Systems</u>, 45 CFR 92.20 <u>HHS Standards of Financial Management Systems</u>; Title X Family Planning Guidelines <u>Title X Program Guidelines</u>: 1) Separation of duties*, 2) Authorization and approval* 3) Custodial and security arrangements*</p>			

A. Cash handling procedures :	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes. Cash Management policy includes Petty Cash, Check Cashing, Bank Accounts and Cash Reserves. CCH petty cash and change funds for all locations of services is managed following the policy and procedures. Chief executive officer will identify an individual to be the custodian responsible for the petty cash fund. This custodian must submit petty cash log and reconciliation form to the Chief executive officer at least monthly.
1. Sub recipient promptly deposits all cash.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes
2. Checks are restrictively endorsed at time of receipt.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes
3. There is a written policy and procedure for handling payments received from the client at time of service. Copy of policy and procedure. <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes
4. There are procedures written for preparation and reconciliation of cash deposit. Copy of policy and procedure. <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No. DCH is currently working to ensure cash and bank reconciliations are current.
5. Branch offices/clinics locations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	There are three branches/clinic locations (Brookings, Gold beach offices, and gold beach clubhouse.
6. There are cash handling procedures at branches/clinic locations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Branches are all required to follow DCH cash policies and procedures, however there is no monitoring/safeguard or control mechanism to ensure branches comply with the policies and procedures.
7. In kind contributions. (Volunteer hours, fixed assets, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If occurs are recorded accordingly.
B. Billing and receivables:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DCH entered into agreement with Allcare eHealth Service to provide billing services to DCH.
1. There is a billing system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DCH entered into agreement with Allcare eHealth Service to provide billing services to DCH.
2. Bills to clients show the total charges, as well as allowable discounts.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes

3. Bills are sent to third party, if necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes
4. Third parties authorized or legally obligated to pay for clients at or below 100% FPL are properly billed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The contract is required to follow the DCH charging, billings and collections policy, however DCH has not put in place a monitoring mechanism to ensure the policy is consistently followed by Care eHealth Services.
5. Third party bills show total charges without discount.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The billing unit at DCH works closely with the contracted third parties to ensure the billing statements comply with guidelines and regulations. See above
6. Third party bills show total charges without discount unless there is a contracted reimbursement rate that must be billed per third party agreement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The billing unit at DCH works closely with the contracted third parties to ensure the billing statements comply with guidelines and regulations. See above
7. Reasonable efforts to collect charges are made.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If payment is not received upon initial billing, it will be re-billed monthly for 90 days. Accounts with a delinquent balance older than 120 days where no payment is foreseen, the account will be turned over to a collection agency for collection services. Following collection agency assignment, affected accounts will be written off
8. Aging of outstanding accounts have been established.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Following collection agency assignment, affected accounts will be written off Client's aged accounts receivable
a. There is a write-off policy and procedure for uncollectible accounts. Copy of policy and procedure. <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes, see above
9. Donations are accepted and clients are not pressured to make it.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes
10. There is a written policy and procedure for handling payments not received at time of service. Copy of policy and procedure. <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The policy was provided and reviewed

IV. PUBLIC HEALTH SERVICES FEES AND TITLE X – FAMILY PLANNING CHARGES: Title X, Guidelines Section 6.3:Title X Program Guidelines; 45CFR59.5 (a) (6-8 Requirements for Family Planning Projects); OPA 08-01 Verification of Income, OPA 97-1 Fees and Charges; ORS.432.415 (3) Rules and Fee Schedules			
A. Charges, billings and collection procedures meet Title X and Federal grant requirements.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes
1. Policies and procedures for charging, income verification, billing and collecting funds for services provided. 2. Copy of policy and procedure. <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RH service fees is charged based on an analysis of all services offered in the RH program, as well as sliding fee schedule based on family size and household income. Income is self-reported and proof of income is not required.
3. Policies/procedures ensure that priority for services is to the low-income families and ensures that the inability to pay is not a barrier to the receipt of services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	It is a DCH policy that a person will not be denied services or subjected to any variation in the quality of services based on their inability to pay.
4. Schedule of discounts (SOD) developed and implemented.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes
B. Public health services fees and family planning charges are based on a cost analysis of services and supplies provided to clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes
1. Cost analysis of services is updated every two years. Copy of cost of analysis. <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In the process to update for 2016
V. SUBRECIPIENT MONITORING: OMB A-133 Subpart B. OMB A133 Subpart B			
A. There are federal funds passed through to sub recipients and/or vendors (providers). If yes, list the name of contractor and amount of federal funds disbursed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Billing service is outsourced to Allcare e Health Service Company
B. There is a written policy and procedure for monitoring for subrecipients and vendors (providers).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DHC is in the process of developing a monitoring procedures to ensure the provide meets both Fiscal and program elements requirements.
VI. REPORTING AND AUDIT COMPLIANCE: OMB A-133 Subpart B. OMB A133 Subpart B			
A. Quarterly revenue and expense report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes

B. Quarterly time study (WIC)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes
C. Audited financial statement and single audit: <a href="#">OMB A-133</a> , <a href="#">Audit Reports</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes

\*1) Separation of duties:

- No one person has complete control over more than one key function or activity (e.g., authorizing, approving certifying, disbursing, receiving, or reconciling).

\*2) Authorization and approval:

- Transactions are properly authorized.

\*3) Custodial and security arrangements:

- Responsibility for physical security/custody of assets is separated from record keeping/accounting for those assets.
- Unauthorized access to assets and accounting records is prevented.

## Program Report Curry Community Health

**Date: July 21, 2016**

**Summary description of program  
Environmental Health Licensing Program**

**Program strengths:**

**Compliance findings:**

The LPHA must maintain an inspection rate of 100% for all licensed facilities. The following programs are below the compliance rate: Mobile Food Units and Swimming Pools and Spas.

The LPHA must document on the food service inspection report how priority and priority foundation violations have been resolved at the time of the semi-annual inspection. If the priority/priority foundation violation has not been corrected, a recheck inspection must be conducted within 14 days.

**Recommendations for improvement**

<b>CURRY COMMUNITY HEALTH</b>	
<b>COMPLIANCE FINDINGS</b>	<b>TIME LINE FOR CHANGE</b>
<p><b>DATE: JULY 21, 2016</b></p> <p><b>CENTER FOR HEALTH PROTECTION</b></p> <p><b>ENVIRONMENTAL PUBLIC HEALTH</b></p> <p><b>FOOD, POOL &amp; LODGING HEALTH AND SAFETY PROGRAM</b></p> <p>The LPHA must maintain an inspection rate of 100% for all licensed facilities. The following programs are below the compliance rate: Mobile Food Units and Swimming Pools and Spas.</p> <p>The LPHA must document on the food service inspection report how priority and priority foundation violations have been resolved at the time of the semi-annual inspection. If the priority/priority foundation violation has not been corrected, a recheck inspection must be conducted within 14 days.</p> <p><b>For more detailed information, please see the completed program review tool in section &lt;enter section number&gt;.</b></p>	<p>12/31/2016</p> <p>12/31/2016</p>
<b>REVIEWERS: Dave Martin</b>	<b>RESPONDENT: Brody Hodges</b>

## ENVIRONMENTAL HEALTH TRIENNIAL REVIEW PROGRAM FORM

AGENCY: Curry County

REVIEWERS: Dave Martin

ADMINISTRATOR:

PARTICIPANTS: Brody Hodges

DATE(S) OF REVIEW: July 21, 2016

DATE OF REPORT: 8/3/2016

Criteria for compliance	Compliant		Comments/Documentation/Explanation/Timelines
	Yes	No	
<b>A. Licensing and Fees - OAR 333-012-0053</b>			
1. License applications and licenses are issued on forms provided or approved by the authority. <a href="#">OAR 333-012-0053(1)</a>	<input checked="" type="checkbox"/>		
2. A single license fee is established per establishment for facility type. There are no added fees based on local determination of unique features of an establishment or facility. <a href="#">OAR 333-012-0053(2)</a>	<input checked="" type="checkbox"/>		
3. Licensing categories are based upon those specified in <a href="#">ORS 446.310</a> , <a href="#">ORS 448.035</a> and <a href="#">ORS 624.490</a> . Additional licensing categories have not been established. <a href="#">OAR 333-012-0053(3)</a>	<input checked="" type="checkbox"/>		
4. The administrative standards are being used for staffing standards and actual costs of providing program services have been determined. Actual time spent and expenses incurred have been documented and reported to the authority. <a href="#">OAR 333-012-0053(5e)</a>	<input checked="" type="checkbox"/>		



Criteria for compliance	Compliant		Comments/Documentation/Explanation/Timelines
	Yes	No	
5. If LPHA has a fee for facilities that require more than two recheck inspections per year it must be properly charged. <a href="#">OAR 333-012-0053(6)</a>	<input checked="" type="checkbox"/>		
6. Fees set for costs associated with plan review are conducted under guidelines established by the authority. <a href="#">OAR 333-012-0053(6)(d)</a>	<input checked="" type="checkbox"/>		
7. LPHA has determined that the facility meets the requirements of statute and rule during plan review. <a href="#">OAR 333-012-0053(7)</a>	<input checked="" type="checkbox"/>		
8. A reinstatement fee is set for late license reinstatement. <a href="#">OAR 333-012-0053(6)(e)</a>	<input checked="" type="checkbox"/>		
9. A fee of up to one-half of the annual licensing fee may be assessed for each additional inspection required under <a href="#">OAR 333-157-0027</a> , Increased Inspection Schedule. <a href="#">OAR 333-012-0053(6)(f)</a>			Not Applicable (NA)
10. A license is issued only after the fee has been received and it has been determined that the facility meets the requirements of the statutes and rules. <a href="#">OAR 333-012-0053(7)</a>	<input checked="" type="checkbox"/>		
11. Fees are pro-rated for partial year operation as follows: From January 1 through September 30, a full license fee is required. From October 1 through December 31, half the annual fee must be assessed. <a href="#">OAR 333-012-0053(6)(g)</a>	<input checked="" type="checkbox"/>		
12. The license fees assessed by the LPHA are not more than 20% above or below the fees established in ORS 624.490. <a href="#">OAR 333-012-0053(8)</a>	<input checked="" type="checkbox"/>		

Criteria for compliance	Compliant		Comments/Documentation/Explanation/Timelines
	Yes	No	
13. All license fees collected are used only for program services pursuant to <a href="#">ORS 446.425</a> , <a href="#">ORS 448.100</a> and <a href="#">ORS 624.510</a> . <a href="#">OAR 333-012-0053(9)</a>	<input checked="" type="checkbox"/>		

**B. Inspection Standards - OAR 333-012-0055**

Licensed establishments and facilities, except bed and breakfast facilities, traveler's accommodations, hostels and temporary restaurants, must receive a minimum of one complete inspection for every six months of operation or fraction thereof. For vending machines, the LPHA shall evaluate at least 10% of each licensee's machines during each inspection. Bed and breakfast facilities must be inspected once per year. [OAR 333-012-0055\(1\)](#)

B. 1	Percent inspections completed				In compliance	
	2013	2014	2015	3-year average	Yes	No
<b>Food service</b>						
Restaurants	93%	100%	83%	92%	<input checked="" type="checkbox"/>	
Mobile food units	100%	100%	71%	88%		<input checked="" type="checkbox"/>
Commissaries	100%	100%	100%	100%	<input checked="" type="checkbox"/>	
Warehouses	NA	NA	NA	NA	NA	NA
Vending machines	100%	100%	100%	100%	<input checked="" type="checkbox"/>	
Bed and breakfast facility	100%	100%	100%	100%	<input checked="" type="checkbox"/>	
<b>Tourist facilities and pools</b>						
Swimming pools and spas	72%	89%	82%	83%		<input checked="" type="checkbox"/>
Traveler's accommodations	100%	100%	80%	93%	<input checked="" type="checkbox"/>	
Recreation parks	95%	100%	80%	92%	<input checked="" type="checkbox"/>	
Organizational camps	50%	100%	100%	89%	<input checked="" type="checkbox"/>	

**Comments: B.1 The following programs are below the compliance rate: Mobile Food Units and Swimming Pools and Spas.**

Criteria for compliance	Compliant		Comments/Documentation/Explanation/Timelines
	Yes	No	
2. For-profit temporary restaurants receive a minimum of one inspection during operation for each license issued. <a href="#">OAR 333-012-0055(1)(c)(A)</a>	<input checked="" type="checkbox"/>		
3. Benevolent temporary restaurants must receive an inspection or a consultation in lieu of an inspection. <a href="#">OAR 333-012-0055(1)(c)(B)</a>	<input checked="" type="checkbox"/>		
4. Travelers' accommodation and hostel inspection schedule is set biannually. <a href="#">OAR 333-012-0055(1)(b)(A-H)</a>	<input checked="" type="checkbox"/>		
5. If alternative inspection procedures or interventions are used, criteria must be approved by the authority. <a href="#">OAR 333-012-0055(2)</a>			NA
6. Increased inspection schedule for restaurants applied as described in OAR 333-157-0027. <a href="#">OAR 333-012-0055(3)(a)</a>			NA
7. Pre-operational or construction inspections are conducted after plan review and prior to operation of a new, remodeled, converted, renovated or altered establishment or facility. <a href="#">OAR 333-012-0055(3)(b)</a>	<input checked="" type="checkbox"/>		
8. A complete inspection to assign a public notice of sanitation is conducted within 45 days after opening for a restaurant or bed and breakfast facility. <a href="#">OAR 333-012-0055(3)(c)</a>	<input checked="" type="checkbox"/>		
9. Inspection reports are filled out completely and must include all required information. <a href="#">OAR 333-012-0055(3)(d)(A-D)</a>	<input checked="" type="checkbox"/>		

Criteria for compliance	Compliant		Comments/Documentation/Explanation/Timelines
	Yes	No	
10. Recheck inspections are conducted to determine if timely corrective action has been taken on noted priority and priority foundation violations or public health hazards. <a href="#">OAR 333-012-0055(3)(e)</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Clearly state on the food inspection report if a priority/priority foundation violation was resolved at the time of the semi-annual inspection and document how the violation was corrected. If the priority/priority foundation violation has not been corrected, a recheck inspection must be conducted within 14 days.
11. The LPHA furnishes each environmental health specialist at minimum with the required equipment or materials to conduct inspections. <a href="#">OAR 333-012-0055(3)(f)(A-C)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. The LPHA furnishes food and waterborne illness investigation materials and a light meter for staff to share. <a href="#">OAR 333-012-0055(3)(f)(D)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. Technical information and consultation is provided to the public and those holding permits and licenses. <a href="#">OAR 333-012-0055(3)(h)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Criteria for compliance	Compliant		Comments/Documentation/Explanation/Timelines
	Yes	No	
<b>C. Staffing and Training - OAR 333-012-0060</b>			
1. Staff, facilities, materials and equipment are provided to comply with these rules. <a href="#">OAR 333-012-0060(1)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Staff registered as required by ORS Chapter 700 conducts all inspections. <a href="#">OAR 333-012-0060(2)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Criteria for compliance	Compliant		Comments/Documentation/Explanation/Timelines
	Yes	No	
3. At least one environmental health specialist engaged in the food, tourist facility and public swimming pool programs to attend annual authority sponsored or approved training in all three program areas. <a href="#">OAR 333-012-0060(3)(a)</a>	<input checked="" type="checkbox"/>		
4. Within one year of hire, all environmental health specialists attended an orientation provided by the authority. <a href="#">OAR 333-012-0060(3)(b)</a>			NA
5. At least one environmental health specialist is provided on staff, or through contract, that has a current certification from the authority as a food service standardization officer. <a href="#">OAR 333-012-0060(3)(c)</a>			Brody has applied to go through the standardization process.
6. New employees are standardized within 18 months of employment or within 18 months after becoming registered as an EHS as required in Section (2) of this rule <b>or</b> have an authority-approved training plan in place to allow for a longer time limit to comply with Section (2) of this rule. <a href="#">OAR 333-012-0060(3)(c)(A-B)</a>			Same as above
7. At least one EHS is provided on staff or through contract that has successfully completed a NSPF-certified pool operator course or equivalent approved by the authority within 24 months of employment. <a href="#">OAR 333-012-0060(3)(d)</a>	<input checked="" type="checkbox"/>		

Criteria for compliance	Compliant		Comments/Documentation/Explanation/Timelines
	Yes	No	
<b>D. Food Handler Training - OAR 333-012-0061</b>			
1. An approved food handler training program has been established using minimum criteria developed by the authority. <a href="#">OAR 333-175</a>	<input checked="" type="checkbox"/>		
2. Training methods used for food handler training are documented. <a href="#">OAR 333-175</a>	<input checked="" type="checkbox"/>		

Criteria for compliance	Compliant		Comments/Documentation/Explanation/Timelines
	Yes	No	
<b>E. Record Keeping and Reporting - OAR 333-012-0063</b>			
1. Records as outlined in <a href="#">ORS 183.415 (7) and (8)</a> of all administrative matters delegated under <a href="#">ORS 446.425</a> , <a href="#">ORS 448.100</a> , or <a href="#">ORS 624.510</a> are kept and retained for at least three years. <a href="#">OAR 333-012-0063(1)</a>	<input checked="" type="checkbox"/>		
2. Records are kept according to the Archive Division rules. <a href="#">OAR 333-012-0063(2)</a>	<input checked="" type="checkbox"/>		
3. The authority is provided program information such as inspections conducted, workload indicators, fee schedules and violation summaries on request. <a href="#">OAR 333-012-0063(3)</a>	<input checked="" type="checkbox"/>		
4. The LPHA responds to surveys conducted by the authority. Program information and surveys are submitted on forms or in a format as required by the authority. <a href="#">OAR 333-012-0063(4)</a>	<input checked="" type="checkbox"/>		

Criteria for compliance	Compliant		Comments/Documentation/Explanation/Timelines
	Yes	No	
<b>F. Epidemiology and Accident Investigation and Reporting - OAR 333-012-0065</b>			
1. All suspected illnesses connected with food service facilities, public swimming pools and tourist facilities are investigated. <a href="#">OAR 333-012-0065(1)</a>	<input checked="" type="checkbox"/>		
2. The reports of all investigations of confirmed illnesses are submitted to the authority as required by <a href="#">OAR 333-018</a> . <a href="#">OAR 333-012-0065(2)</a>	<input checked="" type="checkbox"/>		
3. The authority is notified of investigations expected to result in confirmed foodborne illness. <a href="#">OAR 333-012-0065(3)</a>	<input checked="" type="checkbox"/>		
4. All reportable public swimming pool accidents are investigated. <a href="#">OAR 333-012-0065(4)</a>	<input checked="" type="checkbox"/>		
5. Results of investigations, including copies of pool accident reports, are provided in writing to the authority. <a href="#">OAR 333-012-0065(4)</a>	<input checked="" type="checkbox"/>		
Criteria for compliance	Compliant		Comments/Documentation/Explanation/Timelines
	Yes	No	
<b>G. Enforcement Procedures - OAR 333-012-0067</b>			
1. The LPHA must adopt and comply with rules for conducting administrative hearings in accordance with the requirements of <a href="#">ORS 183</a> . <a href="#">OAR 333-012-0067(1)</a>	<input checked="" type="checkbox"/>		



Criteria for compliance	Compliant		Comments/Documentation/Explanation/Timelines
	Yes	No	
2. All administrative and legal means necessary are used to enforce the applicable statutes and rules and implement policies relating to the programs and to eliminate conditions endangering public health or safety. <a href="#">OAR 333-012-0067(2)</a>	<input checked="" type="checkbox"/>		

Criteria for compliance	Compliant		Comments/Documentation/Explanation/Timelines
	Yes	No	
<b>H. Minimum Standards, Program Review and Penalties - OAR 333-012-0070</b>			
1. If alternative inspection or enforcement procedures exist, they must be approved by the authority. A plan must be submitted that includes expected performance measures and outcomes. <a href="#">OAR 333-012-0070(1)(a)</a>			N/A
2. If ordinances are proposed for adoption on matters applicable to food service operators that are more stringent than those set forth in ORS 624, all rules adopted thereunder, must be approved by the authority. The cost of implementing any ordinance so adopted is not charged to license fees adopted pursuant to <a href="#">ORS 624.510</a> <a href="#">OAR 333-012-0070(1)(b)</a>			N/A
3. All field staff complies with minimum requirements of the field review protocol. <a href="#">OAR 333-012-0070(2)</a>			To be evaluated as part of the standardization process

Comments: B1: Licensed facilities must receive a minimum of one complete inspection for every six months of operation or fraction thereof. The following programs are below the compliance rate: Restaurants, Mobile Food Units, Commissaries, Vending Machines, Swimming pools and spas, Traveler's accommodations, recreation parks and organizational camps

## **Program Report**

### **Curry Community Health, Public Health Public Health Emergency Preparedness Program**

**Summary description of program**

Curry Community Health public health preparedness program coordinates with many local community and volunteer programs, emergency management and social service partners; develops and revises plans, policies and procedures for improving organizational response in emerging and emergent conditions; and provides for training on preparedness topics for the organization, community partners and the community.

**Program strength**

The Curry Community Health public health preparedness coordinator is managed by the public health administrator which allows the coordinator to have greater access to public health program managers for integration of preparedness across public health programs and assessment, review and implementation of preparedness practices and procedures. The Public Health Preparedness Coordinator was a passionate advocate for preparedness and the particular need for preparedness on the Southern Oregon coast. Curry Community Health has built a medical reserve corp of a good size and composition in just a couple of years. They have updated plans and procedures and have completed several basic safety drills. The preparedness program has become well established as a resource for Curry County residents.

**Compliance findings**

None

**Recommendations for improvement**

None

Curry Community Health	
<b>COMPLIANCE FINDINGS</b>	<b>TIME LINE FOR CHANGE</b>
<p><b>DATE: 6-16-2016</b></p> <p><b>EMERGENCY PREPAREDNESS</b></p> <p>The LPHD is in compliance with all program elements.</p> <p><b>For more detailed information, please see the completed program review tool in section &lt;enter section number&gt;.</b></p>	N/A
<b>REVIEWER:</b> Elizabeth Miglioretto	<b>RESPONDENTS:</b> Beth Hildalgo, Kaitlyn Coleman

## EMERGENCY PREPAREDNESS REVIEW TOOL

AGENCY: Curry Community Health

REVIEWER: Elizabeth Miglioretto

ADMINISTRATOR: Hollie Strahm

PARTICIPANTS: Beth Hidalgo, Kaitlyn Coleman

DATES OF REVIEW (mm/dd/yyyy): 06/15/2016-

DATE OF REPORT (mm/dd/yyyy): 06/15/2016

I. ADMINISTRATIVE			
Compliance	Compliant		Comments/Documentation/Explanation/Timelines
	Y	N	
A. LPHA is staffed at a level appropriate to complete the approved work plan. Personnel who are funded under the PE-12 contract are working on preparedness activities in accordance with their funding levels. <a href="#">PE-12.3.d.</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Final budget forms with FTE for 2013-14, 2014-15, 2015-16
1. Provide Position Description of any directly funded PHEP staff for review.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Position descriptions provided for the PH administrator and the PHEP coordinator.
2. Evidence of training records of any directly funded PHEP staff.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PHEP coordinator, CCH CEO, EH coordinator, community health planner, Public Health director: CCH CEO was only funded in 2013-14. This individual is no longer with the organization and CCH does not have his training records. EH Coordinator (FEMA certs for I-700, I-100, 200, I-300 and I-400), PHEP Coordinator (FEMA cers I-700, I-100, 1-200, I-800, I-120, I-235, I-130, I-368, I-394, I-300, I-400, G-290, I-29, IS-702, IS-704, CD 101, CD 303, SA Common Operation Picture, and Basic Applied Practices Series, CERT train the

		trainer, Tactical Emergency Casualty Care) and Public Health director (FEMA certs I-700, I-100, CD 101, CD 303, I 800 and WMD)
Quality Assurance		Recommendations for Improvement
B. By September 1 annually, the LPHA has drafted, submitted for review, revised as needed, and submitted for final approval an annual work plan that includes all contractual and statutory required elements and Public Health Capabilities sustaining and enhancing elements. <a href="#">PE-12.3.b.</a>	No recommendation for improvement at this time. The 2013-14 and 2014-15 workplans were due 9-15-13 and were completed and submitted on time. The final 2015-16 work plan was submitted 8-12-15.	
1. Written in clear and measurable objectives with timelines.	No recommendation for improvement at this time. Only the 2015-16 work plans required objectives, Curry Community Health has clear and measurable objectives for the 2015-16 work plan. The 2013-14 and 2014-15 work plans had timelines.	
2. Has at least three broad program goals that address gaps and guide work plan activities.	No recommendation for improvement at this time. Only the 2015-16 work plan required three broad program goals, the CCH 2015-16 PHEP work plan has 5 program goals addressing gaps and guiding PHEP activities.	

II. PLAN AND RESPONSE			
Compliance	Compliant		Comments/Documentation/Explanation/Timelines
	Y	N	
A. LPHA completed Public Health Capability Performance Measure Analysis using the assessment tool provided and approved by HSPR by August 15 of each year. <a href="#">PE-12.4.b.</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CCH PHEP program completed all assessments by the deadlines for each assessment. Not all were required to be finished by 8-15. In 2015, there were technical website issues that caused the slight delay for that year.
Quality Assurance		Recommendations for Improvement	
B. LPHA has developed and maintained an effective Public Health all hazards plan that clearly identifies public health roles and responsibilities for responding to public health emergencies. <a href="#">PE-12.4.j.</a> , <a href="#">CLHO Minimum Standards</a>			No recommendation for improvement at this time. CCH Base Operations Plan, Chapter 3
1. Updates reflect changes identified in exercise improvement plans.			No recommendation for improvement at this time. Updates, CCH Base Operations Plan, Plan Administration Section, reflect new information and changes in policy or procedure.
C. LPHA has adopted NIMS guidelines to ensure rules governing the development of emergency plans and an incident management system. <a href="#">PE-12.3.j.</a> , <a href="#">ORS 431.266</a>			No recommendation for improvement at this time. CCH Base Operations Plan, Chapter 5
D. LPHA uses an evaluation and improvement model to guide its planning efforts. <a href="#">PE-12.4.h.</a> , <a href="#">CLHO Minimum Standards</a>			No recommendation for improvement at this time. Stated in Purpose and Scope and Program Overview Sections fo the Training and Exercise Plan (FA1. Tab I.)
1. Evidence of progressive exercise plan.			No recommendation for improvement at this time. Functional Appendix 1. Tab I

2. Evidence of After Action Report recommendations being built into work plan or exercise plans.	No recommendation for improvement at this time. Mass Care exercise AAR 3-19-15 informed Mass Care exercise 6-10-16		
<b>III. COLLABORATION AND COMMUNITY OUTREACH</b>			
Compliance	Compliant		Comments/Documentation/Explanation/Timelines
	Y	N	
A. LPHA has coordinated with its local emergency management agency and/or law enforcement agencies on its ESF-8 all hazards plan and the countywide emergency operations plan. <a href="#">CLHO Minimum Standards</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Key Organization/Sector Activity Log
1. Plan approval signatures are recent within five years.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provided scanned copy of Curry County letter of promulgation signed by the Curry County Commissioners, dated 1-8-2015
B. LPHA maintains a publicly available 24/7/365 system for reporting and responding to public health emergencies. <a href="#">PE-12.4.f</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CCH CD 24-7 policy
1. Evidence of successful 24/7/365 phone testing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24/7 Testing record from HSPR program PHEP Liaison
2. Evidence of easily accessible public 24/7/365 phone number.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Displayed prominently on CCH website
Quality Assurance	Recommendations for Improvement		
C. LPHA coordinates and networks with its partners. <a href="#">CLHO Minimum Standards</a> , <a href="#">PE-12.4.a</a> .	No recommendation for improvement at this time. Key Organization/Sector Activity Log		
1. Evidence of participation in monthly LPHA/Tribes calls.	No recommendation for improvement at this time. LPHA call minutes on the State shared drive.		
2. Evidence of attendance at regional healthcare preparedness coalition meetings.	No recommendation for improvement. Evidence in e-mail		

<p>3. Evidence of attendance at local meetings.</p>	<p>No recommendation for improvement at this time. Key Organization/Sector Activity Log</p>
<p>4. Evidence of attendance at ECHO Preparedness conference.</p>	<p>No recommendation for improvement at this time. Lodging receipts for the 2014 and 2015 PHEP conference, attended 2016 OEM Oregon Prepared Conference</p>
<p>D. LPHA maintains ability to inform citizens and response partners of actual and potential health threats. <a href="#">CLHO Minimum Standards</a></p>	<p>No recommendation for improvement at this time. Have a CCH web page and CCH Facebook page and can connect with Emergency Manager to use Everbridge for citizen emergency notification.</p>
<p>1. Evidence of public health information templates.</p>	<p>No recommendation for improvement at this time. News release template in Functional Appendix 3 Public Information and Risk Communication</p>
<p>2. Evidence of public information distribution protocols that include current contact lists.</p>	<p>No recommendation for improvement at this time. Media contact list in Functional Appendix 3 Public Information and Risk Communication and Functional Appendix 2 Tab E</p>
<p>3. Evidence of effective public information delivery during any real or emerging incidents that includes public health messages to the community, health care providers, and media according to communication procedures.</p>	<p>No recommendation for improvement at this time. two examples provided from each year.</p>



IV. TRAINING AND EDUCATION			
Compliance	Compliant		Comments/Documentation/Explanation/Timelines
	Y	N	
A. LPHA personnel (to specifically include Reproductive Health) are trained for emergency planning and response roles. <a href="#">PE-12.4.h-i</a> , <a href="#">CLHO Minimum Standards; Title X</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ICS NIMS training Binder contains training documentation for all CCH staff. Reproductive Health staff have I- 100,200,700, 701a,704
1. Evidence of training records.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ICS NIMS training Binder contains training documentation for all CCH staff. PHEP ccordinator work plan documentation
2. Evidence of ICS org charts with specific positions identified for a public health response.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In CCH Base Operations folder.
V. EXERCISES			
Compliance	Compliant		Comments/Documentation/Explanation/Timelines
	Y	N	
A. Evidence of submission of at least two exercises or real life events AARs to liaison within 60 days of exercise or real event completion. <a href="#">PE-12.4.h</a> , <a href="#">CLHO Minimum Standards</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E-mails to HSPR PHEP Liaison
Quality Assurance		Recommendations for Improvement	
B. LPHA maintains a progressive exercise strategy. <a href="#">PE-12.4.h</a> .		No recommendation for improvement at this time. Functional Appendix 1. Tab I	
1. Evidence of a three-year exercise plan.		No recommendation for improvement at this time. Functional Appendix 1. Tab I	

<p>2. Evidence of participation with agency staff and community partners including emergency management, county governance, and health care systems (i.e. sign in sheets, planning committee membership, MSEL).</p>	<p>No recommendation for improvement at this time. 2016 Shelter exercise play book, 2015 shelter exercise documents,</p>
<p>C. LPHA coordinates with local and regional health care partners. <a href="#">CLHO Minimum Standards</a></p>	<p>No recommendation for improvement at this time. Key Organization/Sector Activity Log, Curry General Hospital is historically challenging to partner with. (Staff turnover, changing critical objectives, few staff)</p>
<p>1. Evidence of local health care coordination including minutes/notes and exercise reports.</p>	<p>No recommendation for improvement at this time. copies of minutes from Curry HERT group</p>
<p>2. Evidence of submission of exercise objectives in advance of exercise.</p>	<p>No recommendation for improvement at this time. 2016 Shelter exercise play book, 2015 shelter exercise,</p>

## Program Report

### Curry Community Health

**Summary description of program**

Curry Community Health is doing an excellent job maintaining a high-quality immunization program amid a time of difficult transition.

**Program strength**

I'm continually impressed with the staff's unwavering commitment to the health of their community. Susan is a strong advocate for immunizations in Curry County and a valued partner to the state immunization program. The LPHA has met all currently required (1 & 2) billing standard tiers.

**Compliance findings**

As it was in 2013, maintaining updated model standing orders continues to be a struggle. Given the multiple locations throughout Curry county, it's sometimes difficult to ensure updates have been disseminated and added to each binder.

Given the incomplete reporting of maternal HBsAg status and birth dose Hep B administration for all births in the Electronic Birth Registry System (2 births coded as "Unknown" and one missing any code), effort needs to be made to help the hospital improve their reporting practices. Susan has already taken steps to arrange a meeting with the labor and delivery manager at Curry General Hospital. A current standing order for the vaccine is in place, but the community has a high level of parent refusals.

**Recommendations for improvement**

Curry Community Health should consider moving master copies of their vaccine standing orders to a central on-line location. This will allow all sites instant access to current, signed orders. They should also work to strengthen relations with labor and delivery staff at Curry General Hospital.

<b>CURRY COMMUNITY HEALTH</b>	
<b>COMPLIANCE FINDINGS</b>	<b>TIMELINE FOR CHANGE</b>
<b>CENTER FOR PUBLIC HEALTH PRACTICE</b>	
<b>IMMUNIZATIONS</b>	
<p>LPHA must operate under current standing orders signed by their health officer.</p> <ul style="list-style-type: none"> <li>Updated standing orders for PPV23 &amp; PCV13 must be signed by the health officer for Curry Community Health, Dr. John Park.</li> </ul>	<p>August 18, 2016</p> <p>Signed Standing Order received. No follow-up required. - AMK</p>
<p>LPHA must implement a process for managing their active patient population in ALERT IIS using status codes such as deceased and inactive/MOGE.</p>	<p>August 18, 2016</p>
<p>LPHA must implement their action plan to provide technical assistance to the local hospital to address low rates of birth dose hepatitis B vaccine administration and screening for HBsAg status.</p>	<p>August 18, 2016</p>
<p>LPHA must create a plan for engaging with local labs and healthcare providers to improve reporting of HBsAg-positive pregnant women.</p>	<p>August 18, 2016</p>

<b>CURRY COMMUNITY HEALTH</b>	
<b>COMPLIANCE FINDINGS</b>	<b>TIMELINE FOR CHANGE</b>
<b>For more detailed information, please see the completed program review tool in section_____.</b>	
<b>REVIEWER:</b> Albert Koroloff	<b>RESPONDENT:</b> Susan Flemming, RN

### IMMUNIZATION REVIEW TOOL

AGENCY: Curry Community Health

REVIEWER: Albert Koroloff

ADMINISTRATOR: Hollie Strahm

PARTICIPANTS: Hollie Strahm and Susan Flemming

DATE OF REVIEW (mm/dd/yyyy): 7/7/2016

DATE OF REPORT (mm/dd/yyyy): 7/12/2016

Criteria for Compliance	Compliance		Comments/Documentation/Explanation/Timelines
	Y	N	
<b>I. FEDERAL AND STATE VACCINES FOR CHILDREN (VFC) COMPLIANCE</b>			
A. Clinics that participate in the federal Vaccines for Children (VFC) program must participate in a site visit at least once every other year to ensure compliance with federal and state program requirements. Has the LPHA and its satellite clinics had a VFC site visit within the past two calendar years? ( <a href="#">2014 VFC Provider Agreement, #11</a> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Reviewer:</b> refer to Tab 3 in agency review binder. Document date of most recent VFC site visit. Include dates for satellite clinic site visits, if applicable.
B. Have all compliance issues from the most recent VFC site visit been resolved? ( <a href="#">2014 VFC Provider Agreement, #11</a> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Reviewer:</b> refer to Tab 3 in agency review binder. Document compliance issues from most recent site visits, and resolution.
<b>II. VACCINE MANAGEMENT</b>			
A. In addition to meeting federal and state VFC requirements, does the LPHA meet the following vaccine management requirements?			
1. Submit a Monthly Vaccine Report, monthly ( <a href="#">PE43.7.a</a> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Reviewer:</b> refer to Tab 4 in agency review binder.
2. Submit vaccine orders according to the tier assigned by Oregon Immunization Program (OIP). ( <a href="#">PE43.7.b</a> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Reviewer:</b> refer to Tab 4 in agency review binder.

Criteria for Compliance	Compliance		Comments/Documentation/Explanation/Timelines
	Y	N	
3. Cooperate with OIP to recall a client and offer revaccination for any doses deemed to be mishandled or administered incorrectly, and deemed to be invalid. ( <a href="#">PE43.4.g.ii</a> )	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Not applicable
<b>III. VACCINE ADMINISTRATION AND DOCUMENTATION</b>			
A. Does the LPHA practice under Oregon Immunization Program’s model standing orders, and are all orders current and signed? Model standing orders are available at: <a href="http://1.usa.gov/OregonStandingOrders">http://1.usa.gov/OregonStandingOrders</a> . ( <a href="#">PE43.4.d.iii</a> )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Reviewer:</b> refer to Tab 5 in agency review binder. Verify that all Standing Orders are signed and are the most current version.  Most recent version for PPSV23 and PCV13 standing orders had not been updated or signed by medical director. Susan will take a more direct role in assuring that standing order binders (at every site) include signed and updated versions.
B. Does the LPHA forecast which vaccines a client is due for using the ALERT IIS forecaster? ( <a href="#">PE43.4.g.i</a> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
C. Prior to administering vaccine, does the LPHA provide Vaccine Information Statements (VIS) in languages other than English when the LPHA sees a significant number of clients for whom English is not their primary written language? ( <a href="#">PE43.4.i.iii</a> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Reviewer:</b> ask LPHA staff to describe their process for providing VIS in other languages and for clients who don’t read.
D. Does the LPHA document administration of an immunization in a permanent file? ( <a href="#">PE43.4.d.iv.[B]</a> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
E. If the LPHA uses a Vaccine Administration Record (VAR) other than the VAR provided by OIP, has the VAR been approved by OIP? ( <a href="#">PE43.4.d.iv.[B]</a> )	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Not applicable <b>Reviewer:</b> refer to Tab 6 in agency review binder. If LPHA uses a custom VAR, document that it has been reviewed and approved by OIP.

Criteria for Compliance	Compliance		Comments/Documentation/Explanation/Timelines
	Y	N	
F. Does the permanent file include contraindication questions? ( <a href="#">PE43.4.d.iv.[B]</a> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
G. Does the LPHA comply with the Immunization Forms Retention Schedule, which includes maintaining vaccine administration records permanently? The Immunization Forms Retention Schedule is available at: <a href="https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/Documents/RecRetentionSchedule.pdf">https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/Documents/RecRetentionSchedule.pdf</a> . ( <a href="#">PE43.4.d.iv.[C]</a> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Reviewer:</b> refer to Tab 7 of agency review binder.
H. Does the LPHA manage their active patient population in ALERT IIS using status codes, including deceased and inactive/Moved or Gone Elsewhere (MOGE) categories? ( <a href="#">PE43.7.d</a> )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>Reviewer:</b> if the LPHA does use status codes, ask them to describe whether this is done through data exchange or the user interface. Focus on MOOSA and permanently inactive status codes.</p> <p>Susan did a reminder/recall project that helped clear out some of the inactive patients. However, she doesn't have a routine practice for managing their active patient population. She would love to have a discussion (with OIP staff) about the best way to do this given limited staff and resources.</p>
I. Does the LPHA know how to complete and submit Vaccine Adverse Event Reporting System (VAERS) forms to OIP when any of the following occur? ( <a href="#">PE43.4.1</a> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Reviewer:</b> refer to Tab 8 in agency review binder.
1. An adverse event following immunization occurs, as described in the "VAERS Table of Reportable Events." This table is available at: <a href="http://vaers.hhs.gov/resources/VAERS_Table_of_Reportable_Events">http://vaers.hhs.gov/resources/VAERS Table of Reportable Events</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	



Criteria for Compliance	Compliance		Comments/Documentation/Explanation/Timelines
	Y	N	
<a href="#">ts_Following_Vaccination.pdf</a> . VAERS reporting forms and instructions are available at <a href="http://1.usa.gov/OregonStandingOrders">http://1.usa.gov/OregonStandingOrders</a> .			
2. OHA requests a 60-day or one year follow up report to an earlier reported adverse event.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Any other event the LPHA believes to be related directly or indirectly to the receipt of any vaccine administered by the LPHA or at another site. The event must have occurred within 30 days of vaccine administration and resulted in the death of the person or the need for the person to visit a healthcare provider or hospital.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>IV. VACCINE BILLING</b>			
A. Does the LPHA deny VFC or 317 vaccines to clients who are unable to pay the vaccine administration fee? Administration fee guidance is available at: <a href="https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/Documents/NewAdminFeepolicy.pdf">https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/Documents/NewAdminFeepolicy.pdf</a> . (PE43.4.d.iv.[F])	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Reviewer:</b> ask LPHA staff to describe how they communicate to clients that the administration fee will be waived if it is not affordable.
B. Does the LPHA impose a charge for the cost of state-supplied vaccine or IG, except for doses administered to billable clients? (PE43.4.d.iv.[D])	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
C. Does the LPHA only charge the amount for billable doses that is listed on the OHA-published price list? (PE43.4.d.iv.[D])	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
D. Does the LPHA comply with Vaccine Billing Standards? (PE43.4.d.iv.[G])	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Reviewer:</b> document date that Billing Standards were submitted and approved.
E. Have all bills for vaccine administered to billable clients for the past four quarters been paid? (PE43.4.a.ii)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Reviewer:</b> refer to Tab 9 in the agency review binder.

Criteria for Compliance	Compliance		Comments/Documentation/Explanation/Timelines
	Y	N	
F. Have all bills for spoiled or expired vaccine for the past four quarters been paid? ( <a href="#">PE43.6.a</a> )	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Not applicable <b>Reviewer:</b> refer to Tab 10 in agency review binder. <b>Note:</b> bills for spoiled and expired vaccine are on hold for 2014.
<b>V. DELEGATE AGENCIES</b>			
A. Does the LPHA and its delegate agency(s) have a current, signed Delegate Addendum? ( <a href="#">PE43.4.c.i</a> )	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Not applicable <b>Reviewer:</b> refer to Tab 11 in agency review binder.
B. Has the LPHA conducted VFC site visits with each of its delegate agencies within the past two calendar years? ( <a href="#">PE43.4.c.ii</a> )	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Not applicable <b>Note:</b> this requirement is suspended. Beginning in 2014, OIP staff will conduct VFC site visits at all delegate agencies.
<b>VI. PERINATAL HEPATITIS B PREVENTION AND HEPATITIS B SCREENING AND DOCUMENTATION</b>			
A. Does the LPHA provide case-management services to all confirmed or suspect HBsAg-positive mother-infant pairs identified by LPHA or OHA in LPHA's service area? Case management shall be performed in accordance with the Perinatal Hepatitis B Prevention Program Guidelines, available at: <a href="http://www.cdc.gov/mmwr/PDF/rr/rr5416.pdf">www.cdc.gov/mmwr/PDF/rr/rr5416.pdf</a> . [ <b>Reviewer note:</b> this box contains the minimum requirements for case management]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Reviewers:</b> As needed, please use the prompts below to obtain more information about the LPHA's processes.  No Barriers to case management noted.
<u>Enrolling mothers</u> 1. When notified of an HBsAg-positive mother, does the LPHA complete an initial education and referral of the HBsAg-positive mother and her susceptible household and sexual contacts for follow up care including offering vaccination to all susceptibles?			
<u>Hospital communication</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	How does LPHA notify hospital(s)?

Criteria for Compliance	Compliance		Comments/Documentation/Explanation/Timelines
	Y	N	
2. Does the LPHA ensure notification of the appropriate hospital infection control unit of any pending delivery by an HBsAg-positive pregnant woman who has been reported to the LPHA?			Yes, but since 2013 there hasn't been any deliveries to HBsAg positive mothers. When required, they would call provider directly.
3. Does the LPHA enroll newborns of HBsAg-positive mothers into case management program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does the LPHA receive notification from the hospital(s) of HBsAg-positive women delivering? [OR How, if at all, is LPHA made aware of babies being born?]  Yes, but since 2013 there hasn't been any deliveries to HBsAg positive mothers. OB unit currently closed at hospital, so no deliveries taking place.
<u>Infant case management</u> 4. For each infant the LPHA is case managing, do they document the completion or status of the 3-dose hepatitis B vaccine series by 15 months of age and post-serological testing by 18 months of age?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Reviewer note:</b> refer to Tab 12 in agency review binder, Peri Hep B data table HOW: preferably in Orpheus WHEN: at the time each dose is administered and at the time that the testing is conducted (i.e. NOT delayed or all at once)  Note: Curry has not had infants needing case management for several years.
a. Does the LPHA meet the documentation requirements? (see notes)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>Hospital coordination</u> 5. Does the LPHA provide technical assistance to hospital(s) in the LPHA service area to improve:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Reviewer note:</b> refer to Tab 12 in agency review binder, EBRS data table and Epi Appendix How does LPHA identify/track these hospitals? What sort of assistance provided?

Criteria for Compliance	Compliance		Comments/Documentation/Explanation/Timelines
	Y	N	
			Susan Flemming has reached out to the birth unit manager and arranged for a meeting to discuss any technical training needs they may have.
a. Hospital-based screening and documentation of the HBsAg status of every delivering woman when the rate drops below 95%, as reported in the Electronic Birth Registration System (EBRS)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contact made, meeting date set. See above note.
b. Hepatitis B birth dose administration when the rate drops below 80%, as reported in the EBRS? ( <a href="#">PE43.4.f.i</a> ; <a href="#">PE43.4.m.ii</a> )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contact made, meeting date set. See above note.
B. Does the LPHA work with hospitals to promote:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1. The administration of hepatitis B birth doses to all infants?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. The administration of hepatitis B immune globulin (HBIG) and hepatitis B vaccines to infants born to HBsAg-positive women, and women whose HBsAg status is unknown?( <a href="#">PE43.4.f.ii</a> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
C. Does the LPHA screen, or refer to a health care provider for screening, all pregnant women receiving prenatal care from public prenatal programs for HBsAg status? ( <a href="#">PE43.4.m.i</a> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
D. As required, does the LPHA develop and implement an action plan to work with hospitals identified by OHA or LPHA to improve HBsAg screening for pregnant women? ( <a href="#">PE43.4.m.iii</a> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
E. Does the LPHA ensure that laboratories and health care providers promptly report HBsAg-positive pregnant women to LPHA? ( <a href="#">PE43.4.m.iv</a> )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Reviewer:</b> ask LPHA to describe steps taken to ensure prompt reporting.  Laboratories automatically submit via ELR, providers struggle to report (on anything) and schools only call with rumors. Susan has found it exceedingly difficult to get

Criteria for Compliance	Compliance		Comments/Documentation/Explanation/Timelines
	Y	N	
			providers to report anything (hepatitis B or other reportable conditions).
<b>VII. WIC/IMMUNIZATION INTEGRATION</b>			
A. Does the LPHA work with their local WIC program to ensure that WIC participants are screened and referred for immunizations in compliance with USDA Policy Memorandum #2001-7: Immunization Screening and Referral in WIC, available at: <a href="http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/Pages/LHD.aspx">http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/Pages/LHD.aspx</a> ? (PE43.4.h)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Reviewer:</b> ask LPHA to describe their collaboration with their local WIC program. Activities may include providing training, providing immunization materials and resources, providing data on immunization rates among the WIC population, or other activities.
<b>VIII. EDUCATION AND OUTREACH</b>			
A. Has the LPHA conducted two educational or outreach activities in the past fiscal year? Activities are intended to increase immunization rates, but should not include special clinics such as flu or back-to-school clinics. (PE43.4.j)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>LPHA staff:</b> provide documentation of two educational or outreach activities.  Susan and Hollie provided documentation of several outreach efforts including informative posts about flu via their Facebook site and a vaccine video segment (created in conjunction with local CCO AllCare) viewable on the school district website.
B. Have LPHA staff participated in state-sponsored immunization conferences and other trainings? LPHAs receive dedicated funds to cover conference attendance. (PE43.6.d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>IX. SCHOOL/FACILITY IMMUNIZATION LAW</b>			
A. Does the LPHA comply with the Oregon School Immunization Law, Oregon Revised Statutes 433.235 - 433.284, available for review at <a href="http://1.usa.gov/OregonImmunizationLaw">http://1.usa.gov/OregonImmunizationLaw</a> ? (PE43.4.n.i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Reviewer:</b> refer to Tab 13 in agency review binder.

Criteria for Compliance	Compliance		Comments/Documentation/Explanation/Timelines
	Y	N	
			<b>Reviewer:</b> ask how new schools and children’s facilities are identified and trained to complete the immunization review and exclusion process. Ask if Primary Review Summary forms are kept by the LPHA for at least one year.
B. The LPHA completes an annual Immunization Status Report that contains the immunization levels for attendees of: certified childcare facilities, preschools, Head Start facilities and all schools within LPHA’s service area. Does the LPHA submit this report to OHA no later than 23 days after the third Wednesday of February of each year? ( <a href="#">PE43.4.n.ii</a> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Reviewer:</b> ask what steps are taken to encourage timely reporting by schools and children’s facilities (e.g., reminder phone calls, reporting packet cover letters). Ask what process is used when school and children’s facility reports are not received on time (e.g., phone calls, letters, or referral to OIP for noncompliance follow up).
C. Does the LPHA cover the cost of mailing/shipping all Exclusion Orders to parents and mailing school facility packets to schools? ( <a href="#">PE43.6.c</a> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Reviewer:</b> Ask how the number of children excluded on Exclusion Day are counted (e.g., numbers reported by sites on section D of the Primary Review Summary, or phone calls made to sites on Exclusion Day or the day after).
<b>XI. AFFORDABLE CARE ACT GRANTS/PREVENTION AND PUBLIC HEALTH PROJECT GRANTS</b>			
A. If one time only funding becomes available, Oregon LPHAs may opt in by submitting an application outlining activities and timelines. The application is subject to approval by the Oregon Immunization Program. ( <a href="#">PE43.4.o.i</a> )	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Not applicable <b>Note:</b> reviewer does not need to note compliance if no ACA or PPHP grants are available to LPHAs at the time of the review.

Criteria for Compliance	Compliance		Comments/Documentation/Explanation/Timelines
	Y	N	
B. LPHA may on occasion receive mini-grant funds from the Immunize Oregon Coalition. If LPHA is awarded such funds, it will fulfill all activities required to meet the mini-grants objectives, submit reports as prescribed by Immunize Oregon and use the funds in keeping with mini-grant guidance. ( <a href="#">PE43.4.o.ii</a> )	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Not applicable <b>Reviewer:</b> refer to Tab 14 in agency review binder.
<b>XII. PERFORMANCE MEASURES AND METHODS TO IMPROVE COVERAGE RATES</b>			
A. Does the LPHA meet the following performance measures? ( <a href="#">PE43.5</a> )	<input type="checkbox"/>	<input type="checkbox"/>	<b>Reviewer:</b> refer to Tab 15 in agency review binder. Most PMs are suspended at this time.
1. LPHA shall improve the fourth DTaP immunization coverage rate by one (1) percentage point each year and/or maintain a rate greater than or equal to 90% ( <b>Performance measure suspended</b> for 2014–2015).	<input type="checkbox"/>	<input type="checkbox"/>	
2. LPHA shall reduce their missed shot rate by one (1) percentage point each year and/or maintain the rate of less than or equal to 10% ( <b>Performance measure suspended</b> for 2014–2015).	<input type="checkbox"/>	<input type="checkbox"/>	
3. 95% of all state-supplied vaccines shall be coded correctly per age-eligibility guidelines. ( <b>Performance measure suspended</b> for 2014–2015. Compliance reviewed during biennial VFC site visit).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. 80% of infants living in LPHA’s service area exposed to perinatal hepatitis B shall be immunized with the 3-dose hepatitis B series by 15 months of age.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No cases reported, data set is null.
5. 80% of all vaccine administration data shall be data entered within 14 days of administration. ( <b>Performance measure suspended</b> for 2014–2015. Compliance reviewed during biennial VFC site visit).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
B. OIP provides an annual assessment of coverage rates for 2 year olds and adolescents who are served by the LPHA (e.g., an AFIX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Reviewer:</b> refer to Tab 16 in agency review binder.

Criteria for Compliance	Compliance		Comments/Documentation/Explanation/Timelines
	Y	N	
assessment). Does the LPHA participate in annual quality improvement activities and use data from the AFIX assessment to direct immunization activities? ( <a href="#">PE43.4.e</a> )			
C. OIP provides county population-based rates for 2 year olds and adolescents annually. Does the LPHA use data from these county population-based rates to direct immunization activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Reviewer:</b> refer to Tab 17 in agency review binder.
D. Does the LPHA conduct reminder/recall activities in addition to the ALERT IIS 22 month statewide recall? ( <a href="#">The Guide to Community Preventive Services</a> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	County just finished a large reminder/recall project using a Vista volunteer.
E. Does the LPHA review the Standards for Child and Adolescent Immunization Practices and the Standards for Adult Immunization Practices, and implement the standards within the health department? These standards are available at: <a href="http://www.vaccines.mil/documents/library/Standards%20for%20Child%20and%20Adolescent%20Immunizations.pdf">www.vaccines.mil/documents/library/Standards%20for%20Child%20and%20Adolescent%20Immunizations.pdf</a> and <a href="http://www.publichealthreports.org/issueopen.cfm?articleID=3145">www.publichealthreports.org/issueopen.cfm?articleID=3145</a> .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Susan is familiar with the standards, but hasn't reviewed them in-depth or made a concerted effort to implement them in practice.
<b>XIII. RESOLUTION OF AGENCY REVIEW COMPLIANCE ISSUES</b>			
A. The LPHA agrees to respond to any compliance issues identified during the agency review following the timeline and process outlined by the reviewer. ( <a href="#">PE43.7.i</a> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Reviewer:</b> refer to Tab 18 of the agency review binder.



## Program Report

### Curry Community Health Public Health & Human Services

**Date: 07/27/2016**

**Summary description of program**

Curry Community Health Perinatal and Babies First! program services continue to provide support to pregnant women and children by offering an array of supportive services county wide, originating from multiple county locations. MCH staff members work diligently and with noted expertise to cover an array of job duties and responsibilities. Staff exhibit exceptional adaptability and flexibility to assure that services provided remain available to community members seeking care. Curry Community Health, Public Health & Human Services faces the ever present challenge, as many local county health agencies experience, of providing needed public health services while striving to provide adequate and professionally trained staff to serve in all program areas.

**Program strengths**

- Excellent skills and leadership noted from long time agency MCH Nurse, Kelli Brown.
- Strong collaborative work and rapport noted among MCH staff members.
- CCO AllCare continues to provide support and collaborative work with MCH Home Visiting programs.
- The MCH Home Visiting structure model that includes RN staff and support from an experienced, skilled Community Health Worker is well implemented.

**Compliance findings**

Programs meet compliance requirements. Please see Compliance Form

**Recommendations for improvement**

Please see Quality Assurance Form for a detailed list of recommendations.

<b>CURRY COMMUNITY COUNTY HEALTH PUBLIC HEALTH &amp; HUMAN SERVICES</b>	
<b>COMPLIANCE FINDINGS</b>	<b>TIME LINE FOR CHANGE</b>
<p><b>DATE: 07/27/2016</b></p> <p><b>CENTER FOR PREVENTION &amp; HEALTH PROMOTION</b></p> <p><b>MATERNAL CHILD HEALTH</b></p> <p><b>PERINATAL (OREGON MOTHERS CARE (OMC) &amp; BABIES FIRST! PROGRAMS</b></p> <p>Programs meet current compliance requirements.</p> <p><b>For more detailed information, please see the completed program review tool in section NA.</b></p>	NA
<p><b>REVIEWER:</b> Francine Goodrich, State MCH Nurse Consultant</p>	<p><b>RESPONDENTS:</b> Kelli Brown, RN, Blake Halladay, RN, Sue Darger, Community Health Worker, Hollie Strahm, RN,MSW, Public Health Administrator</p>

<b>CURRY COUNTY COMMUNITY HEALTH, PUBLIC HEALTH &amp; HUMAN SERVICES</b>	
<b>QUALITY ASSURANCE RECOMMENDATIONS</b>	<b>TIME LINE FOR CHANGE</b>
<p><b>DATE: 07/27/2016</b></p> <p><b>CENTER FOR HEALTH PROMOTION AND PREVENTION</b></p> <p><b>MATERNAL CHILD HEALTH</b></p> <p><b>PERINATAL &amp; BABIES FIRST! PROGRAMS</b></p> <p><b>QA RECOMMENDATIONS APPLY TO MCM AND BABIES FIRST! PROGRAMS</b></p> <ol style="list-style-type: none"> <li>1. Increase consistency of charting/documentation among MCH Home Visiting Staff members. (E.g. Initial assessment narrative note should include language that states: “Initial assessment for client enrollment into”: (MCM, Babies First! or CaCoon programs). Consistent documentation of developmental screenings and how to locate within EMR system is suggested.</li> <li>2. Recommend regularly scheduled meetings for MCH Home Visiting staff members with a goal of time for reflective practice, group chart audits, support of each team member’s work, etc. Suggest at a minimum quarterly meetings.</li> <li>3. Update Policy &amp; Procedure manuals for MCM and Babies First! programs that reflect current practice and protocols.</li> </ol> <p><b>For more detailed information, please see the completed program review tool in section Please refer to Perinatal and Babies First! completed Review tools.</b></p>	<p>Ongoing.</p> <p>State MCH Nurse Consultant, Francine Goodrich will provide guidance to support QA efforts.</p> <p>Proposed follow-up site visit or phone meetings in September or October 2016</p>
<p><b>REVIEWER:</b> Francine Goodrich, State MCH Nurse Consultant</p>	<p><b>RESPONDENTS:</b> Kelli Brown, RN, Blake Halladay, RN, Sue Darger, Community Home Visiting Support Worker, Hollie Strahm, Administrator</p>

### BABIES FIRST! PROGRAM REVIEW TOOL

AGENCY: Curry Community Health, Public Health & Human Services

REVIEWER: Francine Goodrich, RN, State MCH Nurse Consultant

ADMINISTRATOR: Hollie Strahm, RN, LCSW, Public Health Administrator, Ken Dukek, CEO

PARTICIPANTS: Kelli Brown, RN, MCH Programs, Blake Halladay, RN, Clinic Services, Sue Darger, Community Home Visiting Support Worker

DATE(S) OF REVIEW (mm/dd/yyyy): 07/19/2016 (by phone) – 07/27/2016 (onsite visit)

DATE OF REPORT (mm/dd/yyyy): 08/03/2016

Criteria for Compliance	Compliance		Comments/Documentation/Explanation/Timeline
	Yes	No	
<b>I. USE OF FUNDS</b>			
A. A staff member has been designated as the Babies First!/Nurse-Family Partnership coordinator. <a href="#">PE42 (7)(b)(i)</a>	X	<input type="checkbox"/>	Kelli Brown, RN. <b>Strength:</b> Long time employee. (Kelli has well over 20 years work experience with Curry Co.) Multi-skilled. Kelli has worked in multiple areas of the agency.
B. Babies First!/Nurse-Family Partnership services are delivered or directed by public health nurses (PHNs).	X	<input type="checkbox"/>	<b>Strength:</b> Additionally a Community Health Support Worker, Sue Darger, provides significant support working under the direction of the RNs. Sue has worked as a Physical Therapy Assistant, done home visiting through EI, thus has a great amount of applicable experience that strengthens her current position.
1. Number of PHNs and FTEs in program <a href="#">PE42 (7)(a)</a>	X	<input type="checkbox"/>	Current MCH Home Visiting staff is: Kelli Brown, RN, (1.0 FTE,) BFst! and MCM programs. Not bilingual. Kelli's 1.0 FTE is spread among responsibility for other programs including Reproductive Health supervision, WIC coordination and Immunizations Blake Halladay, RN, (Start date: April 2015) 1.0 FTE, not bilingual. Blake covers Reproductive Health, MCH Nurse Home Visiting and Immunization. Blake is currently nearing completion of a Family Nurse Practitioner degree. He will be leaving his current position in late September 2016.

Criteria for Compliance	Compliance		Comments/Documentation/Explanation/Timeline
	Yes	No	
			Sue Darger, Physical Therapy Assistant, (Start date: Jan. 2015) 1.0 FTE 0.6 FTE for MCM, BF! and OMC. – not bilingual. Sue works as a community health support worker for the MCH Home Visiting programs, primarily under the direct supervision of Blake Halladay.. 0.4 FTE for Breastfeeding Coordinator. Sue teaches breast feeding classes.
C. Babies First!/Nurse-Family Partnership services are provided during home visits. <a href="#">PE42 (7)(a)</a>	X	<input type="checkbox"/>	
D. PHNs conduct assessment, screening, case management and health education to improve outcomes for high-risk children. <a href="#">PE42 (7)(a)</a>	X	<input type="checkbox"/>	Confirmed per client record audit. EMR system is Prime Suite through Greenway software.
E. PHNs must complete assessments and screenings at 0–6 wks. and 4, 8, 12, 18, 24, 36, 48 and 60 months, or by LPHA agreement with NFP National Service Office. Screenings and assessment include, but are not limited to: <a href="#">PE42 (7)(b)(ii)(A)(I)-(VII)</a>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance applies to items, 1-7. Evidence of screenings confirmed per chart audit.
1. Assessment of child’s growth	X	<input type="checkbox"/>	
2. Age appropriate developmental screenings	X	<input type="checkbox"/>	
3. Hearing, vision and dental screening	X	<input type="checkbox"/>	
4. Assessment of parent/child interactions	X	<input type="checkbox"/>	
5. Assessment of environmental learning opportunities and safety	X	<input type="checkbox"/>	
6. Assessment of the child’s immunization status	X	<input type="checkbox"/>	
7. Referral for medical and other care when assessments indicate that care is needed.	X	<input type="checkbox"/>	
F. PHNs follow up on referrals made by OHA for Early Hearing Detection and Intervention. <a href="#">OAR 333-020-0149 (1)(a)-(c)</a> ; <a href="#">PE42 (7)(b)(ii)(C)</a>	X	<input type="checkbox"/>	Confirmed per a review of State EHDI data reports.

Criteria for Compliance	Compliance		Comments/Documentation/Explanation/Timeline
	Yes	No	
G. PHNs use nursing process that includes assessing, making nursing diagnoses, planning, intervening and evaluating. <a href="#">OAR 851-045-0030 (2)(1)</a>	X	<input type="checkbox"/>	
H. PHNs apply nursing knowledge, critical thinking, and clinical judgment for nursing practice implementation of Babies1st!/Nurse-Family Partnership programs. Activities include: <a href="#">OAR 851-045-0060 (2)(a)-(e)</a>	X	<input type="checkbox"/>	Compliance applies to items, 1-5  <b>QA recommendation:</b> Coordinate consistency of nursing documentation among MCH Home Visiting staff. Recommendation applies to items 1-5.
1. Initial and ongoing assessments	X	<input type="checkbox"/>	
2. Establishment and documentation of nursing diagnostic statements and/or reasoned conclusions which serve as the basis for the plan of care	X	<input type="checkbox"/>	
3. Development of a plan of nursing care	X	<input type="checkbox"/>	
4. Implementation of plan of care	X	<input type="checkbox"/>	
5. Evaluation of client responses to nursing interventions and progress toward desired outcomes	X	<input type="checkbox"/>	
I. Initial and ongoing PHN nursing assessments reflect the collection of subjective and objective data. <a href="#">OAR 851-045-0060 (2)(a)(A)</a>	X	<input type="checkbox"/>	
J. PHN plan of care identifies priorities and sets realistic and measurable goals. <a href="#">OAR 851-045-0060 (2)(c)(A)(B)</a>	X	<input type="checkbox"/>	
K. PHNs implement the plan of care and document nursing interventions and responses to care in an accurate, timely, thorough and clear manner. <a href="#">OAR 851-045-0060 (2)(d)(A)(B)</a>	X	<input type="checkbox"/>	
L. PHNs maintain adequate and accurate client records documenting nursing process. <a href="#">OAR 851-045-0070 (3)</a>	X	<input type="checkbox"/>	<b>QA recommendation:</b> Coordinate consistency of nursing documentation among MCH Home Visiting staff.
M. Frequency and types of interventions are based on client need and acuity.	X	<input type="checkbox"/>	<b>Strength:</b> Skilled nursing noted assessment and types of nursing interventions applied as noted in client record audit.

Criteria for Compliance	Compliance		Comments/Documentation/Explanation/Timeline
	Yes	No	
N. A referral-in system is in place.	X	<input type="checkbox"/>	Kelli is central point of referral for home visiting programs.
O. A visit tracking system is used.	X	<input type="checkbox"/>	Varies per nurse.
<b>II. TARGETED CASE MANAGEMENT</b>			
A. All Targeted Case Management (TCM) case managers are employees of the local county health department, or other public or private agency contracted by the local county health department. <a href="#">OAR 410-138-0060 (11)(a)</a>	X	<input type="checkbox"/>	
B. All TCM case managers are licensed registered nurses with one year of experience in community health, public health or child health nursing. All community health workers, family advocates or promotoras will work under the direction of the RN, as defined above. <a href="#">OAR 410-138-0060 (11)(b)</a>	X	<input type="checkbox"/>	
C. All TCM case managers work under the policies, procedures and protocols of the State Title V Maternal and Child Health Program and Medicaid. <a href="#">OAR 410-138-0060 (11)(c)</a>	X	<input type="checkbox"/>	
D. All TCM case managers use the most current version of the TCM Assessment and Plan Form and TCM Visit Form documents provided by the Center for Prevention and Health Promotion. <a href="#">OAR 410-138-0060 (11)(c)</a>	X	<input type="checkbox"/>	<b>QA Recommendation:</b> In TCM section of EMR, suggest adding titles “TCM Service Plan & Goals” to indicate beginning of TCM Care Plan and on TCM form – add the wordage “Follow-up Visit”.
E. Provider bills only for allowable activities in the Babies First!/Nurse-Family Partnership programs. TCM services billed to Medicaid include one or more of the following components: <a href="#">OAR 410-138-0080 (5)</a> ; <a href="#">OAR 410-138-0007 (2)(a)-(d)</a>	X	<input type="checkbox"/>	Compliance applies to items, 1-4. <b>Strength:</b> New Fiscal officer, Carole Cooke (Start date: April 2016) is in place. A discussion regarding TCM billing process occurred with Carole, this RN Consultant, MCH Coordinator, Kelli Brown and Public Health Administrator, Hollie Strahm. Carole is quickly learning the intricate TCM billing system as it applies to Babies First! and CaCoon programs. Goal is to assure that TCM billing revenues are received

Criteria for Compliance	Compliance		Comments/Documentation/Explanation/Timeline
	Yes	No	
			on a regular basis and directed to support of MCH Home Visiting programs. <b>Note:</b> At this Tri-Review, no county general funds are directed specifically to MCH Home Visiting programming.
1. Assessment to determine need for medical, educational, social or other services	X	<input type="checkbox"/>	
2. Development of a care plan based on assessment	X	<input type="checkbox"/>	
3. Referral, linking, and coordination of services and related activities	X	<input type="checkbox"/>	
4. Monitoring of the above components	X	<input type="checkbox"/>	
F. LPHA, as a provider of Medicaid services, complies with the TCM billing policy and codes in <a href="#">OAR 410-138-0000 through 410-138-0390</a> ; <a href="#">PE42 (7)(b)(iii)</a> .	X	<input type="checkbox"/>	
<b>III. Data Collection</b>			
A. Data is collected and reported to the department in an acceptable form including: <a href="#">PE42 (7)(c)(ii)</a>	X	<input type="checkbox"/>	Compliance applies to items, 1-5. Confirmed per a review of State ORCHIDS reports.
1. Number of clients served	X	<input type="checkbox"/>	
2. Demographic profile of clients	X	<input type="checkbox"/>	
3. Number of visits or encounters	X	<input type="checkbox"/>	
4. Types of services provided	X	<input type="checkbox"/>	
5. Source of payment for services	X	<input type="checkbox"/>	
B. At a minimum, by September 30 of each year, all client visit data for the previous fiscal year (July1–June 30) has been entered into the Oregon Child Health Information Data System (ORCHIDS), or in an electronic file structure defined by OHA. <a href="#">PE42 (7)(c)(i)(a)</a>	X	<input type="checkbox"/>	Confirmed per a review of State ORCHIDS reports.
C. All PHN staff working in the program have participated in an orientation by the Center for Prevention and Health Promotion.	X	<input type="checkbox"/>	



Criteria for Compliance	Compliance		Comments/Documentation/Explanation/Timeline
	Yes	No	
<a href="#">OAR 410-138-0060 (11)(c)</a>			
D. There are current written policies and procedures that support Babies First! Program implementation.	X	<input type="checkbox"/>	<b>QA – Recommendation:</b> Recommend updating and broadening the MCH Nurse Home Visiting Policies and Procedures to include specific policies for example use of social media and texting.
E. PHNs working in the program have on-going and continuing education and training that enables them to assess infant growth and development, health, maternal/infant interaction and community resources.	X	<input type="checkbox"/>	MCH Home Visiting staff members attend training opportunities as time and budget allows and those trainings that are required components of the program to maintain service provision assurances.
1. Specific trainings	X	<input type="checkbox"/>	As noted.
a. NCAST/Parent-child interaction	<input type="checkbox"/>	<input type="checkbox"/>	NA
b. Physical assessment	<input type="checkbox"/>	<input type="checkbox"/>	NA
c. Breast feeding consultation	X	<input type="checkbox"/>	Sue Darger completed WIC Breastfeeding training
d. MCH conferences	X	<input type="checkbox"/>	July 19, 2016 – CaCoon Regional meeting in Roseburg was attended by multiple MCH Home Visiting team members.
e. Other	<input type="checkbox"/>	<input type="checkbox"/>	

### PERINATAL PROGRAM REVIEW TOOL

AGENCY: Curry Community Health, Public Health & Human Services

REVIEWER: Francine Goodrich, RN, State MCH Nurse Consultant

ADMINISTRATOR: Hollie Strahm, RN, LCSW, Public Health Administrator, Ken Dukek, CEO

PARTICIPANTS: Kelli Brown, RN, MCH Programs, Blake Halladay, RN, Clinic Services, Sue Darger, OMC, MCM and Babies First! programs

DATE(S) OF REVIEW (mm/dd/yyyy): 07/19/2016 (by phone) - 07/27/2016 (onsite)

DATE OF REPORT (mm/dd/yyyy): 08/03/2016

Criteria for Compliance	Compliance		Comments/Documentation/Explanation/Timeline
	Yes	No	
<b>I. ALL PERINATAL SERVICES</b>			
A. Perinatal Health State General Funds are used for services for women during the perinatal period. (Perinatal period is defined as one year prior to conception through one year postpartum.) <a href="#">PE 42 (2)(g)(i)(C)</a>	X	<input type="checkbox"/>	
B. Maintain linkages and communication with other community organizations to ensure sharing of resources and collaborative decision making. <a href="#">Minimum Standards for Local Health Departments in Oregon approved by CLHO June 2008 (Standards 4.1, 4.2)</a>	X	<input type="checkbox"/>	Confirmed per interview on 07/19/16 with Curry Co. MCH staff members: Kelli Brown, RN, Blake Halladay, RN and Sue Darger, Community Home Visitor. CCO, AllCare is consistently supportive of Public Health services and goals.  An example of community support from AllCare is the “Babe” stores that feature new baby products available to pregnant women who are enrolled in AllCare. Women earn coupons by attending their scheduled prenatal appointments. The coupons are redeemable at the “Babe” Store for purchase of a variety of baby products which include: baby clothes, nursing support pillows, blankets, diapers and high chairs. There are Babe stores located in Brookings and also in Medford (Jackson Co.).
1. Evidence of ongoing meetings, communication or updates with community partners.	X	<input type="checkbox"/>	Administrator, Hollie Strahm attends multiple community agency meetings as Curry Community Health representative. Meetings include: South Coast Regional

Criteria for Compliance	Compliance		Comments/Documentation/Explanation/Timeline
	Yes	No	
			Early Learning Hub, Oregon Coastal Community Action (ORCCA). ORCCA is the lead agency for the Hub. Kelli Brown participates in a new community partnership group, “The Children’s Collective Workgroup”. Community partners include Curry Community Health, Head Start, Healthy Families Oregon, WIC, All Care CCO, and other community agencies. Monthly meetings.
C. Provide outreach and referral services in coordination with other social and health care providers. <a href="#">Minimum Standards for Local Health Departments in Oregon approved by CLHO June 2008 (Standard 7.1)</a>	X	<input type="checkbox"/>	Compliance applies to items 1-2. Blake Halladay has provided clinical coverage at SBHC in Brookings that was previously covered by FNP, Patty Savage. Staff note yearly participation in Curry County Fair where they provide an informational booth on Curry Community Health services.
1. Evidence of referrals with other community agencies	X	<input type="checkbox"/>	Confirmed per a review of referrals with other community agencies that are tracked through the State ORCHIDS reports.
2. Evidence of outreach to the community	X	<input type="checkbox"/>	Staff note that there has been two Vista workers who have provided community outreach and have worked on gathering information for Public Health Accreditation.
D. Advocate and implement health care delivery and promotion services that reduce disparities, assure adequate health care and decrease barriers for vulnerable populations. <a href="#">Minimum Standards for Local Health Departments in Oregon approved by CLHO June 2008 (Standards 7.1)</a>	X	<input type="checkbox"/>	Compliance applies to items 1-2.
1. Processes in place to serve communities at risk	X	<input type="checkbox"/>	
2. Staff with cultural knowledge of populations being served or language competency	X	<input type="checkbox"/>	
E. Health education materials are culturally and linguistically appropriate	X	<input type="checkbox"/>	

Criteria for Compliance	Compliance		Comments/Documentation/Explanation/Timeline
	Yes	No	
for the population. <a href="#">Minimum Standards for Local Health Departments in Oregon, approved by CLHO June 2008 (Standard 3.1)</a>			
1. Educational materials or information are available in languages of populations served.	X	<input type="checkbox"/>	
2. Culturally appropriate resources, information or educational materials are available.	X	<input type="checkbox"/>	
F. At a minimum, by September 30 of each year, all client visit data for the previous fiscal year (July1–June 30) has been entered into the Oregon Child Health Information Data System (ORCHIDS), or in an electronic file structure defined by OHA. <a href="#">PE42 (3)(c)(ii)(a)</a>	X	<input type="checkbox"/>	Confirmed per a review of State ORCHIDS reports.
G. There are written guidelines for patient education appropriate for gestational age.	X	<input type="checkbox"/>	<b>Strength:</b> 07/19/16: MCH RN, Blake Halladay reported that there is a current development of a childbirth preparation curriculum that is awaiting final approval. Compliance applies to items 1-4.
1. Describe how health education is done (e.g., class, one-to-one).	X	<input type="checkbox"/>	
2. Individual teaching outlines are available for class sessions.	X	<input type="checkbox"/>	
3. Printed materials are current, accurate and appropriate for the population served	X	<input type="checkbox"/>	
4. Printed materials are available in English and other languages as appropriate.	X	<input type="checkbox"/>	
H. Breast-feeding is encouraged.	X	<input type="checkbox"/>	<b>Strength:</b> MCH Nurse Home Visiting programs work closely with onsite WIC program. WIC is the leading referral-in source for MCM and Babies First! programs and leading referral-out source for the same programs.
<b>II. MATERNITY CASE MANAGEMENT (MCM)</b>			
A. The provider coordinates care to ensure that duplicate claims are not submitted to DMAP. Agency has a policy/procedure to ensure that	X	<input type="checkbox"/>	MCH staff confirmed there are currently no other local provider agencies implementing an MCM program that they have an awareness about.

Criteria for Compliance	Compliance		Comments/Documentation/Explanation/Timeline
	Yes	No	
only one provider at a time is providing MCM services to the client. <a href="#">OAR 410-130-0595(4)</a>			
B. PHNs use nursing process that includes assessing, making nursing diagnoses, planning, intervening and evaluating. <a href="#">OAR 851-045-0030 (2)(m)</a>	X	<input type="checkbox"/>	
C. Initial and ongoing PHN nursing assessments reflect the collection of subjective and objective data. <a href="#">OAR 851-045-0060 (2)(a)(A)</a>	X	<input type="checkbox"/>	
D. PHNs maintain adequate and accurate client records documenting nursing process. <a href="#">OAR 851-045-0070 (3)</a>	X	<input type="checkbox"/>	
E. The initial assessment systematically collects and documents the current status of needs and strengths in the following areas: <a href="#">OAR 410-130-0595(5)(g)</a> Note: A correctly completed <a href="#">DMAP Form 2470</a> , pg. 1 (07/11), or its equivalent, meets minimum documentation requirements. <a href="#">OAR 410-130-0595(8)(b)</a>	X	<input type="checkbox"/>	Compliance is noted for items 1-9.  <b>QA Recommendation:</b> Increase consistency of charting/documentation among MCH Home Visiting Staff members.
1. Physical	X	<input type="checkbox"/>	
2. Psychosocial	X	<input type="checkbox"/>	
3. Behavioral	X	<input type="checkbox"/>	
4. Developmental	X	<input type="checkbox"/>	
5. Educational	X	<input type="checkbox"/>	
6. Mobility	X	<input type="checkbox"/>	
7. Environmental	X	<input type="checkbox"/>	
8. Nutritional	X	<input type="checkbox"/>	
9. Emotional	X	<input type="checkbox"/>	
F. The client record contains the client service plan (CSP), a client coordinated plan of care that lists goals and actions required to meet the needs of the client as identified in the initial assessment. The CSP	X	<input type="checkbox"/>	

Criteria for Compliance	Compliance		Comments/Documentation/Explanation/Timeline
	Yes	No	
includes written updates to the plan and a client discharge plan or summary when case management services are discontinued. <a href="#">OAR 410-130-0595(5)(c),(10)(b)(A)</a> Note: A correctly completed <a href="#">DMAP Form 2470</a> , pg. 2 (07/11) or its equivalent meets minimum documentation requirements. <a href="#">OAR 410-130-0595(8)(b)</a>			
G. The CSP has, at a minimum, documentation of case management that includes: <a href="#">OAR 410-130-0595 (5)(c),(10)(b)(B),(10)(h)</a>	X	<input type="checkbox"/>	Compliance applies to items 1-5.
1. Determining the client's strengths and needs	X	<input type="checkbox"/>	
2. Setting specific goals	X	<input type="checkbox"/>	
3. Planning of interventions	X	<input type="checkbox"/>	
4. Using appropriate resources in a cooperative effort between the client and the maternity case manager	X	<input type="checkbox"/>	
5. Advocating to facilitate access to benefits or services	X	<input type="checkbox"/>	
H. The client record contains documentation of the name of the recipient and the date that the initial assessment and CSP were forwarded to the prenatal care provider. <a href="#">OAR 410-130-0595(9)(a)(D),(c)</a>	X	<input type="checkbox"/>	
I. Client record includes documentation of care coordination activities as follows: <a href="#">OAR 410-130-0595(3),(10)(c)(B)</a>	X	<input type="checkbox"/>	
1. Maintaining contact with prenatal care provider to ensure service delivery, share information, and assist with coordination.	X	<input type="checkbox"/>	
2. Notifying prenatal care provider any time there is significant change in the health, economic, social or nutritional factors of the client.	X	<input type="checkbox"/>	
J. Client record includes documentation of linkage to client services indicated in the CSP as follows: <a href="#">OAR 410-130-0595(10)(d)(A-C)</a>	X	<input type="checkbox"/>	
1. Making linkages and providing information, and assisting the client in self-referral.	X	<input type="checkbox"/>	Compliance applies to items 1-3.

Criteria for Compliance	Compliance		Comments/Documentation/Explanation/Timeline
	Yes	No	
2. Providing linkage to labor and delivery services.	X	<input type="checkbox"/>	
3. Providing linkage to family planning services, as needed.	X	<input type="checkbox"/>	
K. Client record includes documentation of: Note: The ongoing evaluations are in addition to the referral to nutritional counseling. <a href="#">OAR 410-130-0595(10)(e)</a>	X	<input type="checkbox"/>	
1. Ongoing nutritional evaluation with basic counseling and referrals to nutritional counseling, as indicated.	X	<input type="checkbox"/>	
L. Client record includes documentation of: <a href="#">OAR 410-130-0595(10)(f)</a>	X	<input type="checkbox"/>	
1. Uses “5 As” brief intervention protocol for addressing tobacco use.	X	<input type="checkbox"/>	
M. For services provided on or after 07-01-09, there is documentation of patient training and education for the following mandatory topics: <a href="#">OAR 410-130-0595 (10)(g)</a> ; <a href="#">Table 130-0595-2</a> ; <a href="#">OAR 410-130-0595(15)(a)(B),(17)</a> Note: A correctly completed DMAP Form 2471 (07/11), or its equivalent, meets minimum documentation requirements. <a href="#">OAR 410-130-0595(8)(b)</a>	X	<input type="checkbox"/>	Compliance applies to items 1-8.
1. Alcohol, tobacco, and other drug exposure	X	<input type="checkbox"/>	
2. Maternal oral health	X	<input type="checkbox"/>	
3. Breastfeeding promotion	X	<input type="checkbox"/>	
4. Perinatal mood disorders	X	<input type="checkbox"/>	
5. Prematurity and pre-term birth risks	X	<input type="checkbox"/>	
6. Maternal/fetal HIV (Human Immunodeficiency Virus) and hepatitis B transmission	X	<input type="checkbox"/>	
7. Nutrition, healthy weight and physical activity	X	<input type="checkbox"/>	
8. Intimate partner violence (IPV)	X	<input type="checkbox"/>	
N. There is documentation of at least two educational topics covered at each case management visit. <a href="#">OAR 410-130-0595(15)(a)(B),(17)</a>	X	<input type="checkbox"/>	

Criteria for Compliance	Compliance		Comments/Documentation/Explanation/Timeline
	Yes	No	
Note: If using the optional <a href="#">DMAP Form 2471</a> (07/11), a date and initials on these forms meet documentation criteria. <a href="#">OAR 410-130-0595(8)(b)</a>			
O. MCM services are tailored to the individual client needs. <a href="#">OAR 410-130-0595(1)</a>	X	<input type="checkbox"/>	
P. High risk case management services are provided for clients identified and documented by the maternity case manager as being high risk. This includes: <a href="#">OAR 410-130-0595(5)(d)-(e)</a>	X	<input type="checkbox"/>	Compliance applies to items 1-3.
1. Clients who have current (within the last year) documented alcohol, tobacco or other drug abuse history; or	X	<input type="checkbox"/>	
2. Clients who are 17 years of age or under; or	X	<input type="checkbox"/>	
3. Clients who have other conditions identified in the initial assessment or during the course of service delivery.	X	<input type="checkbox"/>	
Q. Nutritional counseling is available for clients who have at least one of the following conditions: <a href="#">OAR 410-130-0595(12)(a)(A)-(I)</a>	X	<input type="checkbox"/>	Compliance applies to items 1-9.
1. Chronic disease such as diabetes, renal disease	X	<input type="checkbox"/>	
2. Hematocrit (Hct) less than 34 or Hemoglobin (Hb) less than 11 (first trimester) or Hct less than 32 or Hb less than 10 (second trimester or third trimester)	X	<input type="checkbox"/>	
3. Pre-gravida weight under 100 lbs or over 200 lbs.	X	<input type="checkbox"/>	
4. Pregnancy weight gain outside the appropriate WIC guidelines	X	<input type="checkbox"/>	
5. Eating disorder	X	<input type="checkbox"/>	
6. Gestational diabetes	X	<input type="checkbox"/>	
7. Hyperemesis	X	<input type="checkbox"/>	
8. Pregnancy induced hypertension (pre-eclampsia)	X	<input type="checkbox"/>	
9. Other conditions identified for which adequate services are not	X	<input type="checkbox"/>	



Criteria for Compliance	Compliance		Comments/Documentation/Explanation/Timeline
	Yes	No	
accessible through another program.			
R. If this optional service is provided, the nutritional counselor is a licensed and registered dietician. <a href="#">OAR 410-130-0595(7)(a)-(b)</a>	X	<input type="checkbox"/>	Contractual services with a Registered Dietician, (Ranee Schultz) who Skypes with agency.
S. When a home environmental assessment is completed, it includes an assessment of the health and safety of the client’s living conditions with training and education as indicated in the following areas: <a href="#">Table 130-0595-1</a> Note: A correctly completed <a href="#">DMAP Form 2472</a> (07/11), or its equivalent, meets the minimum documentation requirement. Note: When more than one home environmental assessment is provided, there is documentation of the need for a repeat assessment (e.g., client moved, house fire). <a href="#">OAR 410-130-0595(13)(b)</a>	X	<input type="checkbox"/>	Per client record review; compliance applies to items 1-9.
1. Housing characteristics	X	<input type="checkbox"/>	
2. General safety	X	<input type="checkbox"/>	
3. Food safety	X	<input type="checkbox"/>	
4. Toxins and teratogens	X	<input type="checkbox"/>	
5. Indoor air	X	<input type="checkbox"/>	
6. Fire prevention	X	<input type="checkbox"/>	
7. Emergency planning	X	<input type="checkbox"/>	
8. Occupations and hobbies	X	<input type="checkbox"/>	
9. Miscellaneous	X	<input type="checkbox"/>	
T. Visits are provided face-to-face throughout the client’s pregnancy except when not possible or practical. <a href="#">OAR 410-130-0595(14)(a)-(b)</a>	X	<input type="checkbox"/>	
1. Case management visit outside the home (including telephone case management) includes documentation of all required components of a case management visit including an evaluation and/or revision of objectives and activities addressed in the CSP and at least two	X	<input type="checkbox"/>	

Criteria for Compliance	Compliance		Comments/Documentation/Explanation/Timeline
	Yes	No	
educational topics covered			
U. There are current written policies and procedures that support MCM program implementation.	<input type="checkbox"/>	X	<b>QA Recommendation:</b> Update Policies and Procedures for MCM/Prenatal service provision that is reflective of current implementation.
<b>III. OREGON MOTHERS CARE (OMC) SITE</b>			
A. An OMC coordinator has been identified and works with Oregon Health Authority (OHA) on developing a local delivery system for OMC services. <a href="#">PE42 (4)(b)(i)</a>	X	<input type="checkbox"/>	The OMC program is provided at multiple locations within Curry Community Health services, Port Orford, Gold Beach and Brookings. Kelli Brown, MCH Nurse Coordinator, oversees OMC service provision.  OMC services are provided by Kelli Brown, RN, Blake Halladay, RN, Sue Darger, who is an OHP Assistor, along with another worker who provides assistance in the DHS office. Nurse Supervisor, Susie Fleming also conducts OMC interviews when needed.
B. OMC site follows the OMC protocols, as described in OHA’s OMC Manual, April 2005. <a href="#">PE42 (4)(b)(ii)</a>	X	<input type="checkbox"/>	Confirmed per staff interview/discussion and OMC State data reports.
C. To ease access to early prenatal care, OMC site has developed and maintains an outreach and referral system and partnerships for local prenatal care and related services. <a href="#">PE42 (4)(b)(iii)</a>	X	<input type="checkbox"/>	Per Staff, outreach/education on OMC program availability and process is shared with local OB providers. MCH Staff report currently there is one OB provider locally, several midwives, and (three within the county). Prenatal clients also travel to Crescent City, CA, Coos Bay area hospital OB provider clinic and Grants Pass hospitals area hospitals in Josephine Co.
D. OMC services are available to all pregnant women within the county. Special outreach is directed to low-income women and women who are members of racial and ethnic minorities. <a href="#">PE 42(4)(b)(v)</a>	X	<input type="checkbox"/>	As noted. Multiple site provision.
E. OMC site provides follow-up services to clients referred by various referral sources. OMC provides facilitated and coordinated intake services and referral to the following services:	X	<input type="checkbox"/>	Compliance applies to items 1-7.

Criteria for Compliance	Compliance		Comments/Documentation/Explanation/Timeline
	Yes	No	
<a href="#">PE 42(4)(b)(ii),(iv)(A)-(B)</a>			
1. Clinical prenatal care (pregnancy testing, counseling, OHP application assistance, PN care appointment)	X	<input type="checkbox"/>	Note: Local OB providers require OHP approval prior to scheduling initial appointments with prenatal clients seeking care.
2. Dental care	X	<input type="checkbox"/>	
3. MCM services	X	<input type="checkbox"/>	
4. WIC services	X	<input type="checkbox"/>	
5. Health risk screening	X	<input type="checkbox"/>	
6. Other pregnancy support programs	X	<input type="checkbox"/>	
7. Other prenatal services, as needed	X	<input type="checkbox"/>	
F. OMC site collects and submits client encounter data quarterly on individuals who receive OMC services. Data is submitted to OHA using approved OMC client data tracking forms. <a href="#">PE 42(4)(c)</a>	X	<input type="checkbox"/>	Confirmed per a review of State OMC data reports collected and reported through the WITI system.
G. Whether scheduled or walk-in, OMC appointments are made in a consistent and timely manner.	X	<input type="checkbox"/>	Appointments are offered per scheduled appointments and via a walk-in manner, as needed.

## Program Report Curry Community Health Reproductive Health

**Date: July 21, 2016**

### Summary description of program

Curry Community Health is a non-profit that provides County Health Department services. It is providing reproductive health services for men and women in need. Data from calendar year 2014 shows 90.7% of their clients are at or below 138% FPL. Data from 2015 isn't available at this date.

Medical services are provided according to national standards of care, ensuring quality family planning services, appropriate education and anticipatory guidance for the encouragement of preventative healthcare.

Curry Community Health staff continue to provide reproductive health education in the community as well as seek out to provide access points for underserved populations.

The clinic continues to seek and attain quality improvement by providing input from their clinic visits routinely, though it is a challenge with the current EHR system that seems to be eliminating documentation of Client Visitation Records (CVR) that are expected to be sent to Ahlers system.

### Program strength

Curry County Health has a strong and active youth outreach at the School Based Health Center. They developed a positive group for input for center needs. It is and has been actively participating in community outreach at the school for youth. An indicator of effectiveness may be the 57% decrease in teen pregnancy rates between the years 2004–2014. In 2004 the 10–17 year olds pregnancy rate was 3.0 per 1000 in this service area and in 2014 the rate decreased to 1.3 per 1000.

Curry Community Health reproductive health program serves 47.1% of the counties sexually active 15-17 year old females. They provide quality family planning that optimizes individuals health and to leads to healthy lives. This may assist in plans for if/ when they are ready for changes in the future providing a more seamless transition for their clients.

Curry Community Health has a three locations for services, in Gold Beach, Brookings, and at the SBHC. It is in a shared space with the County Mental Health in Brookings and this allows for a warm hand off for shared clients. The current Gold Beach location is located in the same building as Commissioners, but they are planning a move at a future date. Date and location are not known yet.

Client centered approach is a priority in the clinics. Some agency staff provide translation to English from Spanish, but the population of clients is 88.1% White.

### Compliance findings

Curry Community Health did not have any findings to be out of compliance.

### Recommendations for improvement

1. Continue to work with community to involve youth in I & E committees as well as providing a youth friendly atmosphere for clinic locations beyond the SBHC. Curry plans to participate in the State I & E section when it is available.

Curry Community Health	
<b>COMPLIANCE FINDINGS</b> Reproductive Health	<b>TIME LINE FOR CHANGE</b>
<b>DATE: 7/14/2016</b>  There are no compliance findings in the Reproductive Health Program  <b>For more detailed information, please see the completed program review tool in section &lt;enter section number&gt;.</b>	N/A
<b>REVIEWER:</b> Carol Easter	<b>RESPONDENTS:</b> Kelli Brown

## REPRODUCTIVE HEALTH REVIEW TOOL Title X Family Planning Services

AGENCY: Curry Community Health

REVIEWER: Carol Easter RN

REPRODUCTIVE HEALTH COORDINATOR: Kelli Brown RN

PARTICIPANTS: Kelli Brown, Susie, Holly

DATE(S) OF REVIEW (mm/dd/yyyy): 7/11/2016 – 7/13/2016

DATE OF REPORT (mm/dd/yyyy): 7/13/2016

**CLINICAL SERVICES:** The subrecipient provides family planning services to clients that are consistent with Title X regulations and with nationally recognized standards of care.

The clinical section of the program review is based on the following Title X and other federal grant requirements:

- Title X Legislation and Title X Implementing Regulations, [42 CFR Part 59](#)
- Sterilization of Persons in Federally assisted Family Planning Projects, [42 CFR Part 50 Subpart B](#)
- Office of Population Affairs (OPA); Program requirements for Title X Funded Family Planning Projects, [April 2014](#)
- Occupational Safety and Health Administration, [29 CFR 1910, Subpart E](#)
- Department of Health and Human Services, [45 CFR Part 46](#); [45 CFR Part 74](#); [45 CFR Part 84](#); [45 CFR Part 92](#)
- Title X [PHS Act 1006 \(d\)](#)
- HHS Grants Policy Statement [Part II](#)
- OMB [A-133](#)
- Oregon Board of Pharmacy [Dispensing Licenses](#)

<b>Clinical Section</b>				
<b>Criteria for compliance</b>		<b>Compliance</b>		<b>Comments/Documentation/Explanation</b>
		<b>Yes</b>	<b>No</b>	
<b>A. CLINICAL SERVICES</b>				
	1. Subrecipient meets the following requirement for Title X family planning services:			
<b>M</b>	a. Subrecipient must provide comprehensive medical, informational, educational, social and referral services related to family planning for clients who want such services. <a href="#">42 CFR 59.1</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	b. Priority is to persons from low-income families. <a href="#">Section 1006 (c)(1), PHS Act; 42 CFR 59.5(a)(6)</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In Fiscal Year 2014, 90% of Curry Community Health clients served were below 138% of FPL.
<b>M</b>	c. Services are provided that protect the dignity of the individual. <a href="#">42 CFR 59.5 (a)(3)</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	d. Services are provided without regard to religion, race, color, national origin, disability, age, sex, number of pregnancies or marital status. <a href="#">42 CFR 59.5 (a)(4)</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Administration is planning move for the Gold Beach location, but no specifics at this time. Additional tools available for consideration when planning move.
	e. Subrecipient must provide for social services related to family planning that may be necessary to facilitate clinic attendance including: <a href="#">42 CFR 59.5 (b)(2)</a> [OPA]			
<b>M</b>	1) Counseling [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	2) Referral to and from other social agencies [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	3) Referral to and from other medical service agencies [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warm hand off for referrals and fax copies of records are saved in EHR.
<b>M</b>	4) Any ancillary services [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Curry Community Health additionally sponsors the SBHC. They maintain records using the same EHR system.
	f. Subrecipient must provide for coordination and use of referral arrangements with <a href="#">42 CFR 59.5 (b)(8)</a> . [OPA]:			

<b>Clinical Section</b>				
<b>Criteria for compliance</b>		<b>Compliance</b>		<b>Comments/Documentation/Explanation</b>
		<b>Yes</b>	<b>No</b>	
<b>A. CLINICAL SERVICES</b>				
<b>M</b>	1) Other providers of health care services [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	2) Local health and welfare departments [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	3) Hospitals [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Curry County has a smaller, approximately 14 bed, hospital located in Gold Beach. Most residents from Brookings will go to Sutter Coast Hospital that is located across the state border in California. The staff share that Bay Area Hospital in Coos is further away. All Med CCO covers the lower half of residents in Curry County and approves the visits to Sutter Coast. Clinic nurses stated that most residents pay \$50/year for the use of emergency transport via Cal-Ore Life Flight Air Ambulance services. The time to a hospital with emergent care is up to a one hour drive, but markedly shorter with Air Ambulance.
<b>M</b>	4) Voluntary agencies [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	5) Health services supported by other federal programs [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	g. Written clinical protocols for all services provided are in accordance with nationally recognized standards of care and are: <a href="#">Title X Program Requirements 9.6</a> [OPA]			
<b>M</b>	1) Approved by the grantee [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Curry Community Health Protocols have been approved by grantee.
<b>M</b>	2) Signed by physician responsible for the service site [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	h. Subrecipient must provide: <a href="#">42 CFR 59.5(b)(1)</a> ; <a href="#">Title X Program</a>			



<b>Clinical Section</b>				
<b>Criteria for compliance</b>		<b>Compliance</b>		<b>Comments/Documentation/Explanation</b>
		<b>Yes</b>	<b>No</b>	
<b>A. CLINICAL SERVICES</b>				
	<a href="#">Requirements 9.6 and 9.7</a>			
<b>M</b>	1) Medical services related to family planning in accordance with the QFP, US MEC, US SPR, USPSTF and National Standards [OPA and OHA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	2) Client centered counseling on the effective usage of contraceptive devices and practices [OHA and OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Observed that Client centered counseling is demonstrated in practices provided.
<b>M</b>	3) Physician consultation [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Available when needed.
<b>M</b>	4) Examination [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	5) Prescriptions: Oregon Board of Pharmacy <a href="#">OAR 855-043-0002</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	a) RNs may dispense three and no more than six months of a birth control method under a standing order [OHA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	b) Ongoing use of the birth control method is provided under a current written prescription [OHA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	6) Continuing supervision [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	7) Laboratory examination [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	a) Clients are screened for STI according to national standard [OHA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Submitted CVR data reflects that 47.4% of female clients <25 years of age were tested for CT in 2014. This is compared to the state average of 53%.
<b>M</b>	b) Clients are tested and treated when clinically indicated [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	8) Contraceptive supplies: [OPA]			
<b>M</b>	a) Must provide onsite a broad range of contraceptive methods including:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Observed on site and the dispensing of varied methods. Same day service provided.

<b>Clinical Section</b>				
<b>Criteria for compliance</b>		<b>Compliance</b>		<b>Comments/Documentation/Explanation</b>
		<b>Yes</b>	<b>No</b>	
<b>A. CLINICAL SERVICES</b>				
<b>M</b>	i. A choice of combination oral contraceptives (both phasic and monophasic) [OHA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	ii. At least one nonoral combination contraceptive (ring or patch) [OHA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	iii. A progestin-only pill and injectable [OHA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	iv. IUD and IUS* [OHA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	v. Subdermal implant* [OHA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	vi. Latex and nonlatex male condoms [OHA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	vii. Female condoms [OHA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	viii. Two types of spermicides [OHA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	ix. Diaphragm or cervical cap* [OHA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Order each when requested.
<b>M</b>	x. Fertility awareness method (FAM) [OHA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	xi. Information about abstinence and withdrawal [OHA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	xii. Information and referral for sterilization* [OHA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	xiii. Emergency contraception pills (ECP) for immediate and future use [OHA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<b>* Approval from the OHA RH Program must be obtained when subrecipients are unable to provide any methods listed above.</b>			
<b>M</b>	9) Necessary referrals to other medical facilities when medically indicated that includes but is not limited to emergencies that require referral. <a href="#">42 CFR 59.5(b)(1)</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Clinical Section				
Criteria for compliance	Compliance		Comments/Documentation/Explanation	
	Yes	No		
<b>A. CLINICAL SERVICES</b>				
<b>O</b>	10) Efforts may be made to assist client in finding potential resources for reimbursement of referral provider but subrecipient is not responsible for the cost of this care. <a href="#">42 CFR 59.5(b)(1)</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Screening for OHP financial eligibility is done at the time of check in. Clients referred to online OHP registration. Clients are also screened for CCare Title XIX waiver when not eligible for OHP.
	11) Subrecipient must provide a broad range of acceptable and effective medically approved family planning methods and services (listed above) and including: <a href="#">42 CFR 59.5(a)(1)</a> [OPA]			
<b>M</b>	a) Natural family planning [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	b) Infertility services (level 1 or 2) [OPA and OHA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	c) Services for adolescents [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In 2014 the teen (10-17 years of age) pregnancy rate was (1.3 per 1000). This was a 57% reduction in this area since 2004. Curry Community Health is the sponsor for the local SBHC.
	<i>A subrecipient only offering a single method of family planning, may participate as part of the project as long as the entire project offers a broad range of family planning services</i>			
<b>M</b>	12) Subrecipient must provide services without the imposition of any durational residency requirement or requirement that the client is referred by a physician. <a href="#">42 CFR 59.5(b)(5)</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	13) Subrecipients must provide pregnancy diagnosis and counseling to all clients in need of this services. <a href="#">42 CFR 59.5(a)(5)</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	14) Subrecipients must offer pregnant women the opportunity to be provided information and counseling regarding the following options:			

<b>Clinical Section</b>				
<b>Criteria for compliance</b>		<b>Compliance</b>		<b>Comments/Documentation/Explanation</b>
		<b>Yes</b>	<b>No</b>	
<b>A. CLINICAL SERVICES</b>				
	<a href="#">42 CFR 59.5(a)(5):</a>			
<b>M</b>	a) Prenatal care and delivery [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	b) Infant care, foster care or adoption [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	c) Pregnancy termination [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	d) If requested to provide information and counseling, subrecipient must provide neutral, factual information and nondirective counseling on each option except if the pregnant women indicates she does not wish to receive such information and counseling. Provide counseling and refer upon request. [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	15) Subrecipient must have written policies that address legislative mandates: <a href="#">Title X Program Requirements 9.12</a>			
<b>M</b>	a) Subrecipient encourages family participation in the decision of minors seeking family planning services [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	b) Subrecipient provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	c) Subrecipient must follow state law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, incest, human trafficking and nonaccidental injury [OPA and OHA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

<b>Administrative Section</b>				
<b>Criteria for compliance</b>		<b>Compliance</b>		<b>Comments/Documentation/Explanation</b>
		<b>Yes</b>	<b>No</b>	
<b>B. PROJECT MANAGEMENT AND ADMINISTRATION</b>				
	1. Voluntary participation			
<b>M</b>	a. Family Planning services are to be provided solely on a voluntary basis. Sections 1001 and 1007, PHS Act; <a href="#">42 CFR 59.5 (a)(2)</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Voluntarily seeking family planning services is on the consent form.
<b>M</b>	b. Clients cannot be coerced to accept services or to use or not use any particular method of family planning. Section 1007, PHS Act; <a href="#">42 CFR 59.5(a)(2)</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	c. A client's acceptance of family planning services must not be a prerequisite to eligibility for, or receipt of, any other services, assistance from, or participation in any other program that is offered by the grantee or subrecipient. Section 1007, PHS Act; <a href="#">42 CFR 59.5 (a)(2)</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	d. Personnel working within the family planning project must be informed that they may be subject to prosecution if they coerce or try to coerce any person to undergo an abortion or sterilization procedure. Section 205, Public Law 94-63, as set out in <a href="#">42 CFR 59.5(a)(2) footnote 1</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	2. Prohibition of abortion			
<b>M</b>	a. Subrecipients must be in full compliance with <a href="#">Section 1008 of the Title X statute</a> and <a href="#">42 CFR 59.5(a)(5)</a> , which prohibit abortion as a method of family planning. [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff have signed a form stating that they have been informed that they may be subject to prosecution if they are found to have coerced clients' decisions.
<b>M</b>	1) Subrecipient has written policies that clearly state that none of the funds will be used in programs where abortion is a method of family planning or used for the purposes of lobbying. <a href="#">42 CFR 59.5(a)(5)</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	3. Structure and management			
<b>M</b>	a. If subrecipient wishes to subcontract any of its responsibilities or services, a written agreement that is consistent with Title X Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Curry Community Health is the non-profit that works in the County building, room adjacent to

<b>Administrative Section</b>				
<b>Criteria for compliance</b>		<b>Compliance</b>		<b>Comments/Documentation/Explanation</b>
		<b>Yes</b>	<b>No</b>	
<b>B. PROJECT MANAGEMENT AND ADMINISTRATION</b>				
	Requirements and approved by grantee must be maintained by the subrecipient. <a href="#">45 CFR parts 74</a> and <a href="#">92</a> [OPA]			county commissioner office.
<b>M</b>	b. Services provided through a contract or other similar arrangements are paid for under agreements that include a schedule of rates and payment procedures maintained by the subrecipient. The subrecipient must be prepared to substantiate that these rates are reasonable and necessary. <a href="#">42 CFR 59.5 (b)(9)</a> [OPA]	<input type="checkbox"/>	<input type="checkbox"/>	Fee scale as provided by Grantee, per OPA guidelines. Contracts reviewed by OHA Fiscal Department.
<b>M</b>	c. Subrecipient must maintain a financial management system that meets federal standards, as well as any other requirements imposed by the Notice of Award. Documentation and record of all income and expenditures must be maintained as required. <a href="#">45 CFR parts 74.20</a> and <a href="#">92.20</a> [OPA]	<input type="checkbox"/>	<input type="checkbox"/>	Assess by OHA Fiscal Department.
	4. Project personnel			
	a. Subrecipients are obligated to establish and maintain personnel policy/ies that comply with applicable federal and state requirements, including <a href="#">Title X Program Requirements 8.5.1</a> :			
<b>M</b>	1) <a href="#">Title VI of the Civil Rights Act</a> ; <a href="#">Section 504 of the Rehabilitation Act of 1973</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	2) <a href="#">Title I of the Americans with Disabilities Act</a> and the annual appropriations language	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	b. The Acts noted above should be reflected in policy/ies pertaining to staff recruitment, selection, performance evaluation, promotion, termination, compensation, benefits and grievance procedures. <a href="#">42 CFR 59.209</a> ; <a href="#">Title X Program Requirements 8.5</a> , <a href="#">Section 8.5</a> ; <a href="#">OAR 943-005-0060</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	c. Project staff should be broadly representative of the population to be served, and should be sensitive to, and able to deal effectively with, the cultural and other characteristics of the client population.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	There are staff that speak Spanish. Area population reflects that 91.7% are White or non-Hispanic.

<b>Administrative Section</b>				
<b>Criteria for compliance</b>		<b>Compliance</b>		<b>Comments/Documentation/Explanation</b>
		<b>Yes</b>	<b>No</b>	
<b>B. PROJECT MANAGEMENT AND ADMINISTRATION</b>				
	<a href="#">42 CFR 59.5 (b)(10)</a> [OPA]			
<b>M</b>	d. Project medical services will be performed under the direction of a physician with special training or experience in family planning <a href="#">42 CFR 59.5(b)(6)</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	5. Staff training and technical assistance			
<b>M</b>	a. Project provides for orientation and in-service training for all project personnel (includes staff of all service sites). <a href="#">42 CFR 59.5(b)(4)</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Training records and staff meetings are kept current, with signatures.
<b>M</b>	b. Project provides for annual training of staff on federal and state requirements for reporting or notification of child abuse, child molestation, sexual abuse, rape or incest, as on human trafficking. <a href="#">Title X Program Requirement 8.6.2</a> [OPA and OHA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	c. The project provides for annual training on:			
<b>M</b>	1) Involving family members in the decisions of minors to seek family planning services. <a href="#">Title X Program Requirement 8.6.3</a> [OPA and OHA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	2) On counseling minors on how to resist being coerced in engaging in sexual activities [OPA and OHA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	6. Planning and evaluation			
<b>M</b>	a. Must have a quality assurance system in place [OHA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	QA system must be in place. Currently the audits are mostly completed by nursing staff. Continues lab competency testing. Additionally staff utilize the same online training centers as OHA provides to staff.

Administrative Section				
Criteria for compliance		Compliance		Comments/Documentation/Explanation
		Yes	No	
<b>B. CONFIDENTIALITY</b>				
	1. Project must have safeguards to ensure client confidentiality. ( <a href="#">42 CFR 59.11</a> ) [OPA]			
<b>M</b>	a. Information obtained by staff about an individual receiving services may not be disclosed without the individual's documented consent.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	1) Except as required by law [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	2) Or as may be necessary to provide services to the individual, with appropriate safeguards for confidentiality [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	d. Information may otherwise be disclosed only in summary, statistical or other form that does not identify the individual. [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Administrative Section				
Criteria for compliance		Compliance		Comments/Documentation/Explanation
		Yes	No	
<b>C. COMMUNITY PARTICIPATION, EDUCATION AND PROJECT PROMOTION</b>				
<b>M</b>	1. Subrecipients are expected to provide for community participation and education and to promote the activities of the project.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Curry Community health sponsors the local SBHC and has a strong participation rate for providing education at both the school and information to youth in the community.
<b>M</b>	b. Subrecipients must provide an opportunity for participation in the development, implementation and evaluation of the project by persons broadly representative of the population to be served; and by the persons in the community knowledgeable about the community's needs for family planning services. <a href="#">42 CFR 59.5 (b)(10)</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	c. Subrecipients must establish and implement planned activities to	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Local court mandated rehabilitation facility



Administrative Section				
Criteria for compliance		Compliance		Comments/Documentation/Explanation
		Yes	No	
<b>C. COMMUNITY PARTICIPATION, EDUCATION AND PROJECT PROMOTION</b>				
	facilitate community awareness of and access to family planning services. <a href="#">42 CFR 59.5(b)(3)</a> [OPA]			collaborates with clinic for client's services too.
<b>M</b>	d. Project must provide for community education programs based on an assessment of the needs of the community and should contain an implementation and evaluation strategy. <a href="#">42 CFR 59.5(b)(3)</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	e. Community education should serve to: <a href="#">42 CFR 59.5(b)(3)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	1) Enhance community understanding of the project [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	2) Inform the community the availability of service [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	3) Promote continued participation by persons to whom family planning may be beneficial [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Administrative Section				
Criteria for compliance		Compliance		Comments/Documentation/Explanation
		Yes	No	
<b>D. INFORMATION AND EDUCATIONAL MATERIAL APPROVAL</b>				
	Project is responsible for reviewing and approving information and educational materials. The I & E Advisory Committee may serve the community participation function if it meets the requirements or a separate group may be identified.			
<b>M</b>	1. Subrecipient is required to have a review and approval process, by an Advisory Committee, of all informational and educational materials developed or made available under the project prior to distribution. <a href="#">Public Law 91-572 Sec 2(5)</a> ; <a href="#">42 CFR 59.6(a)</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

<b>Administrative Section</b>				
<b>Criteria for compliance</b>		<b>Compliance</b>		<b>Comments/Documentation/Explanation</b>
		<b>Yes</b>	<b>No</b>	
<b>D. INFORMATION AND EDUCATIONAL MATERIAL APPROVAL</b>				
<b>M</b>	2. The I & E committee must include individuals broadly representative of the population or the community for which the materials are intended. <a href="#">42 CFR 59.6 (b)(2)</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	There has been a recent change. They plan to use the State I & E committee even though there is active youth participation through local SBHC.
<b>M</b>	3. Project must have an Advisory Committee of five to nine members. With prior approval from the OHA RH Program, the number of members may be waived by for good cause. <a href="#">42 CFR 59.6(b)(1)</a> [OPA and OHA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The Advisory Board consists of eight members.
<b>M</b>	a. Committee must review and approve all informational and education material developed or made available under the project prior to their distribution to ensure the materials are suitable for the population and community for which they are intended. <a href="#">Title X Program Requirements 12.6</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	b. Document that all material is suitable for the population and community for which it is intended and is consistent with the purpose of Title X. <a href="#">Section 1006(d)(1) PHS Act; 42 CFR 59.6(a)</a> [OPA and OHA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	4. The Advisory Committee may delegate responsibility for the review of factual, technical and clinical accuracy to appropriate project staff; however, the final responsibility lies with the Advisory Committee. <a href="#">Title X Program Requirements 12.5</a> [OPA and OHA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	5. The Advisory Committee must: <a href="#">Title X Program Requirements 12.6</a>			
<b>M</b>	a. Consider the educational and cultural backgrounds of the individuals to whom the materials are addressed. [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	b. Consider the standards of the population or community to be served with respect to such material. [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	c. Review the content of the material to ensure the information is factually correct. [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	d. Determine whether the material is suitable for the population or community to which it is made available. [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Administrative Section			
Criteria for compliance	Compliance		Comments/Documentation/Explanation
	Yes	No	
<b>D. INFORMATION AND EDUCATIONAL MATERIAL APPROVAL</b>			
<b>M</b>	e. Establish a written record of its determinations. <a href="#">Section 1006(d), PHS Act; 42 CFR 59.6(b)</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Administrative Section			
Criteria for compliance	Compliance		Comments/Documentation/Explanation
	Yes	No	
<b>E. FACILITIES AND ACCESSIBILITY OF SERVICES</b>			
<b>M</b>	1. Service sites should be geographically accessible for the population served (access to transportation, clinic locations, hours of operation and other factors that influence clients' abilities to access services. <a href="#">Title X Program Requirements 13.1</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>M</b>	2. Subrecipient must have written policies that are consistent with the HHS Office for Civil Rights policy document, Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons (August 4, 2003); <a href="#">HHS Grant Policy Statement 2007, II-23</a> ; <a href="#">Executive order 13166</a> ; <a href="#">OAR 943-005-0060</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>M</b>	3. Projects may not discriminate on the basis of disability and when viewed in their entirety, facilities must be readily accessible to people with disabilities. <a href="#">45 CFR part 84</a> ) [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Administrative Section				
Criteria for compliance		Compliance		Comments/Documentation/Explanation
		Yes	No	
<b>F. EMERGENCY MANAGEMENT</b>				
M	1. Subrecipients are required to have a written plan for the management of emergencies. <a href="#">29 CFR 1910, subpart E</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
M	2. Clinic facilities must meet applicable standards established by federal, state, and local governments (e.g. local fire, building and licensing codes) <a href="#">Title X Program Requirements 13.2</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	3. Health and safety issues follow the Occupational Safety and Health Administration, <a href="#">29 CFR 1910, subpart E</a> including:			
M	a. Disaster plans (fire, bomb, terrorism, earthquake, etc.) are developed and available to staff [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
M	b. Staff can identify emergency routes [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	New staff provided appropriate egress plans evacuations via emergency routes.
M	c. Staff has completed training and understand their role in an emergency or natural disaster [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
M	d. Exits are recognizable and free from barriers [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Administrative Section				
Criteria for compliance		Compliance		Comments/Documentation/Explanation
		Yes	No	
<b>G. STANDARDS OF CONDUCT</b>				
M	1. Subrecipients are required to establish policies to prevent employees, consultants or members of governing bodies from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private financial gain for themselves or others. <a href="#">HHS Grants Policy Statement 2007, II-7</a> ; <a href="#">Title X Program Requirements 13.3</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Administrative Section				
Criteria for compliance		Compliance		Comments/Documentation/Explanation
		Yes	No	
<b>H. RESEARCH</b>				
<b>M</b>	1. Research conducted within Title X projects may be subject to Department of Health and Human Services regulations regarding the protection of human subjects. <a href="#">45 CFR Part 46</a> [OPA]	<input type="checkbox"/>	<input type="checkbox"/>	N/A Curry Community Health does not conduct research.
<b>M</b>	a. Subrecipients should advise OHA in writing of any research projects that involve Title X clients. <a href="#">HHS Grants Policy Statement 2007, 11-9</a> [OPA and OHA]	<input type="checkbox"/>	<input type="checkbox"/>	N/A

Fiscal Section				
Criteria for compliance		Compliance		Comments/Documentation/Explanation
		Yes	No	
<b>J. CHARGES, BILLING AND COLLECTIONS</b>				
	1. Agency is responsible for the implementation of policies and procedures for charging, billing and collecting funds for services provided by the project. <a href="#">Title X Program Requirements 8.4</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	a. Clients must not be denied services or be subjected to any variation in quality of services because of inability to pay. [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	b. Projects should not have a general policy of no fee or flat fees for the provision of services to minors, or a schedule of fees for minors that is different than other populations. [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	2. Clients whose documented income is at or below 100% of the FPL must not be charged, all third parties who are authorized or legally obligated to pay for services must be billed. <a href="#">Section 1006 C(2), PHS Act; 42 CFR 59.5(a)(7)</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Within the parameters set out by the Title X statute and regulations, subrecipients have discretion in determining the extent of income verification			

<b>Fiscal Section</b>				
<b>Criteria for compliance</b>		<b>Compliance</b>		<b>Comments/Documentation/Explanation</b>
		<b>Yes</b>	<b>No</b>	
<b>J. CHARGES, BILLING AND COLLECTIONS</b>				
	activity that they believe to be appropriate for the client population. Although not required to do so, subrecipients that have lawful access to other valid means of income verification because of the client’s participation in another program may use those data rather than reverify income or rely solely on clients self-report. <a href="#">Title X Program Requirements 8.4.1</a> [OPA]			
<b>M</b>	3. A SOD based on ability to pay and approved by the OHA RH Program, is required for individuals with family incomes between 101% and 250% of the FPL. <a href="#">42 CFR 59.5(a)(8)</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	4. Fees must be waived for individuals with family incomes above 100% of the FPL who as determined by the service site director, are unable for good cause, to pay for family planning services. <a href="#">42 CFR 59.2</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	5. For persons from families whose income exceeds 250% of FPL, charges must be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services. <a href="#">42 CFR 59.5(a)(8)</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	6. Eligibility for discounts for unemancipated minors who receive confidential services must be based on the income of the minor. <a href="#">42 CFR 59.2</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	7. Where there is a legal obligation or authorization for third party reimbursement, including public or private sources, all reasonable efforts must be made to obtain third party payment without the application of any discounts. <a href="#">42 CFR 59.5(a)(9)</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	8. Family income should be assessed before determining whether copayments or additional fees are charged. In regards to insured clients, clients whose family income is at or below 250% FPL should not pay more (in copayment or additional fees) than what they would otherwise pay when the schedule of discounts is applied. <a href="#">Title X Program Requirements 8.4.6</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Curry Community Health EHR calculates client financial responsibility, and the staff additionally keep the sheet provided by OHA grantee as reference for cost evaluations.

<b>Fiscal Section</b>				
<b>Criteria for compliance</b>		<b>Compliance</b>		<b>Comments/Documentation/Explanation</b>
		<b>Yes</b>	<b>No</b>	
<b>J. CHARGES, BILLING AND COLLECTIONS</b>				
<b>M</b>	9. Where reimbursement is available from Title XIX or Title XX of the Social Security Act, a written agreement with the Title XIX or Title XX state agency is required. <a href="#">42 CFR 59.5(a)(9)</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	10. Reasonable effort to collect charges without jeopardizing client confidentiality must be made. <a href="#">Title X Program Requirements 8.4.9</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	11. Voluntary donations from clients are permissible; client must not be pressured to make donations, and donations must not be a prerequisite to provision of services or supplies. <a href="#">Title X Program Requirements 8.4.9</a> [OPA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>K. FINANCIAL AND REPORTING REQUIREMENTS</b>				
<b>M</b>	1. Audits must be conducted in accordance with the HHS grants administration regulations. <a href="#">45 CFR parts 74.26</a> and <a href="#">92.26</a> [OPA]	<input type="checkbox"/>	<input type="checkbox"/>	Assessed by OHA Fiscal Department. See Fiscal Review.
<b>M</b>	a. By auditors meeting established criteria for qualifications and independence. <a href="#">OMB A-133</a> [OPA]	<input type="checkbox"/>	<input type="checkbox"/>	Assessed by OHA Fiscal Department
<b>M</b>	2. Contracted services must be evaluated annually. <a href="#">Policy Letter 93-1</a> [OMB]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

## PROGRAM SUMMARY

### CURRY COMMUNITY HEALTH

<b>Date:</b> 07/29/2016	
<b>Summary prepared by:</b> Josh Ferrer	<b>Title/position:</b> STD/HIV Prevention Technical Consultant
<p><b>Program description:</b></p> <p>Curry Community Health provides STD screening and treatment services through its primary location in Gold Beach as well as locations in Brookings and Port Orford. Curry County has an overall low rate of STDs, both in relation to neighboring counties as well as the state as a whole. For 2015, their Chlamydia rate was 232.82 per 100,000 compared to the state rate of 411.91/100,000. While their Gonorrhea case count was minimal in 2015 (just 2 cases), it sits at 5 cases year to date in 2016. After experiencing little to no HIV incidence for the past several years, Curry County had two cases of HIV reported in April and May of 2016.</p>	
<p><b>Program strength:</b></p> <p>The Nursing Supervisor who oversees STD/HIV work at Curry Community Health (Susan Flemming) is very committed and provides high-quality services to those infected with and affected by STDs in Curry County along with her colleagues. The reviewer was particularly impressed with the work she did on two recent HIV case investigations, making sure that the individuals involved were interviewed, received follow-up and linkage to care services, and that all documentation was thorough and complete. Staff have strong relationships with medical providers in the community who most commonly diagnose and treat STDs which facilitates timely case investigation and follow-up activities. The integrated nature of Curry Community Health also allows for opportunities to integrate HIV/STD work as part of a broader array of holistic health services for the community and the program's efforts to provide STD education at venues such as The Clubhouse are noteworthy.</p>	
<p><b>Compliance findings:</b></p> <p>N/A</p>	
<p><b>Recommendations for improvement:</b></p> <p>Program is encouraged to continue its work to offer rapid HIV testing as part of its service delivery model for STDs and to request assistance from OHA as needed.</p>	



<b>CURRY COMMUNITY HEALTH</b>	
<b>COMPLIANCE FINDINGS</b>	<b>TIME LINE FOR CHANGE</b>
<b>DATE: 07/29/2016</b> <b>CENTER FOR PUBLIC HEALTH PRACTICE</b> <b>HIV/STD/TB SECTION</b> <b>SEXUALLY TRANSMITTED DISEASES (STD)</b>  No compliance findings.  <b>For more detailed information, please see the completed program review tool in section &lt;enter section number&gt;.</b>	N/A
<b>REVIEWER:</b> Josh Ferrer	<b>RESPONDENTS:</b> Susan Flemming, Hollie Strahm

## STD REVIEW TOOL

Agency: Curry Community Health

Reviewer: Josh Ferrer

Administrator: Hollie Strahm

Date of report (mm/dd/yyyy): 08/12/2016

Participants: Susan Flemming, Hollie Strahm

Dates of review (mm/dd/yyyy): 07/29/2016

Criteria for compliance	Compliant		Comments/documentation/explanation/timelines
	Y	N	
A. The LPHA shall use all reasonable means to investigate in a timely manner all reports of reportable diseases, infections or conditions. <a href="#">OAR 333-019-0000(1)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Strong system in place for follow-up of positive STD cases in order to ensure individuals are treated and partners are offered testing and treatment as indicated.
B. STD clinical services ( <i>excluding HIV clinical care</i> ) are available to all individuals seeking such services from LPHA.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Screening for gonorrhea/chlamydia available. County does not conduct phlebotomy. Individuals needing screening for syphilis and HIV are provided with lab requisition slips to present at other labs in their area.
1. Screening services are available. <a href="#">PE 10(1)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Available Monday-Friday, by walk-in or appointment in Gold Beach and Monday-Thursday in Brookings. Also offer screening services 2x/week in Port Orford.
2. Treatment is available. <a href="#">PE 10(1)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Program uses STD medications received from state STD program.
3. Sexual partners of above individuals are treated. <a href="#">STD Treatment Guidelines</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
4. Fees are charged according to current policy and procedure. <a href="#">ORS 431.415(3)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
5. No one is turned away for lack of payment. <a href="#">PE 10(4b)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.

Criteria for compliance	Compliant		Comments/documentation/explanation/timelines
	Y	N	
C. LPHA provides STD client services including surveillance, case finding and prevention activities related to chlamydia, gonorrhea, syphilis, and HIV.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1. Current guidelines are available and used for screening and treatment. These include:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
a. OHA investigative guidelines. <a href="#">OAR 333-019-0000(1)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
b. Current <a href="#">MMWR STD TX guidelines</a> date: 2015. <a href="#">PE 10(4c)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
2. Contacts ( <i>sex partners</i> ) are referred to a diagnostic facility for evaluation and treatment. <a href="#">PE 10 4(e)</a> , <a href="#">STD Prevention Program Operations Guidelines PS 7</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
3. There are current standing orders and protocols signed by the health officer. <a href="#">OAR 851-045-0040(6)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reviewed STI Testing, STI Screening, and STI Treatment protocols signed by Health Officer, Thomas Pritchford III, MD on 09/16/2015.
4. Educational materials are available for clients. <a href="#">STD Prevention Program Operations Guidelines ML 3</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reviewer observed. Wide variety of materials available. Use CDC-produced STD educational materials.
D. When STD morbidity and laboratory results are reported to the LPHA by health care providers and laboratories, they are evaluated by the LPHA for completeness and appropriate treatment regimen.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nursing Supervisor has strong relationship with medical facilities in county that most commonly report STDs. Education provided on current CDC recommended STD treatment regimens to clinicians identified as not prescribing per most current CDC guidance.
1. LPHA shall review laboratory and health care provider case reports by the end of the calendar week in which initial laboratory or physician report is made. <a href="#">PE 10 (2a)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
E. If LPHA receives in-kind resources in the form of medications for treating STDs, these medications are only used to treat individual infected with or suspected of having reportable STDs or to treat the sex partners of individuals infected with reportable STDs. <a href="#">PE 10 4(d)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1. Medication is provided to clients at no cost.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.

Criteria for compliance	Compliant		Comments/documentation/explanation/timelines
	Y	N	
2. Monthly medication inventory is performed and documented.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
3. Medication log is maintained, with log-in and log-out of each dose dispensed, and is consistent with all Board of Pharmacy rules.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reviewed medication log.
4. Any ‘340-B medications’ received while acting as an STD covered entity shall be used to treat individuals for STDs in accordance with the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs regulations regarding the “340-B Drug Pricing Program.”	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
5. Drug cabinet or room is locked in the absence of the health officer or registered nurse. Only these persons shall have a key. <a href="#">PE 10(4f)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reviewer observed.
F. If LPHA receives in-kind resources in the form of condoms and lubricants, these are not to be sold and are to be distributed at no-cost to individuals infected with STDs or who are at risk of infection. <a href="#">PE 10 4(e)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Condoms available at all clinical sites operated by program.
G. Client confidentiality is protected.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1. Minors may be provided evaluation and treatment for reportable STDs without parental consent. <a href="#">ORS 109.610</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Program also operates School-Based Health Center in Brookings. Other SBHC in Port Orford operated by a local Federally Qualified Health Center.
2. Client records, including lab results, are secured. <a href="#">ORS 192.553</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Program uses electronic health record system (Practice Suite) although paper charts are maintained for STD positive cases and kept in secure location.
3. Reception area protects client confidentiality. <a href="#">STD Prevention Program Operations Guidelines ML 3-4</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reviewer observed.
<b>Quality assurance</b>			
A. There are ongoing quality assurance activities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Curry Community Health has internal Quality Assurance committee. Public Health/STD has extensive patient satisfaction survey system in place.

Criteria for compliance	Compliant		Comments/documentation/explanation/timelines
	Y	N	
1. Race and ethnicity fields are completed in at least 90% of case reports submitted.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fields completed in 86% of chlamydia, 100% of gonorrhea, and 100% of syphilis case reports during review period.
2. Records are audited quarterly for completeness.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Looking to implement quarterly audit system in Public Health soon.
3. At least 85% of syphilis and gonorrhea cases contain the following: a) gender of patient's sex partners, b) HIV status or date of most recent HIV test, and c) pregnancy status for females of childbearing age (15-44).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Among cases interviewed during 2016, 100% of gonorrhea cases contained HIV status and gender of sex partners. Only cases of gonorrhea in female of childbearing age contained pregnancy status. There were no syphilis cases identified year-to-date.
B. There are outreach activities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<a href="#">Click here to enter text.</a>
1. STD services are publicized in the community.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Services publicized via website, brochures, other efforts.
2. Educational outreach activities are conducted in the community.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outreach has been conducted at Clubhouse, a drop-in space operated by Curry Community Health. Integrated nature of Curry Community Health provides potential to more holistically incorporate HIV/STD prevention and sexual health awareness within array of health services available.
3. Educational materials are provided in waiting area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reviewer observed. Wide variety of materials available.

**Program Report**  
**Curry Community Health - Public Health**  
**Tobacco Prevention and Education Program (TPEP)**

**Date: 7/28/2016**

**Summary description of program**

Curry County has continued its efforts to implement TPEP program through a comprehensive approach that includes facilitating community partnerships, creating tobacco-free environments, countering pro-tobacco influences, and promoting quitting of tobacco among adults and youth. Curry County TPEP fulfilled its responsibilities related to local enforcement of the Oregon Indoor Clean Air Act.

During the reporting period, there was a frequent staff turnover in the position of TPEP Coordinator. Records show that at least six different people performed responsibilities of TPEP Coordinator during the reporting period, and there were gaps in having the position filled.

For three grant years, the work plans included activities in support of the development and adoption of a tobacco-free policy for CCH properties, including CCH Administrative Office and Public Health and Medical Services building, CCH Mental Health/Addictions building, CCH Integration Services building, North Curry Service Center, School-Based Health Center and Special Service building. As of the end of the reporting period, there was no progress toward such policy. Plans to establish systems for referral to cessation services that are very important for reducing tobacco use, have not been implemented.

The burden of tobacco use in Curry County remains significant: cigarette smoking rates among adults are higher than the rest of Oregon (29% vs. 19%), cigarette smoking among pregnant women is about twice as high as Oregon overall (21% vs. 11%) and losses due to tobacco-related deaths amount to \$13.1 million per year. Curry County must ensure that its TPEP program is staffed at an appropriate level, depending on the level of funding, as specified in the award of funds for this program, and TPEP Coordinator implements the program plan and performs activities aimed at reducing the burden of tobacco in the county and protecting local communities from harms of tobacco.

**Program strength**

- Curry Community Health adopted smoke-free policy for two CCH-controlled residential properties. City of Brookings adopted a smoke-free parks policy.
- The TPEP program fulfilled its responsibilities related to local enforcement of the Oregon

#### Indoor Clean Air Act.

- TPEP Coordinator worked on educating businesses about the changes to the Indoor Clean Air Act.
- The TPEP program integrated the promotion of the Oregon Tobacco Quit Line into a number of activities.
- The TPEP program reached out to community partners, such as CCO, Juvenile Department, and Chamber of Commerce to engage them in discussions related to tobacco prevention.
- The TPEP program used social media to warn the public about the dangers of tobacco use and to promote information about tobacco prevention and tobacco cessation services.

### **Compliance findings**

#### **PE 13 2b**

LPHA must assure that its local tobacco program is staffed at the appropriate level, depending on the level of funding, as specified in the award of funds for this program element.

Curry TPEP experienced frequent staff turnover in the position of TPEP Coordinator. Records show that at least six different people were in the TPEP Coordinator role during the reporting period. There were periods without a designated coordinator, for example, December 2013 to March 2014 or November 2015 to January 2016.

Currently, TPEP Coordinator has .5 FTE in TPEP even though the program is budgeted for a full time position. At the time of the interview, Administrator informed Reviewer that as of August 15, 2016, TPEP Coordinator will have 1.0 FTE in TPEP.

#### **PE 13 4**

LPHAs that complete fewer than 75% of the planned activities in its local program plan for two consecutive calendar quarters in one state fiscal year shall not be eligible to receive funding under this program element during the next state fiscal year.

A number of key program plan milestones, such as development of a comprehensive tobacco-free policy for CCH properties or protocols/systems for referral of tobacco users, including pregnant women, to cessation services, were not achieved during the reporting period.

### **Recommendations for improvement**

- Assure staffing of the TPEP Coordinator position adequate for implementing activities under the work plan and maintaining integrity of the program.
- Ensure timely implementation of activities outlined in the approved annual work plans.

**CURRY COUNTY COMMUNITY HEALTH**

COMPLIANCE FINDINGS	TIME LINE FOR CHANGE
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**DATE: JULY 28, 2016**

**CENTER FOR PREVENTION AND HEALTH PROMOTION  
HEALTH PROMOTION AND CHRONIC DISEASE PREVENTION  
SECTION**

**TOBACCO PREVENTION AND EDUCATION PROGRAM**

**[PE 13 2b](#)**

LPHA must assure that its local tobacco program is staffed at the appropriate level, depending on the level of funding, as specified in the award of funds for this program element.

Curry TPEP experienced frequent staff turnover in the position of TPEP Coordinator. Records show that at least six different people were in the TPEP Coordinator role during the reporting period. There were periods without a designated coordinator, for example, December 2013 to March 2014 and November 2015 to January 2016.

Although the program is budgeted for a full-time position, TPEP Coordinator currently has .5 FTE in TPEP and performs responsibilities related to a different program. At the time of the interview, Administrator informed Reviewer that as of August 15, 2016, TPEP Coordinator will be relieved of her additional responsibilities and will have 1.0 FTE in TPEP.

**[PE 13 4](#)**

LPHAs that complete fewer than 75% of the planned activities in its local program plan for two consecutive calendar quarters in one state fiscal year shall not be eligible to receive funding under this program element during the next state fiscal year.

During the reporting period, Curry TPEP experienced staff turnover and gaps in coverage of TPEP responsibilities. This may have hampered achievement of key program plan milestones, such as development of a comprehensive tobacco-free policy for CCH properties or development of protocols/systems for referral of tobacco users, including pregnant women, to cessation services.

**For more detailed information, please see the completed program review tool in sections [PE 13 2b](#) and [PE 13 4](#).**

By September 30, 2016, Curry County will assure that TPEP is staffed at the appropriate level, depending on the level of funding, as specified in the award of funds for this program element.

By June 30, 2017, Curry County TPEP will ensure timely implementation of activities outlined in the approved annual work plan.

**REVIEWER:** Tamara Burkovskaia

**RESPONDENT:** Hollie Strahm



**TOBACCO PREVENTION AND EDUCATION PROGRAM  
LPHA Triennial Site Review Tool**

AGENCY: Curry Community Health

REVIEWER: Tamara Burkovskaia

ADMINISTRATOR: Hollie Strahm

PARTICIPANTS: Hollie Strahm, Kaitlyn Coleman and Todd Beran on the phone

DATE OF REVIEW: 07/28/2016

DATE OF REPORT: 07/28/2016

**Background**

The Oregon Health Authority uses MPOWER to outline the Oregon Tobacco Prevention and Education Program required activities. Developed by the World Health Organization (WHO), the MPOWER framework is an evidence-based, CDC-promoted, package of six tobacco-control strategies used to reduce and reverse tobacco-related disease and death.

Criteria for Compliance	Compliant		Documentation/Comments/Explanation/Timelines
	Yes	No	
<b>MPOWER: MONITOR tobacco use and prevention policies.</b>			
<p><u><a href="#">PE 13 1b</a></u>: <i>Creating tobacco free environments</i> Promotes the adoption of tobacco policies, including voluntary policies in schools, workplaces and public places. Enforces local tobacco-free ordinances and the Oregon Indoor Clean Air Act.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>During the reporting period, Curry County TPEP supported adoption and enforcement of tobacco-free policies. A smoke-free policy was passed and implemented at Hammond House and Club House, the properties controlled by Curry Community Health and the City of Brookings amended its ordinance for Public Parks and Recreational Areas to include a smoke-free policy.</p>

Criteria for Compliance	Compliant		Documentation/Comments/Explanation/Timelines
	Yes	No	
			<p>The TPEP program fulfilled its responsibilities related to local enforcement of the Oregon Indoor Clean Air Act.</p> <p>After the Oregon Indoor Clean Air Act was expanded to include e-cigarettes, Coordinator worked on educating businesses about the changes to the law.</p>
<p><b><u>PE 13 1d: Promoting quitting among adults and youth</u></b> Integrates the promotion of the Oregon Tobacco Quit Line into other tobacco control activities.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>The TPEP program integrated the promotion of the Oregon Tobacco Quit Line into activities through:</p> <ul style="list-style-type: none"> <li>• presentations at meetings with internal partners, such as WIC and Wellness Committee;</li> <li>• presentations and conversations with community partners and decision makers, such as residents of Clubhouse and Hammond House county residential facilities, CCO and Fairground Board;</li> <li>• posts to CCH Facebook page;</li> <li>• distribution of Quit Line-related materials during meetings and events, such as county health fairs and Curry County fairs.</li> </ul> <p>TPEP provided support to the Western Oregon Advanced Health CCO in starting cessation classes.</p>
<b>MPOWER: RAISE taxes on tobacco.</b>			

Criteria for Compliance	Compliant		Documentation/Comments/Explanation/Timelines
	Yes	No	
<p><b><u>PE 13 1a: Facilitation of community partnerships</u></b> Accomplishes movement toward tobacco-free communities through a coalition or other group dedicated to the pursuit of agreed upon tobacco control objective. Community partners include nongovernmental entities as well as community leaders.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>The TPEP worked on establishing partnerships with community partners dedicated to the pursuit of tobacco control objectives and interested in acting as TPEP champions.</p> <p>During the reporting period, TPEP staff reached out to CCO, Juvenile Department, Gold Beach City Council, Chamber of Commerce, Fairgrounds Board, community college and school districts to engage them in discussions related to tobacco.</p> <p>Tobacco prevention issues were highlighted in presentations to decision makers and community partners, such as CCO, Chamber of Commerce and community college.</p> <p>TPEP Coordinator serves as the coordinator for the Community Advisory Committee, which brings together a number of community leaders and decision makers.</p>
<b>MPOWER: PROTECT people from tobacco smoke.</b>			
<p><b><u>PE 13 1e: Enforcement</u></b> Assists with the enforcement of statewide tobacco control laws, including minors' access to tobacco and restrictions on smoking through formal agreements</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Curry County TPEP staff responded to all complaints of violation of the Indoor Clean Air Act appropriately and in a timely manner, utilizing the Workplace Exposure Monitoring System (WEMS).</p>

Criteria for Compliance	Compliant		Documentation/Comments/Explanation/Timelines
	Yes	No	
with OHA Public Health Division.			
<p><b><u>PE 13 1b</u>: <i>Creating tobacco-free environments</i></b> Promotes the adoption of tobacco policies, including voluntary policies in schools, workplaces and public places. Enforces local tobacco-free ordinances and the Oregon Indoor Clean Air Act (OICAA).</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The TPEP program promoted the adoption of tobacco-free environments in a variety of settings, as described above.
<b>MPOWER: OFFER help to quit tobacco use.</b>			
<p><b><u>PE 13 1d</u>: <i>Promoting quitting among adults and youth</i></b> Integrates the promotion of the Oregon Tobacco Quit Line into other tobacco control activities.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The TPEP program integrated the promotion of the Oregon Tobacco Quit Line into activities, as stated above.
<b>MPOWER: WARN about the dangers of tobacco use.</b>			
<p><b><u>PE 13 1f</u>: <i>Reducing the burden of tobacco-related chronic disease</i></b> Addresses tobacco use reduction strategies in the broader context of chronic diseases and other risk factors for tobacco-related chronic diseases including cancer, asthma, cardiovascular disease, diabetes, arthritis and stroke.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TPEP staff have worked with partners to increase access to tobacco cessation services and programs for self-management of tobacco-related chronic disease, which are promoted through collaboration with the county's Safety and Wellness Committee, WIC and their events and the Chetco Senior Activity Center and the Gold Beach Senior Center. The senior centers offer Walk

Criteria for Compliance	Compliant		Documentation/Comments/Explanation/Timelines
	Yes	No	
			<p>With Ease and other programs that support efforts to promote healthy lifestyles.</p> <p>Curry County TPEP used the county Facebook webpage to warn about the dangers of tobacco use and to promote tobacco prevention and tobacco cessation.</p>
<b>MPOWER: ENFORCE bans on tobacco advertising, promotion and sponsorship.</b>			
<p><b><u>PE 13 1c: Countering pro-tobacco influences</u></b> Engages in strategies to reduce the promotion of tobacco on storefronts, in gas stations, at community events and playgrounds in the community.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TPEP Coordinator assessed feasibility of retail policy options and completed jurisdiction and stakeholder tables.
Engages in activities to counter tobacco industry advertising and promotion.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Social media channel (county Facebook webpage) was used to warn about the dangers of tobacco use and to promote information about dangers of tobacco use, tobacco prevention efforts and tobacco cessation services.
Engages in strategies to reduce youth access to tobacco products, including working with retailers towards voluntary policies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>TPEP staff conducted activities aimed at raising awareness about tobacco industry targeting youth (presentations to Juvenile Department, with demonstration of a “Candy Jar”, WIC events).</p> <p>In Spring 2016, TPEP started a conversation with a member of the City of Gold Beach Council to assess</p>

Criteria for Compliance	Compliant		Documentation/Comments/Explanation/Timelines
	Yes	No	
			potential support for a tobacco retail licensure ordinance for the city of Gold Beach.
<b>MPOWER: RAISE taxes on tobacco.</b>			
<p><u><a href="#">PE 13 1a</a></u>: <i>Facilitation of community partnerships</i> Accomplishes movement toward tobacco free communities through a coalition or other group dedicated to the pursuit of agreed upon tobacco control objectives. Community partners include nongovernmental entities as well as community leaders.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TPEP carried out work on facilitation of community partnerships as described above.
<b>Procedural and operational requirements</b>			
<p><u><a href="#">PE 13 2a</a></u> LPHA must have on file with the OHA an approved local program plan by no later than June 30 of each year. The LPHA shall implement its TPEP activities in accordance with its approved local program plan. Modifications to the local program plan may only be made with department approval.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>The annual Local Program Plans were submitted and finalized on time.</p> <p>TPEP activities were implemented in accordance with approved annual program plans.</p> <p>All changes were submitted to the Community Programs Liaison for approval.</p>
<p><u><a href="#">PE 13 2b</a></u> LPHA must assure that its local tobacco program is staffed at the appropriate level, depending on its level of funding, as specified in the award of funds for this</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Curry TPEP experienced staff turnover in the position of TPEP Coordinator. Records show that at least six different people were in the TPEP Coordinator role during the reporting period. There were periods without a designated coordinator, for example, December 2013

Criteria for Compliance	Compliant		Documentation/Comments/Explanation/Timelines
	Yes	No	
program element.			<p>to March 2014 and November 2015 to January 2016.</p> <p>Currently, TPEP Coordinator has .5 FTE in TPEP, although the program is budgeted for a full-time position.</p> <p>At the time of the interview, Reviewer was informed about the decision of CCH CEO to restore the TPEP Coordinator position at 1.0 FTE as of August 15, 2016.</p>
<p><a href="#"><u>PE 13 2c</u></a>                      LPHA must use the funds awarded to LPHA under this agreement for this program element in accordance with its budget as approved by OHA and solely for efforts devoted to tobacco prevention and education. Modifications to the budget may only be made with department approval.                      Funds awarded for this program element may not be used for treatment, other disease control programs, or other health-related efforts not devoted to tobacco prevention and education.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>The CCH used awarded funds in accordance with its budget as approved by OHA for tobacco prevention and education.</p> <p>The CCH did not make modifications to its budget without OHA approval.</p> <p>All TPEP funds were spent in accordance with the Program Element.</p>
<p><a href="#"><u>PE 13 2d</u></a>                      LPHA must attend all TPEP meetings reasonably required by OHA.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>TPEP Coordinators attended most required trainings and meetings, with communications to the Community Programs Liaison when attendance was not possible.</p>

Criteria for Compliance	Compliant		Documentation/Comments/Explanation/Timelines
	Yes	No	
<p><u><a href="#">PE 13 2e</a></u> LPHA must comply with OHA’s TPEP program guidelines and policies.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>The LPHA follows all policies related to no tobacco sponsorship and use of funds for treatment, as required or recommended by the TPEP RFA.</p>
<p><u><a href="#">PE 13 2f</a></u> LPHA must coordinate its TPEP activities and collaborate with other entities receiving TPEP funds or providing TPEP services.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Curry County TPEP staff communicated with the Southwest Regional Support Network and Coos County TPEP via phone calls and in-person meetings, focusing on overall coordination as well as specific projects, like implementation of tobacco-free policy at the Southwestern Oregon Community College, which has campuses in Curry and Coos counties. Recently, current Coordinator volunteered to facilitate grantee-led work group on Pregnancy and Tobacco.</p> <p>County TPEP has coordinated with TPEP contractors on projects such as the Community Readiness Assessment.</p>
<p><u><a href="#">PE 13 2g</a></u> In the event of any omission from, or conflict or inconsistency between, the provisions of the work plan on file at the OHA, the budget set forth in Attachment 1 and the provisions of the agreement and this program element, the provisions of the agreement and this program element shall control.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Reporting requirements**



Criteria for Compliance	Compliant		Documentation/Comments/Explanation/Timelines
	Yes	No	
<p><b><u>PE 13 3</u></b>                      LPHA submits quarterly work plan reports on a schedule to be determined by department. The reports must include, at a minimum, LPHA’s progress during the quarter towards completing activities described in its local program plan.                      Upon request by OHA, LPHA must also submit reports that detail quantifiable outcomes of activities and data accumulated from community-based assessments of tobacco use.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Reports were submitted on time, except for one reporting period of November 1, 2013 to February 28, 2014, when the position of TPEP Coordinator was not filled.</p> <p>The reports describe the progress and challenges related to completing activities listed in the Local Program Plan.</p>
<b>Performance measures</b>			
<p><b><u>PE 13 4</u></b>                      LPHAs that complete fewer than 75% of the planned activities in its local program plan for two consecutive calendar quarters in one state fiscal year shall not be eligible to receive funding under this program element during the next state fiscal year.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>A number of key program plan milestones were not reached during the reporting period.</p> <p>For three grant years, the work plans included activities in support of the development and adoption of a tobacco-free policy for CCH properties, including CCH Administrative Office and Public Health and Medical Services building, CCH Mental Health/Addictions building, CCH Integration Services building, North Curry Service Center, School-Based Health Center and Special Service building. As of the end of the reporting period, there was no progress toward such policy. Plans</p>

Criteria for Compliance	Compliant		Documentation/Comments/Explanation/Timelines
	Yes	No	
			to establish systems for referral to cessation services that are very important for reducing tobacco use rates, have not been developed.

## PROGRAM SUMMARY

### CURRY COMMUNITY HEALTH TUBERCULOSIS PROGRAM

<b>Date:</b> 7/25/16	
<b>Summary prepared by:</b> Heidi Behm, RN, MPH	<b>Title/position:</b> TB Controller
<b>Program description:</b> Curry County is very low incidence for TB disease. A TB case has not been diagnosed in Curry County within the last 3 years. Curry County does treat LTBI and completed treatment on a TB case transferred from Texas.	
<b>Program strength:</b> Curry Community Health is prepared for a TB case. Appropriate documents and procedures are in place. Nursing staff are trained and knowledgeable about TB.	
<b>Compliance findings:</b> No compliance findings.	
<b>Recommendations for improvement:</b> A tabletop exercise utilizing isolation and quarantine rules. Maintain enough staffing for back-up system. Make certain patients are giving education about possible medication side effects.	

Curry Community Health	
COMPLIANCE FINDINGS	TIME LINE FOR CHANGE
<b>DATE: 7/14/2016</b>  No compliance findings.  <b>For more detailed information, please see the completed program review tool in section &lt;enter section number&gt;.</b>	n/a
<b>REVIEWER:</b> Heidi Behm	<b>RESPONDENTS:</b> Susan Fleming, Hollie Strahm

### TUBERCULOSIS REVIEW TOOL

AGENCY: Curry Community Health

REVIEWER: Heidi Behm

ADMINISTRATOR: Hollie Strahm

PARTICIPANTS: Susan Fleming, Hollie Strahm

DATES OF REVIEW (mm/dd/yyyy): 7/14/2016-

DATE OF REPORT (mm/dd/yyyy): 7/25/2016

Criteria for Compliance	Compliant		Comments / Documentation /Explanation	Follow-up required by:
	Yes	No		
<b>Tuberculosis Case Notification and Reporting</b>				
<b>Local public health authority (LPHA) accepts notification of tuberculosis (TB) cases and suspects from providers. <a href="#">PE 03 (3b)</a>; <a href="#">OAR 333-018-0015</a></b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Yes, gets reports of QuantiFERON results.</b>	
<b>LPHA accepts and makes interjurisdictional referrals to other health departments or states. <a href="#">PE 03 (3e)</a></b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Provided case management to TB case transferred from Texas including care coordination with FQHC in CA.</b>	
<b>LPHA accepts notification of A and B Waivers from the state TB Program and CDC. <a href="#">PE 03 (3e)</a></b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Tuberculosis reports are submitted in a timely and complete manner. <a href="#">PE 03 (4a,b)</a>; <a href="#">OAR 333-018-0015</a></b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Criteria for Compliance	Compliant		Comments / Documentation /Explanation	Follow-up required by:
	Yes	No		
<b>Medical Care</b>				
<b>Documents and provides or coordinates the following medical care for suspects, cases of TB disease and contacts when needed:</b> <a href="#">PE 03 (3b)</a> ; <a href="#">Tuberculosis Investigative Guidelines</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
a. Oversight of private medical care	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
b. Laboratory services (LFTs, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Referred to primary care for blood draw.</b>	
c. Vision screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
d. Chest Radiography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Uses reimbursement program.</b>	
e. Sputum collection	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
f. Sputum induction	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
g. Airborne infection isolation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Would utilize Bay Area Hospital, Coos Bay.</b>	
h. Hospitalization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Would utilize Bay Area Hospital.</b>	
i. HIV counseling and testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
j. Consultation with TB expert when needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Consults with TB Program when needed.</b>	
<b>Clinical monitoring of active TB suspects, cases and contacts is appropriate</b> (assessed by chart review). <a href="#">PE 03 (3b)</a> ; <a href="#">Tuberculosis Investigative Guidelines</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>No recent cases. Recommended including education about TB medications.</b>	
<b>TB treatment of active TB suspects, cases and contacts is appropriate</b> (assessed by chart review). <a href="#">PE 03 (3b)</a> ; <a href="#">Tuberculosis Investigative Guidelines</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>No recent cases.</b>	

Criteria for Compliance	Compliant		Comments / Documentation /Explanation	Follow-up required by:
	Yes	No		
<b>Tuberculosis Case Management</b>				
<b>TB suspects/cases with risk factors as listed in Program Element #03 are provided with DOT throughout entire treatment. If DOT was not provided for patient with risk factor, TB program was notified.</b> (Assessed by case report and chart review.) <a href="#">PE 03 (3b,v,A,B,C)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Discussed DOT options.</b>	
<b>TB Nurse Case Management is provided including:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
a. Initial patient assessment and home visit. <a href="#">PE 03 (3b,iii)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
b. Arrangement for incentives and enablers if needed. <a href="#">PE 03 (3b,vi,A)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
c. Initiation of legal orders, detention or order to examine if needed. If has not initiated, demonstrates basic understanding of the process to obtain an order. <a href="#">PE 03 (3b,ii)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Has Isolation and Quarantine manual. Discussed.</b>	
d. Monthly in-person monitoring of TB suspects and cases for adherence, side effects and clinical response. <a href="#">PE 03 (3b,iii)</a> ; <a href="#">Tuberculosis Investigative Guidelines</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Criteria for Compliance	Compliant		Comments / Documentation /Explanation	Follow-up required by:
	Yes	No		
<b>Tuberculosis Contact Investigation</b>				
<b>TB contact investigations include the following:</b> <a href="#">PE 03 (3b,vii); Tuberculosis Investigative Guidelines</a>	<input type="checkbox"/>	<input type="checkbox"/>	<b>n/a. No recent cases requiring contact investigation. Discussed process.</b>	
a. Patient interview to elicit contacts. Attempts to locate contacts and notify of exposure.	<input type="checkbox"/>	<input type="checkbox"/>		
b. Appropriate clinical evaluation of contacts as indicated which may include: TB risk factor and symptom review, TB skin test or Quantiferon and chest x-ray.	<input type="checkbox"/>	<input type="checkbox"/>		
c. Appropriate treatment of contacts (window prophylaxis or LTBI treatment).	<input type="checkbox"/>	<input type="checkbox"/>		
d. Appropriate management of extended contact investigations (workplace, schools, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<b>TB Program, OHA can assist if large contact investigation.</b>	
<b>National TB Program Goals</b>				
<b>Advancement towards reaching the below National TB Program Goals by 2015 are demonstrated:</b> <a href="#">PE 03 (5a-f)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<b>n/a due to lack of cases.</b>	
a. >93% of new TB cases will complete treatment within 12 months	<input type="checkbox"/>	<input type="checkbox"/>		
b. >1 contact will be identified in 100% sputum smear + cases	<input type="checkbox"/>	<input type="checkbox"/>		
c. >93% contacts to sputum smear+ cases will complete evaluation	<input type="checkbox"/>	<input type="checkbox"/>		
d. >88% contacts to smear+ cases with LTBI will start treatment	<input type="checkbox"/>	<input type="checkbox"/>		
e. >79% contacts to smear+ cases with LTBI will complete treatment	<input type="checkbox"/>	<input type="checkbox"/>		
f. >95% TB cases ages 12 or older with a pleural or respiratory site of disease will have a sputum culture result reported	<input type="checkbox"/>	<input type="checkbox"/>		



Criteria for Compliance	Compliant		Comments / Documentation /Explanation	Follow-up required by:
	Yes	No		
<b>Other TB Program Requirements</b>				
<b>TB Exposure and Control Plan is in place and updated.</b> TB Control in Facilities (Health Care, Long Term Care, Correctional) and Homeless Shelters <a href="#">OAR 333-019-0041</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Has 2 exposure and control plans in place. Recommended using most recent version provided by TB program.</b>	
<b>Standing Orders for TB are written, in place and updated as needed. Are signed and dated by current health officer.</b> <a href="#">Oregon State Board of Nursing, Division 45</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Quality Assurance</b>			<b>Comments</b>	<b>Suggestions</b>
TB Nurse Case Management Training is complete: (CDC Self Study Modules 1-9 or Medical Management of TB/Contact Investigation training provided by state TB Program or equivalent) <a href="#">CDC Self Study Modules</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Attended TB training at OR Epi. Has completed CDC modules. Regularly participates in training.</b>	
The LPHA has demonstrated ability to liaison with local institutions for TB care that would include:	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
a. Corrections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Good relationship. Works with closely.</b>	
b. Hospitals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Local hospital has 25 beds. Currently no ICP.</b>	
c. Nursing homes	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
d. Schools	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
e. Local clinics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Referrals would go to FQHC, Crescent City, CA.</b>	
f. Homeless shelters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Brookings mission.</b>	
g. Others	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

LTBI = Latent Tuberculosis Infection

## PROGRAM SUMMARY

### CURRY COMMUNITY HEALTH SERVICES, VITAL RECORDS

<b>Date:</b> July 20, 2016	
<b>Summary prepared by:</b> Judy A. Shioishi, MPA	<b>Title/position:</b> Vital Records Field Liaison
<p><b>Program description:</b></p> <p>Curry County was the county of birth for 39 infants last year* and the registered place of death for 326 individuals last year**. The county vital records office serves their community by offering a local office where certified copies of birth and death records are available to order by authorized individuals. The county is limited to providing this service for the first six months after the event, whether birth or death. Orders placed in this office are typically completed within one day.</p> <p>At the beginning of this year, a new fee increase went into effect. All of the county materials were updated and efficiently communicated to partners and customers in the community.</p>	
<p><b>Program strength:</b></p> <p>The Curry Community Health Services Office of Vital Records consistently provides excellent customer service to their customers and partners throughout the community.</p> <p>The Curry County Vital Records triennial review was completed on July 6th. Registrar Lauren Butterfield and Deputy Registrar Kristen Davis work closely with partners in the area to produce accurate and timely records for the residents of Curry County. The office is well-organized and efficient. It is noteworthy that the entire office, including policies and procedures have been reinvented in the period since the last triennial review for this county. Changes within the organization, leadership and some staff around the time of the last review provided an opportunity to develop a fresh and up-to-date platform from which to base their work.</p> <p>The Curry General Hospital in Gold Beach, while still operational, has temporarily closed their birthing unit during construction of a new facility next door. The new hospital is projected to reopen in the fall of this year.</p> <p>Staff from local funeral homes shared their appreciation for the county staff members' excellent follow-up and timely responses to orders placed and inquiries.</p> <p>There are no issues for follow up with the county.</p>	
<b>Compliance findings:</b> None.	
<b>Recommendations for improvement:</b> None.	

\* Births in Curry County 2015:  
 Preliminary data are undergoing editing procedures, which result in frequent and significant changes. Data can be used for tracking recent health events, but are not appropriate for use in statistical analyses.  
 ~ Processing date (June 30, 2016) is the most recent date for which the majority of records have been received

\*\* Registered deaths in Curry County 2015, as of February 22, 2016: 326

<b>CURRY COMMUNITY HEALTH SERVICES</b>	
<b>COMPLIANCE FINDINGS</b>	<b>TIME LINE FOR CHANGE</b>
<p><b>DATE: 7/20/2016</b></p> <p><b>CURRY COMMUNITY HEALTH SERVICES</b> <b>OFFICE OF VITAL RECORDS</b></p> <p>No compliance issues found.</p> <p><b>For more detailed information, please see the completed program review tool in section &lt;enter section number&gt;.</b></p>	<p>N/A</p>
<p><b>REVIEWER:</b> Judy A. Shioishi, MPA Vital Records Field Liaison</p>	<p><b>RESPONDENTS:</b> Hollie Strahm, Public Health Director</p>



## VITAL RECORDS REVIEW TOOL

AGENCY: Curry Community Health Services, Vital Records

REVIEWER: Judy A. Shioishi, MPA, Vital Records Field Liaison

ADMINISTRATOR: Hollie Strahm, Public Health Director

PARTICIPANTS: Lauren Butterfield, Registrar & Kristen Davis, Deputy Registrar

DATES OF REVIEW (mm/dd/yyyy): 7/6/2016-

DATE OF REPORT (mm/dd/yyyy): 7/20/2016

Criteria for Compliance	Compliance met		Comments
	Yes	No	
<b>I. COUNTY REQUIREMENTS</b>			
1. State registrar approval must be granted in writing before a county registrar or deputy registrar may start work and assume the duties of the position. <b>ORS 432.035 and ORS 432.033(2) and IM-2014-01*</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. County administrator notifies state registrar in writing in advance if a county registrar will leave duties. Records issued during a time where the county has no registrar are invalid. <b>ORS 432.035 and IM-2014-01*</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. County notifies state registrar within two days if deputy registrar leaves duties. <b>ORS 432.033(2) and IM-2014-01*</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Only the county registrar and deputy registrars shall accept records for filing and issue certified copies of vital records. <b>ORS 432.380(15)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Confirming a death for a government agency is verification and is allowed. At least, a faxed letter of the request should be submitted. All government agency verifications are to be tracked per agency (less than ten a month for free or a fee is required). Infrequent requests for verification of death or birth from a local police agency, given that the volume is low and the source certain, may be honored by confirming the facts of the birth or death. Sharing information as a public record from abstract is no longer allowed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Effective January 1, 2016 new fees apply.  Agency verification fee \$10.00 (first 5 for free)

Criteria for Compliance	Compliance met		Comments
	Yes	No	
<b>ORS 432.030 and ORS 432.380(15) and IM-2014-01*</b>			
6. Staff attend training for activities relevant to the system of vital statistics laws, rules and procedures of vital records. <b>ORS 432.030(1)(e)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Staff follow the direction of the state registrar relevant to the operation of the system of vital statistics. <b>ORS 432.030(1)(d)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. County and deputy county registrars shall check on the compliance of others and make an immediate report to the state registrar of ongoing noncompliance by others with provisions of <b>ORS Chapter 432. ORS 432.035(2) (b)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. All county registrars and deputy registrars shall maintain current knowledge of vital records law, rules and procedures, including active use of newsletters, memorandum, policies and instructions to remain current. These items must be accessible to the county registrar and all deputy registrars. <b>ORS 432.035(2) and IM-2014-01*</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>II. REQUIREMENTS FOR REGISTRATION OF VITAL RECORDS</b>			
<b>Registration for All Records:</b>			
10. Staff shall review reports of death to ensure the report is complete and acceptable for registration according to the requirements set forth by the state registrar. Review shall include active use of the Sight Verification Tool for death reports. <b>ORS 432.035 and IM-2014-01*</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Staff shall date reports of death the day they are received in the office a. Registrar shall sign report of death when registered. <b>ORS 432.010(4) and IM-2014-01*</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Criteria for Compliance	Compliance met		Comments
	Yes	No	
12. Staff shall forward original reports of death, affidavits and other vital records received at county offices to the state registrar within three business days of the date of registration. <b>OAR 333-011-0205(2)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. Staff shall only accept reports filed on a form or in a format prescribed by the state registrar. <b>ORS 432.010(3); ORS 432.035(2A)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Birth Records: general</b>			
14. Staff shall forward all paper Reports of Live Birth to the state for registration. <b>IM-2014-01*</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15. Only the following persons may request an amendment to a birth certificate: the reporting source, parents, legal guardians, or birth persons if 18 years or older. Counties may provide a one-page handout of amendment fees and state contact information upon request or staff may refer all requests to the state. <b>OAR 333-011-0265 and IM-2014-01*</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. County staff charge all appropriate fees established by State Vital Records in Oregon. <b>OAR 333-011-0340</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Voluntary acknowledgement of paternity</b>			
17. Counties shall have Voluntary Acknowledgement of Paternity forms <b>[Form 45-21]</b> available for parents. <b>ORS 432.098(2)(e)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18. If parents are signing a Voluntary Acknowledgement of Paternity <b>[Form 45-21]</b> in the county office, staff shall confirm that each parent has heard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Criteria for Compliance	Compliance met		Comments
	Yes	No	
the rights and responsibilities statement for the parents before they sign. <b>ORS 432.098(2)(e) and IM-2014-01*</b>			
<b>Confidentiality</b>			
19. Veterans' use only certified copies are issued without a fee and sent or delivered directly to a veterans' services office for support of a pending application for benefits. The application for burial benefits should be included if received with the order. <b>ORS 432.435(2)(a); 432.035(2)(a) and IM-2014-01*</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
20. Do not FAX veteran's certificates. County mental health officials may receive a "white copy" of the report of death. <b>ORS 432.435 and IM-2014-01*</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
21. The county clerk shall receive death information for the purpose of removing deceased persons from the county voters' registration rolls. <b>ORS 247.570</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
22. No other county offices shall receive information unless applying for certified copies for government use. No public information is available. <b>ORS 432.350(1)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
23. Local public health authorities may use vital records information for the provisions of public health services or planning community needs and responses. Information cannot be provided to contractors with the county. <b>ORS 432.030(1)(h)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
24. No copies are shared through Freedom of Information Act (FOIA), state public record laws, or requests. Requests may be forwarded to the State Registrar for formal response. <b>ORS 432.350</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	



Criteria for Compliance	Compliance met		Comments
	Yes	No	
<b>Registration of Death Records</b>			
25. Staff shall review each death to confirm that the county has received the 24 hour Notice of Receipt of Body form (the first notice of death), the final disposition permit and have either received a report of death or identified a registered record in OVERS. <b>ORS 432.035(2) and IM-2014-01*</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
26. The county where death occurred shall receive a report of death within 5 days of the event. <b>ORS 432.133(1)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
27. The county shall contact the funeral home, when cause of death is left blank on the report of death. The report of death is incomplete when cause of death is left blank and shall be rejected. <b>ORS 432.035(2)(a) and IM-2014-01*</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
28. The county shall contact the funeral home when the manner of death is “accident” or other than “natural” if the medical examiner has not been notified or the county may send the report to the state for follow-up. The report of death shall not be registered until this is resolved. (Note: The medical examiner may decline to take the case if the cause is accidental, but the medical certifier must notify the medical examiner and indicate that on the report of death.) <b>ORS 432.035(2)(a) and IM-2014-01*</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
29. Staff shall process amendments received from either the funeral home or the informant for items (1, 3-18, 21-39) on a report of death when a completed and signed affidavit is submitted. The county may amend fully paper or hybrid (partially electronic) death certificates while the original report of death is at their office. <b>ORS 432.235; ORS 432.035(2) and OAR 333-011-0300</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Criteria for Compliance	Compliance met		Comments
	Yes	No	
<p>30. Staff shall process amendments received from the medical certifier on the report of death when a completed and signed affidavit is submitted. Counties may approve amendment requests for all items of medical section, except for items 40, 41 and 64. If a County is unsure about whether to approve or reject an amendment request, forward the amendment request(s) to the state for approval or rejection. <b>ORS 432.235 (1)(2)</b></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>31. County staff shall contact the state vital records office for specific directions if the funeral home, informant or next of kin requests an amendment to marital status or name of spouse (items 18 and 19) even if the report of death is available at the county vital records office. Specific rules apply to changes in marital status and spouse’s name and state review is required. <b>ORS 432.235; ORS 432.035(2); OAR 333-011-0300 and IM-2014-01*</b></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>32. County staff may accept and process an affidavit to correct the “Place of Death” (items 29-34) from either the funeral home or the medical certifier while the original report of death is in their possession. <b>IM-2014-01*</b></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>33. The county shall confirm that the identification tag (identifying metal disc) number on the final disposition authorization form matches the number reported on the report of death. The county staff shall contact the funeral home to resolve any discrepancy by correction to the final disposition authorization or by amendment to the report of death. <b>ORS 692.405</b></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>34. A report of death submitted six months or more after the death occurred cannot be issued at the county and shall be forwarded to the state for issuance. <b>ORS 432.440; OAR 333-011-0205 (limits counties to sell for six months)</b></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Criteria for Compliance	Compliance met		Comments
	Yes	No	
35. County staff may maintain a copy of the county registered report of death for a period up to 14 calendar days from the date the report is forwarded to the state, and may issue from that copy within that time period until the record is registered in the state vital records system. <b>OAR 333-011-205(2) and IM-2014-01*</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>III. REQUIREMENTS FOR ISSUANCE OF VITAL RECORDS</b>			
<b>Issuance of All Records</b>			
36. County staff shall secure original certificates and security paper supplies at night in a locked container. <b>ORS 432.035 and IM-2014-01*</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
37. County staff shall assist in keeping an electronic inventory of security paper by entering ALL applications to order certified copies into the Oregon Vital Events Registration System (OVERS). <b>ORS 432.380(5); ORS 432.380(14) and IM-2014-01*</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
38. County staff shall produce certified copies only on security paper. <b>ORS 432.030; ORS 432.035(2)(a); ORS 432.380(13) and IM-2014-01*</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
39. County staff shall enter ALL orders into OVERS. This will create a tracking system that is maintained for a minimum of two years that shows how many copies of certificates were issued, and to whom they were issued. <b>ORS 432.380((14)); ORS 432.035(2) and IM-2014-01*</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
40. The county shall require customers to complete an order form when ordering certified copies. The order form must contain the customer's name, address, driver's license number (or other type of photo identification), name of baby or decedent, date and place of birth or death, name of spouse (if applicable), reason for request and relationship. <b>ORS 432.380; OAR 333-011-330(2); ORS 432.380(2) and IM-2014-01*</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Criteria for Compliance	Compliance met		Comments
	Yes	No	
41. a. County staff shall verify eligibility of customer before conducting a search for records. <b>ORS 432.380(2)(c)(A)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Certified copies are only issued to eligible recipients. <b>ORS 432.380</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. The charge for search of files and records is \$20, which includes one certified copy or abbreviated certificate. <b>OAR 333-011-0340(3)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Effective January 1, 2016, the new fee is \$25, .
42. Federal, state and local government agencies can request copies or data to be used solely for the conduct of official duties. These requests should be referred to the state office for handling. Regular fees are charged. <b>ORS 432.380 (6) (b)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
43. The county may replace certified copies issued prior to an amendment and within six months of the event with certified copies of the amended record on a one to one basis. Three or fewer certified copies may be replaced without a fee. The charge for replacing four or more certified copies is a flat fee of \$20. <b>OAR 333-011-0340 (17)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Effective January 1, 2016 new rules apply.  The new replacement fee is \$5.00 per replacement certificate. There are different rules for replacing death and birth certificates.
44. County staff issue certified copies within one working day following receipt of a complete application whenever possible. <b>IM-2014-01*</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
45. Counties may issue certified copies of birth and death records for only six months following the date of the event. <b>ORS 432.035(3) and ORS 432.440</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Criteria for Compliance	Compliance met		Comments
	Yes	No	
46. Copies of records, permits and other sensitive materials are shredded after use. <b>ORS 432.033; 432.035(2)(a); 432.380(16) and IM-2014-01*</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Issuance of Birth Records</b>			
47. The county may provide printed materials to hospitals and parents with instructions on how to obtain certified copies of birth records. <b>IM-2014-01*</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
48. A paternal grandparent is only eligible to receive a certified copy of the birth record if the father or nonmale second parent is listed on the birth certificate. <b>ORS 432.350(2)(a) and 432.380</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
49. County staff may confirm eligibility as a legal representative through a written statement on letterhead from an attorney stating whom s/he represents or through a notarized release statement from an eligible recipient. <b>ORS 432.380</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Issuance of Death Records</b>			
50. A death certificate containing cause of death information is only issued to: immediate family; a legal representative; a person demonstrating a need to establish a legal right or claim; or an organization providing benefits to the decedent's survivors or beneficiaries. <b>ORS 432.380(8)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
51. The "short form" without the cause of death information is the only certified copy that the county clerk may use for recording purposes. It is provided upon specific request by the spouse, domestic partner who is registered by the state, child, parent or next of kin of the decedent, a person in charge of disposition or an authorized representative of a person. County	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Criteria for Compliance	Compliance met		Comments
	Yes	No	
vital records offices should assist in helping families determine if this version is needed <b>ORS 432.380(8)(a)(b)(c)</b>			
<b>IV. SECURITY/ACCESS/CONFIDENTIALITY</b>			
52. County staff support the integrity of vital records and vital reports and the proper and efficient administration of the system of vital statistics. <b>ORS 432.035(2)(a) and IM-2014-01*</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
53. Unlawful use of vital records or reports is a Class C felony. <b>ORS 432.993 (2)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**CURRY COUNTY BOARD OF COMMISSIONERS**  
**AGENDA ITEM ROUTING SLIP**  
FORM 10-001.1 Rev. 03-02-2016

**PART I – SUBMITTING DEPARTMENT: RETURN TO [BOC\\_OFFICE@CO.CURRY.OR.US](mailto:BOC_OFFICE@CO.CURRY.OR.US)**

**AGENDA ITEM TITLE:** 2016-17 Budget Appropriations Transfers

**AGENDA DATE<sup>a</sup>:** 1/4/2017 **DEPARTMENT:** Finance **TIME NEEDED:** 5 minutes

<sup>a</sup>Submit by seven days prior to the next General Meeting ( eight days if a holiday falls within that seven day period)

**CONTACT PERSON:** Louise **PHONE/EXT:** 3232 **TODAY'S DATE:** 12/14/16

**BRIEF BACKGROUND OR NOTE<sup>b</sup>:** Transfers money between categories in the 16-17 budget

<sup>b</sup>Indicate if more than one copy to be signed

**FILES ATTACHED:**

**SUBMISSION TYPE:** Resolution

(1)Resolution

(2)Exhibit A

Are there originals in route (paper copies with pre-existing signatures) Yes  No

**QUESTIONS:**

1. Would this item be a departure from the Annual Budget if approved? Yes  No   
(If Yes, brief detail) Reallocation of current category appropriations
2. Does this agenda item impact any other County department? Yes  No   
(If Yes, brief detail) All departments submitting supplemental budgets
3. If Land Transaction, filed with the clerk? Yes  No  N/A

**INSTRUCTIONS ONCE SIGNED:**

No Additional Activity Required

OR

File with County Clerk

Name:

Send Printed Copy to:

Address:

Email a Digital Copy to:

City/State/Zip:

Other

Phone:

Due date to send:        /        /

Email:

**\*Note: Most signed documents are filed/recorded with the Clerk per standard process.**

**PART II – COUNTY CLERK REVIEW**

**EVALUATION CRITERIA:**

**CLERK ASSESSMENT:** Does this agenda item meet filing/recording standards? Yes  No  N/A

(If No, brief detail)

**PART III - FINANCE DEPARTMENT REVIEW**

**EVALUATION CRITERIA 1-4:**

1. Confirmed Submitting Department's finance-related responses Yes  No   
Comment:
2. Confirmed Submitting Department's personnel-related materials Yes  No  N/A   
Comment:
3. If job description, Salary Committee reviewed: Yes  No  N/A
4. If hire order requires an UA, is it approved? Yes  No  Pending  N/A

**PART IV – COUNTY COUNSEL REVIEW**

**AGENDA ASSIGNMENT TYPE:** Administrative Actions

**LEGAL ASSESSMENT:** Does this agenda item have a legal impact? Yes  No

(If Yes, brief detail) Budget category transfer

**PART V – BOARD OF COMMISSIONER REVIEW/COMMENT**

**LIAISON COMMISSIONER AGREES TO ADD TO AGENDA:**

Commissioner Susan Brown Yes  No

Commissioner Thomas Huxley Yes  No

Commissioner David Brock Smith Yes  No

Not applicable to Sheriff's Department since they do not have a liaison

**BEFORE THE BOARD OF CURRY COUNTY COMMISSIONERS  
IN AND FOR THE COUNTY OF CURRY**

IN THE MATTER OF REALLOCATION OF            )  
APPROPRIATIONS BETWEEN CATEGORIES    )  
IN THE **2016-2017 FISCAL YEAR BUDGET**    )            **RESOLUTION**

**WHEREAS**, there exists a need to transfer appropriated spending authority in the Curry County budget between expenditure categories for the purpose of providing for costs beyond the amount that was anticipated in the 2016-2017 fiscal year budget: and,

WHEREAS, such increase and reallocation of appropriation is allowed under ORS 294.471; now,

**BE IT RESOLVED** that the 2016-2017 fiscal year budget for Curry County be modified as detailed in *Exhibit A* for the specific purpose of providing appropriations to cover expenditures through June 30, 2017.

Dated this 4<sup>th</sup> day of January, 2017.

CURRY COUNTY BOARD OF COMMISSIONERS

\_\_\_\_\_  
Thomas Huxley, Commissioner

\_\_\_\_\_  
Court Boice, Commissioner

\_\_\_\_\_  
Sue Gold, Commissioner

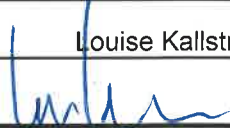

Approved as to form:

\_\_\_\_\_  
John Hutt  
Curry County Counsel



Supplemental Budget # FY2016-17

Fund Budget Must Balance To \$0.00

Department: Info Tech		BUDGET		
G/L ACCT NUMBER	ACCT DESCRIPTION	EXISTING BUDGET	CHANGE	NEW Budget
			+ = increase - = decrease	
<b>Revenue</b>				
-3-000-00				
-399.01-000-00	Assigned Fund Balance			
-399.03-000-00	Restricted Fund Balance			
	Total Resources	-	-	-
<b>Personal Services</b>				
2.20-419.20-490.00-110-00	Sal-Regular	94,480	(70,000)	24,480
-490.00-120-00	Sal-Irregular			-
-490.00-130-00	Sal-Overtime			-
-490.00-213-00	Ben-Health Ins			-
2.20-419.20-490.00-220-00	Ben- FICA 7.65%	7,228	(5,000)	2,228
2.20-419.20-490.00-230-00	PERS-County	7,143	(5,000)	2,143
-490.00-235-00	PERS-Employee			-
2.20-419.20-490.00-260-00	Ben-Workers Comp			-
	<b>Total Personal Services -</b>	108,851	(80,000)	28,851
<b>Materials &amp; Services</b>				
2.20-419.20-490.00-330-00	Pro Svc - General	48,975	80,000	128,975
-490.00-430-00	R&M Equipment			-
-490.00-580-00	Meals & Lodging			-
-490.00-				-
-490.00-				-
-490.00-				-
-490.00-				-
-490.00-				-
-490.00-600-00	Supplies - Office			-
-490.00-606-00	Event Food Supplies			-
-490.00-615-00	Other M&S			-
-490.00-				-
	<b>Total Materials &amp; Services</b>	48,975	80,000	128,975
<b>Debt, Capital, Transfers</b>				
-490.00-847-00	Debt Interest Payments			-
-490.00-849-00	Debt Principal Payments			-
-490.00-745-00	Capital Outlay			-
-490.00-745-00	Capital Outlay			-
-491. - -00	Tran To			-
-491. - -00	Tran To			-
-492. - -00	Tran To (use 492 for Tran within a Fund)			-
	<b>Total Expenditures</b>	157,826	-	157,826
			Total Change should = 0 >>	-
Note: Total change should = 0, or Total Revenue change should match Total Expense change.				
Prepared By	Louise Kallstrom	Date	12/14/2016	
Elected Official or Department Head		Date	12/14/16	
Approved By		Date	12/14/16	
Liaison Commissioner			Supp #1	

Supplemental Budget # FY2016-17

Fund Budget Must Balance To \$0.00

Department: Info Tech		BUDGET		
G/L ACCT NUMBER	ACCT DESCRIPTION	EXISTING BUDGET	CHANGE	NEW Budget
			+ = increase - = decrease	
<b>Revenue</b>				
-3-000-00				-
-399.01-000-00	Assigned Fund Balance			-
-399.03-000-00	Restricted Fund Balance			-
	Total Resources	-	-	-
<b>Personal Services</b>				
2.20-419.20-490.00-110-00	Sal-Regular			-
-490.00-120-00	Sal-Irregular			-
-490.00-130-00	Sal-Overtime			-
2.20-419.20-490.00-213-00	Ben-Health Ins	24,000	(20,000)	4,000
2.20-419.20-490.00-220-00	Ben- FICA 7.65%			-
2.20-419.20-490.00-230-00	PERS-County			-
-490.00-235-00	PERS-Employee			-
2.20-419.20-490.00-260-00	Ben-Workers Comp			-
	<b>Total Personal Services -</b>	24,000	(20,000)	4,000
<b>Materials &amp; Services</b>				
2.20-419.20-490.00-330-00	Pro Svc - General			-
-490.00-430-00	R&M Equipment			-
-490.00-580-00	Meals & Lodging			-
-490.00-				-
-490.00-				-
-490.00-				-
2.20-419.20-490.00-586-00	Computer Software	30,000	(10,000)	20,000
-490.00-600-00	Supplies - Office			-
-490.00-606-00	Event Food Supplies			-
-490.00-615-00	Other M&S			-
-490.00-				-
	<b>Total Materials &amp; Services</b>	30,000	(10,000)	20,000
<b>Debt, Capital, Transfers</b>				
-490.00-847-00	Debt Interest Payments			-
-490.00-849-00	Debt Principal Payments			-
2.20-419.20-490.00-745-00	Capital Outlay	-	30,000	30,000
-490.00-745-00	Capital Outlay			-
-491.-.-00	Tran To			-
-491.-.-00	Tran To			-
-492.-.-00	Tran To (use 492 for Tran within a Fund)			-
	<b>Total Expenditures</b>	54,000	-	54,000
			Total Change should = 0 >>	-
Note: Total change should = 0, or Total Revenue change should match Total Expense change.				
Prepared By	Louise Kallstrom	Date	12/14/2016	
Elected Official or Department Head	<i>[Signature]</i>	Date	12/14/16	
Approved By	<i>[Signature]</i>	Date	12/14/16	
Liasion Commissioner			Supp #1	

**CURRY COUNTY BOARD OF COMMISSIONERS**  
**AGENDA ITEM ROUTING SLIP**  
FORM 10-001.1 Rev. 03-02-2016

**PART I – SUBMITTING DEPARTMENT: RETURN TO [BOC OFFICE@CO.CURRY.OR.US](mailto:BOC_OFFICE@CO.CURRY.OR.US)**

**AGENDA ITEM TITLE:** Discussion Relating to the Purchase of Two Laptop Computers

**AGENDA DATE<sup>a</sup>:** 2017\_01\_04 **DEPARTMENT:** Commissioners **TIME NEEDED:** 10 min

<sup>a</sup>Submit by seven days prior to the next General Meeting ( eight days if a holiday falls within that seven day period)

**CONTACT PERSON:** T. Huxley **PHONE/EXT:** 3296 **TODAY'S DATE:** 12-27-16

**BRIEF BACKGROUND OR NOTE<sup>b</sup>:** Seeking consensus from Board to authorize IT to purchase two laptop computers - one for Blue Room, One for Board Meeting Room for use such as presentations; teleconferences, etc.

<sup>b</sup>Indicate if more than one copy to be signed

**FILES ATTACHED:** **SUBMISSION TYPE:** Discussion/Decision

- (1)
- (2)

Are there originals in route (paper copies with pre-existing signatures) Yes  No

**QUESTIONS:**

- 1. Would this item be a departure from the Annual Budget if approved? Yes  No   
(If Yes, brief detail)
- 2. Does this agenda item impact any other County department? Yes  No   
(If Yes, brief detail)
- 3. If Land Transaction, filed with the clerk? Yes  No  N/A

**INSTRUCTIONS ONCE SIGNED:**

No Additional Activity Required

OR

File with County Clerk

Name:

Send Printed Copy to:

Address:

Email a Digital Copy to:

City/State/Zip:

Other

Phone:

Due date to send:        /        /

Email:

<sup>c</sup>Note: Most signed documents are filed/recorded with the Clerk per standard process.

**PART II – COUNTY CLERK REVIEW**

**EVALUATION CRITERIA:**

**CLERK ASSESSMENT:** Does this agenda item meet filing/recording standards? Yes  No  N/A   
(If No, brief detail)

**PART III - FINANCE DEPARTMENT REVIEW**

**EVALUATION CRITERIA 1-4:**

- 1. Confirmed Submitting Department's finance-related responses Yes  No   
Comment:
- 2. Confirmed Submitting Department's personnel-related materials Yes  No  N/A   
Comment:
- 3. If job description, Salary Committee reviewed: Yes  No  N/A
- 4. If hire order requires an UA, is it approved? Yes  No  Pending  N/A

**PART IV – COUNTY COUNSEL REVIEW**

**AGENDA ASSIGNMENT TYPE:** **Administrative Actions**

**LEGAL ASSESSMENT:** Does this agenda item have a legal impact? Yes  No   
(If Yes, brief detail)

**PART V – BOARD OF COMMISSIONER REVIEW/COMMENT**

**LIAISON COMMISSIONER AGREES TO ADD TO AGENDA:**

Commissioner Susan Brown Yes  No

Commissioner Thomas Huxley Yes  No

Commissioner David Brock Smith Yes  No

Not applicable to Sheriff's Department since they do not have a liaison

**CURRY COUNTY BOARD OF COMMISSIONERS**  
**AGENDA ITEM ROUTING SLIP**  
FORM 10-001.1 Rev. 03-02-2016

**PART I – SUBMITTING DEPARTMENT: RETURN TO [BOC\\_Office@CO.CURRY.OR.US](mailto:BOC_Office@CO.CURRY.OR.US)**

**AGENDA ITEM TITLE:** Intergovernmental Agreement with State Dept of Revenue to collect Marijuana Retail Sales Taxes

**AGENDA DATE<sup>a</sup>:** 01/04/2017 **DEPARTMENT:** BOC/Finance **TIME NEEDED:** 5

<sup>a</sup>Submit by seven days prior to the next General Meeting ( eight days if a holiday falls within that seven day period)

**CONTACT PERSON:** J Hutt / L Kallstrom **PHONE/EXT:** 3218 / 3232 **TODAY'S DATE:** 12/20/2016

**BRIEF BACKGROUND OR NOTE<sup>b</sup>:** Through this agreement, Oregon Department of Revenue will collect retail marijuana sales taxes for approximately four per-cent (4%) of our three per-cent (3%) tax. Estimated cost to county is \$100 to \$1500 per year. That alleviates staff time, and resolves cash-handling issues. Recommend approval.

<sup>b</sup>Indicate if more than one copy to be signed

**FILES ATTACHED:**

**SUBMISSION TYPE:** Agreement

- (1)Agreement
- (2)Memorandum

Are there originals in route (paper copies with pre-existing signatures) Yes  No

**QUESTIONS:**

1. Would this item be a departure from the Annual Budget if approved? Yes  No   
(If Yes, brief detail)
2. Does this agenda item impact any other County department? Yes  No   
(If Yes, brief detail)
3. If Land Transaction, filed with the clerk? Yes  No  N/A

**INSTRUCTIONS ONCE SIGNED:**

No Additional Activity Required

OR

- File with County Clerk
- Send Printed Copy to:
- Email a Digital Copy to:
- Other

Name:  
Address:  
City/State/Zip:

Phone:

Due date to send:        /        /

Email:

**\*Note: Most signed documents are filed/recorded with the Clerk per standard process.**

**PART II – COUNTY CLERK REVIEW**

**EVALUATION CRITERIA:**

**CLERK ASSESSMENT:** Does this agenda item meet filing/recording standards? Yes  No  N/A

(If No, brief detail)

**PART III - FINANCE DEPARTMENT REVIEW**

**EVALUATION CRITERIA 1-4:**

1. Confirmed Submitting Department's finance-related responses Yes  No   
Comment:
2. Confirmed Submitting Department's personnel-related materials Yes  No  N/A   
Comment:
3. If job description, Salary Committee reviewed: Yes  No  N/A
4. If hire order requires an UA, is it approved? Yes  No  Pending  N/A

**PART IV – COUNTY COUNSEL REVIEW**

**AGENDA ASSIGNMENT TYPE:** Adminstrative Actions

**LEGAL ASSESSMENT:** Does this agenda item have a legal impact? Yes  No

(If Yes, brief detail) Contract with state; delegation of tax administrative duties

**PART V – BOARD OF COMMISSIONER REVIEW/COMMENT**

**LIAISON COMMISSIONER AGREES TO ADD TO AGENDA:**

- Commissioner Susan Brown Yes  No
- Commissioner Thomas Huxley Yes  No

Commissioner David Brock Smith   **Yes**    **No**

Not applicable to Sheriff's Department since they do not have a liaison

**BEFORE THE BOARD OF COUNTY COMMISSIONERS**  
**IN AND FOR THE COUNTY OF CURRY, OREGON**

In the Matter of an Order )  
Entering into an Intergovernmental )  
Agreement with the State of Oregon, ) ORDER NO. \_\_\_\_\_  
Department of Revenue to Collect )  
Retail Marijuana Sales Tax for Curry )  
County )

**WHEREAS**, on May 4, 2016, the Curry County Board of Commissioners approved Ordinance No. 16-03 “Marijuana Retail Sales Tax Ordinance”, referring it to the voters at the November 8, 2016 election, and also approved Ordinance No. 16-04 “Implementing the Marijuana Retail Sales Tax Ordinance”; and

**WHEREAS**, on November 8, 2016, the Curry County voters approved Curry County Ordinance No. 16-03 “Marijuana Retail Sales Tax Ordinance”; and

**WHEREAS**, section 2.16.200 of Ordinance No. 16-04 “Implementing the Marijuana Retail Sales Tax” contained a provision allowing the Board to employ alternative methods to collect the tax imposed; and

**WHEREAS**, the State of Oregon, Department of Revenue has offered an Intergovernmental Agreement which provides an alternative method to collect the tax; and

**WHEREAS**, the Board of Curry County Commissioners determines that it is in the best interests of the citizens of Curry County to enter into the Intergovernmental Agreement; and

**NOW, THEREFORE, IT IS HEREBY ORDERED** as follows:

1. Per Section 2.16.200 of Ordinance No. 16-04 “Implementing the Marijuana Retail Sales Tax “, the Commissioners suspend the County’s administration of its retail marijuana sales tax; and
2. Authorizes execution of the Intergovernmental Agreement with the State of Oregon, Department of Revenue to perform administrative functions regarding the County’s retail marijuana sales tax as set forth therein.

DATED this \_\_\_\_\_ day of January, 2017.

BOARD OF CURRY COUNTY COMMISSIONERS

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Chair

---

Vice Chair

---

Commissioner

Approved as to Form:

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John Huttl  
Curry County Legal Counsel

## MARIJUANA TAX COLLECTION AGREEMENT

This Marijuana Tax Collection Agreement (“Agreement”) is entered into between the State of Oregon, acting by and through its Department of Revenue (the “Department”) and the County of Curry (“County”), under the authority of ORS 305.620.

In consideration of the conditions and promises hereinafter contained, it is mutually agreed by the parties that the Department shall supervise and administer, according to the terms and conditions set forth in this Agreement, the Local Tax on sales of marijuana items by Marijuana Retailers authorized under ORS 475B.345 and approved by the voters of County.

**(1) Definitions.** As used in this Agreement the following terms have the meanings ascribed to them:

(a) “Confidential Information” means the information on Local Tax returns administered pursuant to ORS 305.620, any information in the reports required under Sections 8 and 9 of this Agreement from which information about a particular Local Taxpayer is discernable from the report due to a small number of Local Taxpayers in County or similar factors, and any other information exchanged between the Department and County related to this Agreement, that is confidential under ORS 314.835.

(b) “Fees” means collectively the Administrative Services Fee, the Business Fee and the Core Systems Replacement Fee described in Section 5 of this Agreement.

(c) “Local Government” means a city or county that has entered into a form of this agreement with the Department under the authority of ORS 305.620 for the Department to collect Local Taxes authorized under ORS 475B.345.

(d) “Local Tax” or “Local Taxes” means the Marijuana Tax imposed by County, together with any additional interest or penalties provided for by statute or the Department’s rules; it does not include any additional penalties or fees that County may assess against its Local Taxpayers.

(e) “Local Taxpayer” means a licensed Marijuana Retailer located in the taxing jurisdiction of County.

(f) “Marijuana Retailer” has the meaning given in ORS 475B.015.

(g) “Marijuana Tax” means the tax imposed on sales of marijuana items by Marijuana Retailers pursuant to ORS 475B.345.

(h) “Marijuana Taxpayer” means a licensed Marijuana Retailer that is subject to the Marijuana Tax imposed by a Local Government.

(i) “Ordinance” means the ordinance adopted by the governing body of County and approved by the voters of County on 11/8/2016, a copy of which is attached hereto as Exhibit B and by this reference incorporated herein.

**(2) General Administration.** The Department shall be responsible for all aspects of Local Tax administration, including, but not limited to, adopting administrative rules; auditing



returns; assessing deficiencies and collecting the Local Tax and penalties and interest under applicable statutes, including but not limited to ORS 305.265, ORS 305.220, and ORS 314.400; making refunds; holding conferences with Local Taxpayers; handling appeals to the Oregon Tax Court; issuing warrants for the collection of unpaid taxes; determining the minimum amount of Local Tax economically collectible; and taking any other action necessary to administer and collect the Local Taxes. The Department has adopted rules addressing the requirements for paying taxes with currency and other matters related to the taxation of marijuana under ORS chapter 475B. County understands and agrees that such rules will be applied to Local Taxpayers.

(3) **Level of Service**. In performing its duties, the Department may in its sole discretion determine what action shall be taken to enforce provisions of the law and to collect the Local Tax. In exercising its discretion, the Department shall provide a level of services that are comparable to the level of services it provides in the administration of the State of Oregon marijuana tax laws and the collection of such taxes owed to the State of Oregon. If the Department deems it necessary to vary substantially from this standard, the Department shall first notify County of the need and obtain County's consent. The Department shall provide all forms necessary for implementation of the Local Tax, including forms for Marijuana Tax returns, exemptions and refunds.

(4) **Transfer of Taxes to County**. Beginning at the end of the first full quarter after execution of this Agreement, the Department shall remit to County the amount of Local Taxes collected in the preceding quarter less amounts withheld to pay the Department's Fees and other costs as described in this Agreement within 60 days of the return due date for the quarter. The Department shall notify County if, because of inability to move funds electronically or otherwise through the banking system, a force majeure event described in Section 26 of this Agreement or other exigent circumstance, the Department is unable to transfer the Local Tax collected to County as provided in this Section. In that event, the Department shall provide an estimate, if possible, of when it expects to be able to transfer the Local Taxes collected to County. The Department may enter into an agreement with another state government agency to fulfill the requirements of this Section 4, provided that said government agency can comply with the requirements of this section.

(5) **Costs**. In order to recover its costs to collect and transfer the Local Tax as provided in this Agreement the Department shall be paid the following three fees:

(a) "Administrative Services Fee": Pays for the establishment and maintenance of financial systems needed to administer and distribute Local Taxes. The fee shall be calculated annually as a percentage of the equivalent of 60 hours of work conducted for the Department of Revenue by the Department of Administrative Services, divided among the Local Governments in proportion to the number of Marijuana Taxpayers in each Local Government.

(b) "Business Fee": Pays for the Local Tax administration activities set forth in this Agreement. The fee shall be calculated as a percentage of the Department's Business Division annual expenses for the administration of all marijuana taxes, with the total fee increasing in

direct proportion to the number of Local Taxpayers. The total amount per Local Taxpayer billed to County under the Business Fee shall not exceed 0.05 percent of the Department's Business Division expenses for the administration of all marijuana taxes;

(c) "Core Systems Replacement fee": Charged only one time after execution of this Agreement and calculated as a flat fee per Local Taxpayer. The total Core Systems Replacement Fee shall not exceed two hundred dollars (\$200.00) per Local Taxpayer in the first full quarter following execution of this Agreement.

FOR EXAMPLE, in a hypothetical with the following assumptions:

250 Marijuana Taxpayers

50 Local Taxpayers in the City of Mainville

2 Local Taxpayers in the City of Middletown

Business Division's Marijuana Expenses: \$500,000 per year

Hourly DAS rate: \$99/hour

The fees would be calculated as follows:

Administrative Services Fee =  $(\$99/\text{hour} * 60 \text{ hours}) / 250 \text{ Marijuana Taxpayer} =$   
\$23.76 per Local Taxpayer per year

Business Fee =  $\$500,000 \text{ in marijuana expenses per year} * 0.05\% =$  \$250 per  
Local Taxpayer per year

Core Systems Replacement Fee = \$200 per Local Taxpayer, one time

City of Mainville, year 1:  $(\$23.76 \text{ Administrative Services Fee} + \$250 \text{ Business Fee} + \$200 \text{ Core Systems Replacement Fee}) * 50 \text{ Local Taxpayers} =$  \$23,688 in costs

City of Mainville, subsequent years:  $(\$23.76 \text{ Administrative Services Fee} + \$250 \text{ Business Fee}) * 50 \text{ Local Taxpayers} =$  \$13,688 in costs

City of Middletown, year 1:  $(\$23.76 \text{ Administrative Services Fee} + \$250 \text{ Business Fee} + \$200 \text{ Core Systems Replacement Fee}) * 2 \text{ Local Taxpayers} =$  \$947.52 in costs

City of Middletown, subsequent years:  $(\$23.76 \text{ Administrative Services Fee} + \$250 \text{ Business Fee}) * 2 \text{ Local Taxpayers} =$  \$547.52 in costs

(e) In addition to the Fees described above, the Department may withhold or invoice County for the Department's costs to administer extraordinary services not described in this Agreement related to the Local Tax; such extraordinary costs may include, without limitation, requests for audits from County that exceed the scope of the Department's normal audit

procedures, requests for research or advice from the Department or the Oregon Department of Justice attorneys, or specially appointed counsel, regarding the Local Tax.

(f) If the Department determines that its costs cannot be covered by the maximum fees outlined in this Section 5, the Department will notify County of the amount by which the Department has determined the Fees must increase. If the Department and County do not agree upon a Fee increase and related amendment to this Agreement, then this Agreement may be terminated by either party in accordance with Section 16 of this Agreement.

(g) The Department shall not collect more in fees than its costs to administer the Local Tax, per ORS 305.620(5). It is using the above formula in the interests of producing its best estimate of costs.

**(6) Withholding for Fees and Rebate.** The Department shall withhold from the Local Taxes collected and each transfer to County an amount equal to four percent (4%) of the Local Taxes collected. In the first quarter of each calendar year the Department will reconcile the amounts withheld in the previous year with the total fees assessed, and provide such reconciliation in the Department's annual report described in Section 9 of this Agreement. If the amount withheld in a calendar year exceeds the amount of the Department's Fees, the Department will rebate the balance of the Local Taxes withheld to County by the end of the first quarter following the year of withholding. If the amount withheld does not cover the Department's Fees for the preceding year, the amount of the shortfall will be withheld from subsequent transfers of Local Taxes collected until the Department's Fees are fully paid, or in its discretion the Department may invoice County for the unpaid amount of the Department's Fees.

**(7) Recovery of Overpayments.** If the amount of Local Taxes paid to County under this Agreement, exceed the amount to which County is entitled, the Department may, after notifying County in writing, withhold from later payments due County under this Agreement, such amounts, over such periods of time, as are necessary to recover the amount of the overpayment.

**(8) Department Quarterly Reports.** Beginning with the first full calendar quarter after the execution of this Agreement and continuing each calendar quarter thereafter, within sixty (60) days after the due date for quarterly Local Tax returns, the Department shall provide County with a report indicating the amount of Local Taxes collected, any extraordinary costs assessed, the amount withheld under Section 6 of this Agreement and the cumulative amount of delinquent Local Taxes for each Marijuana Retailer in County's jurisdiction. The information in this report must be treated as potentially revealing Confidential Information, and shall be protected as described in Section 15. County should make all efforts to prevent Confidential Information from being released. The Department and County shall disclose any non-confidential information in a report when required to do so by law, including the Oregon Public Records Law, ORS 192.410 to 192.505.

**(9) Department Annual Reports.** In the first calendar quarter of each year, the Department shall make a written annual report of the preceding calendar year to County showing the total amount of Local Taxes collected, refunds paid, the expenses of administering and collecting the Local Tax, and other pertinent information. The report shall show the total amount

withheld by the Department under Section 6 of this Agreement, and shall show the Department's expenses by its Fee categories. In such report, the Department shall also make recommendations concerning changes in Local Tax Ordinances, procedures, policies, Local Tax administration and related matters, as the Department deems necessary and appropriate. The information in this report must be treated as potentially Confidential Information, and shall be protected as described in Section 15. County should make all efforts to prevent Confidential Information from being released. The Department and County shall disclose any non-confidential information in the report when required to do so by law, including the Oregon Public Records Law, ORS 192.410 to 192.505.

**(10) County Reports.** Within sixty (60) days of the effective date of this Agreement, County shall provide the Department with a list of Local Taxpayers in its jurisdiction and a list of zip code areas that are within its jurisdiction for purposes of imposing the Local Tax. County shall provide an updated list of Local Taxpayers to the Department each calendar quarter thereafter. County shall review all reports and reconciliations provided by the Department and promptly notify the Department of any perceived errors or omission in such reports.

**(11) Records Maintenance and Access.** Each party shall maintain its records relevant to this Agreement, the Local Taxes and Local Taxpayers for the period of time specified and in the manner required under the document retention and archiving requirements applicable to it that are established under ORS 192.005 to 192.170. Upon written request, each party may examine the records of the other party at a time and location that is convenient and without extra cost to the holder to the records; provided, however, any requests for records made in connection with litigation or other efforts to collect the Local Tax shall be immediately provided in the time and manner requested.

**(12) Ordinance and Notification of Changes.** Contemporaneous with the execution of this Agreement, County shall provide a copy of the Ordinance to Department for incorporation into this Agreement as Exhibit B. In order to insure consistency in administration of the Local Tax, each party shall notify the other of any change in the Ordinance and any state or local regulations or rulings interpreting the Local Tax or the Ordinance, any changes in rates or changes in the County's boundary at least ninety (90) days prior to the effective change, unless it is not legally possible to provide ninety (90) days' notice or both parties mutually agree to effect such changes in less than ninety (90) days. Each party shall notify the other of any change in administration of the Local Tax under this Agreement. The parties shall cooperate in amending the Ordinance or in seeking amendments to ORS 475B.345 or ORS 305.620 which they deem necessary.

**(13) Information.** The parties will cooperate in the exchange of information and making public announcements to facilitate effective administration of the Local Tax and maintain consistency in public announcements and information. Policy announcements, announcement of changes in the Ordinance, and all correspondence relating to public relations will be handled by County. The Department shall promptly notify County of any matter arising in the administration of the Marijuana Tax that would require any legislative change or affect County's policy, including any policy that relates to the amount of Local Tax collected. Nothing in this

section shall prohibit the Department from conducting its own outreach activities to increase awareness and knowledge of local tax obligations.

**(14) Limits and Conditions.** To the extent limited by applicable provisions of Article XI of the Oregon Constitution or other governing law, and within the limits of the Oregon Tort Claims Act applicable respectively to the Department and County, each party shall indemnify the other for damage to life or property arising from their respective duties and obligations under this Agreement, provided neither party shall be required to indemnify the other for any such liability arising out of a party's own negligent or wrongful acts.

**(15) Confidentiality.**

(a) Confidential Information may be disclosed only to County as principal, by the Department as its agency, for purposes of carrying out the administration of the Local Tax imposed by County. Requests for Confidential Information shall be made by County by giving not less than ten (10) days' notice to the Department, stating the information desired, the purposes of the request, and the use to be made of such information. If the compilation of information is not feasible, the Department shall so advise County.

(b) ORS 314.840(3) requires that employees and representatives of County who receive Confidential Information must be advised in writing of the provisions of ORS 314.835 and 314.991(3), relating to the penalties for unlawful disclosure. Prior to being given access to Confidential Information, all County employees involved in the performance of this Agreement must review the DOR Secrecy Clause and sign the DOR Secrecy Laws Certificate (substantially in the form of Exhibit A, attached hereto and by this reference incorporated herein) certifying the employee understands the confidentiality laws and the penalties for violating them. Annually thereafter, (on or before a date specified by the Department), or upon request by the Department, such County employees must review and sign the latest versions of the Secrecy Clause and the Secrecy Laws Certificate. All signed Secrecy Laws Certificates must be immediately emailed to both the designated Department Authorized Representative (indicated below) and the Department's Disclosure Office ([disclosure.office@oregon.gov](mailto:disclosure.office@oregon.gov)). When the employee terminates employment with County, County will forward the certificate to the Department's Disclosure Officer indicating the employee is no longer employed by County. A listing of every person authorized to request and receive Confidential Information identified in this Agreement will be sent to the following designated representative:

John Galvin, Marijuana Tax Program Manager, [marijuanatax.DOR@oregon.gov](mailto:marijuanatax.DOR@oregon.gov)

(c) Upon request and pursuant to the instructions of DOR, County shall return or destroy all copies of Confidential Information provided by DOR to County, and County shall certify in writing the return or destruction of all such Confidential Information.

(d) The administrative rules implementing ORS 314.835 and ORS 314.840 as amended from time to time during the term of this Agreement, shall apply to this Agreement.

**(16) Term.** The term of this Agreement shall be from the date it is executed by all parties and until it is terminated by operation of law or by either party at its discretion upon at

least ninety (90) days prior written notice. Prior to the termination date specified in written notice provided under this section or Section 17 below, County and the Department will continue to perform their respective duties and obligations of under this Agreement. After the termination date, the Department will cease all collection and other activities under this Agreement, unless prior to the termination date the Department and County agree in writing that the Department may continue actions that are pending before the Oregon Tax Court or the Oregon Supreme Court, or are being collected after judgment or stipulation. In addition, after the termination date the Department will continue to remit to County any Local Taxes received by the Department, after deduction of the Department's actual costs, until all matters pending on the date of termination have been resolved or collected. The Department will administer the Local Tax for County for each calendar quarter commencing after this Agreement is executed; provided, however, if this Agreement is fully executed on or before the 15<sup>th</sup> day of the calendar quarter, the Department will administer the Local Tax for the quarter in which this Agreement is executed.

**(17) Default and Remedies.** A party shall be in default under this Agreement if it fails to perform any of its duties and obligations under this Agreement, and fails to cure such nonperformance within ninety (90) days after the other party provides written notice specifying the nature of the nonperformance. If the nonperforming party does not cure its nonperformance, or provide a satisfactory explanation to the other party of its performance under this Agreement, the other party may terminate this Agreement immediately or at a later date specified in written notice provided to the nonperforming party. In addition to termination of this Agreement, in the event of default by a nonperforming party, the other party may pursue any remedies available in law or equity, including an action for specific performance.

**(18) Notices.** All notices, documents, and information shall be sent as follows:

County of Curry

Oregon Department of Revenue  
Marijuana Tax Program  
PO Box 14630  
Salem, OR 97309

**(19) Amendments.** The provisions of this Agreement shall not be waived, altered, modified, supplemented, or amended, in any manner whatsoever, except by written instrument signed by both parties.

**(20) Successors and Assigns.** This Agreement shall be binding and inure to the benefit of the parties, their assigns, and successors.

**(21) Severability.** If any provision of this Agreement shall be held invalid or unenforceable by any court of competent jurisdiction, such holding shall not invalidate or render unenforceable any other provision hereof.

**(22) Representations.** Each party represents to the other that the making and performance of this Agreement: (a) have been duly authorized by its governing body or official, (b) does not and will not violate any provision of any applicable law, rule, regulation, or order of any court, regulatory commission, board or other administrative agency or any provision of any

applicable local charter or other organizational document, and (c) do not and will not result in the breach of, or constitute a default or require any consent under any other agreement or instrument to which the party is bound.

**(23) Governing Law, Consent to Jurisdiction.** This Agreement shall be governed by and construed in accordance with the laws of the State of Oregon without regard to principles of conflicts of law. Any claim, action, suit or proceeding (collectively “Claim”) between the Department and County regarding the enforcement or interpretation of this Agreement shall be brought and conducted solely and exclusively within the Circuit Court of Marion County for the State of Oregon. The parties understand and agree that any action brought to determine the amount of Local Tax owed by a Local Taxpayer, whether brought solely by the Department or in conjunction with County shall be brought solely in the Oregon Tax Court.

**(24) Nonappropriation.** The obligation of each party to perform its duties under this Agreement is conditioned upon the party receiving funding, appropriations, limitation, allotment, or other expenditure authority sufficient to allow the party, in the exercise of its reasonable administrative discretion, to meet its obligations under this Agreement. Nothing in this Agreement may be construed as permitting any violation of Article XI, sections 7 or 10 of the Oregon Constitution or any other law limiting the activities, liabilities or monetary obligations of each party.

**(25) Survival.** All rights and obligations of the parties under this Agreement will cease upon termination of the Agreement, other than the rights and obligations arising under Sections 14, 16 and 17, and those rights and obligations that by their express terms survive termination of this Agreement; provided, however, that termination of this Agreement will not prejudice any rights or obligations accruing to a party prior to termination.

**(26) Force Majeure.** Neither party is responsible for any failure to perform or any delay in performance of an obligation under this Agreement caused by fire, civil unrest, labor unrest, natural causes, or war, which is beyond that party’s reasonable control. Each party shall, however, make all reasonable efforts to remove or eliminate such cause of failure to perform or delay in performance and shall, upon the cessation of the cause, diligently pursue performance of its obligation under this Agreement.

**(27) Counterparts.** This Agreement may be executed in counterparts, all of which when taken together shall constitute one agreement, notwithstanding that all parties are not signatories to the same counterpart. Each copy of this Agreement so executed constitutes an original.

**(28) Merger.** This Agreement and any exhibits constitute the entire agreement between the parties on the subject matter hereof. There are no understandings, agreements or presentations, oral or written, not specified herein regarding this Agreement.

Each party represents that this Agreement, when fully executed and delivered will constitute a legal, valid and binding obligation of the party in accordance with its terms, and that the person signing below is the authorized representative of the party with full power and authority to bind his/her principal to this Agreement.

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**Oregon Department of Revenue**

Name/Title:

Signature:

Date signed:

**County:**

Name/Title:

Signature:

Date signed:



**EXHIBIT A**

**DOR**

**SECURITY CLAUSE**

**and**

**SECURITY LAWS CERTIFICATE**

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## SECRECY CLAUSE

Taxpayer information is confidential and protected by Oregon law. Only authorized persons may have access to taxpayer information, or to secure buildings where taxpayer information is handled. Oregon law requires that you sign a Secrecy Certificate before being allowed access to this confidential information or secure areas. By signing the certificate, you certify that you understand the confidentiality laws and the penalties for violating them.

This applies to everyone with access to taxpayer information, including:

- Department of Revenue employees
- Employees of other government agencies
- Vendors and contractors
- Business partners

### Penalties for unauthorized disclosure of state tax information

- **Income tax\***—Class C felony; up to \$125,000 fine; up to five years imprisonment; dismissal from state employment; no public office for five years. [ORS 314.991(2)]
- **Inheritance tax**—Class C felony; up to \$125,000 fine; up to five years imprisonment; dismissal from state employment; no public office for five years. [ORS 118.990(3)]
- **Industrial property tax**—Up to \$10,000 fine; up to one year imprisonment. [ORS 308.990(5)]
- **Timber tax**—Up to \$5,000 fine; dismissal from state employment. (ORS 321.686)
- **Employment Department**—May result in dismissal from state employment, or other discipline. [ORS 657.665(6)]

\* *These provisions also apply to transient lodging tax (ORS 320.330), cigarette tax (ORS 323.403), tobacco products tax (ORS 323.595), emergency communications tax (ORS 403.230), oil and gas production tax (ORS 324.170), hazardous substances tax (ORS 453.410), and petroleum products tax (ORS 465.124).*

### Penalties for unauthorized disclosure of federal tax information

- **IRC Sect. 7213**—Felony; up to \$5,000 fine; imprisonment of up to five years; cost of prosecution, damages\*\*.
- **IRC Sect. 7213A**—Up to \$1,000 fine; imprisonment of up to one year; cost of prosecution, damages\*\*.

\*\* *Damages may include \$1,000 per act, actual damages, punitive damages, cost of legal action, attorney fees. See Section 7431.*

## Instructions

Please read the following laws. They explain the types of information that are confidential. If you have questions during your employment or performance of duties, ask your supervisor or a Disclosure officer before accessing or disclosing information.

After reading this information, fill out the last page and return it to the Department of Revenue. Keep the other pages for your records.

## Oregon Income Tax Laws

### ORS 314.835

(1) Except as otherwise specifically provided in rules adopted under ORS 305.193 or in other law, it shall be unlawful for the Department of Revenue or any officer or employee of the department to divulge or make known in any manner the amount of income, expense, deduction, exclusion or credit or any particulars set forth or disclosed in any report or return required in the administration of ORS 310.630 to 310.706, required in the administration of any local tax pursuant to ORS 305.620, or required under a law imposing a tax upon or measured by net income. It shall be unlawful for any person or entity to whom information is disclosed or given by the department pursuant to ORS 314.840 (2) or any other provision of state law to divulge or use such information for any purpose other than that specified in the provisions of law authorizing the use or disclosure. No subpoena or judicial order shall be issued compelling the department or any of its officers or employees, or any person who has acquired information pursuant to ORS 314.840 (2) or any other provision of state law to divulge or make known the amount of income, expense, deduction, exclusion or credit or any particulars set forth or disclosed in any report or return except where the taxpayer's liability for income tax is to be adjudicated by the court from which such process issues.

(2) As used in this section:

(a) "Officer," "employee" or "person" includes an authorized representative of the officer, employee or person, or any former officer, employee or person, or an authorized representative of such former officer, employee or person.

(b) "Particulars" includes, but is not limited to, a taxpayer's name, address, telephone number, Social Security number, employer identification number or other taxpayer identification number and the amount of refund claimed by or granted to a taxpayer.

### ORS 314.991

(2) Violation of ORS 314.835 is a Class C felony. If the offender is an officer or employee of the state the offender shall be dismissed from office and shall be incapable of holding any public office in this state for a period of five years thereafter.

### Applicability to other tax programs

The above provisions of ORS 314, concerning the confidentiality of returns and penalties, also apply to:

• Transient lodging tax	ORS 320.330
• Cigarette tax	ORS 323.403
• Tobacco products tax	ORS 323.595
• Emergency communications tax	ORS 403.230
• Oil and gas production tax	ORS 324.170
• Hazardous substances tax	ORS 453.410
• Petroleum products tax	ORS 465.124

## Oregon Inheritance Tax Laws

### ORS 118.525

(1) It shall be unlawful for the Department of Revenue or any of its officers or employees to divulge or make known in any manner any particulars disclosed in any return or supporting data required under this chapter. Except for executors or beneficiaries and their authorized representatives, it shall be unlawful for any person or entity who has acquired information pursuant to subsections (3) and (4) of this section to divulge or make known such information for any purpose other than that specified in the provisions of law authorizing the use or disclosure. No subpoena or judicial order shall be issued compelling the department, or its officers or employees, or persons described in subsections (3) and (4) of this section, to divulge or make known any particulars disclosed in any such return or supporting data except where the liability for inheritance taxes is to be adjudicated by the Oregon Tax Court. Nothing in this section shall prohibit the publication of statistics so classified as to prevent the identification of particulars in any return or supporting data covered by this section.

(2) As used in this section:

(a) "Officer," "employee" or "person" includes an authorized representative of the officer, employee or person, or former officer, employee or person, or an authorized representative of such former officer, employee or person.

(b) "Particulars" includes, but is not limited to, a taxpayer's name, address, telephone number, Social Security number and the amount of refund claimed by or granted to a taxpayer.

### ORS 118.990

(3) Violation of ORS 118.525 is a Class C felony. If the offender is an officer or employee of the state the offender shall be dismissed from office and shall be incapable of holding any public office in this state for a period of five years thereafter.

## Oregon Property Tax Laws

### ORS 308.290

(11)(a) All returns filed under the provisions of this section and ORS 308.525 and 308.810 are confidential records of the Department of Revenue or the county assessor's office in which the returns are filed or of the office to which the returns are forwarded under paragraph (b) of this subsection.

### ORS 308.413

(1) Any information furnished to the county assessor or to the Department of Revenue under ORS 308.411 which is obtained upon the condition that it be kept confidential shall be confidential records of the office in which the information is kept, except as follows:

(a) All information furnished to the county assessor shall be available to the department and all information furnished to the department shall be available to the county assessor.

(b) All information furnished to the county assessor or department shall be available to any reviewing authority in any subsequent appeal.

(c) The department may publish statistics based on the information furnished if the statistics are so classified as to prevent the identification of the particular industrial plant.

(2) The Department of Revenue shall make rules governing the confidentiality of information under this section.

(3) Each officer or employee of the Department of Revenue or the office of the county assessor to whom disclosure or access of the information made confidential under subsection (1) of this section is given, prior to beginning employment or the performance of duties involving such disclosure, shall be advised in writing of the provisions of this section and ORS 308.990 (5) relating to penalties for the violation of this section, and shall as a condition of employment or performance of duties execute a certificate for the department or the assessor in a form prescribed by the department, stating in substance that the person has read this section and ORS 308.990 (5), that these sections have been explained to the person and that the person is aware of the penalties for violation of this section.

### ORS 308.990

(5) Subject to ORS 153.022, any willful violation of ORS 308.413 or of any rules adopted under ORS 308.413 is punishable, upon conviction, by a fine not exceeding \$10,000, or by imprisonment in the county jail for not more than one year, or by both.

## Forestland Tax Laws

### ORS 321.682

(1) Except as otherwise specifically provided by law, it shall be unlawful for the Department of Revenue or any officer or employee of the department to divulge or make known in any manner the amount of the tax or any particulars set forth or disclosed in any report or return required to be filed under ORS 321.045 or 321.741 or any appraisal data collected to make determinations of specially assessed value of forestland pursuant to ORS 321.201 to 321.222. It shall be unlawful for any person or entity to whom information is disclosed or given by the department pursuant to ORS 321.684 (2) or any other provision of state law to divulge or use such information for any purpose other than that specified in the provisions of law authorizing the use or disclosure. No subpoena

150-800-033 (Rev. 2-11)

or judicial order shall be issued compelling the department or any of its officers or employees, or any person who has acquired information pursuant to ORS 321.684 (2) or any other provision of state law, to divulge or make known the amount of tax or any particulars set forth or disclosed in any report or return except where the taxpayer's liability for timber tax is to be adjudicated by the court from which such process issues.

(2) As used in this section, "officer," "employee" or "person" includes an authorized representative of the officer, employee or person, or any former officer, employee or person, or an authorized representative of such former officer, employee or person.

### ORS 321.686

Violation of ORS 321.682 is subject to a fine not exceeding \$5,000 or, if committed by an officer or employee of the state, dismissal or removal from office or employment, or both fine and dismissal or removal from office or employment.

## Oregon Employment Department Laws

### ORS 657.665

(4)The Employment Department may: ... (i) Disclose information to the Department of Revenue for the purpose of performing its duties under ORS 293.250 or under the revenue and tax laws of this state. The information disclosed may include the names and addresses of employers and employees and payroll data of employers and employees. The information disclosed is confidential and may not be disclosed by the Department of Revenue in any manner that would identify an employing unit or employee except to the extent necessary to carry out the department's duties under ORS 293.250 or in auditing or reviewing any report or return required or permitted to be filed under the revenue and tax laws administered by the department. The Department of Revenue may not disclose any information received to any private collection agency or for any other purpose. If the information disclosed under this paragraph is not prepared for the use of the Employment Department, the costs of disclosing the information shall be paid by the Department of Revenue.

(6) Any person or any officer or employee of an entity to whom information is disclosed by the Employment Department under this section who divulges or uses the information for any purpose other than that specified in the provision of law or agreement authorizing the use or disclosure may be disqualified from performing any service under contract or disqualified from holding any appointment or employment with the state agency that engaged or employed that person, officer or employee. The Employment Department may immediately cancel or modify any information sharing agreement with an entity when a person or an officer or employee of that entity discloses confidential information, other than as specified in law or agreement.

3



## SECRECY LAWS CERTIFICATE

Required by ORS 314.840(3), ORS 118.525(6),  
ORS 308.413(3), ORS 321.684

I have read the laws prohibiting disclosure of confidential information for the tax programs below.  
 The laws have been explained to me.  
 I have been furnished with a copy of the laws.  
 I understand Oregon's disclosure laws and the penalties for violating them.

Income tax	ORS 314.835; ORS 314.991(2)
Inheritance tax	ORS 118.525(1); ORS 118.990(3)
Industrial property tax	ORS 308.290(11); ORS 308.413; ORS 308.990(5)
Forestland tax	ORS 321.682; ORS 321.686
Employment Department tax	ORS 657.665(4)(i) and (6)
Transient lodging tax	ORS 320.330
Cigarette tax	ORS 323.403
Tobacco products tax	ORS 323.595
Emergency communications tax	ORS 403.230
Oil and gas production tax	ORS 324.170
Hazardous substances tax	ORS 453.410
Petroleum products tax	ORS 465.124
Federal tax laws	IRC Sections 7213, 7213A, 7431

### VENDORS, CONTRACTORS, BUSINESS PARTNERS

PRINT your full name	Business telephone number
Print full name of business or organization for which you are acting in an official capacity	
Address of business or organization	SSN (Collection agency employees only)
What is the nature of your business?	Duration of contract or visit
Revenue contact	Area where you'll be working
Signature <b>X</b>	Date

### REVENUE EMPLOYEES

PRINT your full name	Date
Signature <b>X</b>	

### AGENCY USE

In Compliance
  Not in Compliance







## MEMORANDUM

FROM           John R. Hutt, Curry County Counsel

TO             Board of Commissioners; Rob Coleman

RE:            IGA with DOR to collect Retail MJ sales tax

DATE:         December 20, 2016

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In May of 2016, the County Board of Commissioners adopted two ordinances. The first ordinance referred to the voters the question of whether the County should impose a three per-cent (3%) tax on retail sales of marijuana. The second ordinance adopted the County procedures to administer the tax, if it was adopted by the voters. The second ordinance had provisions for registration, filing of returns, imposition of penalties for late or fraudulent filing, appeals and the like. However, the ordinance also allowed the County to contract with an outside agency to administer its retail marijuana tax ordinance.

This proposed Intergovernmental Agreement (IGA) invokes that alternative process. In this agreement, the State of Oregon Department of Revenue (DOR) would administer all issues that



arise out of such administration. In exchange for this service, the DOR would retain approximately four per-cent (4%) of the tax revenues the County receives from its marijuana retailers.

Based on early indications, County staff estimates that the cost to the County would be \$1000 - \$1500 per year. Staff feels this cost is fair. The payment to the DOR would eliminate any added personnel expense by the County, as well as eliminate issues related to the cash nature of the marijuana tax. Therefore, County staff recommends adopting the agreement.

The accompanying Ordinance suspends the County's enforcement of its Marijuana Retail Sales Tax Ordinance, and authorizes adoption of the Intergovernmental Agreement with the State of Oregon Department of Revenue.

Staff recommends adopting the ordinance, suspending County marijuana sales tax administration, and delegating those responsibilities to the State by executing the agreement.

Respectfully,

John R. Huttl  
Curry County Legal Counsel

Louise Kallstrom  
Curry County Accountant

**Cumulative Report — Official**  
**Curry County, Oregon — General Election — November 08, 2016**  
 Page 11 of 11

11/23/2016 08:31 AM

Total Number of Voters : 12,799 of 15,865 = 80.67%

Precincts Reporting 27 of 27 = 100.00%

Party	Candidate	Absentee/NA	Ballots Cast	Total
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**Measure 100 Prohibits purchase or sale of parts or products from certain wildlife species, Vote For 1**

YES	0	0.00%	7,349	61.74%	7,349	61.74%
NO	0	0.00%	4,555	38.26%	4,555	38.26%
<b>Cast Votes:</b>	<b>0</b>	<b>0.00%</b>	<b>11,904</b>	<b>93.01%</b>	<b>11,904</b>	<b>93.01%</b>
<b>Over Votes:</b>	<b>0</b>	<b>0.00%</b>	<b>3</b>	<b>0.02%</b>	<b>3</b>	<b>0.02%</b>
<b>Under Votes:</b>	<b>0</b>	<b>0.00%</b>	<b>892</b>	<b>6.97%</b>	<b>892</b>	<b>6.97%</b>

**Measure 8-88 Measure to authorize a county marijuana retail sales tax, Vote For 1**

YES	0	0.00%	8,831	72.64%	8,831	72.64%
NO	0	0.00%	3,326	27.36%	3,326	27.36%
<b>Cast Votes:</b>	<b>0</b>	<b>0.00%</b>	<b>12,157</b>	<b>94.98%</b>	<b>12,157</b>	<b>94.98%</b>
<b>Over Votes:</b>	<b>0</b>	<b>0.00%</b>	<b>4</b>	<b>0.03%</b>	<b>4</b>	<b>0.03%</b>
<b>Under Votes:</b>	<b>0</b>	<b>0.00%</b>	<b>638</b>	<b>4.98%</b>	<b>638</b>	<b>4.98%</b>

**Measure 8-87 City tax on recreational marijuana retailers' sale of marijuana items, Vote For 1**

YES	0	0.00%	853	73.16%	853	73.16%
NO	0	0.00%	313	26.84%	313	26.84%
<b>Cast Votes:</b>	<b>0</b>	<b>0.00%</b>	<b>1,166</b>	<b>95.65%</b>	<b>1,166</b>	<b>95.65%</b>
<b>Over Votes:</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>
<b>Under Votes:</b>	<b>0</b>	<b>0.00%</b>	<b>53</b>	<b>4.35%</b>	<b>53</b>	<b>4.35%</b>

Precincts			Voters		
Counted	Total	Percent	Ballots	Registered	Percent
2	2	100.00%	1,219	1,511	80.68%

**Measure 8-86 Adoption of local tax on marijuana sales by marijuana retailers, Vote For 1**

YES	0	0.00%	2,293	77.65%	2,293	77.65%
NO	0	0.00%	660	22.35%	660	22.35%
<b>Cast Votes:</b>	<b>0</b>	<b>0.00%</b>	<b>2,953</b>	<b>94.35%</b>	<b>2,953</b>	<b>94.35%</b>
<b>Over Votes:</b>	<b>0</b>	<b>0.00%</b>	<b>1</b>	<b>0.03%</b>	<b>1</b>	<b>0.03%</b>
<b>Under Votes:</b>	<b>0</b>	<b>0.00%</b>	<b>176</b>	<b>5.62%</b>	<b>176</b>	<b>5.62%</b>

Precincts			Voters		
Counted	Total	Percent	Ballots	Registered	Percent
4	4	100.00%	3,130	4,068	76.94%

I certify the votes recorded on this abstract correctly summarize the tally of votes cast for the

November 8, 2016 Election.

By: Shelley Denney,  
Chief Deputy County Clerk

Dated this 23rd day of November 2016.

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
IN AND FOR THE COUNTY OF CURRY, OREGON

In the Matter of an Ordinance Imposing            )  
A Marijuana Retail Sales Tax within                )  
Curry County; Authorizing Rule                    )        ORDINANCE NO. 16-03  
Making; And Referring it to the People            )

The Board of Curry County Commissioners hereby ordains as follows:

SECTION I        TITLE

This Ordinance shall be known 16-03 and may be cited as the "Marijuana Retail Sales Tax Ordinance of Curry County."

SECTION II       AUTHORITY

ORS 475B.110 and ORS 475B.345, and ORS 203.035 to 203.055.

SECTION III       PURPOSE

The purpose of this Ordinance is to impose a tax on the retail sales of marijuana items, and authorize local Ordinance administering rules and procedures to administer tax Ordinance.

SECTION IV       ADOPTION AND REFERRAL

Exhibit "A", the text of this Ordinance, which is attached hereto and incorporated by reference, is hereby adopted, subject to and effective on approval by a majority of Curry County voters at an election on November 8, 2016.

SECTION V        SEVERANCE CLAUSE

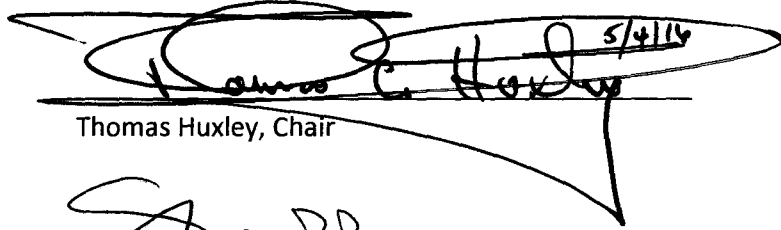
If any section, subsection, paragraph, sentence, clause, or phrase of this Ordinance, or any part thereof, is for any reason held to be unconstitutional (or otherwise invalid), such decision shall not affect the validity of the remaining portions of this Ordinance or any part thereof. The legislative body hereby declares that it would have passed each section, subsection, subdivision, paragraph, sentence, clause or phrase thereof, irrespective of the fact that any one or more sections, subsections, subdivisions, paragraphs, sentences, clauses or phrases be declared unconstitutional (or otherwise invalid).

SECTION VI       EFFECTIVE DATE

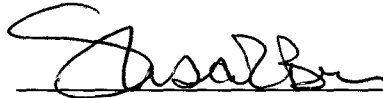
This Ordinance, if approved by the voters at the November 8, 2016, election, shall become effective at 12:01 A.M. on the 1<sup>st</sup> day of January, 2017.

DATED this 4<sup>th</sup> day of May, 2016.

BOARD OF CURRY COUNTY COMMISSIONERS:



Thomas Huxley, Chair

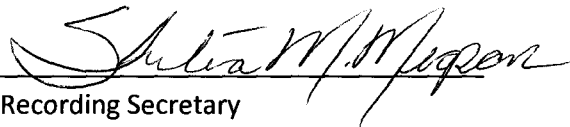


Susan Brown, Vice Chair

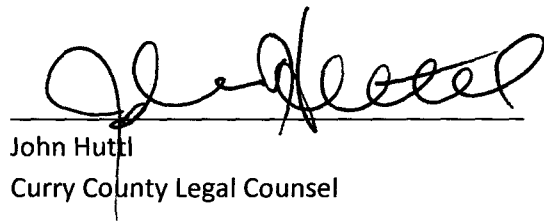


David Brock Smith, Commissioner

Attest:

  
Recording Secretary

Approved as to Form:

  
John Hutt  
Curry County Legal Counsel

First Reading: April 20, 2016

Second Reading and Adoption: May 04, 2016

Exhibit "A"

ARTICLE TWO

DIVISION SIXTEEN - IMPOSING MARIJUANA RETAIL SALES TAX

Section 2.16.010 Title

This Ordinance shall be known as the Marijuana Retail Sales Tax Ordinance No. 16-03

Section 2.16.020 Definitions

As used herein, words shall have such meaning as defined in ORS 475B.015 and ORS475B.700. A non-exhaustive list of definitions is set forth below for example. State of Oregon administrative rules can be used to further interpret the definitions.

- (1) "Board of Commissioners / BOC" means the Curry County Board of County Commissioners, or its designee.
- (2) "Cannabinoid" means any of the chemical compounds that are the active constituents of marijuana.
- (3)(a) "Cannabinoid product" means a cannabinoid edible and any other product intended for human consumption or use, including a product intended to be applied to the skin or hair, that contains cannabinoids or dried marijuana leaves or flowers.
  - (b) "Cannabinoid product" does not include:
    - (1) Usable marijuana by itself;
    - (2) A cannabinoid concentrate by itself;
    - (3) A cannabinoid extract by itself; or
    - (4) Industrial hemp, as defined in ORS 571.300.
- (4) "Consumer" means a person who purchases, acquires, owns, holds or uses marijuana items other than for the purpose of resale.
- (5) "Board of Commissioners or its designee" means the Board of Commissioners or its designee of the Curry County, Oregon, or designee.
- (6)(a) "Financial consideration" means value that is given or received either directly or indirectly through sales, barter, trade, fees, charges, dues, contributions or donations.
  - (b) "Financial consideration" does not include:

(1) Homegrown marijuana that is given or received when nothing is given or received in return; or

(2) Homemade cannabinoid products or cannabinoid concentrates that are given or received when nothing is given or received in return.

(7) "Licensee" means a holder of a recreational marijuana retail license under ORS 475B.110 and the rules promulgated thereunder.

(8) "Licensee representative" means an owner, director, officer, manager, employee, agent or other representative of a licensee, to the extent that the person acts in a representative capacity.

(9)(a) "Marijuana" means the plant Cannabis family Cannabaceae, any part of the plant Cannabis family Cannabaceae and the seeds of the plant Cannabis family Cannabaceae.

(b) "Marijuana" does not include industrial hemp, as defined in ORS 571.300.

(10) "Marijuana flowers" means the flowers of the plant genus Cannabis within the plant family Cannabaceae.

(11) "Marijuana items" means marijuana, cannabinoid products, cannabinoid concentrates and cannabinoid extracts.

(12) "Marijuana leaves" means the leaves of the plant genus Cannabis within the plant family Cannabaceae.

(13) "Marijuana retailer" means a licensee who sells marijuana items to a consumer in this state.

(14) "Marijuana Retail Facility" means an establishment, physical or virtual, where a marijuana retailer makes marijuana items available to consumers for financial consideration.

(15) "Mature marijuana plant" means a marijuana plant that is not an immature marijuana plant.

(16) "Noncommercial" means not dependent or conditioned upon the provision or receipt of financial consideration.

(17) "Person" means any individual, firm, partnership, joint venture, association, social club, fraternal organization, fraternity, sorority, public or private dormitory, joint stock company, corporation, estate, trust, business trust, receiver, trustee, syndicate, or any other group or combination acting as a unit.

(18)(a) "Premises" or "licensed premises" includes the following areas of a location licensed under 475B.110:

(1) All public and private enclosed areas at the location that are used in the business operated at the location, including offices, kitchens, rest rooms and storerooms;

(2) All areas outside a building specifically licensed for the production, processing, wholesale sale or retail sale of marijuana items; and

(3) "Premises" or "licensed premises" does not include a primary residence.

(19) "Public place" means a place to which the general public has access and includes, but is not limited to, hallways, lobbies and other parts of apartment houses and hotels not constituting rooms or apartments designed for actual residence, and highways, streets, schools, places of amusement, parks, playgrounds and areas used in connection with public passenger transportation.

(20) "Retail sale" means any transfer, exchange, gift or barter of a marijuana item by any person to a consumer.

(21) "Retail sales price" means the price paid for a marijuana item, excluding tax, to a marijuana retailer by or on behalf of a consumer of the marijuana item. [2015 c.699 §1]

(22) "Tax" means either the tax payable by the consumer, or the aggregate amount of taxes due from a retailer during the period for which he is required to report his collections.

(23)(a) "Usable marijuana" means the dried leaves and flowers of marijuana.

(b) "Usable marijuana" does not include:

(1) The seeds, stalks and roots of marijuana; or

(2) Waste material that is a by-product of producing or processing marijuana.

#### Section 2.16.030 Implementing Ordinance Authorization

The Board may by separate Ordinance promulgate additional definitions, rules and regulations necessary or convenient for the administration, collection, refund, and enforcement of this Ordinance.

#### Section 2.16.040 Tax Imposed

(1) For the privilege of operating a marijuana retail facility in Curry County, a tax of three percent (3%) is imposed on any consideration rendered for the sale or transfer of Marijuana Items from a licensee to a consumer.

(a) The tax must be computed on the total retail sales price, including all charges other than taxes, paid by a person for marijuana items.

(b) The tax shall be collected by the licensee that receives the consideration rendered for the marijuana item.

(c) The tax imposed by this subsection is in addition to and not in lieu of any state tax on marijuana items, or any other sales taxes after adopted by the County.

#### Section 2.16.050 Effective Date

This Ordinance shall become effective at 12:01A.M. on the 1<sup>st</sup> day of January, 2017, if it is approved by voters at the November 8, 2016 election.

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
IN AND FOR THE COUNTY OF CURRY, OREGON

In the Matter of an Ordinance Implementing )  
The Marijuana Retail Sales Tax Ordinance )  
for Curry County; Providing Administrative )  
Procedures for Collection; Refunds; )                 ORDINANCE NO. 16-04  
Enforcement; and Establishing Penalties for )  
ORDINANCE NO. 16-03.                             )

The Board of Curry County Commissioners hereby ordains as follows:

SECTION I        TITLE  
This Ordinance shall be known as the Marijuana Retail Sales Tax Ordinance, Ordinance No. 16-04.

SECTION II      AUTHORITY  
This Ordinance is enacted pursuant to ORS 203.035 through ORS 203.055, and ORS 475B.345.

SECTION III     PURPOSE  
The purpose of this Ordinance is to implement Ordinance No. 16-03, and to provide for certain administrative procedures to carry out its purposes.

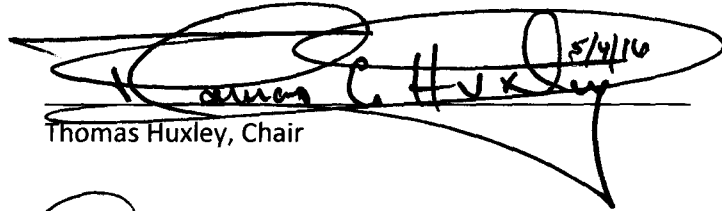
SECTION IV     SEVERANCE CLAUSE  
If any section, subsection, provision, clause or paragraph of the Ordinance shall be adjudged or declared by any court of competent jurisdiction to be unconstitutional or invalid, such judgment shall not affect the validity of the remaining portions of this Ordinance. It is expressly declared that every other section, subsection, provision, clause or paragraph of the Ordinance enacted, irrespective of the enactment or validity of the portion thereof declared to be unconstitutional or invalid, is valid.


SECTION V      EFFECTIVE DATE  
This Ordinance, if the Marijuana Retail Sales Tax is approved by the voters at the November 8, 2016 election, shall become effective at 12:01 A.M. on the 1<sup>st</sup> day of January, 2017.



DATED this 4th day of May, 2016.


BOARD OF CURRY COUNTY COMMISSIONERS

  
Thomas Huxley, Chair


  
Susan Brown, Vice Chair

  
David Brock Smith, Commissioner

Attest:

  
Recording Secretary

Approved as to Form:

  
John Hutt  
Curry County Legal Counsel

First Reading: April 20, 2016

Second Reading and Adoption: May 04, 2016

**Exhibit "A"**  
**ARTICLE TWO**

**DIVISION SIXTEEN - IMPLEMENTATION OF MARIJUANA RETAIL SALES TAX**

**Section 2.16.020 Definitions**

For definitions, refer to Ordinance No. 16-03 Section 2.16.020

**Section 2.16.070 Title and Effective Date**

This Ordinance shall be known and may be cited as the "Marijuana Retail Sales Tax Ordinance of Curry County Implementing Ordinance, and as Ordinance No. 16-04. This Implementing Ordinance shall be effective on January 1, 2017 only upon passage of Ordinance Imposing a Marijuana Retail Sales Tax by voters.

**Section 2.16.080 Registration of Licensee; Form and Contents; Execution; Certification of Authority**

- 1) Every person engaging or about to engage in business as a licensee in this County shall register with the Board of Commissioners or its designee on a form provided by the Board.
  - (a) Licensees engaged in business at the time this Ordinance is adopted must register not later than thirty (30) calendar days after this adoption.
  - (b) Licensees starting business after this Ordinance is adopted must register within fifteen (15) calendar days after commencing business.
- (2) The privilege of registration after the date of imposition of such tax shall not relieve any person from the obligation of payment or collection of tax regardless of registration.
- (3) Registration shall set forth:
  - (a) the name under which a licensee transacts or intends to transact business;
  - (b) the location of its place or places of business; and,
  - (c) the name of a natural person personally responsible for payment of taxes, in addition to the business;
  - (d) such other information to facilitate the collection of the tax as the Board may require.

The registration shall be signed by the licensee. The Board of Commissioners or its designee shall, within ten days after registration, issue without charge a certificate of authority to each licensee to collect the tax from consumer. Certificates shall be non-assignable and nontransferable and shall be surrendered immediately to the Board of Commissioners or its designee upon the cessation of business at the location named or upon its sale or

transfer. Each certificate shall state the place of business to which it is applicable and shall be prominently displayed therein so as to be seen and come to the notice readily of all occupants and persons seeking occupancy. Said certificate shall, among other things, state the following:

- (a) The name of the licensee;
- (b) The address of the business;
- (c) The date upon which the certificate was issued;

(d) "This Marijuana Retail Registration Certificate signifies that the person named on the face hereof has fulfilled the requirements of the Recreational Marijuana Retail Tax Ordinance of Curry County by registration with the Board of Commissioners or its designee for the purpose of collecting from consumers the three percent (3%) tax imposed by said County and remitting said tax to the Board of Commissioners or its designee. This certificate does not authorize any person to conduct any unlawful business or to conduct any lawful business in an unlawful manner, or to operate a marijuana retail business without strictly complying with all local applicable laws including but not limited to those requiring a permit from any board, commission, department or office of Curry County. This certificate does not constitute a permit."

#### Section 2.16.090 Due Date and Form of Returns

(1) On or before the last day of each month a return for the preceding month's tax collections shall be filed with the Board of Commissioners or its designee. The return shall be filed in such form as the Board of Commissioners or its designee may prescribe by every licensee liable for payment of tax.

(2) Returns shall show the amount of tax collected or otherwise due for the related period. The Board of Commissioners or its designee may require returns to show the total sales upon which tax was collected or otherwise due, gross receipts of licensee for such period and an explanation in detail of any discrepancy between such amounts, if any.

(3) The person required to file the return shall deliver the return, together with the remittance of the amount of the tax due, to the Board of Commissioners or its designee at its office either by personal delivery by mail or by any commercially reasonable means, including but not limited to electronic or telephonic transfer, or private delivery service(PDS). For purposes of determining delinquencies, the date of delivery is the later of receipt of the return or receipt of the tax by the Board of Commissioners or its designee. If the return is mailed, the postmark date from the United States Postal Service shall be considered the date of delivery for determining delinquencies. (PDS) shipping date may be treated as an equivalent to the United States Postal Service for purposes of the postmark rule. If the return is delivered in person, it must be received on or before the due date during business hours (8am-12 Noon and 1pm-5pm, Monday-Friday). For purposes of imposing penalties and interest for delinquent filing, a 5 day grace period shall be given. This means that any return and tax remittance delivered within 5 days of the due date will not be assessed penalties and or interest.

(4) For good cause, the Board of Commissioners or its designee may extend for not to exceed one month the time for making any return or payment of tax. No further extension shall be granted, except by the Curry County Board of Commissioners upon appeal. Any licensee to whom an extension is granted shall pay interest at the rate of one percent (1%) per month on the amount of tax due without proration for a fraction of a month. If a return is not filed, and the tax and interest due is not paid by the end of the extension granted, then the interest shall become a part of the tax for computation of penalties described elsewhere in this Ordinance.

### Section 2.16.100 Tax Collection

For the privilege of selling marijuana goods after the effective date of this Ordinance, each Marijuana Licensee shall pay a tax in the amount required by Curry County Ordinance No. 16-03. The tax constitutes a debt owed by the Marijuana Licensee to the County, which is extinguished only by payment by the Marijuana Licensee tax collector to the County. The tax shall be collected at the point of sale of a marijuana item by a marijuana retailer at the time at which the retail sale occurs and remitted by each marijuana retailer that engages in the retail sale of marijuana items.

### Section 2.16.110 Marijuana Licensee Tax Collector's Duties

Each Marijuana Licensee tax collector shall collect the tax imposed by this Ordinance at the same time as the tax is collected from every consumer. The amount of tax shall be separately stated upon the Marijuana Licensee's tax collector's records, and any receipt rendered by the Marijuana Licensee tax collector. No Marijuana Licensee tax collector of a Marijuana Licensee shall advertise that the tax or any part of the tax will be assumed or absorbed by the Marijuana Licensee tax collector, or that it will not be added to the "marijuana product", or that, when added, any part will be refunded, except in the manner provided by this Ordinance.

### Section 2.16.120 Penalties and Interest

(1) Original Delinquency. Any licensee who has not been granted an extension of time for remittance of tax due and who fails to remit any tax imposed by this Ordinance prior to delinquency shall pay a penalty of ten percent (10%) of the amount of the tax due in addition to the amount of the tax.

(2) Continued Delinquency. Any licensee who has not been granted an extension of time for remittance of tax due, and who failed to pay any delinquent remittance on or before a period of thirty days following the date on which the remittance first became delinquent shall pay a second delinquency penalty of fifteen percent (15%) of the amount of the tax due plus the amount of the tax and the ten percent (10%) penalty first imposed.

(3) Fraud. If the Board of Commissioners or its designee determines that the nonpayment of any remittance due under this Ordinance is due to fraud or intent to evade the provisions thereof, a penalty of twenty-five percent (25%) of the amount of the tax shall be added thereto in addition to the penalties stated in paragraphs (1) and (2) of this section.

(4) Interest. In addition to the penalties imposed, any licensee who fails to remit any tax imposed by this Ordinance shall pay interest at the rate of one percent (1%) per month or fraction thereof without proration for portions of a month, on the amount of the tax due, exclusive of penalties, from the date on which the remittance first became delinquent until paid.

(5) Penalties Merged With Tax. Every penalty imposed and such interest as accrues under the provisions of this section shall be merged with and become a part of the tax herein required to be paid.

(6) Petition for Waiver. Any licensee who fails to remit the tax herein levied within the time herein stated shall pay the penalties herein stated provided, however, the licensee may petition the Board of Commissioners for waiver and refund of the penalty or any portion thereof and the Board of Commissioners may, if a good and sufficient reason is shown, waive and direct a refund of the penalty or any portion thereof.

(7) Notwithstanding the provisions of this section, failure to remit taxes constitutes a violation of this Ordinance subject to citation and fine under Article Ten of the Curry County Ordinances. Further, the County reserves all rights at law or in equity to enforce the provisions of this Ordinance.

Section 2.16.130 Deficiency Determinations; Evasion; Marijuana Retail Sales Tax Collector Delay

(1) Deficiency Determination. If the Board of Commissioners or its designee determines that the returns are incorrect, the Board may compute and determine the amount required to be paid upon the basis of the facts contained in the return or returns or upon the basis of any information within its possession or that may come into its possession. One or more deficiency determinations may be made of the amount due for one, or more than one period, and the amount so determined shall be due and payable immediately upon service of notice as herein provided after which the amount determined is delinquent. Penalties or deficiencies shall be applied as set forth in Section 2.16.120.

(a) In making a determination the Board of Commissioners or its designee may offset overpayments, if any, which may have been previously made for a period or periods, against any underpayment for a subsequent period or periods, or against penalties, and interest, on the underpayments. The interest on underpayments shall be computed in the manner set forth in Section 2.16.120

(b) The Board of Commissioners or its designee shall give to the licensee or occupant a written notice of its determination. The notice may be served personally or by mail; if by mail, the notice shall be addressed to the licensee at its address as it appears in the records of the Board of Commissioners or its designee. In the case of service by mail of any notice required by this Ordinance the service is complete at the time of deposit in the United States Post Office.

(c) Except in the case of fraud, intent to evade this Ordinance or authorized rules and regulations, every deficiency determination shall be made and notice thereof mailed within three years after the last day of the month following the close of the monthly period for which the amount is proposed to be determined or within three years after the return is filed, whichever period expires later.

(d) Any determination shall become due and payable immediately upon receipt of notice and shall become final within ten days after the Board of Commissioners or its designee has given notice thereof, provided, however, the licensee may petition for redemption and refund if the petition is filed before the determination becomes final as herein provided.

(2) Fraud, Refusal to Collect, Evasion. If any licensee shall fail or refuse to collect said tax or to make, within the time provided in this Ordinance, any report and remittance of said tax or any

portion thereof required by this Ordinance, or makes a fraudulent return or otherwise willfully attempts to evade this Ordinance, the Board of Commissioners or its designee shall proceed in such manner as it may deem best to obtain facts and information on which to base an estimate of the tax due. As soon as the Board of Commissioners or its designee has determined the tax due that is imposed by this Ordinance from a licensee who has failed or refused to collect the same and to report and remit said tax, it shall proceed to determine and assess against such licensee the tax, interest, and penalties, provided for by this Ordinance. In case such determination is made, the Board of Commissioners or its designee shall give a notice in the manner aforesaid of the amount so assessed. Such determination and notice shall be made and mailed within three years after discovery by the Board of Commissioners or its designee of any fraud, intent to evade or failure or refusal to collect said tax, or failure to file return. Any determination shall become due and payable immediately upon receipt of notice and shall become final within ten days after the Board of Commissioners or its designee has given notice thereof, provided, however, the licensee may petition for redemption and refund if the petition is filed before the determination becomes final as herein provided.

(3) Licensee Delay. If the Board of Commissioners or its designee believes that the collection of any tax or any amount of tax required to be collected and paid to the County will be jeopardized by delay, or if any determination will be jeopardized by delay, it shall thereupon make a determination of the tax or amount of tax required to be collected, noting the fact upon the determination. The amount so determined as herein provided shall be immediately due and payable, and the licensee shall immediately pay same determination to the Board of Commissioners or its designee after service of notice thereof, provided, however, the licensee may petition, after payment has been made, for redemption and refund of such determination, if the petition is filed within ten days from the date of service of notice by the Board of Commissioners or its designee.

#### Section 2.16.140 Redeterminations

(1) Any person against whom a determination is made under Section 2.16.130, or any person directly interested, may petition for a redetermination and redemption and refund within the time required in Section 2.16.130(1)(d). If a petition for redetermination and refund is not filed within the time required therein, the determination becomes final at the expiration of the allowable time.

(2) If a petition for redetermination and refund is filed within the allowable period, the Board of Commissioners or its designee shall reconsider the determination, and, if the person has so requested in its petition, shall grant the person an oral hearing and shall give him ten day notice of the time and place of the hearing. The Board of Commissioners or its designee may continue the hearing from time to time as may be necessary.

(3) The Board of Commissioners or its designee may decrease or increase the amount of the determination as a result of the hearing and if an increase is determined such increase shall be payable immediately after the hearing.

(4) The order or decision of the Board of Commissioners or its designee upon a petition for redetermination of redemption and refund becomes final ten (10) days after service upon the petitioner of notice thereof, unless appeal of such order or decision is filed with the Board of Commissioners within the ten (10) days after service of such notice.

(5) No petition for redetermination of redemption and refund or appeal therefrom shall be effective for any purpose unless the licensee has first complied with the payment provisions hereof.

#### Section 2.16.150 Security for Collection of Tax

(1) The Board of Commissioners or its designee, whenever he deems it necessary to insure compliance with this Ordinance, may require any licensee subject thereto to deposit with it such security in the form of cash, bond, or other security as the Board of Commissioners or its designee may determine. The amount of the security shall be fixed by the Board of Commissioners or its designee but shall not be greater than twice the licensee's estimated average monthly liability for the period for which it files returns, determined in such manner as the Board of Commissioners or its designee deems proper, or Five Thousand Dollars (\$5,000), whichever amount is less. The amount of the security may be increased or decreased by the Board of Commissioners or its designee subject to the limitations herein provided. The licensee has a right to appeal to the Board of Commissioners any decision of the Board of Commissioners or its designee made under this section.

(2) Any time within three years after any tax or any amount of tax required to be collected becomes due and payable or at any time within three years after any determination becomes final, the Board of Commissioners or its designee may bring an action in the courts of this State, or any other state, or of the United States in the name of the Curry County to collect the amount delinquent together with penalties and interest.

#### Section 2.16.160 Lien

The tax imposed by this Ordinance together with the interest and penalties herein provided and the filing fees paid to the County Clerk of Curry County, Oregon, and advertising costs which may be incurred when same becomes delinquent as set forth in this Ordinance shall be and, until paid, remain a lien from the date of its recording with the County Clerk of Curry County, Oregon, and superior to all subsequent recorded liens on all tangible personal property used in the Recreational Marijuana Retail operations of a licensee within Curry County and may be foreclosed on and sold as may be necessary to discharge said lien, if the lien has been recorded with the County Clerk of Curry County, Oregon. Notice of lien may be issued by the Board of Commissioners or its designee whenever the licensee is in default in the payment of said tax, interest and penalty and shall be recorded with the County Clerk of Curry County, Oregon and a copy sent to the delinquent licensee. The personal property subject to such lien may be foreclosed on and sold as provided by law.

Any lien for taxes as shown on the records of the proper County Official shall, upon the payment of all taxes, penalties, and interest thereon, be released by the Board of Commissioners or its designee when the full amount determined to be due has been paid to the County and the licensee or person making such payment shall receive a receipt therefor stating that the full amount of taxes, penalties, and interest thereon have been paid and that the lien is thereby released and the record of lien is satisfied.

### Section 2.16.170 Refunds

(1) Licensee Refunds. Whenever the amount of any tax, penalty, or interest has been paid more than once or has been erroneously or illegally collected or received by the Board of Commissioners or its designee under this Ordinance, it may be refunded, provided a verified claim in writing therefor stating the specific reason upon which the claim is founded, is filed with the Board of Commissioners or its designee within three years from the date of payment. The claim shall be made on forms provided by the Board of Commissioners or its designee. If the claim is approved by the Board of Commissioners or its designee, the excess amount collected or paid may be refunded or may be credited on any amounts due and payable from the licensee from whom it was collected or by whom paid and the balance may be refunded to such licensee, its administrators, executors or assignees.

(2) Consumer Refunds. Whenever the tax required by this Ordinance has been collected by the licensee, and deposited by the licensee with the Board of Commissioners or its designee, and it is later determined that the tax was erroneously or illegally collected or received by the Board of Commissioners or its designee, it may be refunded by it to the consumer, provided a verified claim in writing therefore, stating the specific reason on which the claim is founded, is filed with said Board of Commissioners or its designee within three years from the date of payment.

### Section 2.16.180 Administration of Funds

(1) The Board of Commissioners or its designee shall forward taxes to the County Treasurer for deposit of the proceeds of the Recreational Marijuana Retail tax into the General Fund.

(2) Records Required from Licensees; Form. Every licensee shall keep guest records of sales and accounting books and records of the sales. All records shall be retained by the licensee for a period of three years and six months after they come into being.

(3) Examination of Records; Investigations. The Board of Commissioners or its designee or any person authorized in writing by the Board may examine during normal business hours, the books, papers and accounting records relating to sales of marijuana items of any licensee after notification to the licensee liable for the tax and may investigate the business of the licensee in order to verify the accuracy of any return made, or if no return is made by the licensee, to ascertain and determine the amount required to be paid. To assist in this process, the Board of Commissioners or its designee may request certified copies of annual tax returns covering licensee.

(4) Confidential Character of Information Obtained - Disclosure Unlawful. It shall be unlawful for the Board of Commissioners or its designee or any person having an administrative or clerical duty under the provisions of this Ordinance to make known in any manner whatsoever the business affairs, operations, or information obtained by an investigation of records and equipment of any person required to obtain a Licensee Registration Certificate, or pay taxes herein, or any other person visited or examined in the discharge of official duty, or the amount or source of income, profits, losses, expenditures, or any particular thereof, set forth in any statement or application, or to permit any statement or application, or copy of either, or any book containing any abstract or particulars thereof to be seen or examined by any person, provided that nothing in this subsection shall be construed to prevent:



(a) The disclosure to, or the examination of records and equipment by another Curry County official, employee, or agent for collection of taxes for the sole purpose of administering or enforcing any provisions of this Ordinance; or collecting taxes imposed hereunder.

(b) The disclosure after the filing of a written request to that effect, to the taxpayer himself, receivers, trustees, executors, administrators, assignees, and guarantors, if directly interested, of information as to any paid tax, any unpaid tax or amount of tax required to be collected, or interest, and penalties; further provided, however, that the County Counsel approves each such disclosure referred to in this paragraph when in his opinion the public interest would suffer thereby;

(c) The disclosure of the names and addresses of any persons to whom Licensee Registration Certificates have been issued.

(d) The disclosure of general statistics regarding taxes collected or business done in the County.

#### Section 2.16.190 Penalties

Violation of any of the provisions of this Ordinance shall be a Class A violation, with a maximum penalty of \$2,000 in fines. Penalties may be enforced in accordance with Article Ten of the Curry County Code. Enforcement under Article Ten of Curry County Code does not preclude enforcement by any other legal or equitable means.

#### Section 2.16.200 Alternative Collection Methods

In the alternative to the collection methodologies set forth herein, the County may employ any other method to collect the tax imposed, including but not limited to, contracting with a private or public entity for collection.

#### Section 2.16.210 Severability

If any section, subsection, paragraph, sentence, clause, or phrase of this Ordinance, or any part thereof, is for any reason held to be unconstitutional (or otherwise invalid), such decision shall not affect the validity of the remaining portions of this Ordinance or any part thereof. The legislative body hereby declares that it would have passed each section, subsection, subdivision, paragraph, sentence, clause or phrase thereof, irrespective of the fact that any one or more sections, subsections, subdivisions, paragraphs, sentences, clauses or phrases be declared unconstitutional (or otherwise invalid).

#### Section 2.16.220 Effective Date

This Ordinance shall become effective at 12:01 A.M. on the 1<sup>st</sup> day of January, 2017, if Ordinance No. 16-03 is approved by voters at the November 8, 2016 election.

**CURRY COUNTY BOARD OF COMMISSIONERS**  
**AGENDA ITEM ROUTING SLIP**  
FORM 10-001.1 Rev. 03-02-2016

**PART I – SUBMITTING DEPARTMENT: RETURN TO [BOC OFFICE@CO.CURRY.OR.US](mailto:BOC_OFFICE@CO.CURRY.OR.US)**

**AGENDA ITEM TITLE:** O&C Litigation Special Assessment

**AGENDA DATE<sup>a</sup>:** 01/04/17 **DEPARTMENT:** BOC **TIME NEEDED:** 45 min

<sup>a</sup>Submit by seven days prior to the next General Meeting ( eight days if a holiday falls within that seven day period)

**CONTACT PERSON:** Commissioner Smith **PHONE/EXT:** 3260 **TODAY'S DATE:** 12/7/16

**BRIEF BACKGROUND OR NOTE<sup>b</sup>:** There has been presentations and discussions regarding the O&C Lawsuit filed against the BLM.

<sup>b</sup>Indicate if more than one copy to be signed

**FILES ATTACHED:**

**SUBMISSION TYPE:** Discussion/Decision

- (1)O & C Letter
- (2)

Are there originals in route (paper copies with pre-existing signatures) Yes  No

**QUESTIONS:**

1. Would this item be a departure from the Annual Budget if approved? Yes  No   
(If Yes, brief detail) Has the possibility
2. Does this agenda item impact any other County department? Yes  No   
(If Yes, brief detail) Has the possibility
3. If Land Transaction, filed with the clerk? Yes  No  N/A

**INSTRUCTIONS ONCE SIGNED:**

No Additional Activity Required

OR

File with County Clerk

Name:

Send Printed Copy to:

Address:

Email a Digital Copy to:

City/State/Zip:

Other

Phone:

Due date to send:        /        /

Email:

<sup>c</sup>Note: Most signed documents are filed/recorded with the Clerk per standard process.

**PART II – COUNTY CLERK REVIEW**

**EVALUATION CRITERIA:**

**CLERK ASSESSMENT:** Does this agenda item meet filing/recording standards? Yes  No  N/A   
(If No, brief detail)

**PART III - FINANCE DEPARTMENT REVIEW**

**EVALUATION CRITERIA 1-4:**

1. Confirmed Submitting Department's finance-related responses        Yes  No   
Comment:
2. Confirmed Submitting Department's personnel-related materials        Yes  No  N/A   
Comment:
3. If job description, Salary Committee reviewed:        Yes  No  N/A
4. If hire order requires an UA, is it approved?        Yes  No  Pending  N/A

**PART IV – COUNTY COUNSEL REVIEW**

**AGENDA ASSIGNMENT TYPE:**    **Old Business**

**LEGAL ASSESSMENT:** Does this agenda item have a legal impact?        Yes  No   
(If Yes, brief detail)

**PART V – BOARD OF COMMISSIONER REVIEW/COMMENT**

**LIAISON COMMISSIONER AGREES TO ADD TO AGENDA:**

Commissioner Susan Brown        Yes  No

Commissioner Thomas Huxley        Yes  No

Commissioner David Brock Smith        Yes  No

Not applicable to Sheriff's Department since they do not have a liaison

**BUREAU OF LAND MANAGEMENT  
DEPARTMENT OF THE INTERIOR  
SECURE RURAL SCHOOLS ACT PAYMENTS  
FY2004**

<u>COUNTY</u>	<u>O&amp;C</u>		<u>O&amp;C</u>		<u>O&amp;C</u>		<u>CBWR</u>		<u>CBWR</u>	
	<u>Payment to County Title I</u>	<u>County Election Title II</u>	<u>County Title III</u>	<u>Payment to County Title III</u>	<u>County Title I</u>	<u>County Election Title II</u>	<u>Payment to County Title III</u>	<u>County Title I</u>	<u>County Election Title II</u>	<u>Payment to County Title III</u>
Benton	\$2,683,693.38	\$236,796.47	\$236,796.47	\$236,796.47	\$3,157,286.32					
Clackamas	5,300,533.17	177,723.76	757,664.45	757,664.45	6,235,921.38					
Columbia	1,967,405.11	232,616.72	114,572.41	114,572.41	2,314,594.24					
Coos	5,634,801.04	218,762.86	775,613.79	775,613.79	6,629,177.69			705,436.32	27,387.53	97,101.24
Curry	3,485,936.23	313,734.26	301,430.96	301,430.96	4,101,101.45			127,526.64	16,878.52	5,626.17
Douglas	23,924,028.11	3,166,415.49	1,055,471.83	1,055,471.83	28,145,915.43					
Jackson	14,965,649.52	1,320,498.49	1,320,498.49	1,320,498.49	17,606,646.50					
Josephine	11,537,016.35	1,017,972.03	1,017,972.03	1,017,972.03	13,572,960.41					
Klamath	2,234,819.39	315,503.91	78,875.98	78,875.98	2,629,199.28					
Lane	14,583,629.11	1,261,054.99	1,312,526.62	1,312,526.62	17,157,210.72					
Lincoln	343,818.37	24,269.53	36,404.30	36,404.30	404,492.20					
Linn	2,521,334.70	222,470.71	222,470.71	222,470.71	2,966,276.12					
Marion	1,394,374.49	61,516.52	184,549.57	184,549.57	1,640,440.58					
Multnomah	1,041,005.62	32,000.00	151,706.87	151,706.87	1,224,712.49					
Polk	2,062,910.21	72,808.60	291,234.38	291,234.38	2,426,953.19					
Tillamook	534,828.56	62,763.71	31,617.81	31,617.81	629,210.08					
Washington	601,682.15	26,544.80	79,634.40	79,634.40	707,861.35					
Yamhill	687,636.74	0.00	121,347.66	121,347.66	808,984.40					
<b>Totals</b>	<b>\$95,505,102.25</b>	<b>\$8,763,452.85</b>	<b>\$8,090,388.73</b>	<b>\$8,090,388.73</b>	<b>\$112,358,943.83</b>			<b>\$832,962.96</b>	<b>\$44,266.05</b>	<b>\$102,727.41</b>
<b>Grand Total</b>	<b>\$113,338,900.25</b>									<b>\$979,956.42</b>

**BUREAU OF LAND MANAGEMENT  
DEPARTMENT OF THE INTERIOR  
SECURE RURAL SCHOOLS ACT PAYMENTS  
FY2005 Receipts, Distributed in FY2006**

<u>COUNTY</u>	<u>O&amp;C</u>			<u>O&amp;C</u>			<u>O&amp;C Grand Total</u>	<u>CBWR Payment to County Title I</u>	<u>CBWR County Election Title II</u>	<u>CBWR Payment to County Title III</u>	<u>CBWR Grand Total</u>
	<u>Payment to County Title I</u>	<u>O&amp;C County Election Title II</u>	<u>O&amp;C County Title III</u>	<u>Payment to County Title III</u>	<u>County Election Title II</u>	<u>Payment to County Title III</u>					
Benton	\$2,745,418.32	\$130,811.11	\$353,674.48				\$3,229,903.91				
Clackamas	5,422,445.44	201,906.35	754,995.78				6,379,347.57				
Columbia	2,012,655.42	117,207.58	237,966.91				2,367,829.91				
Coos	5,764,401.45	244,139.36	773,107.96				6,781,648.77	30,564.48		96,787.52	849,013.37
Curry	3,566,112.76	320,950.15	308,363.87				4,195,426.78				
Douglas	24,474,280.76	3,239,243.04	1,079,747.68				28,793,271.48	130,459.74	17,266.73	5,755.58	153,482.05
Jackson	15,309,859.47	1,350,869.95	1,350,869.95				18,011,599.37				
Josephine	11,802,367.73	1,041,385.39	1,041,385.39				13,885,138.51				
Klamath	2,286,220.24	322,760.50	80,690.13				2,689,670.87				
Lane	14,919,052.59	1,290,059.25	1,342,714.73				17,551,826.57				
Lincoln	351,726.19	24,827.73	37,241.60				413,795.52				
Linn	2,579,325.39	227,587.54	227,587.54				3,034,500.47				
Marion	1,426,445.11	62,931.40	188,794.20				1,678,170.71				
Multnomah	1,064,948.74	17,000.00	170,932.13				1,252,880.87				
Polk	2,110,357.15	55,862.39	316,553.57				2,482,773.11				
Tillamook	547,129.63	64,207.27	32,345.02				643,681.92				
Washington	615,520.84	108,621.32	0.00				724,142.16				
Yamhill	703,452.38	0.00	124,138.66				827,591.04				
<b>Totals</b>	<b>\$97,701,719.61</b>	<b>\$8,820,370.33</b>	<b>\$8,421,109.60</b>				<b>\$114,943,199.54</b>	<b>\$852,121.11</b>	<b>\$47,831.21</b>	<b>\$102,543.10</b>	<b>\$1,002,495.42</b>
<b>Grand Total</b>	<b>\$115,945,694.96</b>										

Grand Total \$115,945,694.96

**BUREAU OF LAND MANAGEMENT  
DEPARTMENT OF THE INTERIOR  
SECURE RURAL SCHOOLS ACT PAYMENTS  
FY2006 Receipts, Distributed in FY2007**

<u>COUNTY</u>	<u>O&amp;C</u>		<u>O&amp;C</u>		<u>O&amp;C</u>		<u>CBWR</u>		<u>CBWR</u>		<u>Grand Total</u>
	<u>Payment to County Title I</u>	<u>O&amp;C County Election Title II</u>	<u>Payment to County Title III</u>	<u>Grand Total</u>	<u>Payment to County Title I</u>	<u>CBWR County Election Title II</u>	<u>Payment to County Title III</u>	<u>Grand Total</u>			
Benton	\$2,772,872.51	\$48,933.04	\$440,397.40	\$3,262,202.95							
Clackamas	5,476,669.89	251,282.50	715,188.66	6,443,141.05							
Columbia	2,032,781.97	118,379.66	240,346.58	2,391,508.21							
Coos	5,822,045.47	565,080.88	462,338.91	6,849,465.26	728,877.97	70,744.04	57,881.49	857,503.50			
Curry	3,601,773.89	349,583.94	286,023.22	4,237,381.05							
Douglas	24,719,023.57	3,271,635.47	1,090,545.16	29,081,204.20	131,764.34	17,439.40	5,813.13	155,016.87			
Jackson	15,462,958.06	1,364,378.65	1,364,378.65	18,191,715.36							
Josephine	11,920,391.41	0.00	2,103,598.48	14,023,989.89							
Klamath	2,309,082.44	325,988.11	81,497.03	2,716,567.58							
Lane	15,068,243.11	1,302,959.85	1,356,141.88	17,727,344.84							
Lincoln	355,243.45	25,076.01	37,614.01	417,933.47							
Linn	2,605,118.65	229,863.41	229,863.41	3,064,845.47							
Marion	1,440,709.55	63,560.72	190,682.15	1,694,952.42							
Multnomah	1,075,598.23	17,000.00	172,811.45	1,265,409.68							
Polk	2,131,460.71	56,421.02	319,719.11	2,507,600.84							
Tillamook	552,600.93	64,849.34	32,668.47	650,118.74							
Washington	621,676.04	109,707.54	0.00	731,383.58							
Yamhill	710,486.91	0.00	125,380.04	835,866.95							
<b>Totals</b>	<b>\$98,678,736.79</b>	<b>\$8,164,700.14</b>	<b>\$9,249,194.61</b>	<b>\$116,092,631.54</b>	<b>\$860,642.31</b>	<b>\$88,183.44</b>	<b>\$63,694.62</b>	<b>\$1,012,520.37</b>			

**Grand Total \$117,105,151.91**

**BUREAU OF LAND MANAGEMENT  
DEPARTMENT OF THE INTERIOR  
SECURE RURAL SCHOOLS ACT PAYMENTS  
FY2007 Receipts, Distributed in FY2008**

<u>COUNTY</u>	<u>O&amp;C</u>		<u>O&amp;C</u>		<u>O&amp;C</u>		<u>O&amp;C</u>		<u>CBWR</u>		<u>CBWR</u>	
	Payment to County Title I	County Election Title II	Payment to County Title III	Grand Total	Payment to County Title I	County Election Title II	Payment to County Title III	Grand Total	Payment to County Title I	County Election Title II	Payment to County Title III	Grand Total
Benton	\$2,767,181.83	\$97,665.24	\$390,660.96	\$3,255,508.03								
Clackamas	5,465,430.31	289,346.31	675,141.39	6,429,918.01								
Columbia	2,028,610.15	118,136.71	239,853.32	2,386,600.18								
Coos	5,810,097.09	0.00	1,025,311.25	6,835,408.34	727,382.13	0.00	128,361.55	855,743.68				
Curry	3,594,382.10	196,633.84	437,668.88	4,228,684.82								
Douglas	24,668,293.56	2,829,598.38	1,523,629.90	29,021,521.84	131,493.92	15,083.13	8,121.68	154,698.73				
Jackson	15,431,223.96	0.00	2,723,157.17	18,154,381.13								
Josephine	11,895,927.59	0.00	2,099,281.34	13,995,208.93								
Klamath	2,304,343.59	81,329.77	325,319.10	2,710,992.46								
Lane	15,037,319.07	928,775.59	1,724,868.95	17,690,963.61								
Lincoln	354,514.40	6,256.14	56,305.23	417,075.77								
Linn	2,599,772.25	229,391.67	229,391.67	3,058,555.59								
Marion	1,437,752.84	63,430.27	190,290.82	1,691,473.93								
Multnomah	1,073,390.82	20,000.00	169,421.91	1,262,812.73								
Polk	2,127,086.39	56,305.23	319,062.96	2,502,454.58								
Tillamook	551,466.84	64,716.26	32,601.42	648,784.52								
Washington	620,400.20	0.00	109,482.39	729,882.59								
Yamhill	709,028.80	0.00	125,122.73	834,151.53								
<b>Totals</b>	<b>\$98,476,221.79</b>	<b>\$4,981,585.41</b>	<b>\$12,396,571.39</b>	<b>\$115,854,378.59</b>	<b>\$858,876.05</b>	<b>\$15,083.13</b>	<b>\$136,483.23</b>	<b>\$1,010,442.41</b>				
<b>Grand Total</b>	<b>\$116,864,821.00</b>											

**BUREAU OF LAND MANAGEMENT  
DEPARTMENT OF THE INTERIOR  
SECURE RURAL SCHOOLS ACT PAYMENTS  
FY2008 Receipts, Distributed in FY2009**

<u>COUNTY</u>	<u>O&amp;C</u>		<u>O&amp;C</u>		<u>O&amp;C</u>		<u>CBWR</u>		<u>CBWR</u>		<u>Grand Total</u>
	<u>Payment to County Title I</u>	<u>County Election Title II</u>	<u>Payment to County Title III</u>	<u>County Election Title II</u>	<u>Payment to County Title III</u>	<u>County Election Title II</u>	<u>Payment to County Title I</u>	<u>County Election Title II</u>	<u>Payment to County Title III</u>	<u>Grand Total</u>	
Benton	\$2,495,585.25	\$234,878.61	\$205,518.79		\$205,518.79						\$2,935,982.65
Clackamas	4,929,002.90	463,906.16	405,917.89		405,917.89						5,798,826.95
Columbia	1,829,503.78	172,188.59	150,665.02		150,665.02						2,152,357.39
Coos	5,239,840.93	493,161.50	431,516.31		431,516.31						6,164,518.74
Curry	3,241,596.50	305,091.44	266,955.01		266,955.01						3,813,642.95
Douglas	22,247,121.21	2,093,846.70	1,832,115.86		1,832,115.86						26,173,083.77
Jackson	13,916,662.25	1,309,803.51	1,146,078.07		1,146,078.07						16,372,543.83
Josephine	10,728,352.27	1,009,727.27	883,511.36		883,511.36						12,621,590.90
Klamath	2,078,174.20	348,399.79	18,336.83		18,336.83						2,444,910.82
Lane	13,561,418.80	1,276,368.83	1,116,822.72		1,116,822.72						15,954,610.35
Lincoln	319,719.11	45,136.82	11,284.20		11,284.20						376,140.13
Linn	2,344,606.79	220,668.87	193,085.26		193,085.26						2,758,360.92
Marion	1,296,638.61	122,036.57	106,782.00		106,782.00						1,525,457.18
Multnomah	968,038.41	91,109.50	79,720.81		79,720.81						1,138,868.72
Polk	1,918,314.65	180,547.26	157,978.85		157,978.85						2,256,840.76
Tillamook	497,340.83	87,766.03	0.00		0.00						585,106.86
Washington	559,508.44	98,736.78	0.00		0.00						658,245.22
Yamhill	639,438.21	60,182.42	52,659.62		52,659.62						752,280.25
<b>Totals</b>	<b>\$88,810,863.14</b>	<b>\$8,613,556.65</b>	<b>\$7,058,948.60</b>		<b>\$7,058,948.60</b>						<b>\$104,483,368.39</b>
<b>Grand Total</b>	<b>\$105,394,636.72</b>										<b>\$774,578.09</b>
											<b>\$72,901.46</b>
											<b>\$63,788.78</b>
											<b>\$911,268.33</b>

**BUREAU OF LAND MANAGEMENT  
DEPARTMENT OF THE INTERIOR  
SECURE RURAL SCHOOLS ACT PAYMENTS  
FY2009 Receipts, Distributed in FY2010**

<u>COUNTY</u>	<u>O&amp;C</u>		<u>O&amp;C</u>		<u>O&amp;C</u>		<u>O&amp;C</u>		<u>CBWR</u>		<u>CBWR</u>		<u>Grand Total</u>
	<u>Payment to County Title I</u>	<u>County Election Title II</u>	<u>County Title III</u>	<u>Payment to County Title III</u>	<u>Payment to County Title I</u>	<u>County Election Title II</u>	<u>County Title III</u>	<u>Grand Total</u>	<u>Payment to County Title I</u>	<u>County Election Title II</u>	<u>County Title III</u>	<u>Grand Total</u>	
Benton	\$2,246,026.73	\$211,390.75	\$184,966.91	\$184,966.91			\$2,642,384.39						
Clackamas	4,436,102.61	417,515.54	365,326.10	365,326.10			5,218,944.25						
Columbia	1,646,553.40	154,969.73	135,598.52	135,598.52			1,937,121.65						
Coos	4,715,856.83	443,845.35	388,364.68	388,364.68			5,548,066.86						
Curry	2,917,436.84	274,582.29	240,259.51	240,259.51			3,432,278.64						
Douglas	20,022,409.09	1,884,462.03	1,648,904.28	1,648,904.28			23,555,775.40						
Jackson	12,524,996.01	1,178,823.16	1,031,470.26	1,031,470.26			14,735,289.43						
Josephine	9,655,517.04	908,754.54	795,160.23	795,160.23			11,359,431.81						
Klamath	1,870,356.78	176,033.58	154,029.38	154,029.38			2,200,419.74						
Lane	12,205,276.92	1,148,731.95	1,005,140.45	1,005,140.45			14,359,149.32						
Lincoln	287,747.19	40,623.13	10,155.78	10,155.78			338,526.10						
Linn	2,110,146.11	198,601.99	173,776.74	173,776.74			2,482,524.84						
Marion	1,166,974.75	109,832.92	96,103.80	96,103.80			1,372,911.47						
Multnomah	871,234.56	81,998.55	71,748.73	71,748.73			1,024,981.84						
Polk	1,726,483.18	162,492.53	142,180.97	142,180.97			2,031,156.68						
Tillamook	447,606.75	78,989.43	0.00	0.00			526,596.18						
Washington	503,557.60	88,863.11	0.00	0.00			592,420.71						
Yamhill	575,494.40	54,164.18	47,393.66	47,393.66			677,052.24						
<b>Totals</b>	<b>\$79,929,776.79</b>	<b>\$7,614,674.76</b>	<b>\$6,490,580.00</b>	<b>\$6,490,580.00</b>			<b>\$94,035,031.55</b>		<b>\$697,120.27</b>	<b>\$65,611.32</b>	<b>\$57,409.91</b>	<b>\$820,141.50</b>	
<b>Grand Total</b>	<b>\$94,855,173.05</b>												



DEPARTMENT OF THE INTERIOR - BUREAU OF LAND MANAGEMENT  
 SECURE RURAL SCHOOLS ACT DISTRIBUTION  
 FY2013 Receipts, Distributed in FY2014  
 100% PAYMENT

COUNTY	O&C		O&C		O&C		O&C		CBWR		CBWR	
	Payment to County Title I	County Election Title II	Payment to County Title III	O&C Grand Total	Payment to County Title I	County Election Title II	Payment to County Title III	O&C Grand Total	Payment to County Title I	County Election Title II	Payment to County Title III	CBWR Grand Total
Benton	\$693,629.62	\$122,405.23	\$0.00	\$816,034.85								
Clackamas	914,733.10	86,092.53	75,330.96	1,076,156.59								
Columbia	624,370.36	58,764.27	51,418.74	734,553.37								
Coos	2,000,654.59	188,296.90	164,759.79	2,353,711.28	250,474.08	23,574.03	20,627.28	294,675.39				
Curry	1,205,795.98	113,486.68	99,300.84	1,418,583.50	36,515.87	3,436.79	3,007.19	42,959.85				
Douglas	9,527,620.06	896,717.18	784,627.53	11,208,964.77								
Jackson	4,744,598.46	446,550.44	390,731.64	5,581,880.54								
Josephine	4,858,134.61	457,236.20	400,081.67	5,715,452.48								
Klamath	938,329.51	165,587.56	0.00	1,103,917.07								
Lane	4,640,791.42	436,780.37	382,182.82	5,459,754.61								
Lincoln	108,367.55	19,123.68	0.00	127,491.23								
Linn	1,115,684.83	105,005.63	91,879.93	1,312,570.39								
Marion	459,183.49	43,217.27	37,815.11	540,215.87								
Multnomah	222,521.29	20,943.18	18,325.28	261,789.75								
Polk	786,822.60	74,053.89	64,797.15	925,673.64								
Tillamook	191,394.32	18,013.58	15,761.88	225,169.78								
Washington	125,410.18	22,131.21	0.00	147,541.39								
Yamhill	240,585.27	42,456.23	0.00	283,041.50								
<b>Totals</b>	<b>\$33,398,627.24</b>	<b>\$3,316,862.03</b>	<b>\$2,577,013.34</b>	<b>\$39,292,502.61</b>	<b>\$286,989.95</b>	<b>\$27,010.82</b>	<b>\$23,634.47</b>	<b>\$337,635.24</b>				

100% Grand Total **\$39,630,137.85**

<u>COUNTY</u>	<u>O&amp;C</u>		<u>O&amp;C</u>		<u>O&amp;C</u>		<u>CBWR</u>		<u>CBWR</u>	
	<u>Payment to</u> <u>County</u> <u>Title I</u>	<u>O&amp;C</u> <u>County Election</u> <u>Title II</u>	<u>Payment to</u> <u>County</u> <u>Title III</u>	<u>O&amp;C</u> <u>Grand Total</u>	<u>Payment to</u> <u>County</u> <u>Title I</u>	<u>CBWR</u> <u>County Election</u> <u>Title II</u>	<u>Payment to</u> <u>County</u> <u>Title III</u>	<u>CBWR</u> <u>Grand Total</u>		
Benton	\$697,069.09	\$123,012.19	\$0.00	\$820,081.28						
Clackamas	894,994.05	84,234.73	73,705.39	1,052,934.17						
Columbia	579,995.22	54,587.78	47,764.31	682,347.31						
Coos	1,757,613.71	165,422.47	144,744.66	2,067,780.84	220,046.32	20,710.24	18,121.46	258,878.02		
Curry	1,096,281.64	103,179.45	90,282.02	1,289,743.11	32,010.09	3,012.71	2,636.12	37,658.92		
Douglas	8,351,980.75	786,068.78	687,810.18	9,825,859.71						
Jackson	4,392,341.67	413,396.86	361,722.25	5,167,460.78						
Josephine	4,220,265.12	397,201.42	347,551.25	4,965,017.79						
Klamath	825,019.19	145,591.62	0.00	970,610.81						
Lane	4,273,742.46	402,234.58	351,955.26	5,027,932.30						
Lincoln	108,791.04	19,198.42	0.00	127,989.46						
Linn	909,814.07	85,629.56	74,925.86	1,070,369.49						
Marion	445,571.96	41,936.18	36,694.16	524,202.30						
Multnomah	185,405.93	17,449.97	15,268.72	218,124.62						
Polk	718,670.98	67,639.62	59,184.67	845,495.27						
Tillamook	183,358.23	17,257.25	15,100.09	215,715.57						
Washington	112,802.85	19,906.38	0.00	132,709.23						
Yamhill	225,326.89	39,763.57	0.00	265,090.46						
<b>Totals</b>	<b>\$29,979,044.85</b>	<b>\$2,983,710.83</b>	<b>\$2,306,708.82</b>	<b>\$35,269,464.50</b>	<b>\$252,056.41</b>	<b>\$23,722.95</b>	<b>\$20,757.58</b>	<b>\$296,536.94</b>		
<b>Grand Total</b>	<b>\$35,566,001.44</b>									

Year	a/ Receipts from O&C Grant Lands	b/ Actual Payment to O&C Act (50% of receipts)	c/ Actual or Estimated Payment under 1939 CBWR Act	d/ Receipts from CBWR Grant Lands	e/ Actual Payment to Congressional Subsidy
1960	\$32,517,157	\$16,258,579	\$1,311,005	\$1,311,005	\$1
1961	\$28,909,345	\$14,454,673	\$956,730	\$956,730	\$1
1962	\$30,800,271	\$15,400,136	\$1,270,286	\$1,270,286	\$1
1963	\$30,062,541	\$15,031,271	\$1,199,371	\$1,199,371	-\$1
1964	\$42,272,057	\$21,136,029	\$2,314,736	\$2,314,736	-\$1
1965	\$41,930,528	\$20,965,264	\$2,023,214	\$2,023,214	-\$1
1966	\$41,930,528	\$20,965,264	\$182,200	\$182,200	\$0
1967	\$43,522,556	\$21,761,278	\$824,347	\$824,347	\$0
1968	\$51,134,333	\$25,567,167	\$1,553,012	\$1,553,012	\$1
1969	\$64,233,013	\$32,116,506	\$1,940,412	\$1,940,412	-\$1
1970	\$58,803,788	\$29,401,894	\$373,147	\$373,147	\$4,517,380
1971	\$63,734,400	\$31,867,200	\$448,514	\$448,514	-\$409,457
1972	\$75,333,653	\$37,666,827	\$2,134,245	\$2,134,245	-\$88,084
1973	\$94,381,504	\$47,190,752	\$519,710	\$519,710	-\$54
1974	\$15,578,696	\$57,789,348	\$3,474,171	\$3,474,171	\$9,993
1975	\$98,695,920	\$49,347,960	\$917,516	\$917,516	-\$307,998
1976	\$18,241,720	\$59,120,860	\$4,253,010	\$4,253,010	-\$880,880
1977	\$212,090,848	\$106,045,424	\$12,260,657	\$12,260,657	-\$29,812,438
1978	\$172,579,472	\$86,289,736	\$12,594,793	\$12,594,793	-\$13
1979	\$193,548,297	\$96,774,149	\$10,870,170	\$10,870,170	-\$1,000,001
1980	\$95,214,025	\$97,607,013	\$6,809,467	\$6,809,467	-\$8,004
1981	\$193,911,483	\$96,955,742	\$6,107,957	\$6,107,957	\$2
1982 d/	\$79,106,066	\$39,553,033	\$3,977,615	\$3,977,615	-\$24,925
1983 d/	\$95,065,358	\$47,532,679	\$4,780,081	\$4,780,081	-\$479,660
1984 d/	\$136,844,266	\$68,422,133	\$5,534,043	\$5,534,043	-\$2,366,501
1985	\$122,247,056	\$61,123,528	\$5,888,194	\$5,888,194	-\$425,744
1986	\$143,682,908	\$71,841,454	\$5,686,693	\$5,686,693	\$0
1987	\$136,844,266	\$68,422,133	\$4,906,546	\$4,906,546	\$0
1988	\$217,740,007	\$108,870,003	\$9,452,619	\$9,452,619	\$0
1989	\$219,822,185	\$109,911,093	\$15,162,937	\$15,162,937	-\$1
1990	\$206,457,229	\$103,228,615	\$6,800,868	\$6,800,868	-\$1
1991	\$139,567,432	\$69,783,716	\$4,088,327	\$4,088,327	\$26,819,197
1992	\$181,303,336	\$90,651,931	\$6,789,083	\$6,789,083	\$0
1993	\$131,359,336	\$65,679,668	\$3,009,220	\$3,009,220	\$12,906,793
1994	\$60,074,977	\$30,037,489	\$4,061,653	\$4,061,653	\$46,127,591
1995	\$41,119,019	\$20,559,510	\$3,272,257	\$3,272,257	\$55,535,673
1996	\$77,474,682	\$38,737,341	\$3,113,484	\$3,113,484	\$32,547,478
1997	\$70,720,737	\$35,360,369	\$3,613,953	\$3,613,953	\$32,753,405
1998	\$48,252,091	\$24,126,046	\$2,801,762	\$2,801,762	\$41,801,177
1999	\$57,524,886	\$28,524,886	\$3,479,888	\$3,479,888	\$33,228,077
2000	\$34,079,101	\$17,039,551	\$1,763,312	\$1,763,312	\$43,634,295
2001 e/	\$16,426,631	\$8,213,316	\$23,484	\$23,484	\$101,213,469
2002 e/	\$15,839,004	\$7,919,502	\$283,224	\$283,224	\$102,425,790
2003 e/	\$12,011,240	\$6,005,620	\$668,160	\$668,160	\$105,377,663
2004 e/	\$22,503,959	\$11,251,979	\$285,620	\$285,620	\$101,872,706
2005 e/	\$22,560,039	\$11,280,020	\$1,310,277	\$1,310,277	\$103,682,968
2006 e/	\$28,412,553	\$14,206,276	\$1,180,698	\$1,180,698	\$102,013,352
2007	\$28,899,582	\$14,449,791	\$2,240,109	\$2,240,109	\$100,734,948
2008	\$24,788,163	\$12,394,082	\$2,674,582	\$2,674,582	\$90,994,618
Total					\$1,160,102,353

a/ O&C Grant Lands receipts are from several sources including grazing, the sale of land and materials as well as from the sale of timber. For 1960 through 1981, the receipts information is from a table showing receipts by source for the "Public Land Statistics" publication. Payments are actually made from prior year collections, but to simplify the presentation they are shown in the same year. Also, that is the way payments are reported in "Public Land Statistics".

c/ Coos Bay Region Road payments are not calculated as a percentage of receipts. They are by law the amount of lost tax revenue. Please see the note below for more information. From 1960 to 1993, years when no special payments were authorized, the actual CBWR payments are shown. From 1994 through 2006, the payments are estimated at 75% of receipts which is the estimate used in the budget.

d/ Receipts from O&C and CBWR lands are estimated since they are not broken out in available receipts data. O&C and CBWR receipts are estimated by using the average percent of total Oregon receipts (excluding Mineral Leases and permits) from 1977 to 1981.

e/ The amounts shown are receipts and payments for the fiscal year and are either from the spreadsheets used by the BLM Operations Center to calculate the SRS payments or from an Operations Center spreadsheet named Receipts and Payments 1985 to 2005. For 2001, the legal for payments was P.L. 106-393, the Secure Rural Schools Act. Under P.L. 106-393, payments were made in the year after the receipts were collected. Therefore, the payment for 2001 was actually made in 2002, and a final payment under P.L. 106-393 was made for 2006 in 2007.

f/ From a BLM Operations Center spreadsheet named Payments by county 1970 to 1985

g/ Includes a prepayment of \$50,952,550 in accordance with a December 9, 1985 Solicitor's Office opinion.

Note on the method used to calculate CBWR payments

Because of a change in state law, the method is changing, but the last time payments to Coos and Douglas counties were calculated under the 1939 law, the payments were based on receipt of tax statements from the counties. Payment to each county were made in the proportion that the appraised value of the land and timber in each county contributes to the total of such appraisals for the two counties. Funds not expended for appraisals and payments to counties were transferred to general fund 142229 at the end of each 10 year periods (2000,2010, 2020, etc.)

Previously the tax was only on harvested timber. When calculating a value on the timber they had to take into consideration the type of ground, extreme conditions, whether it was hardwood or conifer, etc. Under the new rules large land owners now pay tax up front yearly, whether they harvest or not. The small land owners, <5,000A, pay when they harvest.

FY2001 O&C Payments to Counties						
Payments Were Made November 14, 2001						
County	Title I Paid to County	Title III Paid to County	Total Paid to County	Title II Retained By BLM	Grand Total	Title II Salem District RAC
Benton	\$2,597,062.51	\$183,322.06	\$2,780,384.57	\$274,983.09	\$3,055,367.66	\$274,983.09
Clackamas	\$5,129,429.52	\$905,193.45	\$6,034,622.97	\$0.00	\$6,034,622.97	
Columbia	\$1,903,896.36	\$225,107.75	\$2,129,004.11	\$110,873.96	\$2,239,878.07	\$110,873.96
Coos	\$5,452,907.06	\$510,007.19	\$5,962,914.25	\$452,270.53	\$6,415,184.78	
Coos (CBWR)	\$682,664.52	\$63,849.21	\$746,513.73	\$56,621.00	\$803,134.73	
Curry	\$3,373,408.61	\$565,542.03	\$3,938,950.64	\$29,765.37	\$3,968,716.01	
Douglas	\$23,151,749.47	\$1,021,400.71	\$24,173,150.18	\$3,064,202.14	\$27,237,352.32	
Douglas (CBWR)	\$123,410.01	\$5,444.56	\$128,854.57	\$16,333.68	\$145,188.25	
Jackson	\$14,482,551.46	\$1,277,872.19	\$15,760,423.65	\$1,277,872.19	\$17,038,295.84	
Josephine	\$11,164,596.15	\$1,359,453.77	\$12,524,049.92	\$610,769.08	\$13,134,819.00	
Klamath	\$2,162,678.40	\$190,824.56	\$2,353,502.96	\$190,824.56	\$2,544,327.52	
Lane	\$14,112,862.86	\$1,245,252.60	\$15,358,115.46	\$1,245,252.60	\$16,603,368.06	
Lincoln	\$332,719.74	\$29,357.63	\$362,077.37	\$29,357.63	\$391,435.00	\$29,357.63
Linn	\$2,439,944.86	\$215,289.25	\$2,655,234.11	\$215,289.25	\$2,870,523.36	\$150,702.48
Marion	\$1,349,363.44	\$214,310.66	\$1,563,674.10	\$23,812.30	\$1,587,486.40	\$23,812.30
Multnomah	\$948,142.56	\$237,035.64	\$1,185,178.20	\$0.00	\$1,185,178.20	
Polk	\$1,996,318.52	\$317,062.35	\$2,313,380.87	\$35,229.15	\$2,348,610.02	\$35,229.15
Tillamook	\$517,564.05	\$30,140.50	\$547,704.55	\$61,194.34	\$608,898.89	\$61,194.34
Washington	\$582,259.57	\$77,063.77	\$659,323.34	\$25,687.92	\$685,011.26	\$25,687.92
Yamhill	\$665,439.51	\$117,430.50	\$782,870.01	\$0.00	\$782,870.01	
	\$93,168,969.18	\$8,790,960.38	\$101,959,929.56	\$7,720,338.79	\$109,680,268.35	\$711,840.87
				CBWR	\$948,322.98	\$71,184.09
				O&C	\$108,731,945.37	
					\$109,680,268.35	

FY2003 Secure Rural Schools Payments to Counties						
Payments Were Made October 31, 2003						
County	Title I Paid to County	Title III Paid to County	Total Paid to County	Title II Retained By BLM	Grand Total	Title Distr
Benton	\$2,649,253.09	\$233,757.62	\$2,883,010.71	\$233,757.62	\$3,116,768.33	
Clackamas	\$5,232,510.54	\$692,538.16	\$5,925,048.70	\$230,846.05	\$6,155,894.75	
Columbia	\$1,942,157.06	\$229,631.51	\$2,171,788.57	\$113,102.09	\$2,284,890.66	
Coos	\$5,562,488.68	\$785,292.52	\$6,347,781.20	\$196,323.13	\$6,544,104.33	
Coos (CBWR)	\$696,383.35	\$15,975.85	\$712,359.20	\$106,915.32	\$819,274.52	
Curry	\$3,441,200.62	\$364,362.42	\$3,805,563.04	\$242,908.28	\$4,048,471.32	
Douglas	\$23,617,007.03	\$1,041,926.78	\$24,658,933.81	\$3,125,780.34	\$27,784,714.15	
Douglas (CBWR)	\$125,890.06	\$5,553.97	\$131,444.03	\$16,661.92	\$148,105.95	
Jackson	\$14,773,592.81	\$1,303,552.31	\$16,077,145.12	\$1,303,552.31	\$17,380,697.43	
Josephine	\$11,388,959.88	\$1,004,908.22	\$12,393,868.10	\$1,004,908.22	\$13,398,776.32	
Klamath	\$2,206,139.58	\$77,863.75	\$2,284,003.33	\$311,455.00	\$2,595,458.33	
Lane	\$14,396,474.94	\$1,295,682.74	\$15,692,157.68	\$1,244,871.66	\$16,937,029.34	
Lincoln	\$339,406.09	\$19,969.06	\$359,375.15	\$39,926.13	\$399,301.28	
Linn	\$2,488,977.98	\$219,615.71	\$2,708,593.69	\$219,615.71	\$2,928,209.40	
Marion	\$1,376,480.25	\$194,326.62	\$1,570,806.87	\$48,581.66	\$1,619,388.53	
Multnomah	\$1,027,646.22	\$176,349.33	\$1,203,995.55	\$5,000.00	\$1,208,995.55	
Polk	\$2,036,436.53	\$323,434.04	\$2,359,870.57	\$35,937.12	\$2,395,807.69	
Tillamook	\$527,965.03	\$30,746.20	\$558,711.23	\$62,424.10	\$621,135.33	
Washington	\$593,960.65	\$78,612.44	\$672,573.09	\$26,204.15	\$698,777.24	
Yamhill	\$678,812.18	\$116,196.67	\$795,008.85	\$3,593.71	\$798,602.56	
	\$95,101,742.57	\$8,210,295.92	\$103,312,038.49	\$8,572,364.52	\$111,884,403.01	
				CBWR	\$967,380.47	
				O&C	\$110,917,022.54	
					\$111,884,403.01	

<u>COUNTY</u>	<u>O&amp;C</u>		<u>O&amp;C</u>		<u>O&amp;C</u>		<u>O&amp;C</u>		<u>CBWR</u>		<u>CBWR</u>	
	<u>Payment to</u> <u>County</u> <u>Title I</u>	<u>County Election</u> <u>Title II</u>	<u>Payment to</u> <u>County</u> <u>Title III</u>	<u>O&amp;C</u> <u>Grand Total</u>	<u>Payment to</u> <u>County</u> <u>Title I</u>	<u>County Election</u> <u>Title II</u>	<u>Payment to</u> <u>County</u> <u>Title III</u>	<u>O&amp;C</u> <u>Grand Total</u>	<u>Payment to</u> <u>County</u> <u>Title I</u>	<u>County Election</u> <u>Title II</u>	<u>Payment to</u> <u>County</u> <u>Title III</u>	<u>CBWR</u> <u>Grand Total</u>
Benton	\$2,024,196.93	\$190,512.65	\$166,698.57	\$2,381,408.15								
Blackamas	3,997,969.02	376,279.44	329,244.51	4,703,492.97								
Columbia	1,483,930.84	139,664.08	122,206.07	1,745,800.99								
Coos	4,250,093.19	750,016.45	0.00	5,000,109.64					532,080.93	93,896.63	0.00	625,977.56
Curry	2,629,294.95	247,463.05	216,530.17	3,093,288.17								
Douglas	18,044,887.21	1,698,342.33	1,486,049.53	21,229,279.07								
Jackson	11,287,959.38	1,062,396.18	929,596.65	13,279,952.21								
Josephine	8,701,885.73	819,001.01	716,625.88	10,237,512.62								
Klamath	1,685,630.18	297,464.15	0.00	1,983,094.33								
Lane	10,999,817.47	1,035,276.94	905,867.32	12,940,961.73								
Lincoln	259,327.72	39,661.89	6,101.83	305,091.44								
Linn	1,901,736.61	178,986.98	156,613.60	2,237,337.19								
Marion	1,051,717.98	98,985.22	86,612.07	1,237,315.27								
Multnomah	785,186.71	73,899.93	64,662.43	923,749.07								
Polk	1,555,966.32	146,443.89	128,138.40	1,830,548.61								
Tillamook	403,398.68	71,188.00	0.00	474,586.68								
Washington	453,823.51	80,086.50	0.00	533,910.01								
Yamhill	518,655.44	48,814.63	42,712.80	610,182.87								
<b>Totals</b>	<b>\$72,035,477.87</b>	<b>\$7,354,483.32</b>	<b>\$5,357,659.83</b>	<b>\$84,747,621.02</b>					<b>\$628,268.90</b>	<b>\$102,949.61</b>	<b>\$7,921.36</b>	<b>\$739,139.87</b>
<b>Grand Total</b>	<b>\$85,486,760.89</b>											
check figure	\$85,486,760.89											
	\$0.00											

<u>COUNTY</u>	<u>O&amp;C</u>		<u>O&amp;C</u>		<u>O&amp;C</u>		<u>CBWR</u>		<u>CBWR</u>		<u>CBWR</u>	
	<u>Payment to</u> <u>County</u> <u>Title I</u>	<u>O&amp;C</u> <u>County Election</u> <u>Title II</u>	<u>Payment to</u> <u>County</u> <u>Title III</u>	<u>O&amp;C</u> <u>Grand Total</u>	<u>Payment to</u> <u>County</u> <u>Title I</u>	<u>CBWR</u> <u>County Election</u> <u>Title II</u>	<u>Payment to</u> <u>County</u> <u>Title III</u>	<u>CBWR</u> <u>County</u> <u>Title III</u>	<u>Grand Total</u>			
Benton	\$708,732.28	\$66,704.22	\$58,366.19	\$833,802.69								
Clackamas	1,034,570.61	97,371.35	85,199.93	1,217,141.89								
Columbia	652,114.56	61,375.49	53,703.55	767,193.60								
Coos	1,935,750.31	182,188.26	159,414.73	2,277,353.30	249,196.59	23,453.80	20,522.07	293,172.46				
Curry	1,079,057.92	101,558.39	88,863.59	1,269,479.90	45,048.99	4,239.91	3,709.92	52,998.82				
Douglas	9,153,202.96	861,477.92	753,793.18	10,768,474.06								
Jackson	4,901,992.26	865,057.46	0.00	5,767,049.72								
Josephine	4,910,824.55	462,195.25	404,420.85	5,777,440.65								
Klamath	986,141.47	174,024.97	0.00	1,160,166.44								
Lane	4,917,036.47	462,779.90	404,932.42	5,784,748.79								
Lincoln	115,867.43	20,447.19	0.00	136,314.62								
Linn	1,140,552.78	107,346.14	93,927.88	1,341,826.80								
Marion	485,169.25	45,662.99	39,955.12	570,787.36								
Multnomah	232,903.88	21,920.37	19,180.32	274,004.57								
Polk	868,164.53	81,709.60	71,495.90	1,021,370.03								
Tillamook	211,540.84	37,330.74	0.00	248,871.58								
Washington	146,630.83	25,876.03	0.00	172,506.86								
Yamhill	257,087.85	24,196.50	21,171.94	302,456.29								
<b>Totals</b>	<b>\$33,737,340.78</b>	<b>\$3,699,222.77</b>	<b>\$2,254,425.60</b>	<b>\$39,690,989.15</b>	<b>\$294,245.58</b>	<b>\$27,693.71</b>	<b>\$24,231.99</b>	<b>\$346,171.28</b>				
<b>Grand Total</b>	<b>\$40,037,160.43</b>											
check figure	\$40,037,160.43											
	\$0.00											

<u>COUNTY</u>	O&C 4.9% Payment to County		O&C 4.9% County Election		O&C 4.9% Payment to County		O&C 4.9% County Election		CBWR 4.9% Payment to County		CBWR 4.9% County Election		CBWR 4.9% Payment to County		CBWR 4.9% County Election		<u>Grand Total</u>		
	<u>Title I</u>	<u>Title II</u>	<u>Title III</u>	<u>Grand Total</u>	<u>Title I</u>	<u>Title II</u>	<u>Title III</u>	<u>Grand Total</u>	<u>Title I</u>	<u>Title II</u>	<u>Title III</u>	<u>Grand Total</u>	<u>Title I</u>	<u>Title II</u>	<u>Title III</u>	<u>Grand Total</u>	<u>Title I</u>	<u>Title II</u>	<u>Grand Total</u>
Benton	\$33,838.04	\$3,184.76	\$2,786.66	\$39,809.46															
Clackamas	46,419.12	4,368.86	3,822.75	54,610.73															
Columbia	31,275.15	2,943.54	2,575.60	36,794.29															
Coos	90,942.73	16,048.72	0.00	106,991.45					12,116.66										14,254.89
Curry	63,309.58	5,958.55	5,213.73	74,481.86															
Douglas	468,388.36	44,083.61	38,573.16	551,045.13					2,190.41				206.16		180.39				2,576.96
Jackson	239,454.47	42,256.67	0.00	281,711.14															
Josephine	241,938.06	22,770.64	19,924.31	284,633.01															
Klamath	47,119.19	8,315.15	0.00	55,434.34															
Lane	230,288.81	21,674.24	18,964.96	270,928.01															
Lincoln	5,615.59	990.99	0.00	6,606.58															
Linn	54,306.69	5,111.22	4,472.32	63,890.23															
Marion	22,738.94	2,140.14	1,872.62	26,751.70															
Multnomah	10,923.80	1,028.12	899.61	12,851.53															
Polk	39,412.40	3,709.40	3,245.73	46,367.53															
Tillamook	9,660.84	1,704.85	0.00	11,365.69															
Washington	6,238.50	1,100.91	0.00	7,339.41															
Yamhill	11,972.08	0.00	2,112.72	14,084.80															
<b>Totals</b>	<b>\$1,653,842.35</b>	<b>\$187,390.37</b>	<b>\$104,464.17</b>	<b>\$1,945,696.89</b>					<b>\$14,307.07</b>				<b>\$2,344.39</b>		<b>\$180.39</b>				<b>\$16,831.85</b>

**4.9% Grand Total** \$1,962,528.74



<u>COUNTY</u>	O&C		O&C		O&C		O&C		CBWR		CBWR		CBWR	
	90% Payment to County	90% County Election	90% Payment to County	90% County Election	90% Payment to County	90% County Election	90% Payment to County	90% County Election	90% Payment to County	90% County Election	90% Payment to County	90% County Election	90% Payment to County	90% County Election
	<u>Title I</u>	<u>Title II</u>	<u>Title III</u>	<u>Title II</u>	<u>Title III</u>	<u>Title II</u>	<u>Title III</u>	<u>Title I</u>	<u>Title II</u>	<u>Title III</u>	<u>Title I</u>	<u>Title II</u>	<u>Title III</u>	<u>Grand Total</u>
Benton	\$621,515.07	\$58,495.54	\$51,183.59	\$731,194.20										
Clackamas	852,596.32	80,244.36	70,213.82	1,003,054.50										
Columbia	574,441.56	54,065.09	47,306.95	675,813.60										
Coos	1,670,376.58	294,772.34	0.00	1,965,148.92				222,550.89	39,273.69	0.00				261,824.58
Curry	1,162,829.07	109,442.74	95,762.39	1,368,034.20										
Douglas	8,603,051.58	809,698.97	708,486.60	10,121,237.15										
Jackson	4,398,143.35	776,142.95	0.00	5,174,286.30										
Josephine	4,443,760.31	418,236.26	365,956.73	5,227,953.30										
Klamath	865,454.44	152,727.26	0.00	1,018,181.70										
Lane	4,229,794.39	398,098.30	348,336.01	4,976,228.70										
Lincoln	103,143.42	18,201.78	0.00	121,345.20										
Linn	997,469.73	93,879.50	82,144.57	1,173,493.80										
Marion	417,654.04	39,308.62	34,395.04	491,357.70										
Multnomah	200,641.14	18,883.87	16,523.39	236,048.40										
Polk	723,901.14	68,131.87	59,615.39	851,648.40										
Tillamook	177,444.04	31,313.66	0.00	208,757.70										
Washington	114,584.76	20,220.84	0.00	134,805.60										
Yamhill	219,895.42	0.00	38,805.08	258,700.50										
<b>Totals</b>	<b>\$30,376,696.36</b>	<b>\$3,441,863.95</b>	<b>\$1,918,729.56</b>	<b>\$35,737,289.87</b>				<b>\$262,782.96</b>	<b>\$43,060.24</b>	<b>\$3,313.23</b>				<b>\$309,156.43</b>

90% Grand Total **\$36,046,446.30**

DEPARTMENT OF THE INTERIOR - BUREAU OF LAND MANAGEMENT  
 SECURE RURAL SCHOOLS ACT DISTRIBUTION  
 O&C CALCULATION  
 FY14 Secure Rural School Payments made in FY15

COUNTY	Initial SRS O&C Payments to Counties February 13, 2015	Balance of O&C SRS Payments to Counties May 29, 2015	O & C County Elections Title II	Total SRS O&C Payments (Includes Title I, II, & III)* TOTAL PAYMENT	Title I & III O&C Allocation			Coos Bay Wagon Road (CBWR)			
					Payment to Counties Title I	Payment to Counties Title II	Payment to Counties Title III	Payment to Counties Title I	County Election Title II	Payment to Counties Title III	CBWR Grand Total
Benton	\$ 505,809.67	\$ 177,440.43	120,573.55	803,823.65	683,250.10	0.00	0.00	239,744.67	22,564.20	19,743.68	282,052.55
Clackamas	\$ 999,019.10	\$ 0.00	43,376.48	1,042,395.58	886,036.24	72,967.69	0.00	34,024.73	3,202.33	2,802.04	40,029.10
Columbia	\$ 370,807.09	\$ 307,093.23	58,947.85	736,848.17	626,320.95	51,579.37	0.00				
Coos	\$ 1,062,020.30	\$ 1,010,635.48	180,230.94	2,252,886.72	1,914,953.71	157,702.07	0.00				
Curry	\$ 657,012.56	\$ 627,704.15	111,714.50	1,396,431.21	1,186,966.53	97,750.18	0.00				
Douglas	\$ 4,509,086.22	\$ 5,099,651.94	835,542.45	10,444,280.61	8,877,638.52	731,099.64	0.00				
Jackson	\$ 2,820,653.93	\$ 2,236,138.60	439,721.09	5,486,513.62	4,672,036.58	384,755.95	0.00				
Josephine	\$ 2,174,441.57	\$ 2,998,917.08	449,857.27	5,623,215.92	4,779,733.54	393,625.11	0.00				
Klamath	\$ 421,208.05	\$ 480,943.10	159,203.15	1,061,354.30	902,151.15	0.00	0.00				
Lane	\$ 2,748,652.55	\$ 2,164,521.34	427,232.51	5,340,406.40	4,539,345.44	373,828.45	0.00				
Lincoln	\$ 64,801.24	\$ 41,152.58	18,697.73	124,651.55	105,953.82	0.00	0.00				
Linn	\$ 475,209.09	\$ 713,074.49	103,329.01	1,291,612.59	1,097,870.70	90,412.88	0.00				
Marion	\$ 262,805.03	\$ 232,717.79	43,088.94	538,611.76	457,820.00	37,702.82	0.00				
Multnomah	\$ 196,203.75	\$ 43,194.58	20,817.25	250,215.58	221,183.24	18,215.09	0.00				
Polk	\$ 388,807.43	\$ 446,923.12	72,672.22	908,402.77	772,142.36	63,588.19	0.00				
Tillamook	\$ 100,801.92	\$ 99,010.69	17,375.01	217,187.62	184,609.48	15,203.13	0.00				
Washington	\$ 113,402.17	\$ 11,967.76	22,124.11	147,494.04	125,369.93	0.00	0.00				
Yamhill	\$ 129,602.48	\$ 110,853.27	42,433.37	282,889.12	240,455.75	0.00	0.00				
Totals	\$ 18,000,344.15	\$ 16,801,939.63	3,166,937.43	37,969,221.21	32,273,838.04	2,488,430.57	0.00	273,769.40	25,766.53	22,545.72	322,081.65
O&C Total	\$ 37,969,221.21										
CBWR Total	\$ 322,081.65										
Grand Total	\$ 38,291,302.86										

\*Note: No Funds were sequestered

**CURRY COUNTY BOARD OF COMMISSIONERS**  
**AGENDA ITEM ROUTING SLIP**  
FORM 10-001.1 Rev. 03-02-2016

**PART I – SUBMITTING DEPARTMENT: RETURN TO [BOC OFFICE@CO.CURRY.OR.US](mailto:BOC_OFFICE@CO.CURRY.OR.US)**

**AGENDA ITEM TITLE:** HuttI Presents Memorandum re Governor's Legislative Concept Public Records

**AGENDA DATE<sup>a</sup>:** 01-04-17 **DEPARTMENT:** Counsel **TIME NEEDED:** 20 min

<sup>a</sup>Submit by seven days prior to the next General Meeting ( eight days if a holiday falls within that seven day period)

**CONTACT PERSON:** J. HuttI **PHONE/EXT:** 3218 **TODAY'S DATE:** 12-13-16

**BRIEF BACKGROUND OR NOTE<sup>b</sup>:** Memorandum

<sup>b</sup>Indicate if more than one copy to be signed

**FILES ATTACHED:**

**SUBMISSION TYPE:** Memorandum

(1)Memorandum

(2)News article re Proposed public records advocate at the Dept. of Adm. Services

Are there originals in route (paper copies with pre-existing signatures) Yes  No

**QUESTIONS:**

1. Would this item be a departure from the Annual Budget if approved? Yes  No   
(If Yes, brief detail)
2. Does this agenda item impact any other County department? Yes  No   
(If Yes, brief detail)
3. If Land Transaction, filed with the clerk? Yes  No  N/A

**INSTRUCTIONS ONCE SIGNED:**

No Additional Activity Required

OR

File with County Clerk

Name:

Send Printed Copy to:

Address:

Email a Digital Copy to:

City/State/Zip:

Other

Phone:

Due date to send:        /        /

Email:

<sup>c</sup>Note: Most signed documents are filed/recorded with the Clerk per standard process.

**PART II – COUNTY CLERK REVIEW**

**EVALUATION CRITERIA:**

**CLERK ASSESSMENT:** Does this agenda item meet filing/recording standards? Yes  No  N/A

(If No, brief detail)

**PART III - FINANCE DEPARTMENT REVIEW**

**EVALUATION CRITERIA 1-4:**

1. Confirmed Submitting Department's finance-related responses Yes  No   
Comment:
2. Confirmed Submitting Department's personnel-related materials Yes  No  N/A   
Comment:
3. If job description, Salary Committee reviewed: Yes  No  N/A
4. If hire order requires an UA, is it approved? Yes  No  Pending  N/A

**PART IV – COUNTY COUNSEL REVIEW**

**AGENDA ASSIGNMENT TYPE:** Presentations

**LEGAL ASSESSMENT:** Does this agenda item have a legal impact? Yes  No

(If Yes, brief detail)

**PART V – BOARD OF COMMISSIONER REVIEW/COMMENT**

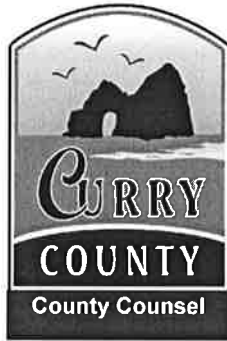
**LIAISON COMMISSIONER AGREES TO ADD TO AGENDA:**

Commissioner Susan Brown Yes  No

Commissioner Thomas Huxley Yes  No

Commissioner David Brock Smith Yes  No

Not applicable to Sheriff's Department since they do not have a liaison



## MEMORANDUM

FROM                   John R. Hutt, Curry County Counsel

TO                     Board of Commissioners

RE:                    Governor's Legislative Concept Public Records

DATE:                 December 21, 2016

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### **Summary**

The Association of Oregon Counties (AOC) has been presented with a Legislative Concept (LC 747; attached) from the Governor's office that proposes establishing a new department and office to resolve disputes over public records inquiries. The AOC seeks input from its member counties in order to formulate a position on LC 747. As set forth below, I do not recommend the County support LC 747, though it may alleviate a small workload from the District Attorney. The District Attorney may weigh in on this issue through the Oregon District Attorneys Association.

### **Discussion**

LC 747 is the latest in a series of attempts to fix Oregon's public records laws. This concept removes the Attorney General and District Attorneys from the process and substitutes their involvement with a new, Governor-appointed Council and Public Records Advocate. It is based on a model from the state of Indiana.

The Public Records Advocate (PRA) is a licensed lawyer, appointed by the governor, confirmed by the Senate, serves for four years, may hire one or more deputy advocates or other professional staff and will be furnished with a state office, and the like.

The PRA's office would mediate disputes when a request is made within 21 days of the public records request. Mediation is available when a person has been denied access to records, denied a fee waiver, questions a government's cost quotation, or when a government claims exemption, or claims entitlement to fees before production.

If a person does not participate in the mediation, then the government can deny the records request. If the government does not participate in the mediation, then the government must produce the records, plus an award of costs to the requester.

Mediations are to be completed within 21 days of a request for mediation, subject to extension by unanimous agreement by requester, government and PRA's office. If mediation is unsuccessful, the advocate shall issue an advisory opinion of the proper legal resolution of the issue. It appears that mediation is available only with respect to requests for state agency documents.

Documents submitted to and issued by the PRA during the mediation process are not subject to disclosure.

In addition to mediation services with state agency document requests, the PRA shall provide training to state agencies and local governments.

In place of an appeal of a denial to the District Attorney, in Counties of fewer than 75,000 (Curry County), the PRA will review appeals from denials of public records requests. This appears to apply to requests to state and local agencies. In this way, the public records appeals workload would be removed from Curry County's District Attorney. Appeals thereafter from decisions of the PRA would apparently follow the same process to Circuit Court.

Also, LC 747 creates a new Public Records Advisory Council comprised of the Secretary of State, the Attorney General, and the Director of the Department of Administrative Services or their designees, as well as a representative of the news media and a member of the public (both appointed by the Governor and confirmed by the Senate) and the PRA who would act as chair of the Council.

The Council would: (a) survey public body practices and procedures for receiving requests, identifying, gathering and disclosing record, as well as fee estimates and waivers; (b) survey public records practices in other jurisdictions; (c) identify inconsistencies and inefficiencies in application of public records law that "impede transparency;" (d) make recommendations on changes in law, policy or practice that could "enhance transparency" and facilitate rapid dissemination of public records to requesters; and (e) make recommendations to the PRA on mediation issues.

### **Analysis**

An advantage has been identified that the Attorney General for state agencies and the District Attorney in small counties would not have to dedicate time to handling public records requests.

Substituting the popularly-elected Attorney General with a Governor appointee could be viewed as problematic (especially when the request is for Governor's records); the removal of District Attorney involvement seems to make fiscal sense for small counties, but replacing a local, popularly-elected official with a state appointee may result in less accountability in decision-making. Further, it could result in different decisions on state law depending on which county you were in.

The policy of a state-wide department administering state public records laws has some precedent in the existence of other state agencies. Yet, this proposal can be seen as enlarging government. To that end, when a similar consolidation of functions was enacted with respect to the Oregon Government Ethics Commission (OGEC), local governments were charged a fee to help pay for the inquiries that the OGEC would handle on behalf of the local governments.

Also, there has been a suggestion that others should have a position on the Council, such as Special Districts, the Association of Counties and the League of Cities, as well as “new media” (a term which is undefined).

While on its surface, the idea of consolidating public records handling in a single state agency makes some sense, because of the split of handling state records separately from local records, and handling small counties differently from large counties, the uniformity of such consolidation would not be fully realized. Also, the system proposed instead of eliminating obstacles to transparency may simply create different obstacles than those in the current system.

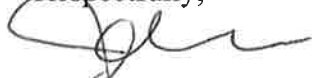
### **Conclusion**

The above comments were for the most part generated by simply reading the concept and without performing significant legal research. The Board or other County elected officials and departments may have their own ideas after reviewing this memorandum and are free to opine.

I have been asked to provide feedback to the Association of Oregon Counties on LC 747. The Board may adopt the analysis of this memorandum, or offer additional or contrary comments. The Board may also refrain from making any recommendation to the Association of Oregon Counties.

I await Board direction.

Respectfully,



John R. Huttl  
Curry County Counsel

Attachment: LC747

LC 747  
2017 Regular Session  
12100-006  
11/17/16 (DJ/ps)

# DRAFT

## SUMMARY

Creates Public Records Advocate and Public Records Advisory Council.

Directs Public Records Advocate to provide mediation services to facilitate resolution of disputes between requesters of public records and state agencies concerning disclosure of public records. Directs Public Records Advocate to provide training for state agencies and local government bodies on disclosure requirements, best practices for public records management and retention and best practices for processing and responding to requests to inspect public records. Authorizes Public Records Advocate, upon request, to provide guidance and advice on discrete public records issues. Requires Public Records Advocate to review denials of requests for public records if public body is located in county with population below specified threshold and public records requester petitions for review.

Directs Public Records Advisory Council to study issues that arise under the public records law and at least once each biennium to provide written recommendations to Governor and Legislative Assembly on effectiveness and fairness of public records law and public bodies' implementation of public records law requirements.

Provides that Public Record Advocate's duties become operative January 1, 2018.

Takes effect on 91st day following adjournment sine die.

## A BILL FOR AN ACT

1  
2 Relating to public accountability in administering the public records law;  
3 creating new provisions; amending ORS 192.460, 192.465, 192.470 and  
4 192.480; and prescribing an effective date.

5 **Be It Enacted by the People of the State of Oregon:**

6 **SECTION 1. (1) The office of the Public Records Advocate is cre-**  
7 **ated.**

8 **(2) The Public Records Advocate shall be appointed by the Governor**

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted.  
New sections are in **boldfaced** type.

1 and confirmed by the Senate in the manner prescribed in ORS 171.562  
2 and 171.565.

3 (3) The Public Records Advocate shall be a member in good standing  
4 of the Oregon State Bar.

5 (4) The term of office of the Public Records Advocate shall be four  
6 years, except that the advocate serves at the pleasure of the Governor.  
7 The advocate may be reappointed to consecutive terms.

8 (5) The Public Records Advocate is in the unclassified service.

9 (6) The Public Records Advocate may hire one or more deputy ad-  
10 vocates or other professional staff to assist in performing the duties  
11 assigned to the Public Records Advocate.

12 (7) The Oregon Department of Administrative Services shall furnish  
13 office facilities and provide administrative support to the Public Re-  
14 cords Advocate.

15 SECTION 2. (1) The Public Records Advocate shall provide medi-  
16 ation services when requested by either a person described in sub-  
17 section (2) of this section or a state agency under the conditions  
18 described in subsection (3) of this section.

19 (2) A person may seek mediation services under this section when  
20 seeking to inspect or receive copies of public records and the person:

21 (a) Has been denied access to all or a portion of the records being  
22 sought;

23 (b) Has been denied a fee waiver or reduction in fees after asserting  
24 under ORS 192.440 (5) that a fee waiver or reduction of fees is in the  
25 public interest; or

26 (c) Received a written fee estimate under ORS 192.440 (4) that the  
27 person believes exceeds the actual cost to be incurred by the public  
28 body in producing the requested records.

29 (3) A state agency may seek mediation services under this section  
30 if, in response to a request for public records, the agency asserts:

31 (a) That the records being sought are not public records;



1 (b) That the records being sought are exempt from mandatory dis-  
2 closure; or

3 (c) That the agency is, under ORS 192.440, entitled to the fees the  
4 agency is seeking in order to produce the records being requested.

5 (4) A state agency may not seek mediation services under this sec-  
6 tion unless at least 21 days have passed since the agency received the  
7 request.

8 (5) Notwithstanding any other provision of ORS 192.410 to 192.505:

9 (a) The failure of a person seeking to inspect or receive copies of  
10 public records to engage in good faith in the mediation process de-  
11 scribed in this section upon being authorized to do so under subsection  
12 (2) of this section shall be grounds for the state agency to deny the  
13 request and refuse to disclose the requested records.

14 (b) The failure of a state agency to engage in good faith in the  
15 mediation process described in this section after a public records re-  
16 quester seeks mediation services under subsection (2) of this section  
17 shall be grounds for the award of costs and attorney fees to the public  
18 records requester for all costs and attorney fees incurred in pursuing  
19 the request after a good faith determination under subsection (6) of  
20 this section.

21 (6) Either party to the mediation may request that the Public Re-  
22 cords Advocate make a determination concerning whether a party is  
23 acting in good faith for purposes of applying the remedies described  
24 in subsection (5) of this section.

25 (7) Mediation shall be requested by submitting a written request for  
26 mediation and such other information as may be required by the  
27 Public Records Advocate. Mediation between parties shall be con-  
28 ducted and completed within 21 days following receipt by the advocate  
29 of the request for mediation. The mediation period may be extended  
30 by unanimous agreement among the public records requester, the  
31 state agency and the advocate.

1 (8) If the mediation results in an agreement between the public re-  
2 cords requester and the state agency, the advocate shall prepare a  
3 written document memorializing the agreement. The written agree-  
4 ment shall be executed by the public records requester and an au-  
5 thorized representative of the state agency. The written agreement  
6 shall control the resolution of the records request.

7 (9)(a) If the mediation fails to resolve the dispute between the  
8 public records requester and the state agency, the Public Records Ad-  
9 vocate may issue an advisory opinion that states the advocate's opin-  
10 ion of what the legally correct resolution of the dispute is, including  
11 any salient information that supports the advocate's conclusion.

12 (b) The Public Records Advocate shall publish advisory opinions on  
13 a publicly accessible website maintained by the advocate and shall  
14 provide a copy of each advisory opinion to the Attorney General.

15 SECTION 3. Consistent with section 2 of this 2017 Act and rules  
16 adopted thereunder, the Public Records Advocate possesses sole dis-  
17 cretion over the conduct of mediation sessions.

18 SECTION 4. (1) Written records, documents, notes or statements  
19 of any kind prepared for or submitted to the Public Records Advocate,  
20 prepared by the advocate or exchanged between mediating parties are  
21 exempt from disclosure under ORS 192.410 to 192.505 and are subject  
22 to ORS 40.190.

23 (2) Subsection (1) of this section does not apply to a written agree-  
24 ment described in section 2 (8) of this 2017 Act or an advisory opinion  
25 described in section 2 (9) of this 2017 Act.

26 SECTION 5. (1) The Public Records Advocate shall provide training  
27 for state agencies and local governments on:

28 (a) The requirements and best practices for processing and re-  
29 sponding to public records requests; and

30 (b) The requirements and best practices for public records man-  
31 agement and retention.

1       **(2) The Public Records Advocate shall perform training sessions**  
2 **throughout the state.**

3       **(3) Upon the written request of a state agency or local government,**  
4 **the Public Records Advocate may provide guidance and advice on**  
5 **matters pertaining to public records management, public records re-**  
6 **quest processing and the disclosure and applicability of exemptions**  
7 **from disclosure of public records.**

8       **(4) Guidance and advice provided pursuant to subsection (3) of this**  
9 **section is purely advisory and must cease when the particular advice**  
10 **sought relates to a matter that is referred to mediation under section**  
11 **2 of this 2017 Act.**

12       **SECTION 6.** ORS 192.460 is amended to read:

13       192.460. (1) ORS 192.450 applies to the case of a person denied the right  
14 to inspect or to receive a copy of any public record of a public body other  
15 than a state agency, except that:

16       **(a)(A) In counties with a population of 75,000 or more,** the district  
17 attorney of the county in which the public body is located, or if it is located  
18 in more than one county the district attorney of the county in which the  
19 administrative offices of the public body are located, shall carry out the  
20 functions of the Attorney General; **or**

21       **(B) In counties with a population of less than 75,000 and in which**  
22 **the administrative offices of the public body are located, the Public**  
23 **Records Advocate appointed under section 1 of this 2017 Act shall carry**  
24 **out the functions of the Attorney General;**

25       (b) Any suit filed must be filed in the circuit court for the county de-  
26 scribed in paragraph (a) of this subsection; and

27       (c) The district attorney may not serve as counsel for the public body, in  
28 the cases permitted under ORS 192.450 (3), unless the district attorney ordi-  
29 narily serves as counsel for the public body.

30       **(2) Disclosure of a record to the district attorney, or to the Public Re-**  
31 **ords Advocate, if applicable, in compliance with subsection (1) of this**

1 section does not waive any privilege or claim of privilege regarding the re-  
2 cord or its contents.

3 (3) Disclosure of a record or part of a record as ordered by the district  
4 attorney **or the Public Records Advocate** is a compelled disclosure for  
5 purposes of ORS 40.285.

6 **SECTION 7.** ORS 192.465 is amended to read:

7 192.465. (1) The failure of the Attorney General, [or] district attorney **or**  
8 **Public Records Advocate** to issue an order under ORS 192.450 or 192.460  
9 denying, granting, or denying in part and granting in part a petition to re-  
10 quire disclosure within seven days from the day of receipt of the petition  
11 shall be treated as an order denying the petition for the purpose of deter-  
12 mining whether a person may institute proceedings for injunctive or  
13 declaratory relief under ORS 192.450 or 192.460.

14 (2) The failure of an elected official to deny, grant, or deny in part and  
15 grant in part a request to inspect or receive a copy of a public record within  
16 seven days from the day of receipt of the request shall be treated as a denial  
17 of the request for the purpose of determining whether a person may institute  
18 proceedings for injunctive or declaratory relief under ORS 192.450 or 192.460.

19 **SECTION 8.** ORS 192.470 is amended to read:

20 192.470. (1)(a) A petition to the Attorney General, [or] district attorney  
21 **or Public Records Advocate** requesting the Attorney General, [or] district  
22 attorney **or advocate** to order a public record to be made available for in-  
23 spection or to be produced shall be in substantially the following form, or  
24 in a form containing the same information:

25 \_\_\_\_\_  
26 \_\_\_\_\_  
27 (Date)

28 I (we), \_\_\_\_\_ (name(s)), the undersigned, request the Attorney  
29 General (or District Attorney of \_\_\_\_\_ County, **or Public Records Ad-**  
30 **vocate, if applicable**) to order \_\_\_\_\_ (name of governmental body) and  
31 its employees to (make available for inspection) (produce a copy or copies

1 of) the following records:

2

3 1. \_\_\_\_\_

4 (Name or description of record)

5

6 2. \_\_\_\_\_

7 (Name or description of record)

8

9 I (we) asked to inspect and/or copy these records on \_\_\_\_\_ (date) at  
10 \_\_\_\_\_ (address). The request was denied by the following person(s):

11

12 1. \_\_\_\_\_

13 (Name of public officer or employee;  
14 title or position, if known)

15

16 2. \_\_\_\_\_

17 (Name of public officer or employee;  
18 title or position, if known)

19

20 \_\_\_\_\_

21 (Signature(s))

22

23 **(b) [This form] The form described in paragraph (a) of this sub-**  
24 **section** should be delivered or mailed to the Attorney General's office in  
25 Salem, [or] the district attorney's office in the county courthouse **or the**  
26 **Public Records Advocate's office in Salem.**

27 (2) Promptly upon receipt of such a petition, the Attorney General, [or]  
28 district attorney **or Public Records Advocate** shall notify the public body  
29 involved. The public body shall thereupon transmit the public record disclo-  
30 sure of which is sought, or a copy, to the [Attorney General] **person who**  
31 **received the petition**, together with a statement of [its] **the public body's**

1 reasons for believing that the public record should not be disclosed. In an  
2 appropriate case, with the consent of the Attorney General, the public body  
3 may instead disclose the nature or substance of the public record to the  
4 *[Attorney General]* **person who received the petition.**

5 **SECTION 9.** ORS 192.480 is amended to read:

6 192.480. (1)(a) In any case in which a person is denied the right to inspect  
7 or to receive a copy of a public record in the custody of an elected official,  
8 or in the custody of any other person but as to which an elected official  
9 claims the right to withhold disclosure[, *no*]:

10 (A) A petition to require disclosure may **not** be filed with the Attorney  
11 General, [*or*] district attorney[, ] or **Public Records Advocate; and**

12 (B) If a petition is filed, it shall not be considered [*by the Attorney Gen-*  
13 *eral or district attorney after*] **if** a claim of right to withhold disclosure by  
14 an elected official **is made.**

15 (b) In such case a person denied the right to inspect or to receive a copy  
16 of a public record may institute proceedings for injunctive or declaratory  
17 relief in the appropriate circuit court, as specified in ORS 192.450 or 192.460,  
18 and the Attorney General or district attorney may upon request serve or  
19 decline to serve, in the discretion of the Attorney General or district attor-  
20 ney, as counsel in such suit for an elected official for which the Attorney  
21 General or district attorney ordinarily serves as counsel.

22 (2) Nothing in this section shall preclude an elected official from re-  
23 questing advice from the Attorney General, [*or*] a district attorney **or the**  
24 **Public Records Advocate** as to whether a public record should be disclosed.

25 **SECTION 10.** (1) **The Public Records Advisory Council is created.**

26 (2) **The Public Records Advisory Council consists of:**

27 (a) **The Secretary of State or a designee of the Secretary of State;**

28 (b) **The Attorney General or a designee of the Attorney General;**

29 (c) **The Director of the Oregon Department of Administrative Ser-**  
30 **vices or a designee of the director;**

31 (d) **A representative of the news media who is appointed by the**

1 **Governor;**

2 (e) A member of the public who is appointed by the Governor; and

3 (f) The Public Records Advocate, who shall serve as chair of the  
4 council.

5 (3) The term of office of a member of the council described in sub-  
6 section (2)(d) or (e) of this section is four years, but that member  
7 serves at the pleasure of the Governor. Before the expiration of the  
8 term of a member described in subsection (2)(d) or (e) of this section,  
9 the Governor shall appoint a successor whose term begins on January  
10 1 next following. A member described in subsection (2)(d) or (e) of this  
11 section is eligible for reappointment. If there is a vacancy for any  
12 cause, the Governor shall make an appointment to become imme-  
13 diately effective for the unexpired term.

14 (4) The appointment of a member of the council described in sub-  
15 section (2)(d) or (e) of this section is subject to confirmation by the  
16 Senate in the manner prescribed in ORS 171.562 and 171.565.

17 (5) A member of the council described in subsection (2)(d) or (e) is  
18 entitled to compensation and expenses as provided in ORS 292.495.

19 (6) A majority of the members of the council constitutes a quorum  
20 for the transaction of business.

21 (7) The council shall meet at least once every three months. The  
22 council also may meet at other times and places specified by the call  
23 of the chairperson or of a majority of the members of the council.

24 (8) All public bodies, as defined in ORS 192.410, shall assist the  
25 council in the performance of its duties and, to the extent permitted  
26 by laws relating to confidentiality, furnish such information and ad-  
27 vice as the members of the council consider necessary to perform their  
28 duties.

29 **SECTION 11.** Notwithstanding the term of office specified by section  
30 10 of this 2017 Act, of the members first appointed to the Public Re-  
31 cords Advisory Council:

1       **(1) The member described in section 10 (2)(d) of this 2017 Act shall**  
2 **serve for an initial term ending December 31, 2019.**

3       **(2) The member described in section 10 (2)(e) of this 2017 Act shall**  
4 **serve for an initial term ending December 31, 2020.**

5       **SECTION 12. (1) The Public Records Advisory Council created under**  
6 **section 10 of this 2017 Act shall periodically perform all of the follow-**  
7 **ing:**

8       **(a) Survey state agency and other public body practices and proce-**  
9 **dures for:**

10       **(A) Receiving public records requests, identifying the existence of**  
11 **records responsive to the requests and gathering and disclosing re-**  
12 **sponsive records;**

13       **(B) Determining fee estimates and imposing or waiving fees under**  
14 **ORS 192.440; and**

15       **(C) Determining and applying exemptions from required disclosure**  
16 **of public records.**

17       **(b) Examine practices similar to those described in paragraph (a)**  
18 **of this subsection in other jurisdictions.**

19       **(c) Identify inefficiencies and inconsistencies in application of the**  
20 **public records law that impede transparency in public process and**  
21 **government.**

22       **(d) Make recommendations on changes in law, policy or practice**  
23 **that could enhance transparency in public process and government,**  
24 **and facilitate rapid dissemination of public records to requesters.**

25       **(e) Make recommendations on the role of the Public Records Ad-**  
26 **vocate as mediator in disputes between custodians of public records**  
27 **and public record requesters and the advocate's role in providing ad-**  
28 **visory opinions addressing public records issues.**

29       **(2) No later than December 1 of each even-numbered year, the**  
30 **council shall submit to the Governor, and to the Legislative Assembly**  
31 **in the manner provided by ORS 192.245, a report that describes the**



1 findings of the council since the council's last report. The report may  
2 include recommendations for legislation.

3 (3) The council may prepare reports and studies more frequently  
4 than required under subsection (2) of this section.

5 (4) The council may adopt rules governing the operations of the  
6 office of the Public Records Advocate, including but not limited to  
7 rules establishing procedures for the conduct of mediation under sec-  
8 tion 2 of this 2017 Act.

9 SECTION 13. (1) The Public Records Advisory Account is estab-  
10 lished in the General Fund. The account shall consist of moneys ap-  
11 propriated by the Legislative Assembly.

12 (2) Moneys in the Public Records Advocate Account are dedicated  
13 to funding the operations of:

14 (a) The office of the Public Records Advocate; and

15 (b) The Public Records Advisory Council.

16 SECTION 14. Sections 1 to 5 of this 2017 Act are added to and made  
17 a part of ORS 192.410 to 192.505.

18 SECTION 15. Sections 10, 12 and 13 of this 2017 Act are added to and  
19 made a part of ORS chapter 192.

20 SECTION 16. Sections 2 to 5 of this 2017 Act and the amendments  
21 to ORS 192.460, 192.465, 192.470 and 192.480 by sections 6 to 9 of this 2017  
22 Act become operative on January 1, 2018.

23 SECTION 17. This 2017 Act takes effect on the 91st day after the  
24 date on which the 2017 regular session of the Seventy-ninth Legislative  
25 Assembly adjourns sine die.

26

# GOP accuses Brown of playing politics with public records post

Created on Tuesday, 20 December 2016 | Written by [Claire Withycombe/Capital Bureau](#) | 

[5 Comments](#)

## Republican's say proposal would undercut secretary of state's watchdog role.

SALEM — Oregon Gov. Kate Brown came under fire Monday from the state's Republican Party for a proposal to house a proposed public records advocate at the Department of Administrative Services.

In previous proposals, the position was to be part of the Secretary of State's Office. Republicans claim Brown, a Democrat, now wants to move the position into a department controlled by the governor now that the Secretary of State's Office is about to be taken over by Dennis Richardson, a Republican.

"Such maneuvers by Gov. Brown serve to damage public trust," ORP Chairman Bill Currier said in a statement.

He claimed that the move would undercut Richardson's oversight responsibilities.

"The secretary of state in Oregon exists in large part to restore and maintain high public confidence, but needs all the tools possible to do this. Voters elected Dennis Richardson to restore balance and be this watchdog in order to guarantee that the rest of the government run by the governor is telling Oregonians the truth."

Under the arrangement proposed in the governor's legislative concept, the advocate would be appointed to a four-year term by the governor and be confirmed by the Oregon Senate.

The office of the advocate would be located in the office of the Department of Administrative Services, which would also provide administrative support.

One of the main responsibilities of the advocate would be mediating disputes between people requesting public records and state agencies.

The Governor's Office put the specific idea forward at a Dec. 15 meeting of the Attorney General's Public Records Law Reform Task Force.

The Governor's Office considered locating the advocate in the Secretary of State's Office, according to a recording of the meeting, during which Emily Matasar, a government accountability attorney, responded to questions about the location of the advocate.

"The decision to house the Public Records Advocate was made after questions were raised about an appointed position by the governor being housed in another independently elected official's office," Chris Pair, a spokesman for Brown, said in a statement.

In response to questions during the Dec. 15 Task Force meeting, Matasar said "we struggled a bit with where to house it, and also to maintain independence."

She said that the position being subject to Senate confirmation was one way the role could be kept independent under the proposal.

"It serves a statewide function, so we just, it made sense to us to put it in DAS," Matasar said. "We started with the secretary of state but that didn't end up feeling like, there's political, you know, implications there as well, so DAS is where it ended up."

Come January, the Secretary of State's Office is the only executive state office that will be held by a Republican. Richardson, a former gubernatorial candidate and state legislator from Central Point, will be the first Republican in the office since 1985.



PAMPLIN MEDIA GROUP - Gov. Kate Brown.

The Secretary of State's Office voiced criticism of Brown's proposal in early December, noting potential crossover between the duties of the advocate and archivist and other issues to consider in the draft legislation.

In a Dec. 5 letter to Ben Souede and Matasar, attorneys for Brown, Secretary of State Jeanne Atkins voiced criticism of the proposal.

Atkins explained that there may be some overlap, although inadvertent, between the duties of the proposed advocate and the State Archivist, who is located in the Secretary of State's Office.

Atkins noted that the proposed law would give the advocate responsibility over records management and retention issues that were duties of the archivist.

"Please be assured that the Archivist would work closely in collaboration with the Advocate on matters related to public records," Atkins wrote. "However, given the long-standing expertise of the Archivist over the area of management and retention of records, we think it most appropriate to leave those responsibilities where they currently reside in existing law."

Atkins said the two employees could make a "useful team to promote transparency."

Atkins also sought confirmation of her understanding of the relationship between the Department of Administrative Services and the Advocate, saying that her office was concerned that "having DAS run the Advocate's office may not lead to useful results."

She pointed out that DAS "struggles at times with fulfilling public records requests and the Advocate may be called into service mediating disputes with DAS."

The legislative concept says that DAS would furnish office facilities and provide administrative support to the public records advocate.

## **Rumors Have Been Confirmed, Jolie Comes Clean**

The Rumors Have Been Confirmed, Jolie Comes Clean - Will Family And Friends Forgive Her?

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**CURRY COUNTY BOARD OF COMMISSIONERS**  
**AGENDA ITEM ROUTING SLIP**  
FORM 10-001.1 Rev. 03-02-2016

**PART I – SUBMITTING DEPARTMENT: RETURN TO [BOC OFFICE@CO.CURRY.OR.US](mailto:BOC_OFFICE@CO.CURRY.OR.US)**

**AGENDA ITEM TITLE:** Status report - contact with South Coast Development Corporation regarding a feasibility study for the Brookings airport.

**AGENDA DATE<sup>a</sup>:** January 4, 2017 **DEPARTMENT:** Community Development **TIME NEEDED:** 20 minute

<sup>a</sup>Submit by seven days prior to the next General Meeting ( eight days if a holiday falls within that seven day period)

**CONTACT PERSON:** Carolyn Johnson **PHONE/EXT:** 3228 **TODAY'S DATE:** 12.27.2016

**BRIEF BACKGROUND OR NOTE<sup>b</sup>:**

The City of Brookings is interested in purchasing the Brookings airport. A second proposal from Brookings is to lease the airport from the County. Brookings City Manager Gary Milliman made a presentation to the Board about the City's interest on December 14, 2016 at a Board workshop. Speakers at the December 14 workshop pointed out that: 1) there are many repairs needed on the airport grounds, buildings and structures; 2) Illegal squatting at the airport is a problem; 3) the County does not have a manager dedicated to the airport; 4) the airport is operating at a loss; and 4) the County continues to face a budget crisis that will likely limit airport improvements.

Following Mr. Milliman's presentation and comments from the public, it was Board consensus for staff to notify the South Coast Development Corporation (SCDC) and inquire as to the possibility of SCDC preparing an airport feasibility study. The study could identify options for the airport 's future for County consideration in addition evaluating the City of Brookings proposal(s). SCDC staff was interested in engaging in a discussion but at the deadline of the December 14 deadline for staff reports to be submitted for the December 21, 2016 BOC meeting, they were not available to discuss particulars of a study content. At the December 21 BOC meeting, the Board was not able to discuss this matter due to the meeting length.

On December 22, 2016, SCDC notified staff that SCDC does not have the capacity or expertise to do a feasibility study on that property;but they could help locate a firm or individual to do that for the County. The Board has a number of options that could be discussed to determine how to move forward. These include:

- 1) Utilize the assistance of SCDC to locate a firm or individual to prepare a feasibility study or
- 2) Direct key County staff with financial, legal, and capital project expertise to:
  - a. Evaluate the airport financials, its physical conditions, projected improvement costs, and any other technical information related to the airport maintenance, operation and management, and
  - b. Evaluate the City of Brookings proposal(s), and
  - c. Seek assistance from Oregon Department of Aviation staff to participate in the evaluation.

Option 2 is recommended. While a feasibility study could be informative, much of the information that could be contained in the study is already available and could be utilized to formulate a professional recommendation to the Board. If this option is selected, the Board should instruct the Committee to return to the Board with its findings and recommendations at a date certain for a public workshop on the matter.

At the end of the future workshop following the Committee's presentation and public comments, the Board may provide direction to put this matter on a public hearing agenda for the Committee to continue its work by negotiating with the City of Brookings on one of the City's proposals or to develop some other direction.

<sup>b</sup>Indicate if more than one copy to be signed

**FILES ATTACHED:**

**SUBMISSION TYPE: Discussion/Decision**

- (1)
- (2)

Are there originals in route (paper copies with pre-existing signatures) Yes  No

**QUESTIONS:**

1. Would this item be a departure from the Annual Budget if approved? Yes  No   
(If Yes, brief detail)
2. Does this agenda item impact any other County department? Yes  No   
(If Yes, brief detail)

3. If Land Transaction, filed with the clerk?

Yes  No  N/A

**INSTRUCTIONS ONCE SIGNED:**

No Additional Activity Required

OR

File with County Clerk

Name:

Send Printed Copy to:

Address:

Email a Digital Copy to:

City/State/Zip:

Other

Phone:

Due date to send:        /        /

Email:

**\*Note: Most signed documents are filed/recorded with the Clerk per standard process.**

**PART II – COUNTY CLERK REVIEW**

**EVALUATION CRITERIA:**

**CLERK ASSESSMENT:** Does this agenda item meet filing/recording standards? Yes  No  N/A

(If No, brief detail)

**PART III - FINANCE DEPARTMENT REVIEW**

**EVALUATION CRITERIA 1-4:**

1. Confirmed Submitting Department's finance-related responses        Yes  No

Comment:

2. Confirmed Submitting Department's personnel-related materials        Yes  No  N/A

Comment:

3. If job description, Salary Committee reviewed:        Yes  No  N/A

4. If hire order requires an UA, is it approved?        Yes  No  Pending  N/A

**PART IV – COUNTY COUNSEL REVIEW**

**AGENDA ASSIGNMENT TYPE:        Presentations**

**LEGAL ASSESSMENT:** Does this agenda item have a legal impact?        Yes  No

(If Yes, brief detail)

**PART V – BOARD OF COMMISSIONER REVIEW/COMMENT**

**LIAISON COMMISSIONER AGREES TO ADD TO AGENDA:**

Commissioner Susan Brown        Yes  No

Commissioner Thomas Huxley        Yes  No

Commissioner David Brock Smith        Yes  No

Not applicable to Sheriff's Department since they do not have a liaison

**CURRY COUNTY BOARD OF COMMISSIONERS**  
**AGENDA ITEM ROUTING SLIP**  
FORM 10-001.1 Rev. 03-02-2016

**PART I – SUBMITTING DEPARTMENT: RETURN TO [BOC OFFICE@CO.CURRY.OR.US](mailto:BOC_OFFICE@CO.CURRY.OR.US)**

**AGENDA ITEM TITLE:** Reclassification of County Surveyor

**AGENDA DATE<sup>a</sup>:** 1/4/17 **DEPARTMENT:** Finance/P/R **TIME NEEDED:** 5 minutes

<sup>a</sup>Submit by seven days prior to the next General Meeting ( eight days if a holiday falls within that seven day period)

**CONTACT PERSON:** Julie Swift **PHONE/EXT:** 3233 **TODAY'S DATE:** 12/23/16

**BRIEF BACKGROUND OR NOTE<sup>b</sup>:** After the death of Surveyor Bryan Flavin the BOC adopted an ordinance to change the Surveyor position from elected to appointed at the end of his term.

<sup>b</sup>Indicate if more than one copy to be signed

**FILES ATTACHED:**

**SUBMISSION TYPE:** Order

- (1) Order
- (2) Job Description
- (3) Ordinance 15-01

Are there originals in route (paper copies with pre-existing signatures) Yes  No

**QUESTIONS:**

1. Would this item be a departure from the Annual Budget if approved? Yes  No   
(If Yes, brief detail)
2. Does this agenda item impact any other County department? Yes  No   
(If Yes, brief detail) Surveyor
3. If Land Transaction, filed with the clerk? Yes  No  N/A

**INSTRUCTIONS ONCE SIGNED:**

No Additional Activity Required

OR

File with County Clerk

Name:

Send Printed Copy to:

Address:

Email a Digital Copy to:

City/State/Zip:

Other

Phone:

Due date to send:        /        /

Email:

**\*Note: Most signed documents are filed/recorded with the Clerk per standard process.**

**PART II – COUNTY CLERK REVIEW**

**EVALUATION CRITERIA:**

**CLERK ASSESSMENT:** Does this agenda item meet filing/recording standards? Yes  No  N/A

(If No, brief detail)

**PART III - FINANCE DEPARTMENT REVIEW**

**EVALUATION CRITERIA 1-4:**

1. Confirmed Submitting Department's finance-related responses      Yes  No   
Comment:
2. Confirmed Submitting Department's personnel-related materials      Yes  No  N/A   
Comment:
3. If job description, Salary Committee reviewed:      Yes  No  N/A
4. If hire order requires an UA, is it approved?      Yes  No  Pending  N/A

**PART IV – COUNTY COUNSEL REVIEW**

**AGENDA ASSIGNMENT TYPE:** (Select)

**LEGAL ASSESSMENT:** Does this agenda item have a legal impact?      Yes  No

(If Yes, brief detail)

**PART V – BOARD OF COMMISSIONER REVIEW/COMMENT**

**LIAISON COMMISSIONER AGREES TO ADD TO AGENDA:**

Commissioner Susan Brown      Yes  No

Commissioner Thomas Huxley      Yes  No

Commissioner David Brock Smith      Yes  No

Not applicable to Sheriff's Department since they do not have a liaison

**BEFORE THE BOARD OF CURRY COUNTY COMMISSIONERS  
IN AND FOR THE COUNTY OF CURRY, OREGON**

**IN THE MATTER THE RECLASSIFICATION )  
OF A POSITION )**

**ORDER NO: \_\_\_\_\_**

**WHEREAS**, the Board of Commissioners adopted Ordinance No. 15-01 on February 4, 2015, to repeal Ordinance 09-06 and change the position of the county surveyor from an elected to an appointed position; and

**WHEREAS**, it is the recommendation of Thomas Huxley, Commissioner, that the position of County Surveyor currently filled Reily Smith, be reclassified from elected to appointed.

The job description for this position is attached hereto and incorporated by reference.

**WHEREAS**, the Board of Commissioners of Curry County, a political subdivision of the State of Oregon, is in agreement with the above stated recommendation;

**NOW, THEREFORE, IT IS HEREBY ORDERED** that the above stated recommendation be in effect as of January 9, 2017.

DATED this \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

CURRY COUNTY BOARD OF COMMISSIONERS

Approved as to form:

\_\_\_\_\_  
Thomas Huxley

\_\_\_\_\_  
John Hutt  
Curry County Legal Counsel

\_\_\_\_\_  
Court Boice

\_\_\_\_\_  
Sue Gold

**CURRY COUNTY  
JOB DESCRIPTION**

**JOB TITLE: County Surveyor**

---

<b>EXEMPT:</b>	No	
<b>SALARY LEVEL:</b>	As negotiated	
<b>SUPERVISOR:</b>	County Board of Commissioners	
<b>PREPARED BY:</b>	Payroll and Personnel	January 2015

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**POSITION SUMMARY:**

The County Surveyor implements statutory and daily operational duties of the office of the County Surveyor. Administers operations ensuring that county and other survey work done by Land Surveyors conforms to survey map standards, Oregon Revised Statutes and Oregon Administrative Rules.

**ESSENTIAL DUTIES AND RESPONSIBILITIES:**

Examines and reviews Subdivision-Partition plats and Maps of Surveys for compliance with Oregon Revised Statutes and local ordinances.

Files all of the above plats and maps and makes them available for examination by the public and provides copies.

Maintains and restores United States Public Land Survey System corner monumentation and records.

Participates in budget preparation and administration; prepares cost estimates for budget recommendations; submits justifications for requests; monitors and controls expenditures.

Provides help and assistance to the general public and all other bodies on matters relating to County Survey records.

Performs related duties as assigned.

**SUPERVISORY RESPONSIBILITIES:**

Supervision of clerical staff.



**JOB DESCRIPTION**  
**JOB TITLE: County Surveyor - Page 2**

**QUALIFICATION REQUIREMENTS:**

*Knowledge of -*

Thorough knowledge of principles, practices and procedures of County surveying;  
Thorough knowledge of principles, methods and techniques of land surveying;  
Thorough knowledge of contemporary survey recording technology, practices and equipment;  
Thorough knowledge of indexing and maintaining surveys, road maps and field notes.

*Ability to -*

Effectively administer a variety of administrative and technical activities and projects;  
Interpret and apply applicable Federal, State and local laws, rules, regulations statutes, ordinances and policies;  
Establish and maintain cooperative working relationships with those contacted in the course of work;  
Communicate clearly and concisely, both orally and in writing;  
Prepare and administer budget;  
Supervise, train and evaluate assigned staff.

*Skill in –*

Use of specialized office and field equipment used in survey work including personal computers, CAD software and drafting, GPS receivers and data collection.

**EDUCATION AND EXPERIENCE:**

Equivalent to a Bachelor's degree with major course work in land surveying or a related field; minimum five years of responsible professional land surveying experience; or any satisfactory equivalent of experience and training.

*Special requirements -*

Possession of current registration as a Professional Land Surveyor (PLS) in the State of Oregon.  
Possession of a valid driver license.

**JOB DESCRIPTION**  
**JOB TITLE: County Surveyor - Page 3**

**PHYSICAL DEMANDS:**

Ability to perform survey work in the outdoors sometimes on uneven surfaces and in inclement weather.

Reasonable accommodations may be made to enable individuals with disabilities to perform these essential functions.

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
IN AND FOR THE COUNTY OF CURRY, OREGON

In the Matter of an Ordinance )  
Repealing Article One, Division )  
Thirteen of the Curry County ) ORDINANCE NO. 15-01  
Code (Ordinance No. 09-06) )  
Regarding the Curry County )  
Surveyor : )

The Board of Commissioners for the County of Curry ordains as follows:

SECTION ONE TITLE

This ordinance shall be known as Ordinance 15-01, an ordinance amending the Curry County Code.

SECTION TWO FINDINGS

- 1) ORS 204.005(2) provides that "Unless an adopted county charter or a county ordinance provides otherwise, the governing body of a county shall appoint a county surveyor."
- 2) On September 21, 2009, the Board of Curry County Commissioners adopted Ordinance 09-06, an "Ordinance Continuing the Practice of Electing the Curry County Surveyor, Oregon Laws 2009 Chapter 491", which provides for an elected surveyor in Curry County."
- 3) Circumstances regarding the surveyor position have dramatically changed in Curry County since the adoption of Ordinance 09-06.
- 4) The Curry County Surveyor passed away in December of 2014, which created a vacancy in the office pursuant to ORS 236.010(1)(a).
- 5) The Board discussed the vacancy in the Surveyor's Office at its regular meeting on January 7, 2015, and found that the pool of eligible candidates for the position will be extremely small in part because ORS 204.116(3) requires an elected surveyor to be a registered professional land surveyor in Oregon, and in part because Article VI, Section 8 of the Oregon Constitution states that: "Every county officer shall be an elector of the county..."
- 6) By making the position of county surveyor an appointed position instead of an elected one, the Board can potentially expand the eligible pool of surveyor candidates, which is important and beneficial in the selection process.

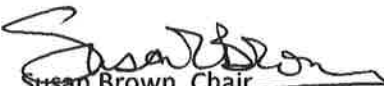
- 7) It is the intent of this ordinance to allow the Board of Curry County Commissioners to appoint a Surveyor to fill out the term of the elective office which terminates on January 9, 2017, and then to appoint a County Surveyor thereafter.
- 8) It is in the best interests of the County that the Board of Curry County Commissioners repeals Article One, Division Thirteen of the Curry County Code (Ordinance No. 09-06), effective on January 9<sup>th</sup> of 2017.

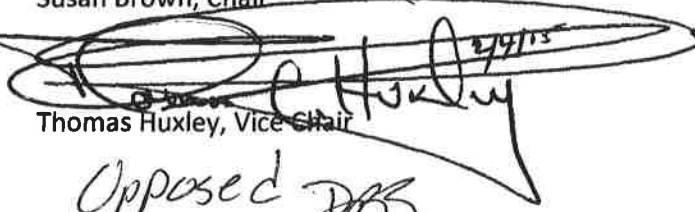
SECTION THREE REPEALER

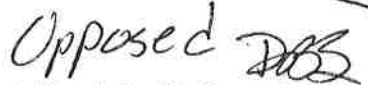
Article One, Division Thirteen of the Curry County Code (Ordinance No. 09-06) is repealed in its entirety effective January 9, 2017.

DATED this 4<sup>th</sup> day of February, 2015.

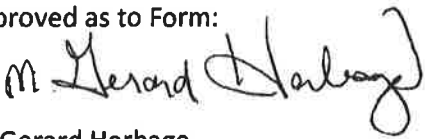
BOARD OF CURRY COUNTY COMMISSIONERS

  
Susan Brown, Chair

  
Thomas Huxley, Vice Chair

  
Opposed  
David Brock Smith, Commissioner

  
Recording Secretary

Approved as to Form:  
  
M. Gerard Herbage  
Curry County Legal Counsel

First Reading: 1-21-15  
Second Reading: 2-04-15  
Emergency Adoption: No  
Effective Date: 1-09-17

**CURRY COUNTY BOARD OF COMMISSIONERS**  
**AGENDA ITEM ROUTING SLIP**  
FORM 10-001.1 Rev. 03-02-2016

**PART I – SUBMITTING DEPARTMENT: RETURN TO [BOC\\_OFFICE@CO.CURRY.OR.US](mailto:BOC_OFFICE@CO.CURRY.OR.US)**

**AGENDA ITEM TITLE:** Personnel Actions done by Appointing Authorities

**AGENDA DATE<sup>a</sup>:** 01/04/2017 **DEPARTMENT:** Personnel **TIME NEEDED:** 5 minutes

<sup>a</sup>Submit by seven days prior to the next General Meeting ( eight days if a holiday falls within that seven day period)

**CONTACT PERSON:** Julie Swift **PHONE/EXT:** 3233 **TODAY'S DATE:** 12/23/16

**BRIEF BACKGROUND OR NOTE<sup>b</sup>:** Presentation to the Board per Personnel Rules change April 2016.

<sup>b</sup>Indicate if more than one copy to be signed

**FILES ATTACHED:**

**SUBMISSION TYPE:** Discussion/Decision

- (1) Exhibit A
- (2)

Are there originals in route (paper copies with pre-existing signatures) Yes  No

**QUESTIONS:**

1. Would this item be a departure from the Annual Budget if approved? Yes  No   
(If Yes, brief detail)
2. Does this agenda item impact any other County department? Yes  No   
(If Yes, brief detail)
3. If Land Transaction, filed with the clerk? Yes  No  N/A

**INSTRUCTIONS ONCE SIGNED:**

No Additional Activity Required

OR

- File with County Clerk
- Send Printed Copy to:
- Email a Digital Copy to:
- Other

Name:  
Address:  
City/State/Zip:

Phone:

Due date to send:        /        /

Email:

<sup>c</sup>Note: Most signed documents are filed/recorded with the Clerk per standard process.

**PART II – COUNTY CLERK REVIEW**

**EVALUATION CRITERIA:**

**CLERK ASSESSMENT:** Does this agenda item meet filing/recording standards? Yes  No  N/A   
(If No, brief detail)

**PART III - FINANCE DEPARTMENT REVIEW**

**EVALUATION CRITERIA 1-4:**

1. Confirmed Submitting Department's finance-related responses        Yes  No   
Comment:
2. Confirmed Submitting Department's personnel-related materials        Yes  No  N/A   
Comment:
3. If job description, Salary Committee reviewed:        Yes  No  N/A
4. If hire order requires an UA, is it approved?        Yes  No  Pending  N/A

**PART IV – COUNTY COUNSEL REVIEW**

**AGENDA ASSIGNMENT TYPE:** (Select)

**LEGAL ASSESSMENT:** Does this agenda item have a legal impact?        Yes  No   
(If Yes, brief detail)

**PART V – BOARD OF COMMISSIONER REVIEW/COMMENT**

**LIAISON COMMISSIONER AGREES TO ADD TO AGENDA:**

- Commissioner Susan Brown        Yes  No
- Commissioner Thomas Huxley        Yes  No
- Commissioner David Brock Smith        Yes  No

Not applicable to Sheriff's Department since they do not have a liaison



Exhibit A

Personnel Action Form (PAF)

COMPLETE ALL APPLICABLE SECTIONS

Today's Date: September 27, 2016

Employee's Name:

Yancy E. Williamson

Recommending Official

Jonathan J. Trost

Action to be Taken: (check all that apply)

- Checkboxes for New Hire, Promotion, Payroll Allocation Change, Rehire, Change in Pay, Leave of Absence, Transfer, Other, Job Description Attached.

Start/Effective Date:

October 10, 2016

Temporary (less than 180 days) requires end date

End Date:

Seasonal (less than 90 days) requires end date

OR Continuing

FROM (use for changes)

Table with columns: Dept, Range, Step, Base Pay, Per. Row 1: Dept, Range, Step, Base Pay, Month.

TO (use for new hires & changes)

Table with columns: Dept, Range, Step, Base Pay, Per. Row 1: Dept: Juvenile, Range: U-9, Step: A, Base Pay: \$3,636, Per: Month.

Certification (list):

\*Allocation Change:

No Change

Explanation:

Table with columns: Fund, Dept, Division, Object, %. Row 1: Sum of percentages must equal 100%.

Large empty box for explanation.

Comments / Other: Use this space to clarify, explain, or justify personnel actions. Be specific and use sufficient detail so that future readers will understand what change(s) occurred, why, and the resulting effect on the employee's pay.

Large empty box for comments.

REQUIRED SIGNATURES: Please sign and date.

Supervisor:

Date:

Department

Head/Elected Official:

Date: 9/28/16

Employee:

Date:

Human Resources:

Handwritten signatures of Yancy E. Williamson and Jonathan J. Trost.

Date: 10/17/16



Personnel Action Form (PAF)

COMPLETE ALL APPLICABLE SECTIONS

Today's Date: 10/4/16

Employee's Name:

Terrance Williams

Recommending Official

Eric Hanson

Action to be Taken: (check all that apply)

- Checkboxes for New Hire, Promotion, Payroll Allocation Change, Rehire, Change in Pay, Leave of Absence, Transfer, Other.

Job Description Attached

Start/Effective Date: 10/18/16

Temporary (less than 180 days) requires end date

End Date:

Seasonal (less than 90 days) requires end date

OR Continuing

Table with columns: FROM (use for changes), Dept, Range, Step, Base Pay, Per Hour

Table with columns: TO (use for new hires & changes), Dept, Range, Step, Base Pay, Per Hour. Includes Custodian, Occupancy, U5, A, 14.20.

Certification (list):

\*Allocation Change:

No Change

Explanation:

Table with columns: Fund, Dept, Division, Object, %

Large empty box for explanation text.

Comments / Other: Use this space to clarify, explain, or justify personnel actions.

Replaces vacancy in existing custodian position. .45 FTE

REQUIRED SIGNATURES: Please sign and date.

Supervisor:

Department

Head/Elected Official:

Employee:

Human Resources:

Handwritten signatures of P. Demson, Terrance Williams, and Eric Hanson.

Date:

Date: 10-18-16

Date:

Date: 10/18/16

**CURRY COUNTY BOARD OF COMMISSIONERS**  
**AGENDA ITEM ROUTING SLIP**  
FORM 10-001.1 Rev. 03-02-2016

**PART I – SUBMITTING DEPARTMENT: RETURN TO [BOC OFFICE@CO.CURRY.OR.US](mailto:BOC_OFFICE@CO.CURRY.OR.US)**

**AGENDA ITEM TITLE:** Revision of Department Head Handbook

**AGENDA DATE<sup>a</sup>:** 12-21-16 **DEPARTMENT:** Counsel **TIME NEEDED:** 5 min.

<sup>a</sup>Submit by seven days prior to the next General Meeting ( eight days if a holiday falls within that seven day period)

**CONTACT PERSON:** J. Huttl **PHONE/EXT:** 3218 **TODAY'S DATE:** 12-21-16

**BRIEF BACKGROUND OR NOTE<sup>b</sup>:** Personnel Officer has Authority to Update Handbook as needed, per the accompanying order with input from Legal Counsel and BOC Admin. Handbook is available for review on S drive.

<sup>b</sup>Indicate if more than one copy to be signed

**FILES ATTACHED:**

**SUBMISSION TYPE:** Discussion/Decision

(1)Order 13372

(2)

Are there originals in route (paper copies with pre-existing signatures) Yes  No

**QUESTIONS:**

1. Would this item be a departure from the Annual Budget if approved? Yes  No   
(If Yes, brief detail)
2. Does this agenda item impact any other County department? Yes  No   
(If Yes, brief detail)
3. If Land Transaction, filed with the clerk? Yes  No  N/A

**INSTRUCTIONS ONCE SIGNED:**

No Additional Activity Required

OR

File with County Clerk

Name:

Send Printed Copy to:

Address:

Email a Digital Copy to:

City/State/Zip:

Other

Phone:

Due date to send:        /        /

Email:

**\*Note: Most signed documents are filed/recorded with the Clerk per standard process.**

**PART II – COUNTY CLERK REVIEW**

**EVALUATION CRITERIA:**

**CLERK ASSESSMENT:** Does this agenda item meet filing/recording standards? Yes  No  N/A

(If No, brief detail)

**PART III - FINANCE DEPARTMENT REVIEW**

**EVALUATION CRITERIA 1-4:**

1. Confirmed Submitting Department's finance-related responses        Yes  No   
  Comment:
2. Confirmed Submitting Department's personnel-related materials        Yes  No  N/A   
  Comment:
3. If job description, Salary Committee reviewed:        Yes  No  N/A
4. If hire order requires an UA, is it approved?        Yes  No  Pending  N/A

**PART IV – COUNTY COUNSEL REVIEW**

**AGENDA ASSIGNMENT TYPE:**    **Staff Report**

**LEGAL ASSESSMENT:** Does this agenda item have a legal impact?        Yes  No

(If Yes, brief detail)

**PART V – BOARD OF COMMISSIONER REVIEW/COMMENT**

**LIAISON COMMISSIONER AGREES TO ADD TO AGENDA:**

Commissioner Susan Brown        Yes  No

Commissioner Thomas Huxley        Yes  No

Commissioner David Brock Smith        Yes  No

Not applicable to Sheriff's Department since they do not have a liaison



BEFORE THE BOARD OF COUNTY COMMISSIONERS  
IN AND FOR THE COUNTY OF CURRY, OREGON

In the Matter of an Order )  
Adopting the Department )  
Head and Elected Official )  
Handbook and Delegating )  
Authority for Its Modification )

ORDER NO. 13372

WHEREAS, the Board of Curry County Commissioners has deemed it appropriate to make available guidelines to assist Curry County Department Heads and Elected Officials in understanding the County's policies and procedures; and

WHEREAS, the guidelines in the form of a handbook will help promote consistency of practices within the county and will be especially helpful to new department heads and elected officials; and

WHEREAS, an ad hoc group of volunteer County employees and elected officials worked on the Department Head and Elected Official Handbook (hereinafter, "the Handbook".) over a period of time; and

WHEREAS, the ad hoc group made available copies of the draft Handbook to department heads and elected officials for comment; and

WHEREAS the ad hoc group took into consideration the comments it received; and

WHEREAS, the Board of Curry County Commissioners is in support of the Handbook that is attached hereto and incorporated by reference; and

WHEREAS, it is necessary that the Handbook be regularly updated; and

WHEREAS, the Personnel Officer is an appropriate employee to update the Handbook;

NOW, THEREFORE, THE BOARD OF CURRY COUNTY COMMISSIONERS  
HEREBY ORDERS AS FOLLOWS:

- 1) The attached Handbook is adopted by the Board of Curry County Commissioners.
- 2) The Personnel Officer is delegated authority to update the Handbook as changes in County policy and procedure occur.
- 3) This order shall be effective upon its passage.

DATED this 2nd day of August, 2010.

BOARD OF CURRY COUNTY COMMISSIONERS

*Bill Waddle*

Bill Waddle, Chair

*Georgia Yee Nowlin*

Georgia Yee Nowlin, Vice Chair

*George Rhodes*

George Rhodes, Commissioner

Approved as to Form:

*M. Gerard Herbage*

M. Gerard Herbage  
Curry County Legal Counsel