

MORROW COUNTY BOARD OF COMMISSIONERS MEETING AGENDA

Wednesday, February 22, 2023 at 9:00 a.m.

Bartholomew Building Upper Conference Room

110 N. Court St., Heppner, Oregon

See Zoom Meeting Info on Page 2

1. **Call to Order and Pledge of Allegiance - 9:00 a.m.**
2. **City/Citizen Comments:** Individuals may address the Board on issues not on the agenda
3. **Open Agenda:** The Board may introduce subjects not already on the agenda
4. **Consent Calendar**
 - a. Independent Contractor Agreement with Wolfe Consulting, LLC
 - b. Tenth Amendment to Oregon Health Authority Intergovernmental Agreement #169524 for the Financing of Public Health Services, Program Element 75
5. **Business Items**
 - a. Discussion – Request to Repeal Ordinance MC-C-4-98: In the Matter of Regulating Ambulance Service Providers (Chief Mike Hughes, Boardman Fire Rescue District)
 - b. Recommendations to Forward to Budget Committee Regarding Position Reclassification & New Employee Requests (Lindsay Grogan, Human Resources Director)
 - c. Discuss Results of Public Health Department’s Triennial Fiscal Review Findings and Plan for Corrective Actions (Robin Canaday, Public Health Director; Kevin Ince, Finance Director)
 - d. Second Reading, Ordinance ORD-2023-1, Adding Ella Pit Site to Goal 5 Inventory (Tamra Mabbott, Planning Director)
 - e. Appoint Commissioner & Alternate to the Lower Umatilla Basin Groundwater Management Area Committee (Tamra Mabbott)
 - f. Budget Committee Appointment Request (Kevin Ince)
 - g. Morrow County Public Transit Advisory Committee Appointment Request (Benjamin Tucker, Transit Manager)
 - h. Discuss Upcoming BOC Meeting Schedule
 - i. Review BOC Committee & Board Assignments
 - j. Request for BOC Input on Congressionally Directed Spending Grant Projects by Departments (Tamra Mabbott)
6. **Department Reports**
 - a. Road Department Monthly Report (Mike Haugen)
7. **Correspondence**
8. **Commissioner Reports**
9. **Signing of documents**
10. **Adjournment**

Agendas are available every Friday on our website (www.co.morrow.or.us/boc under “Upcoming Events”). Meeting Packets can also be found the following Monday.

The meeting location is accessible to persons with disabilities. A request for an interpreter for the hearing impaired or for other accommodations for persons with disabilities should be made at least 48 hours before the meeting to Roberta Lutchter at (541) 676-5613.

Pursuant to ORS 192.640, this agenda includes a list of the principal subjects anticipated to be considered at the meeting; however, the Board may consider additional subjects as well. This meeting is open to the public and interested citizens are invited to attend. Executive sessions are closed to the public; however, with few exceptions and under specific guidelines, are open to the media. The Board may recess for lunch depending on the anticipated length of the meeting and the topics on the agenda. If you have anything that needs to be on the agenda, please notify the Board office before noon of the preceding Friday. If something urgent comes up after this publication deadline, please notify the office as soon as possible. If you have any questions about items listed on the agenda, please contact Chair David Sykes, 541-256-0379.

Zoom Meeting Information

<https://zoom.us/j/5416762546>

Password: 97836

Meeting ID: 541-676-2546

Zoom Call-In Numbers for Audio Only Using Meeting ID 541-676-2546#:

- 1-346-248-7799
- 1-669-900-6833
- 1-312-626-6799
- 1-929-436-2866

Zoom Specific Notes:

- The chat function of Zoom is generally not reviewed by the Board of Commissioners or Staff during the meeting.
- If joining by a browser, use the raise hand icon to indicate you would like to provide public comment, if and when allowed. If using a phone, press *9 to indicate you would like to speak and *6 to unmute when you are called on.
- Morrow County provides the option for Zoom Translated Captions.
 - Instructions: <https://support.zoom.us/hc/en-us/articles/6643133682957-Enabling-and-configuring-translated-captions>
 - If you need further assistance, please contact Justin Nelson at jnelson@co.morrow.or.us

AGENDA ITEM COVER SHEET
Morrow County Board of Commissioners
(Page 2 of 2)

1. ISSUES, BACKGROUND, DISCUSSION AND OPTIONS (IF ANY):

Wolfe Consulting has been providing consulting services for finance and accounting, budget preparation, and project management and support. The prior agreement with Wolfe Consulting expired on December 31, 2022.

In addition to general professional consulting for the Finance Department, Wolfe Consulting is providing Budget Support Services, and is leading a project to review, simplify and streamline our payroll accounting and posting process. Full details of the services provided under this agreement can be found in Exhibit A of the agreement.

This procurement was completed as a Sole Source Procurement as provided for in ORS 279B.075.

The basis for this Sole Source Determination is as follows:

- 1) Wolfe Consultants was previously contracted to provide these services under an agreement with Morrow County that expired on December 31, 2022 and the projects are not yet complete.
- 2) Wolfe Consultants has professional experience with Morrow County and the specific projects in progress and services being performed that other consultants would not have.
- 3) The County believes that engaging with a different consultant for these services would likely result in additional costs and potential project delays, and, that engaging with Wolfe Consultants will be the most expeditious and cost effective method to provide the services required and ensure timely project completion.
- 4) The County has funding available for the continued work with Wolfe Consultants

2. FISCAL IMPACT:

Not to exceed \$25,000

3. SUGGESTED ACTION(S)/MOTION(S):

Motion to approve the professional services agreement with Wolfe Consulting and authorize Kevin Ince, Morrow County Finance Director, to post a public notice of intent to award the contract and execute the agreement if no protest is received during the seven day protest period.

Attach additional background documentation as needed.

Kevin Ince

From: Justin Nelson
Sent: Monday, February 13, 2023 10:04 AM
To: Kevin Ince
Subject: RE: Contract for Review (Its an easy one I promise)

Kevin,

I have reviewed and have no concerns- matches same agreement we did before. I would also agree with the sole source aspect based upon her work with Morrow County budget process last year and knowledge of the specific process the county uses for the budget.

-Justin

Justin W. Nelson
Morrow County District Attorney
Morrow County Counsel
100 S. Court St.
P.O. Box 664
Heppner, OR 97836
Office: (541) 676-5626
Fax: (541) 676-5660
Email: jnelson@co.morrow.or.us

From: Kevin Ince <kince@co.morrow.or.us>
Sent: Wednesday, February 8, 2023 11:04 AM
To: Justin Nelson <jnelson@co.morrow.or.us>
Subject: Contract for Review (Its an easy one I promise)

Justin,

I neglected to realize that our contract with Christa Wolfe has expired. Can you please review these documents prior to me bringing them back to the BoC for execution? The contract is based the form of the prior agreement. When I take it back to the BoC it will be recommended as a Sole Source Procurement and requesting authorization for me to execute following a 7 day notice of intent to award.

I would like to get this on next weeks agenda if possible.

Thanks,

Kevin C. Ince, CMA
Morrow County Finance Director
Office: (541) 676-5615
Mobile: (541) 256-0871
P.O. Box 867
110 N. Court St.
Heppner, OR 97836

Independent Contractor Agreement

This Agreement is made between Morrow County, Oregon, ("Client") with a principal place of business at 110 N Court St, Heppner, OR 97836 and Wolfe Consulting, LLC ("Contractor").

1. Services to Be Performed

Contractor shall provide the following personal services: assistance with budgeting, budget software, accounting and reporting and other finance services as required, which is further described in Exhibit A. Services will be provided remotely, unless specifically request by the client.

2. Project Manager

The County's Project Manager is Kevin Ince for this Agreement. Contractor's Project Manager is Christa Bosserman Wolfe. Each party shall give the other written notification of any change in their respective Project Manager.

3. Payment

In consideration for the services to be performed by Contractor, Client agrees to pay Contractor at the following rate of \$215.00 per hour, not to exceed \$25,000. Consideration rates are on a time and materials basis as specified in Exhibit A.

Contractor shall be paid within 15 days after Contractor submits an invoice to Client. The invoice should include the following: an invoice number, the dates covered by the invoice, and a summary of the work performed.

4. Expenses

Travel expense reimbursement is authorized for onsite services, providing those onsite services are requested and authorized by Client in advance of travel.

5. Vehicles and Equipment

Client will not require Contractor to rent or purchase any equipment, product, or service as a condition of entering into this Agreement. Client will supply Contractor with a laptop and access to the appropriate files and folders to perform the above stated services remotely.

6. Independent Contractor Status

Contractor is an independent contractor, and neither Contractor nor Contractor's employees or contract personnel are, or shall be deemed, Client's employees. In its capacity as an independent contractor, Contractor agrees and represents, and Client agrees, as follows:

[Check all that apply]

Contractor has the right to perform services for others during the term of this Agreement.

Contractor has the sole right to control and direct the means, manner, and method by which the services required by this Agreement will be performed. Contractor shall select, starting and quitting times, days of work, and order the work is performed.

Contractor has the right to hire assistants as subcontractors or to use employees to provide the services required by this Agreement.

Neither Contractor nor Contractor's employees or contract personnel shall be required to wear any uniforms provided by Client.

The services required by this Agreement shall be performed by Contractor, Contractor's employees, or contract personnel, and Client shall not hire, supervise, or pay any assistants to help Contractor.

[X] Neither Contractor nor Contractor's employees or contract personnel shall receive any training from Client in the professional skills necessary to perform the services required by this Agreement.

[X] Neither Contractor nor Contractor's employees or contract personnel shall be required by Client to devote full time to the performance of the services required by this Agreement.

7. Business Licenses, Permits, and Certificates

Contractor represents and warrants that Contractor and Contractor's employees and contract personnel will comply with all federal, state, and local laws requiring drivers and other licenses, business permits, and certificates required to carry out the services to be performed under this Agreement.

8. State and Federal Taxes

Client will not:

- withhold FICA (Social Security and Medicare taxes) from Contractor's payments or make FICA payments on Contractor's behalf
- make state or federal unemployment compensation contributions on Contractor's behalf, or
- withhold state or federal income tax from Contractor's payments.

Contractor shall pay all taxes incurred while performing services under this Agreement- including all applicable income taxes and, if Contractor is not a corporation, self-employment (Social Security) taxes. Upon demand, Contractor shall provide Client with proof that such payments have been made.

9. Fringe Benefits

Contractor understands that neither Contractor nor Contractor's employees or contract personnel are eligible to participate in any employee pension, health, vacation pay, sick pay, or other fringe benefit plan of Client.

10. Unemployment Compensation

Client shall make no state or federal unemployment compensation payments on behalf of Contractor or Contractor's employees or contract personnel. Contractor will not be entitled to these benefits in connection with work performed under this Agreement.

11. Workers' Compensation

Client shall not obtain workers' compensation insurance on behalf of Contractor or Contractor's employees. If Contractor hires employees to perform any work under this Agreement, Contractor will cover them with workers' compensation insurance to the extent required by law and provide Client with a certificate of workers' compensation insurance before the employees begin the work.

12. Insurance

Client shall not provide insurance coverage of any kind for Contractor or Contractor's employees or contract personnel. Contractor shall obtain the following insurance coverage and maintain it during the entire term of this Agreement:

[Check all that apply.]

[] Automobile liability insurance for each vehicle used in the performance of this Agreement -- including owned, non-owned (for example, owned by Contractor's

employees), leased, or hired vehicles -- in the minimum amount of \$50,000 combined single limit per occurrence for bodily injury and property damage.

[X] Contractor shall provide liability insurance as required by State law. The insurance shall also be of the type recognized as standard in this industry and shall be no less than \$100,000. Before commencing any work, Contractor shall provide Client with proof of this insurance and with proof that Client has been made an additional insured under the policies.

13. Indemnification

Contractor shall indemnify and hold Client harmless from loss or liability arising errors or omissions from the Contractor performing services under this Agreement.

14. Term of Agreement

The Parties acknowledge that a prior Agreement terminated as of December 31, 2022, which created a gap of time between then and the effective date of this Agreement wherein the terms of the Agreement technically were not in effect. The Parties acknowledge and attest through the execution of this new Agreement that they continued to comply with all terms during this gap of time and that this Agreement is intended to be retroactive in nature so that it is deemed effective by the Parties as of January 1, 2023. As a result, the Parties acknowledge that to the extent either Party failed to follow any term of the Agreement during this gap of time, that Party remains liable under the terms of the Agreement.

The agreement term is January 1, 2023, and will terminate on the earlier of:

- December 31, 2023, unless extended by mutual written agreement of the parties, or
- the date Contractor completes the services required by this Agreement, or
- the date a party terminates the Agreement as provided below.

15. Terminating the Agreement

Either party may terminate this Agreement at any time by giving 30 days' written notice to the other party of the intent to terminate.

16. Exclusive Agreement

This is the entire Agreement between Contractor and Client.

17. Amending the Agreement

This Agreement may be modified only by a writing signed by both parties.

18. Resolving Disputes

If a dispute arises under this Agreement, the parties agree to first try to resolve the dispute with the help of a mutually agreed-upon mediator in Morrow County, OR. Any costs and fees other than attorney fees associated with the mediation shall be shared equally by the parties. If it proves impossible to arrive at a mutually satisfactory solution through mediation, the parties agree to submit the dispute to a mutually agreed-upon arbitrator in Morrow County, OR. Judgment upon the award rendered by the arbitrator may be entered in any court having jurisdiction to do so. Costs of arbitration, including attorney fees, will be allocated by the arbitrator.

19. Confidentiality

Contractor acknowledges that it will be necessary for Client to disclose certain confidential and proprietary information to Contractor in order for Contractor to perform duties under this Agreement. Contractor acknowledges that disclosure to a third party or misuse of this proprietary or confidential information would irreparably harm Client.

Accordingly, Contractor will not disclose or use, either during or after the term of this Agreement, any proprietary or confidential information of Client without Client's prior written permission except to the extent necessary to perform services on Client's behalf.

Proprietary or confidential information includes:

- the written, printed, graphic, or electronically recorded materials furnished by Client for Contractor to use
- any written or tangible information stamped "confidential," "proprietary," or with a similar legend, or any information that Client makes reasonable efforts to maintain the secrecy of
- business or marketing plans or strategies, customer lists, operating procedures, trade secrets, design formulas, know-how and processes, computer programs and inventories, discoveries, and improvements of any kind, sales projections, and pricing information
- information belonging to customers and suppliers of Client about whom Contractor gained knowledge as a result of Contractor's services to Client, and

Upon termination of Contractor's services to Client, or at Client's request, Contractor shall deliver to Client all materials in Contractor's possession relating to Client's business with Contractor and services performed by Contractor for Client. Contractor acknowledges that any breach or threatened breach of Clause 18 of this Agreement will result in irreparable harm to Client for which damages would be an inadequate remedy. Therefore, Client shall be entitled to equitable relief, including an injunction, in the event of such breach or threatened breach of Clause 18 of this Agreement. Such equitable relief shall be in addition to Client's rights and remedies otherwise available at law.

20. Proprietary Information

The product of all work performed under this Agreement ("Work Product"), including without limitation all notes, reports, documentation, drawings, computer programs, inventions, creations, works, devices, models, work-in-progress and deliverables will be the sole property of the Client, and Contractor hereby assigns to the Client all right, title and interest therein, including but not limited to all audiovisual, literary, moral rights and other copyrights, patent rights, trade secret rights and other proprietary rights therein. Contractor retains no right to use the Work Product and agree not to challenge the validity of the Client's ownership in the Work Product.

21. No Partnership

This Agreement does not create a partnership relationship. Contractor does not have authority to enter into contracts on Client's behalf.

22. Assignment and Delegation

Either Contractor or Client may assign rights and may delegate duties under this Agreement.

23. Applicable Law

This Agreement will be governed by Oregon law, without giving effect to conflict of laws principles.

24. Merger.

This contract and attached exhibits constitute the entire agreement between the parties on the subject matter hereof. There are no understandings, agreements, or representations, oral or written, not specified herein regarding this Contract. No waiver, consent, modification or change of terms of this Contract shall bind either party unless in writing and signed by both parties and all necessary State approvals have been obtained. Such waiver, consent, modification or change, if made, shall be effective only in the specific instance and for the specific purpose given. The failure of Client to enforce any provision of this Contract shall not constitute a waiver by Client of that or any other provision.

25. Notice.

Except as otherwise expressly provided in this Contract, any communication between the parties hereto or notices to be given hereunder shall be given in writing by personal delivery, facsimile, or certified mail, or electronic email (with reply by other party indicating receipt of electronic mail) to Contractor or Client at the address or number set forth below of this Contract, or to such other addresses or numbers as either party may hereafter indicate. Any communication or notice delivered by facsimile shall be deemed to be given when receipt of the transmission is generated by the transmitting machine. To be effective against County, such facsimile transmission must be confirmed by telephone notice to County’s Contract Administrator. Any communication or notice by personal delivery shall be deemed to be given when actually delivered. Any communication or notice by electronic mail shall be deemed to be given when reply by other party is received through electronic mail (automated delivery notification is insufficient for delivery to be deemed as completed).

CONTRACTOR

By: _____ Title: _____ Date: _____
Christa Bosserman Wolfe for Wolfe Consulting, LLC

Email Address: _____ Phone number: _____

MORROW COUNTY

Dated: _____
Kevin C. Ince, Finance Director

Attachments: Exhibit A: Additional Description of Services to be Performed (check if applicable)

**EXHIBIT A
PERSONAL SERVICES CONTRACT
SCOPE OF WORK**

PROPOSAL

Contractor shall provide on call finance support services to the County to support the budget process, the new budget software, accounting and reporting, and other finance services as requested by the County.

Number of hours of service per week will be based on County's need and Contractor's availability.

SERVICES

Contractor shall provide the following services, as requested by the Client:

Budget Support Services – Assist with budget calendar and scheduling, budget preparation and review, Open Gov budget software, required publications, notices, resolutions and filings, as well as the budget document and budget hearings.

Payroll Review and Cleanup – Review current process of recording payroll from the new HRIS system into the General Ledger. Identify problem areas and find solutions. Correct account balances. Create documentation of current process and new, correct process.

Review Pooled Cash and Cleanup – Review current out of balance issue with pooled cash accounts. Identify issues and implement resolution to correct account balances.

General Finance Consulting– This includes all matters outside of the above described services, such as governmental accounting, grant accounting, bond financing, training, and development. May include financial best practices, developing policies and implementing process improvements.

FEE SCHEDULE: TIME & MATERIALS BASIS

All services will be billed at \$215.00 per hour. Work will be performed remotely unless requested by the client and authorized in advance for onsite services. Travel for onsite is billable to the client for time, plus expenses.

Contractor's compensation is subject to Consumer Price Index ("CPI") adjustments, to be applied annually on January 1st. The amount of compensation may increase annually by the percentage change in the West Region (West City Size B/ C 2.5 Million or less) Consumer Price Index of the US Dept. of Labor, Bureau of Labor Statistics ([https:// www.bls.gov/regions/west/data/xg-tables/ro9xg01.htm](https://www.bls.gov/regions/west/data/xg-tables/ro9xg01.htm)), based upon the rate of change as stated from the last month reported to the same month of the preceding year. In the event such Consumer Price Index (or a successor or substitute index) is not available, a reliable governmental or other nonpartisan publication evaluating the information theretofore used in determining the Consumer Price Index shall be used in lieu of such Consumer Price Index.

EQUIPMENT & ACCESS

The County is to provide Wolfe Consulting, LLC with reliable access to the County network and systems as needed in order to provide the services requested. Any County supplied equipment to access network and systems would be returned to the County upon completion of services or termination of the contract.

PAYMENT

Payments are due and payable within 15 days. Invoices will be sent monthly.

AGENDA ITEM COVER SHEET
Morrow County Board of Commissioners
(Page 2 of 2)

1. ISSUES, BACKGROUND, DISCUSSION AND OPTIONS (IF ANY):

Tenth Amendment to Oregon Health Authority 2021-2023 Intergovernmental Agreement #169524 for the financing of Public Health Services

Financing for Program Element 75 (Lower Umatilla Ground Water Management Area Services) in the amount of \$117,000.

Program Element 12-01 (Public Health Emergency Preparedness and Response) - \$3572.00 Unspent SFY22 must be spent by 6/30/2023

Program Element 13-01 (Tobacco Prevention and Education Program) FY22 Carry over funds of in the amount of \$6951

2. FISCAL IMPACT:

Increase in funding for Public Health of \$127,523 between 3 Program Elements

3. SUGGESTED ACTION(S)/MOTION(S):

Motion to accept the Tenth Amendment to IGA #169524
Sign required documents

Attach additional background documentation as needed.

Agreement #169524



**TENTH AMENDMENT TO OREGON HEALTH AUTHORITY
2021-2023 INTERGOVERNMENTAL AGREEMENT FOR THE
FINANCING OF PUBLIC HEALTH SERVICES**

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 or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

This Tenth Amendment to Oregon Health Authority 2021-2023 Intergovernmental Agreement for the Financing of Public Health Services, effective July 1, 2021, (as amended and restated the "Agreement"), is between the State of Oregon acting by and through its Oregon Health Authority ("OHA") and Morrow County, ("LPHA"), the entity designated, pursuant to ORS 431.003, as the Local Public Health Authority for Morrow County.

RECITALS

WHEREAS, OHA and LPHA wish to modify the set of Program Element Descriptions set forth in Exhibit B of the Agreement

WHEREAS, OHA and LPHA wish to modify the Fiscal Year 2023 (FY23) Financial Assistance Award 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 for (FY23);

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. This Amendment is effective on December 1, 2022, regardless of the date this amendment has been fully executed with signatures by every Party and when required, approved by the Department of Justice. However, payments may not be disbursed until the Amendment is fully executed.

2. The Agreement is hereby amended as follows:

a. Exhibit A “Definitions”, Section 18 “Program Element” is amended to add Program Element titles and funding source identifiers as follows:

PE NUMBER AND TITLE • SUB-ELEMENT(S)	FUND TYPE	FEDERAL AGENCY/ GRANT TITLE	CFDA#	HIPAA RELATED (Y/N)	SUB-RECIPIENT (Y/N)
PE75 Lower Umatilla Basin Groundwater Management Area Services					
<u>PE75 - Lower Umatilla Basin Groundwater Management Area Services</u>	GF	Lower Umatilla Basin Groundwater Management Area Services	N/A	N	N

b. Exhibit B Program Element #10 “Sexually Transmitted Diseases (STD) Client Services,” PE43 “Immunization Services,” PE51 “Public Health Modernization” and PE75 “Lower Umatilla Basin Groundwater Management Area Services,” are hereby replaced in their entirety by Attachment A attached hereto and incorporated herein by this reference.

c. Section 1 of Exhibit C of the Agreement, entitled “Financial Assistance Award” for FY23 is hereby superseded and replaced in its entirety by Attachment B, entitled “Financial Assistance Award (FY23)”, attached hereto and incorporated herein by this reference. Attachment B must be read in conjunction with Section 3 of Exhibit C.

d. Exhibit J of the Agreement entitled “Information required by 2 CFR Subtitle B with guidance at 2 CFR Part 200” for (FY23), is amended to add to the federal award information datasheet as set forth in Attachment C, attached hereto and incorporated herein by this reference.

3. LPHA represents and warrants to OHA that the representations and warranties of LPHA set forth in Section 4 of Exhibit F of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.

4. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.

5. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.

6. 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.

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

7. **Signatures.**

STATE OF OREGON, ACTING BY AND THROUGH ITS OREGON HEALTH AUTHORITY

Signature: _____

Name: /for/ Nadia A. Davidson

Title: Director of Finance

Date: _____

MORROW COUNTY LOCAL PUBLIC HEALTH AUTHORITY

By: _____

Name: David Sykes

Title: Chair, Board of Commissioners

Date: February 22, 2023

DEPARTMENT OF JUSTICE – APPROVED FOR LEGAL SUFFICIENCY

Agreement form group-approved by Wendy Johnson, Senior Assistant Attorney General, Tax and Finance Section, General Counsel Division, Oregon Department of Justice by email on September 19, 2022, copy of email approval in Agreement file.

REVIEWED BY:

OHA PUBLIC HEALTH ADMINISTRATION

By: _____

Name: Lynn Marie Brady (or designee)

Title: LPHA Fiscal and Contracts Analyst

Date: _____

Attachment A
Program Element Description(s)

Program Element #10: Sexually Transmitted Diseases (STD) Client Services

OHA Program Responsible for Program Element:

Public Health Division/Center for Public Health Practice/HIV, STD and TB Section

1. **Description.** Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver Sexually Transmitted Diseases (STD) Client Services. ORS 433.006 and OAR 333-019-0000 assign responsibility to LPHAs for sexually transmitted disease (STD) investigations and implementation of STD control measures within an LPHA's service area. STD client services may include, but are not limited to, Case finding, Partner Services (i.e., contact tracing), clinical and laboratory services, and education and outreach activities. The funds provided for STD client services under the Agreement for this Program Element may only be used as supplemental funds to support LPHA's STD investigations and control efforts and are not intended to be the sole funding for LPHA's STD client services program.

STDs are a significant health problem in Oregon, with over 22,000 new Cases reported every year. STDs pose a threat to immediate and long-term health and well-being. In addition to increasing a person's risk for acquiring and transmitting HIV infection, STDs can lead to severe reproductive health complications, including poor pregnancy outcomes. Protecting the population from communicable disease by reducing rates of gonorrhea and early syphilis is a public health priority and is included in Healthier Together Oregon, the State Health Improvement Plan.

This Program Element, and all changes to this Program Element are effective the first day of the month noted in the Issue Date section of Exhibit C of the Financial Assistance Award unless otherwise noted in Comments and Footnotes of Exhibit C of the Financial Assistance Award.

2. **Definitions Specific to Sexually Transmitted Diseases (STD) Client Services.**

- a. **Case:** An individual who has been diagnosed by a health care provider, as defined in OAR 333-017-0000, as having a reportable disease, infection, or condition, as described in OAR 333-018-0015, or whose illness meets defining criteria published in OHA's Investigative Guidelines.
- b. **Case Investigation:** A process that includes identifying Cases, conducting a Case interview, collecting and reporting Core Variables, and providing Partner Services.
- c. **Contact:** Sexual partner of STD Case.
- d. **Core Variables:** Variables required by OHA and the CDC cooperative agreement PS19-1901 Strengthening STD Prevention and Control for Health Departments (STD PCHD) that are essential for counting and/or investigating reported Cases accurately and for describing trends in reported Cases in key populations at the local and state level.
- e. **Disease Intervention Specialist:** Job title used to identify staff person(s) trained to deliver HIV/STD Partner Services.
- f. **In-Kind Resources:** Tangible goods or supplies having a monetary value that is determined by OHA. Examples of such In-Kind Resources include goods such as condoms, lubricant packages, pamphlets, and antibiotics for treating STDs. If the LPHA receives In-Kind Resources under this Agreement in the form of medications for treating STDs, LPHA must use those medications to treat individuals for STDs as outlined in Section 4.a.(4) of this Program Element. In the event of a non-STD related emergency, with notification to the OHA STD program, the LPHA may use these medications to address the emergent situation. If the LPHA

self-certifies as a 340B STD clinic site and receives reimbursement for 340B medications from OHA, they shall ensure these medications are used in accordance with the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs regulations regarding “340B Drug Pricing Program.”

- g. **Investigative Guidelines:** OHA reportable disease guidelines, which are incorporated herein by this reference.
- h. **Partner Services:** Partner Services refers to a continuum of clinical evaluation, counseling, diagnostic testing, and treatment designed to increase the number of persons diagnosed with HIV, syphilis, gonorrhea, and chlamydia brought to treatment and reduce transmission among sexual networks. Partner Services includes conducting Case interviews to identify sex and needle-sharing partners, offering to conduct partner notification, providing STD/HIV testing (or referrals) to all contacts, and referring Cases and Contacts to HIV PrEP and additional medical/social services, including treatment.
- i. **Priority Gonorrhea Cases:** Gonorrhea Cases requiring Case Investigation, defined as Cases among pregnant or pregnancy-capable individuals, Cases among individuals co-infected with HIV; and rectal gonorrhea Cases.
- j. **Priority Syphilis Cases:** Syphilis Cases requiring Case Investigation, defined as Cases staged as primary, secondary, and early non-primary non-secondary syphilis and Cases of any syphilis stage among pregnant or pregnancy-capable individuals.
- k. **Reportable STDs:** A Reportable STD refers to diagnosed or suspected Cases of Chancroid, Chlamydia, Gonorrhea, and Syphilis, as further described in Division 18 of OAR Chapter 333, and HIV, as further described in ORS Chapter 433.
- l. **STD Outbreak:** The occurrence of an increase in Cases of previously targeted priority disease type in excess of what would normally be expected in a defined community, geographical area or season, and, by mutual agreement of the LPHA and OHA, exceeds the expected routine capacity of the LPHA to address.
- m. **Technical Assistance:** Services of OHA HIV/STD Prevention staff to support the LPHA’s delivery of STD Client Services, which include providing training and support during STD Case Investigations and STD Outbreak response.

3. **Alignment with Modernization Foundational Programs and Foundational Capabilities.** The activities and services that the LPHA has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see [Oregon’s Public Health Modernization Manual](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf), (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf):

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

Program Components	Foundational Program				Foundational Capabilities						
	CD Control	Prevention and health promotion	Environmental health	Access to clinical preventive services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response

Program Components	Foundational Program					Foundational Capabilities						
				Population Health	Direct services							
Asterisk (*) = Primary foundational program that aligns with each component X = Other applicable foundational programs					X = Foundational capabilities that align with each component							
Epidemiological investigations that report, monitor and control Sexually Transmitted Diseases and HIV.	*						X		X			
STD client services (screening, testing, treatment, prevention).	*				X		X		X			
Condom and lubricant distribution.	*						X	X				

b. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric:

Gonorrhea rates

c. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Modernization Process Measure:

- (1) Percent of gonorrhea Cases that had at least one contact that received treatment; and
- (2) Percent of gonorrhea Case reports with complete “priority” fields. As used herein, priority fields are defined as: race, ethnicity, gender of patient’s sex partners, HIV status or date of most recent HIV test, and pregnancy status for females of childbearing age (15-44).

4. **Procedural and Operational Requirements.** By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct activities in accordance with the following requirements:

a. **Under Sexually Transmitted Disease (PE10-01), LPHA agrees to conduct the following activities, which are not dollar amount funded items:**

- (1) Acknowledge and agree that the LPHA bears the primary responsibility, as described in Divisions 17, 18, and 19, of Oregon Administrative Rules (OAR) Chapter 333, for identifying potential STD Outbreaks within LPHA’s service area, for preventing the incidence of STDs within LPHA’s service area, and for reporting in a timely manner the incidence of Reportable STDs within LPHA’s service area (as described below in Section 6, Reporting Requirements). LPHA must fulfill the following minimum Case Investigation expectations described below:

- (a) HIV: Case Investigation should be completed for each HIV Case assigned to the LPHA by the OHA HIV Surveillance Program.
 - (b) Syphilis: At minimum, Case Investigations must be completed for all Priority Syphilis Cases as defined below. Other syphilis Cases must be investigated if there is staffing capacity or there are no Priority Syphilis Cases. OHA may require LPHA to investigate other syphilis Cases if necessitated by local epidemiology, an STD Outbreak response, or other considerations. LPHA may also independently require Case Investigation for other syphilis Cases. Priority Syphilis Cases include:
 - i. All primary, secondary, and early non-primary non-secondary syphilis Cases regardless of sex/gender or age.
 - ii. All Cases among pregnant or pregnancy-capable individuals regardless of stage. Pregnant individuals that don't meet the Case definition may require treatment verification. Refer to the OHA Syphilis Investigative Guidelines.
 - (c) Gonorrhea: At minimum, Case Investigations must be completed for all Priority Gonorrhea Cases as defined below. Other gonorrhea Cases must be investigated if there is staffing capacity or there are no Priority Gonorrhea Cases. OHA may require LPHA to investigate other gonorrhea Cases if necessitated by local epidemiology, an STD Outbreak response, or other considerations. LPHA may also independently require Case Investigation for other gonorrhea Cases. Priority Gonorrhea Cases include:
 - i. All rectal gonorrhea Cases.
 - ii. All Cases among pregnant or pregnancy-capable individuals.
 - iii. All Cases among individuals co-infected with HIV.
 - (d) Chlamydia: Case Investigation for chlamydia Cases is not expected and may be pursued at the discretion of the LPHA.
- (2) Provide or refer client for STD Client Services in response to an individual seeking such services from LPHA. Clinical STD Client Services consist of screening individuals for Reportable STDs and treating Cases and their Contacts.
- (3) Provide STD Client Services including Case finding, treatment (not applicable for HIV) and prevention activities, to the extent that local resources permit, related to HIV, syphilis, gonorrhea, and chlamydia in accordance with:
- (a) Oregon Administrative Rules (OAR), Chapter 333, Divisions 17, 18, and 19;
 - (b) "OHA Investigative Guidelines for Notifiable Diseases" which can be found at: <http://bit.ly/OR-IG>;
 - (c) Oregon Revised Statutes (ORS), Chapters 431 & 433; and
 - (d) Current "Centers for Disease Control and Prevention Sexually Transmitted Infections Treatment Guidelines," which can be found at: <https://www.cdc.gov/std/treatment/>.

- (4) OHA may provide, pursuant to this Agreement, In-Kind Resources or Technical Assistance to assist LPHA in delivering STD Client Services. If LPHA receives In-Kind Resources under this Agreement in the form of medications for treating STDs, LPHA may use those medications to treat Cases or Contacts, subject to the following requirements:
 - (a) The medications must be provided at no cost to the individuals receiving treatment.
 - (b) LPHA must perform a monthly medication inventory and maintain a medication log of all medications supplied to LPHA under this Agreement. Specifically, LPHA must log-in and log-out each dose dispensed.
 - (c) LPHA must log and document appropriate disposal of medications supplied to LPHA under this Agreement which have expired and thereby, prevent their use.
 - (d) If the LPHA self certifies as a 340B STD clinic site and receives reimbursement for 340B medications from OHA, they must only use “340B medications” to treat individuals for STDs in accordance with the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs regulations regarding the 340B Drug Pricing Program.
 - (e) If LPHA Subcontracts with another person to provide STD Client Services required under this Program Element, the In-Kind Resources in the form of medications received by LPHA from OHA must be provided, free of charge, to the Subcontractor for the purposes set out in this section and the Subcontractor must comply with all requirements related to such medications unless OHA informs LPHA in writing that the medications cannot be provided to the Subcontractor. The LPHA must document the medications provided to a Subcontractor under this section.
 - (f) If LPHA receives In-Kind Resources under this Agreement in the form of condoms and lubricant, LPHA must distribute those supplies at no cost to individuals infected with an STD and to other individuals who are at risk for STDs. LPHA may not, under any circumstances, sell condoms supplied to LPHA under this Agreement. LPHA shall store condoms in a cool, dry place to prevent damage and shall check expiration date of condoms at least once annually.
 - (5) OHA will, pending the availability of funds, provide the following items to the LPHA in-kind: STD medications, gift card incentives, condoms, lubricant, rapid HIV test kits, rapid syphilis test kits, and coverage of certain lab fees through the Oregon State Public Health Laboratory.
- b. Under Sexually Transmitted Disease (PE10-02), LPHA agrees to conduct the following activities if funding has been approved:**
- (1) Train and maintain at least one staff to act as a Disease Intervention Specialist (DIS), as described in its local staffing plan, which has been approved by OHA. OHA shall make available CDC-training to LPHAs needing to train staff as a DIS.
 - (2) Use funds for this PE10-02 in accordance with its local program budget, which has been approved by OHA. Modification to the local program budget may only be made with OHA approval.

- (3) Allowable budget expenses are:
 - (a) Personnel costs including fringe for at least one staff acting as a DIS. Personnel costs for additional staff beyond a DIS are allowable (e.g. program manager, epidemiologist, public health nurse) provided the additional staff are supporting the role and function of a DIS and HIV/STD Case Investigations. Additional staff shall not exceed the FTE dedicated to the DIS position.
 - (b) Travel (including mileage, lodging, per diem). Client transportation (e.g. taxi vouchers, gas cards) are an allowable expense provided the purpose is to facilitate STD testing, treatment, and other Case Investigation activities.
 - (c) Supplies and equipment needed to carry out the work of a DIS. Equipment is defined as costing \$5,000 or greater and having a useful life of at least one year.
 - (d) Other allowable expenses including postage, software and other licenses (e.g. Accurint), printing costs for educational/outreach materials, and other expenses approved by the STD Program on a case-by-case basis.
- (4) Unallowable expenses include but are not limited to:
 - (a) Medications and screening/testing costs.
 - (b) Harm reduction supplies including syringes.
 - (c) Cash or gift card incentives (outside of taxi vouchers or gas cards as outlined in Section 4.b.(3)(b)).
 - (d) Advertising or marketing.
 - (e) Purchase or maintenance of vehicles.

5. General Revenue and Expense Reporting.

LPHAs receiving funding under this Financial Assistance Award must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of the Agreement. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 20

6. Reporting Requirements.

- a. LPHA must review laboratory and health care provider Case reports by the end of the calendar week in which initial laboratory or physician report is made in accordance with the standards established pursuant to OAR 333-018-0020. All Cases shall be reported to the OHA HIV/ STD/TB (HST) Program via Orpheus.
- b. LPHA must collect and report the Core Variables as outlined in Attachment 1. Required Core Variables are subject to change. Core Variables below that are not required for chlamydia Cases and non-Priority Gonorrhea/Syphilis Cases may be collected at the discretion of the LPHA based on local policy and capacity.

7. Performance Measures.

- a. LPHA must operate its program in a manner designed to achieve the following STD performance goals:
 - (1) Treatment with CDC-recommended gonorrhea regimen documented within 14 days of LPHA notification.
 - (2) Pregnancy status documented within 14 days of LPHA notification in 100% of all female syphilis Cases under age 45.
 - (3) Treatment of early syphilis with penicillin G benzathine (Bicillin) documented within 14 days of LPHA notification.
 - (4) Congenital syphilis electronic report form should be completed within 45 days of birth.
 - (5) Contacts should be tested/treated within 30 days before or after the index patient's testing date.
- b. LPHA must operate the STD Client Services program in a manner designed to make progress toward achieving the following Oregon public health modernization process measures:
 - (1) Percent of gonorrhea Cases that had at least one Contact that received treatment.
 - (2) Percent of gonorrhea Case reports with complete priority fields. Priority fields include race, ethnicity, sex of sex partner, pregnancy status, and HIV status/date of last HIV test

**Attachment 1
Required Core Variables**

STD Core Variables	Chlamydia and Gonorrhea Cases—All	Priority Gonorrhea Cases:	Syphilis Cases—All	Priority Syphilis Cases
Age*	✓	✓	✓	✓
Sex*	✓	✓	✓	✓
County*	✓	✓	✓	✓
Specimen collection date*	✓	✓	✓	✓
Diagnosing facility type	✓	✓	✓	✓
Anatomic site of infection*	✓	✓		
Race/ethnicity		✓		✓
Gender identity		✓		✓
Sexual orientation		✓		✓
Sex of sex partners		✓		✓
Pregnancy status		✓	✓	✓
HIV status		✓		✓
Treatment/Date of treatment		✓	✓	✓
Clinical signs/symptoms				✓
Substance use				✓
Incarceration history				✓
* Included on lab report				

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HIV Core Variables	Orpheus Tab	Reported via ELR	Entered by OHA	Entered by LPHA
Stage	Home layout-Stage		✓	
Status	Home layout-Status		✓	
DOB/Age*	Home layout-Age	✓	✓	✓
Sex*	Home layout-SOGI	✓	✓	✓
Gender identity	Home layout-SOGI		✓	✓
Sexual orientation	Home layout-SOGI		✓	✓
Race/ethnicity	Home layout-REALD		✓	✓
Pregnancy status	Home layout-Pregnant		✓	✓
Housing at Dx	Home layout-Housing at Dx		✓	✓
Address*	Home layout	✓	✓	✓
Phone/email	Home layout		✓	✓
Diagnosing facility/Provider*	Home layout-Provider	✓	✓	✓
HARS ID HIV Diagnosis AIDS Diagnosis	Home layout		✓	
Specimen collection date*	Labs tab	✓	✓	✓
Clinical signs/symptoms	Clinical tab		✓	✓
Treatment/Date of treatment	Treatment tab		✓	✓
HIV risk history At minimum: sex of partners trans partners sex for drugs/\$ substance use last neg HIV test PrEP use history STD tested	Risks tab		✓	✓
Contacts	Contacts tab			✓
Outbreak Info	Epilinks tab		✓	
* Included on lab report				

Program Element #43: Immunization Services

OHA Program Responsible for Program Element:

Public Health Division/Center for Public Health Practice, Immunization Section

1. **Description.** Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver Immunization Services.

Routine immunization services are provided in the community to prevent and mitigate vaccine-preventable diseases for all people by reaching and maintaining high lifetime immunization rates. Immunization services funded under this Agreement include population-based services including public education, enforcement of school immunization requirements, and technical assistance for healthcare providers that provide vaccines to their client populations; as well as vaccine administration to underserved populations that lack access to vaccination with an emphasis on ensuring equity in service delivery.

This Program Element, and all changes to this Program Element are effective the first day of the month noted in Issue Date of Exhibit C Financial Assistance Award unless otherwise noted in Exhibit C of the Financial Assistance Award.

2. **Definitions Specific to Immunization Services.**

- a. **ALERT IIS:** OHA's statewide immunization information system.
- b. **Billable Doses:** Vaccine doses given to individuals who opt to pay out of pocket or are insured for vaccines.
- c. **Case Management:** An individualized plan for securing, coordinating, and monitoring disease-appropriate treatment interventions.
- d. **Centers for Disease Control and Prevention or CDC:** Federal Centers for Disease Control and Prevention.
- e. **Electronic Health Record (EHR) or Electronic Medical Record (EMR):** a digital version of a patient's paper medical chart.
- f. **Exclusion Orders:** Legal notification to a parent or guardian of their child's noncompliance with the School/Facility Immunization Law.
- g. **Forecasting:** Determining vaccines due for an individual, based on immunization history and age.
- h. **HBsAg Screening:** Testing to determine presence of Hepatitis B surface antigen, indicating the individual carries the disease.
- i. **IQIP, Immunization Quality Improvement for Providers:** A continuous quality improvement process developed by CDC to improve clinic immunization rates and practices.
- j. **IRIS System:** An electronic system developed and maintained by OHA used by LPHAs to issue exclusion orders and report school- and child care site-specific data.
- k. **Oregon Vaccine Stewardship Statute:** State law requiring all State-Supplied Vaccine/IG providers to:
 - (1) Submit all vaccine administration data, including dose level eligibility codes, to ALERT IIS;
 - (2) Use ALERT IIS ordering and inventory modules; and
 - (3) Verify that at least two employees have current training and certification in vaccine storage, handling and administration, unless exempt under statute.

- l. **Orpheus:** An electronic communicable disease database and surveillance system intended for local and state public health epidemiologists and disease investigators to manage communicable disease reporting.
 - m. **Public Provider Agreement and Profile:** Signed agreement a between OHA and LPHA that receives State-Supplied Vaccine/Immune Globulin (IG). Agreement includes clinic demographic details, program requirements and the number of patients vaccinated.
 - n. **Section 317:** Section under the federal Public Health Services Act providing federal funding that provides no cost vaccines to individuals who meet eligibility requirements based on insurance status, age, risk factors, and disease exposure.
 - o. **Service Area:** Geographic areas in Oregon served by immunization providers.
 - p. **State-Supplied Vaccine/IG:** Vaccine or Immune Globulin provided by OHA procured with federal and state funds.
 - q. **Surveillance:** The routine collection, analysis and dissemination of data that describe the occurrence and distribution of disease, events or conditions.
 - r. **Vaccine Adverse Events Reporting System or VAERS:** Federal system for reporting adverse events following vaccine administration.
 - s. **Vaccine Eligibility:** An individual's eligibility for State Supplied Vaccine/IG based on insurance coverage for immunization.
 - t. **Vaccines for Children (VFC) Program:** A Federal entitlement program providing no-cost vaccines to children 0 through 18 years who are:
 - (1) American Indian/Alaskan Native; or,
 - (2) Uninsured; or,
 - (3) Medicaid-enrolled; or,
 - (4) Underinsured and are served in Federally Qualified Health Centers (FQHC) or Rural Health Centers (RHC); or,
 - (5) Underinsured and served by LPHAs.
 - u. **Vaccine Site Visit:** An on-site visit conducted at least every two years to ensure compliance with state and federal immunization requirements.
 - v. **Vaccine Information Statement or VIS:** Federally-required patient handouts produced by CDC with information about the risks and benefits of each vaccine.
3. **Alignment with Modernization Foundational Programs and Foundational Capabilities.** The activities and services that the LPHA has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see Oregon's Public Health Modernization Manual, (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf):

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

Program Components	Foundational Program					Foundational Capabilities						
	CD Control	Prevention and health promotion	Environmental health	Population Health	Access to clinical preventive services Direct services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
<i>Asterisk (*) = Primary foundational program that aligns with each component</i>					<i>X = Foundational capabilities that align with each component</i>							
<i>X = Other applicable foundational programs</i>												
Vaccines for Children Program Enrollment					*		X					X
Oregon Vaccine Stewardship Statute					*	X						
Vaccine Management					*							X
Billable Vaccine/IG					*		X					
Vaccine Administration					*							X
Immunization Rates, Outreach and Education				*								
Tracking and Recall				*					X			
Surveillance of Vaccine-Preventable Diseases	*								X			
Adverse Events Following Immunizations					*							
Perinatal Hepatitis B Prevention, Screening and Documentation	*								X			
School/Facility Immunization Law				*					X			

b. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric:

Two-year-old vaccination rates.

c. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Modernization Process Measure:

IQIP program.

4. **Procedural and Operational Requirements.** By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct activities in accordance with the following requirements:

- a. **State-Supplied Vaccine Provider OR Vaccines for Children Program Enrollment.** LPHA must maintain enrollment as an active State-Supplied Vaccine provider or VFC Provider to assure access to clinical immunization services in the jurisdiction.

If LPHA contracts out for clinical services, LPHA must ensure that Subcontractor maintains enrollment as an active VFC Provider or Vaccine Access Provider. All subcontracts must include assurance of vaccine access to persons who are unable to receive needed vaccines in a timely manner.

- b. **Oregon Vaccine Stewardship Statute.** LPHA must comply with all sections of the Oregon Vaccine Stewardship Statute.

c. **Vaccine Management.**

- (1) LPHA must conduct a monthly, physical inventory of all vaccine storage units and must reconcile their inventory in ALERT IIS. Inventory files must be kept for a minimum of three years.
- (2) LPHA must submit vaccine orders according to the tier assigned by the OHA's Immunization Program.

d. **Billable Vaccine/IG.**

- (1) OHA will bill LPHA quarterly for Billable Doses of vaccine.
- (2) OHA will bill the published price in effect at the time the vaccine dose is administered.
- (3) LPHA may not charge or bill a patient more for the vaccine than the published price.
- (4) Payment is due 30 days after the invoice date.

e. **Vaccine Administration.**

- (1) Vaccines must be administered as directed in the most current, signed version of OHA's Model Immunization Protocols.
- (2) In connection with the administration of a vaccine, LPHA must:
- (a) Confirm that a recipient, parent, or legal representative has read, or has had read to them, the VIS and has had their questions answered prior to the administration of the vaccine.
- (b) Make the VIS available in other languages or formats when needed (e.g., when English is not a patient's primary language or for those needing the VIS in braille.)
- (c) Provide to the recipient, parent or legal representative, documentation of vaccines received at visit. LPHA may provide a new immunization record or update the recipient's existing handheld record.
- (d) Screen for contraindications and precautions prior to administering vaccine and document that screening has occurred.
- (e) Document administration of an immunization using a vaccine administration record or electronic equivalent, including all federally-required charting elements. (Note- ALERT IIS does not record all federally-required elements and cannot be used as a replacement for this requirement.)

- (f) If LPHA documents vaccine administration electronically, LPHA must demonstrate the ability to override a VIS date in their EHR system to record the actual publication date.
- (g) Comply with state and federal statutory and regulatory retention schedules, available for review at <https://sos.oregon.gov/archives/Documents/recordsmgmt/sched/schedule-health-public.pdf>, or OHA's office located at 800 NE Oregon St, Suite 370, Portland, OR 97232.
- (h) Comply with Vaccine Billing Standards. See Attachment 1 to this Program Element, incorporated herein by this reference.

f. Immunization Rates, Outreach and Education.

- a. OHA will provide annually to LPHA their IQIP rates and other population-based county rates.
- b. Using a template provided by OHA and agreed upon by the Oregon Coalition of Local Health Officials (CLHO), LPHA will complete an annual outreach workplan by selecting from OHA-suggested activities or creating their own.
- (2) LPHA must, during the state fiscal year, design and implement two educational or outreach activities in their Service Area (either singly or in collaboration with other community and service provider organizations) designed to increase access to clinical immunization services.
- (3) Activities should be designed to serve communities with limited access to immunization services or groups placed at increased risk of severe disease outcomes.

g. Tracking and Recall.

- (1) LPHA must Forecast immunizations due for clients requiring Immunization Services using the ALERT IIS electronic Forecasting system or equivalent system compliant with the Clinical Decision Support for Immunization standards published by the CDC.
- (2) LPHA must cooperate with OHA to recall a client if a dose administered by LPHA to such client is found by LPHA or OHA to have been mishandled and/or administered incorrectly, thus rendering such dose invalid.

h. Surveillance of Vaccine-Preventable Diseases. LPHA must conduct Surveillance within its Service Area in accordance with the Communicable Disease Administrative Rules, the Investigation Guidelines for Notifiable Diseases, the Public Health Laboratory User's Manual, and the Model Standing Orders for Vaccine, available for review at:

<http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease>
<http://public.health.oregon.gov/LaboratoryServiceshttp://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/Pages/provresources.aspx>

i. Adverse Events Following Immunizations.

LPHA must complete and electronically file a VAERS form if:

- (1) An adverse event following immunization administration occurs, as listed in "Reportable Events Following Immunization", available for review at <http://vaers.hhs.gov/professionals/index#Guidance1>
- (2) An event occurs that the package insert lists as a contraindication to additional vaccine doses.
- (3) OHA requests a follow-up report to an earlier reported adverse event; or
- (4) Any other event LPHA believes to be related directly or indirectly to the receipt of any vaccine administered by LPHA or others occurs within 30 days of vaccine administration and results in either the death of the person or the need for the person to visit a licensed health care provider or hospital.

j. Perinatal Hepatitis B Prevention, Screening and Documentation

- (1) LPHA must provide Case Management services to all confirmed or suspect HBsAg-positive mother-infant pairs identified by LPHA or OHA in LPHA's Service Area.
- (2) Case Management will be performed in accordance with the Perinatal Hepatitis B Prevention Program Guidelines posted on the OHA website at <https://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/ReportingGuidelines/Documents/hepbperi.pdf> and must include, at a minimum:
 - (a) Screen for HBsAg status or refer to a health care provider for screening of HBsAg status, all pregnant women receiving prenatal care from public prenatal programs.
 - (b) Work with birthing hospitals within LPHA's Service Area when maternal screening and documentation of hepatitis B serostatus in the Electronic Birth Registration System drops below 95%.
 - (c) Work with birthing hospitals within LPHA's Service Area when administration of the birth dose of hepatitis B vaccine drops below 80% as reported in the Electronic Birth Registration System.
 - (d) Ensure that laboratories and health care providers promptly report HBsAg-positive pregnant women to LPHA.
 - (e) Provide Case Management services to HBsAg-positive mother-infant pairs to track administration of hepatitis B immune globulin, hepatitis B vaccine doses and post-vaccination serology.
 - (f) Provide HBsAg-positive mothers with initial education and referral of all susceptible contacts for hepatitis B vaccination.

k. School/Facility Immunization Law

- (1) LPHA must comply with the Oregon School Immunization Law, Oregon Revised Statutes 433.235 - 433.284, available for review at https://www.oregonlegislature.gov/bills_laws/ors/ors433.html and Oregon Administrative Rules 333-050-0140, available for review at https://secure.sos.state.or.us/oard/displayDivisionRules.action%3bJSESSIONID_OARD=2rAGjMwAFKyKGiwIdp_03oUv7xa16kjlhXdVWS78XLgPdYNa0jj7%21479495115?selecteDivision=1265
- (2) LPHA must take orders for and deliver Certificate of Immunization Status (CIS) forms to schools and children’s facilities located in their jurisdiction. Bulk orders of CIS forms will be provided to the LPHA by the state.
- (3) LPHA must cover the cost of mailing/shipping all Exclusion Orders to parents and to schools, school-facility packets which are materials for completing the annual school/facility exclusion process as required by the Oregon School Immunization Law, Oregon Revised Statutes 433.235 - 433.284 and the administrative rules promulgated pursuant thereto, which can be found at https://secure.sos.state.or.us/oard/displayDivisionRules.action%3bJSESSIONID_OARD=2rAGjMwAFKyKGiwIdp_03oUv7xa16kjlhXdVWS78XLgPdYNa0jj7%21479495115?selecteDivision=1265.
- (4) LPHA may use electronic mail as an alternative or an addition to mailing/shipping if the LPHA has complete electronic contact information for all schools and children’s facilities and can confirm receipt of materials
- (5) LPHA must complete 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. LPHA must submit this report to OHA no later than 23 days after the third Wednesday of February of each year in which LPHA receives funding for Immunization Services under this Agreement. Completion of Primary and Follow Up Tab data entry for all sites in the LPHA Service Area fulfills this requirement.

l. Affordable Care Act Grants/Prevention and Public Health Project Grants

If one-time only funding becomes available, LPHA may opt in by submitting an application outlining activities and timelines. The application is subject to approval by the OHA Immunization Program.

- 5. **General Revenue and Expense Reporting.** LPHA must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of the Agreement. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 20

6. Reporting Requirements.

- a. LPHA will submit an annual outreach workplan using a template provided by OHA and approved by CLHO.
- b. LPHA must submit vaccine orders according to the ordering tier assigned by OHA.
- c. If LPHA is submitting vaccine administration data electronically to ALERT IIS, LPHA must electronically flag clients who are deceased or have moved out of the Service Area or the LPHA jurisdiction.
- d. LPHA must complete and submit an Immunization Status Report as required in Section 4.1.(4) of this Program Element.
- e. LPHA must submit a written corrective action plan to address any compliance issues identified at the triennial review site visit.

7. Performance Measures.

- a. If LPHA provides Case Management to 5 births or more to HBsAg-positive mothers annually, LPHA must ensure that 90% of babies receive post-vaccination serology by 15 months of age. If LPHA's post-vaccination serology rate is lower than 90%, LPHA must increase the percentage of babies receiving post-vaccination serology by at least one percentage point.
- b. LPHA must achieve VFC vaccine accounting excellence in all LPHA-operated clinics in the most recent quarter. Clinics achieve vaccine accounting excellence by:
 - (1) Accounting for 95% of all vaccine inventory in ALERT IIS.
 - (2) Reporting fewer than 5% of accounted for doses as expired, spoiled or wasted during the quarter.
 - (3) Recording the receipt of vaccine inventory in ALERT IIS.
- c. LPHA must complete data entry into the IRIS system of 95% of Primary Review Summary follow-up reports (Sections E-H) from schools and children's facilities within 21 days of the annual exclusion day and of exclusion orders 14 days prior to the exclusion day (excluding exclusion orders generated through a system other than IRIS). LPHA must follow the noncompliance steps outlined in OAR 333-050-0095 with any school or facility that does not submit a Primary Review Summary report.

Attachment 1

OREGON'S IMMUNIZATION BILLING STANDARDS

Standards for providing and billing for immunization services in Oregon's Local Public Health Authorities (LPHAs)

Purpose: To standardize and assist in improving immunization billing practice

Guiding Principles

A modern LPHA understands their actual costs of doing business and dedicates resources to assuring continued financially viable operations. As such:

1. LPHAs should continually assess immunization coverage in their respective communities, assure that vaccine is accessible to all across the lifespan, and bill appropriately for services provided by the LPHA.
2. LPHAs who serve insured individuals should work to develop and continuously improve immunization billing capacity that covers the cost of providing services to those clients (e.g., develop agreements or contracts with health plans, set up procedures to screen clients appropriately, and bill vaccine administration fees that reflect the actual cost of services).
3. Public and private health plans should reimburse LPHAs for the covered services of their members, with vaccine serum and administration fees reimbursed at 100% of actual costs.
4. Each LPHA is uniquely positioned to assess the appropriate implementation of these standards. For example, Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) are obligated to follow a certain set of rules that may differ from these standards.
5. LPHAs that contract out some or all clinical immunization services should consider including these standards in their contracts as expectations of the contracted service provider.

Standards require that an LPHA that provides immunization services:

- Identify staff responsible for billing and contracting activities, dedicating at least a portion of one or more full-time equivalent (FTEs) positions to meet agency billing needs
- Determine vaccine administration fees based on the actual cost of service and document how fees were determined. For a fee calculator, see <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINES/IMMUNIZATION/IMMUNIZATIONPROVIDERRESOURCES/VFC/Documents/BillVacAdminCostFull.xlsm>.

- Charge the actual costs for vaccine administration fees for all clients and discount the fee(s) as needed by contract, rule, or internal policy approved by OIP
- Develop immunization billing policies and procedures that address:
 - Strategies to manage clients who require vaccines by state law, are not eligible for VFC or 317 and are unable to meet the cost of immunizations provided (out of network or unaffordable cost sharing)
 - The purchasing of privately owned vaccine and how fees are set for vaccine charges to the client
 - The appropriate charge for vaccine purchased from OIP, by including a statement that says, "We will not charge more than the OIP-published price for billable vaccine."
 - Billing processes based on payor type (Medicaid/CCOs, private insurance, etc.), patient age, and vaccine eligibility
- With certain limited exceptions as published in vaccine eligibility charts, use no federally funded vaccine on insured clients, including adult Medicaid and all Medicare clients
- Identify and develop contracts or other appropriate agreements with relevant payors – including Coordinated Care Organizations (CCOs) to assure access to immunization services for insured members of the community
- Bill private and public health plans directly for immunization services, when feasible, rather than collecting fees from the client and having them submit for reimbursement
- Conduct regular quality assurance measures to ensure costs related to LPHA's immunization services are being covered
- Work to assure access to immunizations for Medicare-eligible members of the community and, if access is poor, provide Medicare Part B and/or Part D vaccines, as needed, and bill appropriately to cover the cost

Program Element #51: Public Health Modernization

OHA Program Responsible for Program Element:

Public Health Division/Office of the State Public Health Director/Policy and Partnerships Unit

1. **Description.** Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver Public Health Modernization.

Section 1: LPHA Leadership, Governance and Implementation

- (1) **Establish leadership and governance to plan for full implementation of public health modernization.** Demonstrate strategies to build and sustain infrastructure for public health Foundational Capabilities with a focus on health equity and cultural responsiveness throughout and within each Foundational Capability. This may include developing business models for the effective and efficient delivery of public health services, developing and/or enhancing community partnerships to build a sustainable public health system, and implementing workforce diversity and leadership development initiatives.
- (2) **Implement strategies to improve local infrastructure for communicable disease control, emergency preparedness and response, environmental health, and health equity and cultural responsiveness.** In partnership with communities, implement local strategies to prevent and control communicable disease, strengthen emergency preparedness and response planning, protect communities from environmental health threats, and reduce health inequities.

Section 2: Regional Public Health Service Delivery

- a. **Demonstrate regional approaches for providing public health services.** This may include establishing and maintaining a Regional Partnership of local public health authorities (LPHAs) and other stakeholders, utilizing regional staffing models, or implementing regional projects.
- b. **Implement regional strategies to improve Regional Infrastructure for communicable disease control, emergency preparedness and response, environmental health, and health equity and cultural responsiveness.** Implement regional strategies to prevent and control communicable disease, strengthen emergency preparedness and response planning, protect communities from environmental health threats, and reduce health inequities.

Section 3: COVID-19 Public Health Workforce

Establish, expand, train and sustain the public health workforce gained during the COVID-19 pandemic. Demonstrate strategies to ensure long-term improvements for health equity and cultural responsiveness, public health and community prevention, preparedness, response and recovery, including workforce diversity recruitment, retention and workforce development.

Section 4: Public Health Infrastructure: Workforce

- a. **Recruit and hire new public health staff,** with a focus on seeking applicants from communities and populations served to provide additional capacity and expertise in the foundational capabilities and programs identified by the LPHA as critical workforce needs
- b. **Support, sustain and retain public health staff** through systems changes and supports, as well as workforce development and training.

This Program Element, and all changes to this Program Element are effective the first day of the month noted in Issue Date section of Exhibit C Financial Assistance Award unless otherwise noted in Comments and Footnotes of Exhibit C of the Financial Assistance Award.

2. Definitions Specific to Public Health Modernization

- a. Foundational Capabilities. The knowledge, skills and abilities needed to successfully implement Foundational Programs.
- b. Foundational Programs. The public health system's core work for communicable disease control, prevention and health promotion, environmental health, and assuring access to clinical preventive services.
- c. Public Health Accountability Outcome Metrics. A set of data used to monitor statewide progress toward population health goals.
- d. Public Health Accountability Process Measures. A set of data used to monitor local progress toward implementing public health strategies that are necessary for meeting Public Health Accountability Outcome Metrics.
- e. Public Health Modernization Manual (PHMM). A document that provides detailed definitions for each Foundational Capability and program for governmental public health, as identified in ORS 431.131-431.145. The Public Health Modernization Manual is available at: http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf.
- f. Regional Partnership. A group of two or more LPHAs and at least one other organization that is not an LPHA that is convened for the purpose of implementing strategies for communicable disease control and reducing health disparities.
- g. Regional Infrastructure. The formal relationships established between LPHAs and other organizations to implement strategies under this funding.

3. Alignment with Modernization Foundational Programs and Foundational Capabilities. The activities and services that the LPHA has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the Public Health Accountability Metrics (if applicable), as follows (see Oregon's Public Health Modernization Manual, (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf):

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

Program Components	Foundational Program					Foundational Capabilities						
	CD Control	Prevention and health promotion	Environmental health	Population Health	Access to clinical preventive services Direct services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
Asterisk (*) = Primary Foundational Program that aligns with each component X = Other applicable Foundational Programs					X = Foundational Capabilities that align with each component							
Use Leadership and Governance to plan for full implementation of public health modernization (Section 1)	*		X			X	X	X	X	X	X	X
Implement strategies for local communicable disease control, emergency preparedness and response, environmental health, and health equity and cultural responsiveness (Section 1)	*		X				X	X	X		X	X
Demonstrate regional approaches for providing public health services (Section 2)	*		X			X	X	X	X	X	X	X
Implement regional communicable disease control, emergency preparedness and response, environmental health, and health equity and cultural responsiveness (Section 2)	*		X				X	X	X		X	X
Establish, expand, train and sustain the public health workforce gained during the COVID-19 pandemic. (Section 3)	*					X	X	X	X			X

b. Public Health Accountability Outcome Metrics:

The 2019-2021 Public Health Accountability Metrics adopted by the Public Health Advisory Board for communicable disease control and environmental health are:

- Two-year old immunization rates
- Gonorrhea rates
- Active transportation
- Drinking water health-based standards

LPHA is not required to select these metrics as areas of focus for funds made available through this Program Element. LPHA is not precluded from using funds to address other high priority communicable disease and environmental health risks based on local epidemiology, priorities and need.

c. Public Health Accountability Process Measures:

The 2019-21 Public Health Accountability Process Measures adopted by the Public Health Advisory Board for communicable disease control and environmental health are listed below. LPHA must select a high priority communicable disease risk based on local epidemiology and need. The following process measures may not be relevant to all LPHAs.

- Percent of Vaccines for Children clinics that participate in the Assessment, Feedback, Incentives and eXchange (AFIX) program
- Percent of gonorrhea cases that had at least one contact that received treatment
- Percent of gonorrhea case reports with complete “priority” fields
- Local public health authority participation in leadership or planning initiatives related to active transportation, parks and recreation, or land use
- Percent of water systems surveys completed
- Percent of water quality alert responses
- Percent of priority non-compliers resolved

4. Procedural and Operational Requirements. By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct activities in accordance with the following requirements:

Requirements that apply to Section 1 and Section 2 funding:

- a. Implement activities in accordance with this Program Element.
- b. Engage in activities as described in its Section 1 and/or Section 2 work plan, once approved by OHA and incorporated herein with this reference. See Attachment 1 for work plan requirements for Section 1.
- c. Use funds for this Program Element in accordance with its Section 1 and/or Section 2 Program Budget, once approved by OHA and incorporated herein with this reference. Modification to the Section 1 and/or Section 2 Program Budget of 10% or more within any individual budget category may only be made with OHA approval.
- d. Implement and use a performance management system to monitor achievement of Section 1 and/or Section 2 work plan objectives, strategies, activities, deliverables and outcomes.
- e. Participate in learning collaboratives and capacity building for achieving each public health authority’s and the public health system’s goals for achieving health equity.

- f. Ensure LPHA administrator, LPHA staff, and/or other partner participation in shared learning opportunities or communities of practice focused on governance and public health system-wide planning and change initiatives, in the manner prescribed by OHA. This includes sharing work products and deliverables with OHA and other LPHAs and may include public posting.
- g. Participate in evaluation of public health modernization implementation in the manner prescribed by OHA.

Requirements that apply to Section 1: LPHA Leadership, Governance and Implementation

Implement strategies for Leadership and Governance, Health Equity and Cultural Responsiveness, Communicable Disease Control, Emergency Preparedness and Environmental Health as described in Attachment 1 of this Program Element.

Requirements that apply to Section 2: Regional Public Health Service Delivery

- (1) Implement strategies for public health service delivery using regional approaches, which may be through Regional Partnerships, utilizing regional staffing models, or implementing regional projects.
- (2) Use regional strategies to improve Regional Infrastructure for communicable disease control, emergency preparedness and response, environmental health, and health equity and cultural responsiveness.

Requirements that apply to Section 3: COVID-19 Public Health Workforce

- a. Implement activities in accordance with this Program Element.
- b. Use funds for this Program Element in accordance with its Section 3 Program Budget, once approved by OHA and incorporated herein with this reference. Modification to Budget of 10% or more within any individual budget category may only be made with OHA approval.
- c. Use funds to establish, expand, train and sustain the public health workforce gained during the COVID-19 pandemic. This includes workforce that directly supports COVID-19 response activities and those supporting strategies and interventions for public health and community priorities beyond COVID-19.
- d. Demonstrate strategies to ensure long-term improvements for public health and community prevention, preparedness, response and recovery.
- e. Demonstrate strategies for eliminating health inequities, which may include workforce diversity recruitment, retention and development of innovative community partnerships.

Requirements that apply to Section 4: Public Health Infrastructure: Workforce

- a. Implement at least one of the following activities:
 - (1) Implement strategies and activities to recruit, hire and retain a diverse public health workforce that reflects the communities served by the LPHA.
 - (2) Recruit and hire and/or retain new public health staff to increase workforce capacity in foundational capabilities and programs, including but not limited to epidemiology, communicable disease, community partnership and development, policy and planning, communications, and basic public health infrastructure (fiscal, human resources, contracts, etc.). LPHA will determine its specific staffing needs.
 - (3) Support and retain public health staff through systems development and improvements.
 - (4) Support and retain public health staff through workforce training and development.
 - (5) Transition COVID-19 staffing positions to broader public health infrastructure positions.

- (6) Recruit and hire new public health staff, with a focus on seeking applicants from communities and populations served to provide additional capacity and expertise in the foundational capabilities and programs identified by the LPHA as critical workforce needs.
- (7) Perform other related activities as approved by OHA in section b., below.

b. LPHA must request in writing prior approval for other related activities. No such activities may be implemented without written approval of OHA.

5. **General Budget and Expense Reporting.** LPHAs funded under Section 1, Section 2 and/or Section 3 must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of the Agreement. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 20

6. **Reporting Requirements.**

- a. Have on file with OHA an approved Section 1 and/or Section 2 Work Plan and Budget using the format prescribed by OHA no later than 60 days after OHA notifies LPHA of anticipated funding allocation for the biennium.
- b. Have on file with OHA an approved Section 3 Budget using the format prescribed by OHA no later than 60 days after OHA notifies LPHA of anticipated funding allocation for the biennium.
- c. Submit Section 1 and Section 2 Work Plan progress reports using the timeline and format prescribed by OHA.
- d. Submit updated Section 1, 2 and 3 Budgets upon request using the format prescribed by OHA.
- e. Submit to OHA approved Section 1 and 2 work plan deliverables in the timeframe specified.
- f. Submit Section 4 data or information to OHA for evaluation purposes or as required by the Centers for Disease Control and Prevention. OHA will notify LPHA of the requirements. OHA will not require additional reporting beyond what is required by the Centers for Disease Control and Prevention.

7. **Performance Measures.**

If LPHA, including LPHAs funded as Fiscal Agents for Regional Public Health Service Delivery, complete and submit to OHA fewer than 75% of the planned deliverables in its approved Section 1 and/or Section 2 work plan for the funding period, LPHA or Fiscal Agent shall not be eligible to receive funding under this Program Element during the next funding period. The deliverables will be mutually agreed upon as part of the work plan approval process.

Appendix A

The table below lists the goals and requirements that LPHAs will work toward with 2021-23 funding. Efforts toward the following goals and requirements will be demonstrated in the LPHA and/or regional work plan.

Programmatic goals and work plan requirements
<p>Goal 1: Protect communities from acute and communicable diseases through prevention initiatives that address health inequities.</p> <ul style="list-style-type: none"> • LPHA will demonstrate strategies toward local or regional improvements of communicable disease prevention and response infrastructure. • LPHA will demonstrate strategies toward local or regional reductions in inequities across populations. <p>Goal 2: Strengthen and expand communicable disease and environmental health emergency preparedness, and the public health system and communities’ ability to respond.</p> <ul style="list-style-type: none"> • LPHA will demonstrate strategies toward developing, maintaining and/or updating a local or regional all-hazards preparedness plan with community partners. (deliverable) <p>Goal 3: Protect communities from environmental health threats from climate change through public health interventions that support equitable climate adaptation.</p> <ul style="list-style-type: none"> • LPHA will demonstrate strategies toward developing a local or regional climate adaptation plan or incorporate into community health assessment and plan. (deliverable) <p>Goal 4: Plan for full implementation of public health modernization and submission of local modernization plans by 2025.</p> <ul style="list-style-type: none"> • LPHA will demonstrate strategies to build and sustain infrastructure for public health Foundational Capabilities.
LPHA Requirements for increasing Capacity for Foundational Capabilities
<p>Leadership and Organizational Competencies</p> <ul style="list-style-type: none"> • LPHA will participate in public health modernization learning collaboratives. • LPHA will demonstrate workforce or leadership initiatives necessary for local and/or regional public health infrastructure. <p>Health Equity and Cultural Responsiveness</p> <ul style="list-style-type: none"> • LPHA will develop, update and/or continue to implement local or regional health equity plan. (deliverable) <p>Assessment and Epidemiology</p> <ul style="list-style-type: none"> • LPHA will demonstrate strategies for public health data collection, analysis, reporting and dissemination that are necessary for 2021-23 goals and deliverables. This includes strategies to collect and report data that reveals health inequities in the distribution of disease, disease risks and social conditions that influence health. <p>Community Partnership Development</p> <ul style="list-style-type: none"> • LPHA will demonstrate strategies for sustaining or expanding partnerships with community organizations to ensure connections with BIPOC communities or other groups experiencing health inequities. • LPHA will demonstrate co-creation of culturally and linguistically responsive public health interventions with community partners. • LPHA will demonstrate involvement of community-based organizations in public health emergency planning or other priorities identified by communities. • LPHA will demonstrate sustained partnerships for infection prevention and control in congregate settings which may include LTCFs, prisons, shelters or childcare facilities. <p>Communications</p> <ul style="list-style-type: none"> • LPHA will demonstrate the ability to provide routine public health education through a variety of communication platforms, with consideration of linguistic and culturally responsive and functional needs of the community. • LPHA will demonstrate the ability to provide timely and accurate risk communication for areas of public health significance.

Program Element # 75: Lower Umatilla Basin Groundwater Management Area Services

OHA Program Responsible for Program Element: Public Health Division/Center for Health Protection
Environmental Public Health/Domestic Well Safety

1. **Description.** Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver **Lower Umatilla Basin Groundwater Management Area Services**.

This Program Element is to support existing staff or hire one staff each to support local implementation of the Oregon Health Authority's (OHA) Public Health Workplan to reduce exposure to high levels of nitrates in domestic well drinking water found in the Lower Umatilla Basin Groundwater Management Area (LUBGWMA). Local implementation activities shall include support for well water screening events for up to 4500 wells, obtaining water samples, support actions to provide residents access to OHA-funded water treatment systems, engaging in activities to identify potential alternative water sources and providing community engagement and technical assistance.

In accordance with Oregon's Groundwater Quality Protection Act of 1989, the Oregon Department of Environmental Quality (DEQ) and Oregon Department of Agriculture (ODA) declared the LUBGWMA in 1990 due to regional nitrate-nitrogen concentrations in groundwater exceeding 7 milligrams per liter (mg/L). This area straddles the northern portions of Morrow and Umatilla counties, and encompasses the cities of Hermiston, Boardman, Irrigon, Stanfield, Echo and nearby unincorporated areas. Over the past 30 years DEQ, ODA and local governmental and nongovernmental organizations have partnered to establish a groundwater management area committee, provide regular nitrate level monitoring, develop educational materials and identify and organize data to track compliance with the voluntary community action plan designed to reduce groundwater nitrate concentrations. However, monitoring well network data show these actions have not sufficiently reduced the nitrate-nitrogen levels to the federal Safe Drinking Water standard of 10 mg/L.

The federal Safe Drinking Water Act defines high nitrate as a level exceeding 10 mg/L. Exposure to nitrate levels from 11 mg/L to 100 mg/L means the water is not safe to drink for babies or people who are or may become pregnant. High nitrate concentrations in drinking water can cause methemoglobinemia (decreased ability of the blood to carry oxygen to tissues). At these levels it is relatively safe in the short-term for healthy adults to drink for up to a year. Exposure longer than a year may pose a risk, and OHA advises people who fit this description to consult with their health care provider. Nitrate levels above 100 mg/L mean the water is not safe to drink or use to cook. It is safe for other uses, such as bathing, washing dishes, doing laundry or watering a garden. Nitrate levels at or below 10 mg/L mean the water is safe for all uses, including drinking.

OHA, together with DEQ, ODA and the Oregon Water Resources Department (WRD) have been in conversation with the US Environmental Protection Agency (EPA) about the state response to elevated nitrates in the LUBGWMA for a number of years. OHA's component of the state response is to coordinate and support implementation of a workplan, described below, focused on understanding and reducing risks to people who rely on domestic wells for drinking water. The workplan is intended to be carried out in partnership with LPHAs of Morrow and Umatilla counties, community-based organizations (CBOs) and other local partners.

The Oregon Legislature provided funding to OHA to staff the effort, provide contract support to environmental laboratories to test domestic wells, provide contract support to water treatment professionals to install and maintain point-of-use water treatment in qualified households, provide contract support to community-based organizations to support outreach and education, and provide contract support to LPHAs to deliver **Lower Umatilla Basin Groundwater Management Area Services**. For each component of the workplan, all partners will work together to demonstrate accountability for the resources allocated for this work. As an example, OHA will require laboratory reports showing high levels of nitrates as proven need for water treatment service and supplies.

Workplan activities include:

- Conduct outreach and education. OHA, LPHA and partner CBO staff will work together to adapt existing and develop new culturally and linguistically accessible communication materials focused on households with lower income, including people of color and disproportionately at-risk communities and to conduct outreach and education campaigns with partners and community members.
- Conduct well water screening and or testing events, support sample collection and result interpretation. OHA received resources to sample domestic well water quality to inform the well user about existing water quality issues and assist water treatment professionals in providing effective water treatment. Vouchers will be made available to redeem at local environmental laboratories to test domestic well samples for nitrate, arsenic, lead, total coliform and E. coli, iron, manganese, and hardness. OHA, LPHA and partner CBO staff will partner in the following and related actions to ensure successful uptake of domestic well testing resources:
 - Hold community screening and or testing events for well owners/users to bring samples of water for onsite evaluation. Screening would indicate whether follow up testing is needed.
 - When and where necessary (for example, when transportation of samples to laboratories is a burden), coordinate community-wide follow up sample collection events.
 - Provide educational support to interpret test results and provide guidance to well users.
- Support water treatment and maintenance activities. OHA will contract with one or more local water treatment companies to install certified point-of-use treatment systems and to provide two rounds of replacement filters in households found to have nitrate levels exceeding 10 mg/L. OHA, LPHA and partner CBO staff will work together to direct well users with elevated nitrate concentrations to drinking water treatment resources provided by OHA.
- Support water delivery activities. OHA, LPHA, partner CBO staff and other partners will work together to refer well users with elevated nitrate concentrations to alternative drinking water sources and water delivery.
- Exploration of long-term solutions. OHA, LPHA and partner CBO staff may work together with other state and local agency partners and community members to identify opportunities and funding sources to implement potential long-term solutions, including drilling a new well to a safer source or connecting to existing/forming new community water systems with regulated water treatment.
- Support OHA analysis of demographic and environmental data. LPHA will coordinate with and provide available data to OHA in its preparation of a demographic analysis of affected communities and health assessment of nitrate risks.

All changes to this Program Element are effective the first day of the month noted in the Issue Date of Exhibit C of the Financial Assistance Award unless otherwise noted in Exhibit C of the Financial Assistance Award.

2. **Definitions Specific to Lower Umatilla Basin Groundwater Management Area Services.**

LUBGWMA: The Lower Umatilla Basin Groundwater Management Area boundaries are defined in the north as the Columbia River, in the south as the 2N/3N Township boundary, in the east as the 29E/30E Range boundary and in the west as the 22E/23E Range boundary (also the Morrow / Gilliam County line). For more information see <https://lubgwma.org/>.

3. **Alignment with Modernization Foundational Programs and Foundational Capabilities.** The activities and services that the LPHA has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see Oregon’s Public Health Modernization Manual, (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf):

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

Program Components	Foundational Program					Foundational Capabilities						
	CD Control	Prevention and health promotion	Environmental health	Population Health	Access to clinical preventive services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
Asterisk (*) = Primary foundational program that aligns with each component X = Other applicable foundational programs					X = Foundational capabilities that align with each component							
Conduct outreach and education			*	X			X	X			X	
Conduct well water screening events, support sample collection and result interpretation			*	X	X		X	X			X	
Support water treatment and maintenance activities			*	X	X		X	X		X		

b. **The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric, Health Outcome Measure:**

Not applicable.

The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric, Local Public Health Process Measure:

Not applicable.

4. **Procedural and Operational Requirements.** By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct activities in accordance with the following requirements:

LPHA must:

- a. Submit local program budget to OHA for approval.
- b. Use funds for this Program Element in accordance with its local program budget, which has been approved by OHA. Modification to the local program budget may only be made with OHA approval.
- c. Direct staff to participate in meetings with OHA, LPHA and partner CBO staff to plan activities and discuss ongoing progress.
- d. Conduct outreach and education.
 - (1) Direct staff to work together with OHA and partner CBO staff to adapt existing and develop new culturally and linguistically accessible communication materials focused on households with lower income, including populations historically experiencing health inequities.
 - (2) Direct staff to work together with OHA and partner CBO staff to conduct outreach and education campaigns with partners and community members.
- e. Conduct well water screening and or testing events, support sample collection and provide result interpretation. Direct staff to partner in the following and related actions to ensure successful uptake of domestic well testing resources.
 - (1) Hold community screening and or testing events for well owners/users to bring samples of water for onsite evaluation to indicate whether follow up testing is needed.
 - (2) When and where necessary (for example, when transportation of samples to laboratories is a burden), coordinate community-wide follow up sample collection events.
 - (3) Provide educational support to interpret test results and provide guidance to well users.
- f. Support water treatment and maintenance activities. Direct staff to work together with OHA and partner CBO staff to refer well users with elevated nitrate concentrations to drinking water treatment resources provided by OHA.
- g. Support exploration of long-term solutions. Staff may work together with state and other local agency partners to identify opportunities and funding sources to implement potential long-term solutions, including drilling a new well to a safer source or connecting to existing/forming new community water systems with regulated water treatment.
- h. Support OHA analysis of demographic and environmental data. Direct staff to coordinate with and provide available data to OHA in its preparation of a demographic analysis of impacted communities and health assessment of nitrate risks.

5. **General Revenue and Expense Reporting.** LPHA must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of this Agreement. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 20

6. **Reporting Requirements.**

- a. LPHA must support and contribute in an ongoing basis to safe drinking water progress and accountability reporting as requested by and or developed for policy makers or affected communities.
- b. Share any LPHA-produced materials developed and data collected specific to the LUBGWMA domestic well water to OHA. Examples of materials and data may include, but are not limited to:
 - (1) Web content,
 - (2) Formal written reports or memos,
 - (3) Letters to decision-making bodies,
 - (4) Fact sheets,
 - (5) Presentations,
 - (6) Maps depicting well data,
 - (7) Laboratory reports of well test results,
 - (8) Lists of households having received treatment systems, and
 - (9) Information about outreach activities; for example, date and location of information booths; content, timing, reach and impact of radio ads; content, reach of and engagement with social media posts; etc.

7. **Performance Measures.**

- a. LPHA must operate the **Lower Umatilla Basin Groundwater Management Area Services** in a manner designed to make progress toward achieving the following Public Health Accountability Metric, Local Public Health Process Measure: Not applicable.

**Attachment B
Financial Assistance Award (FY23)**

State of Oregon Oregon Health Authority Public Health Division		
1) Grantee Name: Morrow County Street: 110 N Court Street City: Heppner State: OR Zip: 97836-7328	2) Issue Date Thursday, December 1, 2022	This Action Amendment
	3) Award Period From July 1, 2022 through June 30, 2023	

4) OHA Public Health Funds Approved				
Number	Program	Previous Award Balance	Increase / Decrease	Current Award Balance
PE01-01	State Support for Public Health	\$15,225.00	\$0.00	\$15,225.00
PE01-07	ELC ED Contact Tracing	\$115,562.11	\$0.00	\$115,562.11
PE01-09	COVID-19 Active Monitoring - ELC	\$408,095.53	\$0.00	\$408,095.53
PE01-10	OIP - CARES	\$125,728.72	\$0.00	\$125,728.72
PE10-02	Sexually Transmitted Disease (STD)	\$47,266.00	\$0.00	\$47,266.00
PE12-01	Public Health Emergency Preparedness and Response (PHEP)	\$67,212.00	\$3,572.00	\$70,784.00
PE13-01	Tobacco Prevention and Education Program (TPEP)	\$7,500.00	\$6,951.00	\$14,451.00
PE42-03	MCAH Perinatal General Funds & Title XIX	\$1,900.00	\$0.00	\$1,900.00
PE42-04	MCAH Babies First! General Funds	\$6,077.00	\$0.00	\$6,077.00
PE42-06	MCAH General Funds & Title XIX	\$3,567.00	\$0.00	\$3,567.00
PE42-11	MCAH Title V	\$18,483.00	\$0.00	\$18,483.00
PE42-12	MCAH Oregon Mothers Care Title V	\$2,500.00	\$0.00	\$2,500.00
PE43-01	Public Health Practice (PHP) - Immunization Services	\$8,986.00	\$0.00	\$8,986.00
PE44-01	SBHC Base	\$60,000.00	\$0.00	\$60,000.00

OHA - 2021-2023 INTERGOVERNMENTAL AGREEMENT - FOR THE FINANCING OF PUBLIC HEALTH SERVICES

4) OHA Public Health Funds Approved				
Number	Program	Previous Award Balance	Increase / Decrease	Current Award Balance
PE44-02	SBHC - Mental Health Expansion	\$40,000.00	\$0.00	\$40,000.00
PE46-05	RH Community Participation & Assurance of Access	\$13,677.17	\$0.00	\$13,677.17
PE51-01	LPHA Leadership, Governance and Program Implementation	\$202,064.82	\$0.00	\$202,064.82
PE51-03	ARPA WF Funding	\$75,010.00	\$0.00	\$75,010.00
PE75	Lower Umatilla Basin Ground Water Management Area Services	\$0.00	\$117,000.00	\$117,000.00
		\$1,218,854.35	\$127,523.00	\$1,346,377.35

5) Foot Notes:	
PE01-01	9/1/2022: Funds are available 07/01/2022 - 06/30/2023. Not eligible for Carryover
PE01-07	9/1/2022: Funds are available 07/01/2022 - 06/30/2023
PE01-09	9/1/2022: Funds are available 07/01/2022 - 06/30/2023
PE01-10	9/2022: Awarded funds can be spent on allowable costs for the period of 7/1/2022 - 6/30/2024. Any unspent funds as of 6/30/23 will be rolled over into the FY24 award. Please see provided budget guidance for more details on roll over information.
PE42-11	5/2022: Indirect rate maximum is 10%
PE42-12	5/2022: Indirect rate maximum is 10%
PE51-01	9/2022: Funds available for 7/1/22-6/30/23. Not eligible for carryover.
PE51-03	10/2022: unspent funds from FY23 can be carried over to FY24 – Funds must be spent by 6/30/2024.

OHA - 2021-2023 INTERGOVERNMENTAL AGREEMENT - FOR THE FINANCING OF PUBLIC HEALTH SERVICES

6) Comments:	
PE01-07	9/2022: rollover unspent funds from FY22 to FY23;
PE01-09	9/2022: rollover unspent funds from FY22 to FY23;
PE01-10	9/2022: rollover unspent funds from FY22 to FY23;
PE12-01	12/2022: SFY23 Unspent SFY22 funds \$3,572 must be spent by 6/30/2023. A revised program budget is due 1/31/2023
PE13-01	10/28/22: Amendment to add FY22 Carry-over funds of \$6951
PE42-04	5/2022: SFY23 award is for the period of 7/1/2022 to 6/30/2023.
PE44-02	8/2022: realignment of funding source
PE46-05	07/2022: SFY23 Title X Initial Award
PE51-01	9/2022: move unspent funds from FY22 to FY23;
PE51-03	9/2022: rollover unspent funds from FY22
PE75	12/2022: \$117,000 must be spent between 10/1/22 and 6/30/23.

7) Capital outlay Requested in this action:				
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.				
Program	Item Description	Cost	PROG APPROV	

Attachment C
Information required by CFR Subtitle B with guidance at 2 CFR Part 200 (FY23)

PE12-01 Public Health Emergency Preparedness and Response (PHEP)		
Federal Award Identification Number:	NU90TP922036	NU90TP922036
Federal Award Date:	06/16/22	06/16/22
Budget Performance Period:	07/01/2022-06/30/2023	07/01/2022-06/30/2023
Awarding Agency:	CDC	CDC
CFDA Number:	93.069	93.069
CFDA Name:	Public Health Emergency Preparedness	Public Health Emergency Preparedness (PHEP)
Total Federal Award:	8,439,412	8,439,412
Project Description:	Public Health Emergency Preparedness (PHEP)	Public Health Emergency Preparedness (PHEP)
Awarding Official:	Ms. Sylvia Reeves	Ms. Sylvia Reeves
Indirect Cost Rate:	17.64%	17.64
Research and Development (T/F):	FALSE	FALSE
HIPPA	No	No
PCA:	53478	53485
Index:	50407	50407

Agency	UEI	Amount	Amount	Grand Total:
Morrow	GLDSK7FBFJ15	\$67,212.00	\$3,572.00	\$70,784.00

MC-C-4-98

This ordinance is over 24 years old. Had the process been followed as set by the ORS and OAR, the County Commissioners would have repealed and adopted new ordinances in alignment with an OHA approved ASA Plan, at a minimum, four other times.

At least every five years, the ASA Plan needs be submitted to OHA for approval. In some cases, OHA will require the Plan be amended prior to their approval. After the Plan is approved by OHA the County adopts the Plan. After the County adopts the Plan, the County then adopts the Plan as an ordinance, just as they would for any non-emergency ordinance. Lastly, the newly adopted ordinance is submitted to the County Clerk to be recorded. This process repeats, at least, every five years.

The Rule below is for reference. To get a full understanding it is recommended reading ORS Chapter 682, OAR chapter 333, division 250, 255 and 260.

Division 260
COUNTY AMBULANCE SERVICE AREA PLANS

[Rule 333-260-0020](#)

8. COUNTY ORDINANCES AND RULES:

(6) A county is required to amend their plan, if necessary, to comply with any amendments made in ORS Chapter 682 or OAR chapter 333, divisions 250, 255 or 260. The Division shall notify the county in writing each time an amendment is made in either the statute or administrative rules that may affect the plan. Anytime a county plan is amended, the county must submit a copy of the amended plan to the Division.

(7) The Division shall review each county plan no less than once every five years to ensure compliance with the statutes and administrative rules pertaining to a county ambulance service area plan. The Division shall notify the county of the results of the review.

RECOMMENDATION: Repeal MC-C-4-98. However, in the best interest of the County as a whole, a public hearing is suggested.

M-54020

IN THE COUNTY COURT FOR THE STATE OF OREGON
COUNTY OF MORROW

IN THE MATTER OF REGULATING)
AMBULANCE SERVICE PROVIDERS) ORDINANCE
NO. MC-C-4-98

The County Court for the County of Morrow ordains as follows:

A. Ordinance No. MC-C-2-98 adopted by the County Court February 11, 1998 is hereby REPEALED.

B. The County Court hereby adopts the following:

SECTION 1. TITLE

This ordinance shall be known, and may be cited as, "Ambulance Service Providers Ordinance".

SECTION 2. AUTHORITY

This Ordinance is enacted pursuant to ORS 682.205, 682.275 and ORS 203.035, and other applicable law.

SECTION 3. POLICY AND PURPOSE

The County Court finds:

1. That ORS 682.205 requires Morrow County to develop a plan for the county relating to the need for and coordination of ambulance services and to establish Ambulance Service Areas consistent with the plan to provide efficient and effective ambulance services.
2. That this Ordinance, which establishes Ambulance Service Areas, the methods for selecting ambulance providers for each service area and establishes the Morrow County Emergency Medical Services Advisory Committee together with Attachment "A" incorporated herein by this reference, make up the Morrow County Ambulance Service Area Plan.

SECTION 4. DEFINITIONS

The words and phrases in this Ordinance shall have the meaning provided in ORS Chapter 682 and OAR Chapter 333, Divisions 250, 255, 260 and 265 unless specifically defined herein

to have a different meaning.

SECTION 5. EXEMPTIONS

This Ordinance shall not apply to:

1. Ambulances owned by or operated under the control of the United States Government.
2. Vehicles being used to render temporary assistance in the case of a major catastrophe or emergency with which the ambulance service of the surrounding locality are unable to cope, or when directed to be used to render temporary assistance by an official at the scene of an accident.
3. Vehicles operated solely on private property or within the confines of institutional grounds, whether or not the incidental crossing of any public street, road or highway through the property or grounds is involved.
4. Vehicles operated solely for the transportation of lumber industry employees.
5. Ambulances or vehicles transporting patients from outside the County to a health care facility within the County, or which are passing through without a destination in the County.

SECTION 6. AMBULANCE SERVICE AREAS

For the efficient and effective provision of ambulance service in accordance with the Morrow County Ambulance Service Area Plan, the ambulance service area shown on the map attached as Exhibit "A", attached hereto and incorporated herein by this reference, is hereby adopted as the Ambulance Service Area for Morrow County. The County Court, by the adoption of an Order, may adjust the boundaries of the Ambulance Service Area(s) from time to time as necessary to provide efficient and effective ambulance service.

SECTION 7. ASSIGNMENT OF AMBULANCE SERVICE AREAS

1. No person shall provide ambulance service in Morrow County unless an Ambulance Service Area has been assigned to that person pursuant to this section.
2. Any person desiring to provide ambulance service within Morrow County shall submit an application to be assigned an Ambulance Service Area within 30 days of the effective date of this Ordinance. The application shall be submitted to the Morrow County Health District. The applications shall be reviewed by the Morrow County Emergency Medical Services Advisory Committee created by this Ordinance which shall recommend the assignment of Ambulance Service Areas to the County Court. The assignment of Ambulance Service Areas shall be made by an Order of the County Court.

3. An application required by subsection 2 above shall include the following information:
 - a. The name and address of the person applying for assignment of an Ambulance Service Area.
 - b. The Ambulance Service Area the person desires to service and the location from which ambulance services will be provided.
 - c. A list of vehicles to be used in providing ambulance services including year, make and model and verification that each vehicle is licensed as a basic life support and/or advance life support ambulance by the State of Oregon.
 - d. A list of personnel to be used in providing ambulance service and their current Emergency Medical Technician certificate number.
 - e. Sufficient additional information to allow for the review of the application in light of the review criteria established by the Morrow County Ambulance Service Area Plan.
 - f. Such additional information deemed necessary by the Morrow County Emergency Medical Services Advisory Committee or the County Court.
4. Each application shall be reviewed for the applicant's conformity with the requirements of Oregon law for providing ambulance services, the specific criteria of the Morrow County Ambulance Service Area Plan and the need for efficient and effective ambulance service within Morrow County.
5. The assignment of the initial Ambulance Service Area shall be valid from the date of issuance for a period of five years. Thereafter, the assignment of Ambulance Service Areas may be renewed for additional five year terms commencing on the first day of July pursuant to subsection 6 below and subject to the provisions for suspension or revocation as set forth in Section 9 below.
6. Not less than forty-five (45) days prior to the expiration of the assignment of an Ambulance Service Area (e.g. five years less forty-five days for the initial assignment), any person desiring the renewal of an assignment or a new assignment of an Ambulance Service Area shall submit an application to be assigned an Ambulance Service Area. The application shall include the information required by subsection 3 above except that applications for renewal need only provide such information necessary to bring the original application up to date. The review of the application and assignment of the Ambulance Service Area shall be in accordance with this Section.
7. In the event that a person assigned an Ambulance Service Area discontinues service before the expiration of the assignment, the County Court shall set a time by which

applications must be submitted for reassignment of the Ambulance Service Area. The review of the application and assignment of the Ambulance Service Area shall be in accordance with this Section and the assignment shall be for the remainder of the term unless otherwise specified by the County Court.

8. Not less than fifteen (15) days prior to any date when the applications for the assignment of an Ambulance Service Area are due, notice of such application due date shall be posted in three (3) public places and published at least once in a newspaper of general circulation in Morrow County.

SECTION 8. DUTIES OF AMBULANCE SERVICE PROVIDER

Upon assignment of an Ambulance Service Area to a person in accordance with Section 7, the person providing ambulance service:

1. Shall conduct its operations in strict compliance with all applicable State and Federal laws and regulations and the terms of this Ordinance and the Morrow County Ambulance Service Area Plan.
2. Shall not fail or refuse to respond to an emergency call for service if an ambulance is available for service.
3. Shall not respond to a medical emergency located outside its assigned Ambulance Service Area except:
 - a. when request for a specific ambulance service provider is made by the person calling for the ambulance and the call does not dictate an emergency response;
 - b. when the ambulance service provider assigned to the Ambulance Service Area is unavailable to respond or the person is requested by the other provider or 9-1-1 dispatch to respond; or
 - c. when the response is for supplemental assistance or mutual aid.
4. Shall not transfer the assignment of an Ambulance Service Area without written notice to and approval of the County Court. The written notice shall include an application for assignment of the Ambulance Service Area submitted by the transferee. The application shall be reviewed in accordance with Section 7.
5. Shall not voluntarily discontinue service to the assigned Ambulance Service Area without giving ninety (90) days written notice to the County Court.

SECTION 9. SUSPENSION OR REVOCATION OF ASSIGNMENT

1. Upon a recommendation by the Morrow County Emergency Medical Services Advisory Committee, or upon its own motion, the County Court may suspend or revoke the assignment of an Ambulance Service Area upon a finding that the holder thereof has:
 - a. willfully violated provisions of this Ordinance, the Morrow County Ambulance Service Area Plan or provisions of State or Federal laws and regulations; or
 - b. materially misrepresented facts or information given in the application for the assignment of an Ambulance Service Area or as part of the review of the performance of the service furnished by the provider.

2. In lieu of the suspension or revocation of the assignment of Ambulance Service Area, the County Court may order that the violation be corrected and make the suspension or revocation contingent upon compliance with the order within the period of time stated therein. Notice of the County Court action shall be provided to the holder of the assignment which shall specify the violation, the action necessary to correct the violation and the date by which the action must be taken. The holder of such assignment shall notify the County Court of the action taken. If the holder of the assignment fails to take corrective action within the time required, the County Court shall notify the holder that the assignment is suspended or revoked upon receipt of the notice.

SECTION 10. APPEAL

A person receiving a notice of the assignment, denial, suspension, revocation or contingent suspension or revocation of an Ambulance Service Area may request a hearing before the County Court by filing with the County Court a written request for hearing within fourteen (14) days of the decision, setting forth the reasons for the hearing and the issues proposed to be reviewed. The filing of a hearing request shall stay the action pending the hearing and final determination by the County Court unless the County Court makes a written finding that prompt implementation of the decision is required due to an immediate hazard to the public safety. The County Court shall set a time and place for a hearing which shall be de novo on the record or a full de novo hearing, as determined by the County Court. Within fourteen (14) days after the conclusion of the hearing, the County Court shall affirm, reverse or modify its original decision.

SECTION 11. EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE

1. There is hereby created a Morrow County Emergency Medical Services Advisory Committee, the members of which shall be appointed by the County Court for two (2) year terms. The Committee shall choose its own chairperson and meet quarterly or when called upon by the County Court or its Chairperson. Motions shall be passed by majority of those attending.

2. The Committee shall consist of:

- a. 1 - Supervising physician for ambulance service provider or their designee;
 - b. 3 - EMTs from ambulance service provider (one each from Boardman, Heppner and Irrigon);
 - c. 2 - Directors of nursing services or designee (one each from Pioneer Memorial Hospital and Good Shepherd Hospital, Hermiston);
 - d. 1 - Fire department representative;
 - e. 1 - 9-1-1 systems representative; and
 - f. 2 - Quick Response Team representatives (one each from Lexington and Ione).
3. The Committee shall have the following powers and duties:
- a. Review and make recommendations to the County Court regarding all applications for assignment of Ambulance Service Areas.
 - b. Provide for on-going input to the County Court from prehospital care consumers, providers and the medical community.
 - c. Periodically review the performance of ambulance service providers within Morrow County.
 - d. Periodically review the Morrow County Ambulance Service Area Plan and make recommendation to the County Court including, but not limited to:
 - 1) review standards established in the plan and make recommendations regarding improvement and/or new standards.
 - 2) monitor coordination between emergency medical service resources;
 - 3) review dispatch procedures and compliance; and
 - 4) review the effectiveness and efficiency of the Ambulance Service Area boundaries.
 - e. Develop and implement a quality assurance program, including but not limited to training, to insure compliance with the Morrow County Ambulance Service Area Plan.

SECTION 12. INITIAL RESPONDER

Nothing in this Ordinance prohibits a 9-1-1 agency responsible for the dispatching of emergency services from dispatching an initial responder to the scene of a medical emergency in addition to dispatching an ambulance service provider. Such initial response shall only be in accordance with this Section.

1. The initial responder shall be a municipal corporation or a special district within Morrow County that provides emergency services within its jurisdiction and requests to be dispatched to medical emergencies.
2. The initial responder shall respond with Emergency Medical Technicians and/or First Responders that are certified by the State of Oregon and who are employed by or volunteer with the initial responder.
3. Upon the arrival of the ambulance service provider at the location of the medical emergency, the ambulance service provider shall be in charge of, and responsible for, the continuation of emergency medical services. The initial responder shall continue to provide emergency medical services only at the direction of the ambulance service provider.

SECTION 13. PENALTIES

Any person who violates any of the provisions of this Ordinance is guilty of a violation. Failure from day to day to comply with the terms of this Ordinance shall be a separate offense for each such day. Failure to comply with any provision of this Ordinance shall be a separate offense for each such provision.

Violations of the provisions of this Ordinance is punishable, upon conviction, by a fine of not more than five hundred dollars (\$500) for a non-continuing offense, i.e. an offense not spanning two (2) or more calendar days. In the case of a continuing offense, i.e. an offense which spans two (2) or more consecutive calendar days, violation of the provisions of this Ordinance is punishable by a fine of not more than five hundred dollars (\$500) per day up to the maximum of one thousand dollars (\$1,000) as provided by law.

SECTION 14. NUISANCE

In addition to penalties provided by Section 13, violation of any of the provisions of this Ordinance is declared to be a nuisance and may be regarded as such in all actions, suits and proceedings unless the Ordinance is declared invalid by a Court of competent jurisdiction. Pursuant to ORS 682.015, this Ordinance shall be enforceable by the Health Division of the State of Oregon, Department of Human Resources in a proceeding in Circuit Court for equitable relief.

SECTION 15. SEVERANCE CLAUSE

If any section, subsection, provision, clause or paragraph of this 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; and it is hereby expressly declared that every other section, subsection, provision, clause or paragraph of this Ordinance enacted, irrespective of the enactment or validity of the portion thereof declared to be unconstitutional or invalid, is valid.

SECTION 16. EMERGENCY

As it is necessary for the health, safety, comfort and convenience of the people of Morrow County that this Ordinance have immediate effect, an emergency is hereby declared to exist and this Ordinance shall be in full force and effect from and after its passage and approval by unanimous vote of the County Court.

ADOPTED by the Morrow County Court this 15 day of April, 1998.

ATTEST:


Barbara D. [Signature]
County Clerk

Louis A. Carlson
Louis A. Carlson, Judge

APPROVED AS TO FORM:

Will [Signature]
County Counsel

R. J. French
R. J. French, Commissioner

John Wenzel
John Wenzel, Commissioner

MORROW COUNTY
AMBULANCE SERVICE AREA PLAN

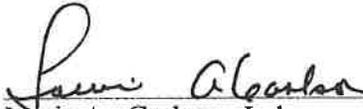
Certification
of
Morrow County

Ambulance Service Plan

The undersigned certify pursuant to Oregon Administrative Rule 333-260-0030 (2)(a)(b)(c) that:

1. Each subject or item contained in the Morrow County Ambulance Service Plan has been addressed and considered in the adoption of the plan by this body.
2. In this governing body's judgment, the ambulance service areas established in the plan provide for the efficient and effective provision of ambulance services.
3. To the extent they are applicable, the county has complied with ORS 682.205 (2) (3) and 682.335 and existing local ordinances and rules.

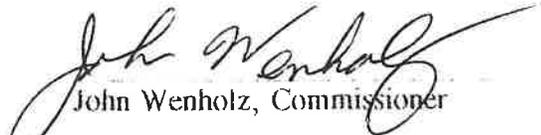
Dated at Boardman Oregon, this 15 day of April, _____



Louis A. Carlson, Judge



R. J. French, Commissioner



John Wenzholz, Commissioner

APPROVED AS TO FORM:



COUNTY COUNSEL

Morrow County Ambulance Service Area Plan

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ASA Map With Response Time Zones #1

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DEFINITIONS

1. "Address and consider" has the meaning given these terms by ORS 682.205 (2)(3).
2. "Ambulance" has the meaning given that term by ORS 682.025(1)
3. "Ambulance services" has the meaning given that term by ORS 682.325.
4. "Ambulance Service Area (ASA)" means a geographic area which is served by one ambulance service provider, and may include all or a portion of a county, or all or portions of two or more contiguous counties.
5. "Ambulance service plan" means a written document, which outlines a process for establishing a county emergency medical services system. A plan addresses the need for and coordination of ambulance services by establishing ambulance service areas for the entire county and by meeting the other requirements of these rules. Approval of a plan will not depend upon whether it maintains an existing system of providers or changes the system. For example, a plan may substitute franchising for an open-market system.
6. "Communication System" means two-way radio communications between ambulances, dispatchers, hospitals and other agencies as needed. A two-channel multi-frequency capacity is minimally required.
7. "Division" means the Oregon Health Division, Department of Human Resources.
8. "Effective provision of ambulance services" means ambulance services provided in compliance with the county ambulance service plan provisions for boundaries, coordination and system elements.
9. "Efficient provision of ambulance services" means effective ambulance services provided in compliance with the county ambulance service plan provisions for provider selection.
10. "Emergency" means any non-hospital occurrence or situation involving illness, injury or disability requiring immediate medical or psychiatric services, wherein delay in the provision of such services is likely to aggravate the condition and endanger personal health or safety.
11. "Emergency Medical Service (EMS)" means those pre-hospital functions and services whose purpose is to prepare for and respond to medical emergencies, including rescue and ambulance services, patient care, communications and evaluation.

12. "EMS Advisory Committee/QA Subcommittee" means a ten (10) person committee chosen by the Board to ensure ASA Plan compliance.
13. "Emergency Medical Technician Basic (EMT B)" means a person certified by the Division as defined in OAR 333-265-0000(8).
14. "Emergency Medical Technician Intermediate (EMT I)" means a person certified by the Division as defined in OAR 333-265-0000(9).
15. "Emergency Medical Technician Paramedic (EMT P)" means a person certified by the Division as defined in OAE 333-265-0000(10).
16. "First Responder" means a person who has successfully completed a first responder training course approved by the Division as defined in OAR 847-35-0001(7)
17. "Health Officer" means the Morrow County Health Officer.
18. "License" means the document issued by the Division to the owner of an ambulance when the vehicle is found to be in compliance with ORS 682.015 to 682.991 and Administrative Rules 333-250-0000 through 333-250-0100 and 333-255-000 through 333-255-0090.
19. "Morrow County Court (Court)" means the an elected body consisting of a county judge and two commissioners.
20. "Morrow County Health District (Board)" means a five (5) person board elected by the voters of Morrow County. The Board is elected to assure that all areas of the county are represented. The primary responsibility of the Board is to administer the county medical fund and to administer and oversee all aspects of the medical needs of Morrow County.
21. "Notification time" means the length of time between the initial receipt of the request for emergency medical service by either a provider or an emergency dispatch center ("9-1-1"), and the notification of all responding emergency medical service personnel.
22. "Owner" means the person having all the incidents of ownership in a vehicle or, where the incidents of ownership are in different persons, the person, other than a security interest holder or lessor, entitled to the possession of a vehicle under a security agreement of a lease for a term of ten (10) or more successive days.
23. "Patient" means an ill, injured, or disabled person who may be transported in an ambulance.

23. "Owner" means the person having all the incidents of ownership in a vehicle or, where the incidents of ownership are in different persons, the person, other than a security interest holder or lessor, entitled to the possession of a vehicle under a security agreement of a lease for a term of ten (10) or more successive days.
24. "Patient" means an ill, injured, or disabled person who may be transported in an ambulance.
25. "Provider" means any public, private or volunteer entity providing EMS.
26. "Provider selection process" means the process established by the county for selecting an ambulance service provider or providers.
27. "Public Service Answering Point (PSAP)" means an agency that answers calls from citizens for emergencies involving requests for emergencies involving requests for emergency fire, police or medical assistance. An example of a PSAP in a 9-1-1 Center.
28. "Quick Response Team (QRT)" means an agency that provides initial response and basic life support care without transportation capabilities by certified First Responders.
29. "Response time" means the length of time between the notification of each provider and the arrival of each provider's emergency medical service unit(s) at the incident scene.
30. "Supervising physician" has the meaning provided in OAR 847-35-001.
31. "System response time" means the elapsed time from when the PSAP receives the call until the arrival of the appropriate provider unit(s) on the scene.

OVERVIEW OF MORROW COUNTY

Morrow County is located in north central Oregon, east of the Cascade Mountains. The northern border extends 35 miles along the Columbia River and the State of Washington. The northern terrain consists of primarily rolling plains and broad plateaus. The southern terrain consists of the Umatilla National Forest and Blue Mountains. Within the county lies two military installations: Umatilla Army Depot and the U.S. Navy bombing Range. The county has an area of approximately 2,000 square miles and population of roughly 7,500.

Morrow County is a sparsely populated county that is remote from ambulance service and therefore must rely on quick response teams for initial emergency medical care. Quick response teams have been established in Ione and Lexington. These teams are provided with a comprehensive first aid kit which includes medical oxygen.

Morrow County averages 350 requests for ambulance service each year. This figure includes: emergency and non-emergency scene response; hospital to home transfers; inter-facility transfers; stand-bys; and no patient transports. An ambulance service would need massive subsidies if it were required to place an ambulance outside the cities of Boardman, Irrigon, and Heppner. It would be very difficult for personnel to maintain both their skills and interest. Based on the above information, the county will be considered a single EMS area. Occasionally, an incident within the county may be handled more expediently by a service located in an adjoining county. Mutual aid agreements will be enacted with the ambulance providers from the adjoining counties for that purpose.

The current ambulance provider is owned and operated by the Morrow County Health District, Morrow County Ambulance located in Heppner, Boardman, and Irrigon. Morrow County Ambulance, Heppner, which is staffed both paid and volunteer personnel, operates two units from their location at Pioneer Memorial Hospital, 564 E. Pioneer Drive in Heppner. Morrow County Ambulance, Heppner, has 15 EMT-B's, 5 EMT-I's, and 1-EMT-P. Morrow County Ambulance, Boardman, which is staffed by volunteer personnel, operates two units from their location at West Wilson Road, Boardman. Morrow County Ambulance, Boardman, has 6 EMT-B's, 4 EMT-I's and 1 EMT P. At least one ambulance at each location is an ALS equipped vehicle. Morrow County Ambulance, Irrigon, has 3 EMT-Bs, and 4 EMT-I's. Irrigon is serviced by one BLS ambulance, located at 3d & N. Main.

The following is the Ambulance Service Area Plan and ambulance ordinance for Morrow County. By developing this document, it will help to ensure that the citizens of Morrow County have access to an efficient and effective ambulance service in spite of this being a remote and sparsely populated area.

BOUNDARIES

ASA MAP(s) WITH RESPONSE TIME ZONES (See Appendix #1)

ASA NARRATIVE DESCRIPTION

The Morrow County ASA, Boardman, encompasses all the territory to the East along I-84 starting at mile post 151 (Three Mile Canyon Interchange) to mile post 177 (Umatilla/Morrow County Line) and to mile post 169 (Railroad overpass) Highway 730. To the South on the Bombing Range Road to Alpine Lane.

The Morrow County ASA, Heppner, encompasses all the territory to the North from mile post 25 (Morrow County Line) on Highway 207 (Heppner-Spray Highway) to mile post 14 on Highway 207 (Lexington-Echo Highway). East from mile post 14 (Cecil) on Highway 74 to mile post 73 (Morrow/Umatilla Co. Line) on Highway 74. On Highway 206 from Condon starting at mile post 55 (Morrow County line) to the Junction with Highway 207. Morrow County ASA, Heppner, will include Willow Creek Road East to Morrow/Umatilla County line on Forest Service Road 53.

The Morrow County ASA, Irrigon, encompasses all the territory to the South from mile post 179 on Highway 730 (Umatilla/Morrow County Line) to mile post 169 (Railroad Overpass).

9-1-1 MAPS (See Appendix #2)

9-1-1 NARRATIVE DESCRIPTION

The 9-1-1 Boundaries can be described as encompassing all of Morrow County. The entire County was served by 9-1-1 as of 1980. Morrow County is served by a County-wide EMS dispatch & PSAP. It is located at the Morrow County Sheriff's Office in Heppner. The Irrigon area is served by the prefix of 922, which is covered by the Hermiston 9-1-1 center. A small portion of the Butter Creek area is covered by the Hermiston 9-1-1 center.

INCORPORATED CITIES (See Appendix #3)

FIRE DISTRICT BOUNDARIES (See Appendix #4)

NOTE: For Intergovernmental agreements: (See Appendix #5) for sample. Intergovernmental agreements will be reviewed and evaluated and change if deemed necessary every two (2) years.

ASA ALTERNATIVES CONSIDERED TO REDUCE RESPONSE TIMES

Morrow County is covered by a single ASA. The intent of boundary definitions is to limit the effects of artificial & geographic barriers on response time, recognizing that response patterns may change due to local conditions such as road closure and weather. Morrow County has many natural response barriers, including rivers and large roadless areas which were considered when designating the ASA.

The principle (potential) artificial barrier to response time throughout Morrow County is the fact that most EMS personnel are volunteers, and as such are subject to other employment obligations and non-EMS activities. Consequently, response times can potentially be delayed through the process of locating available personnel.

A second potential artificial barrier is the limited number of ambulances in the county. If existing ambulances in the county are already responding to an incident, response times to subsequent incidents may be delayed while mutual aid is summoned and other units respond from a more distant location.

Morrow County recognizes that both of the potential barriers described above have to be accepted under present conditions. The personal activities of the volunteer EMS personnel have to be delicately balanced against their continued willingness to participate in EMS activities in order to prevent what is termed a "burnout".

SYSTEM ELEMENTS - TIMES

1. Notification times for all responding EMS personnel shall not exceed three (3) minutes.
2. Response times for First Responders and ASA providers shall not exceed:
 - a. Twenty (20) minutes on 90% of all EMS calls in rural areas.
 - b. Four and one-half (4 1/2) hours on 90% of all calls in frontier areas.
 - c. For response times to a specific address refer to the appropriate ASA time zone map, Appendix #1.

SYSTEM ELEMENTS - LEVEL OF CARE

To establish a minimum level of prehospital emergency medical care within Morrow County, the ambulance providers and QRTs shall conform to the following standards:

- a. The QRTs shall provide a minimum level of basic life support care using Division-certified First Responders.
- b. The ambulance service provider shall provide the minimum level of basic life support using Division-certified EMT B or EMT Is.
- c. ALS ambulances shall be dispatched as available on all requests for medical assistance which are triaged as requiring ALS services according to the standards adopted by ATAB rules and Morrow County EMS Advisory Committee.

SYSTEM ELEMENTS - PERSONNEL

To establish a minimum of personnel staffing within Morrow County, the ambulance service provider and QRTs shall conform to the following standards:

- a. The QRTs shall respond with a minimum of one (1) person who is a certified First Responder.
- b. The QRTs may be staffed with in-house or on-call paid, per diem or volunteer personnel.

- c. The ambulance service provider shall respond with the minimum number and level of certified persons as required by the Division.
- d. The ambulance service provider may be staffed with in-house or on-call paid, per diem or volunteer personnel.

SYSTEM ELEMENTS - MEDICAL SUPERVISION

To establish a minimum level of medical supervision within Morrow County, the ambulance service provider, QRTs, and the supervising physician shall conform to the following standards:

- a. The agencies that provide ambulance service and QRTs shall retain a supervising physician.
- b. The supervising physician or designee shall comply with OAR 847-35-025 and:
 - (1) Conduct at least one (1) meeting each calendar quarter for training and case review with First Responder, EMT B and EMT Is.
 - (2) Meet at least ten (10) times annually for training and case reviews with all EMT Ps.
 - (3) Maintain and review annually, standing orders (and on-line protocols, if used) for First Responders and EMTs.
- c. Maintain unit meeting records for attendance and minutes for such meetings.

SYSTEM ELEMENTS - PATIENT CARE EQUIPMENT

To establish a minimum standard for patient care equipment within Morrow County, the ambulance service provider and QRTs shall conform to the following standards:

- a. QRTs shall provide and maintain in proper working condition patient care equipment and supplies in sufficient quantities to provide the minimum level of patient care which they have agreed to provide.
- b. Patient care equipment and supplies, at a minimum, shall include, but are not limited to:

- (1) stethoscope;
 - (2) blood pressure cuff;
 - (3) portable oxygen, one (1) hour supply, with regulator;
 - (4) non-rebreathing masks for infants, children and adults;
 - (5) sterile bandaging material; and
 - (6) any other items specified by the supervising physician.
- c. The ALS ambulance service provider shall maintain on each ambulance, patient care equipment and supplies which conform with the standards, requirements and maintenance provisions of all Division statutes and administrative rules pertaining to ambulances and equipment.
- d. ALS ambulances carrying controlled substances shall be equipped to provide a locked box that is attached to the inside of a locked cabinet for the storage of Class II through IV controlled substances. The same key cannot be used for both locks.

SYSTEM ELEMENTS - VEHICLES

To establish a minimum standard for ambulances within Morrow County, the ambulance service provider shall conform to the following:

- a. The ambulance service provider shall not operate an ambulance unless the ambulance:
- (1) conforms to ORS 682.015 to 682.295 and all rules adopted by the Division;
 - (2) has a minimum patient transport capacity of two (2) supine patients;
 - (3) is in sound mechanical operating condition; and
 - (4) has a current ambulance license that is issued by the Division.

- b. The ambulance service provider shall maintain each ambulance in conformity with vehicular manufacturer's recommendations and recommendations of the ambulance conversion manufacturer.
- c. The ambulance service provider shall maintain vehicular equipment which conforms to ORS 682.015 to 682.295 and all rules adopted by the Division.
- d. The ambulance service provider shall maintain all necessary records to demonstrate compliance with (a), (b) and (c) listed above. See vehicle check list and inspection form. (See Appendix #8.)
- e. The ambulance service provider shall operate each ambulance in accordance with applicable motor vehicle codes, rules and statutes, and in a safe manner with due regard for lights, traffic, road and weather conditions.
- f. No ambulance shall be operated by any person who does not meet the requirements established in OAR 333-255-0070(1),(4) or (6) plus not have been convicted of two or more moving violations in the previous twelve months or three or more moving violations in the previous twenty-four months.

SYSTEM ELEMENTS - TRAINING

In order to create a consistent level of education and training, the Morrow County EMS Advisory Committee shall cooperate with all agencies and educational facilities to create opportunities for continuing education and training for all EMS personnel. Blue Mountain Community College (BMCC) in Pendleton provides initial training for EMT B and EMT I's, and continued education for EMTs to assure the availability of maintaining current EMT certificates for EMTs affiliated with the ambulance service provider.

SYSTEM ELEMENTS - QUALITY ASSURANCE

- 1. In order to ensure the delivery of efficient and effective pre-hospital emergency medical care, an EMS Quality Assurance (QA) Program is hereby established.

a. QA Program Structure. The QA program, shall be implemented through the establishment and operation of the EMS Advisory Committee. The Board will announce vacancies, receive applications, screen candidates, and make appointments to the EMS Advisory Committee/QA Subcommittee. The EMS Advisory Committee/QA Committee members shall serve at the pleasure of the Board without compensation. The QA Subcommittee shall meet quarterly. Terms of appointment will be for two years. The members of the EMS Advisory Committee/QA Subcommittee will choose their chairpersons. The EMS Advisory Committee/QA Subcommittee shall consist of the following:

- (1) The supervising physician or designee for the ambulance service provider - 1;
- (2) An EMT from each ambulance service provider location (one from Boardman, one from Heppner and one from Irrigon) - 3;
- (3) Director of Nursing Service or designee (one from Pioneer Memorial Hospital in Heppner and one from Good Shepherd Hospital in Hermiston) - 2;
- (4) Fire department representative - 1;
- (5) 9-1-1 systems representative - 1; and
- (6) QRT representative (one each from Lexington and Ione) - 2.

b. QA Program Process.

- (1) The EMS Advisory Committee/QA Subcommittee shall have the following powers, duties and responsibilities:
 - (a) Advise the Board on all matters relating to pre-hospital emergency medical care.
 - (b) Annually review the ASA Plan and EMS Ordinance and make amendment recommendations to the Board.
 - (c) Plan, assist and coordinate programs for the improvement of the EMS system in Morrow County.

- (d) Advise the Board as to the standards for information required of applicants for an ambulance service provider.
 - (e) Provide an open forum for members of the public to comment on or discuss EMS systems issues.
 - (f) Foster cooperation among the pre-hospital care providers and medical community.
 - (g) Facilitate initial EMT and First Responder training and continuing education opportunities for all EMS personnel.
- (2) The QA Subcommittee shall have the following duties, powers and responsibilities:
- (a) Investigate medically related issues and items.
 - (b) Recommend to the Board any amendments to the ASA Plan and EMS Ordinance. The Board shall advise the EMS Advisory Committee/QA Subcommittee of such recommendation so that they may review and comment on such changes in a timely manner.
 - (c) Maintain familiarization with the policies and procedures of facilities in Morrow County that receive or send patients via ambulance.
 - (d) Periodically conduct a random review of at least 2% of each ambulance service provider location prehospital care report forms. Develop screens to review calls for exemplary and substandard performance, include a screen for response times by each EMS provider dispatched to the scene.
 - (e) Perform such other duties as are required to carry out the requirements of the ASA Plan as directed by the Board.
 - (f) Attempt to negotiate the correction of substandard pre-hospital emergency medical care provided in Morrow County.

- (g) Follow the guidance set forth in the QA Guidelines for the QA Subcommittee.
 - (h) Report directly to the Board on all matters coming before the QA Subcommittee.
 - (i) Adopt rules of procedure. A quorum must include a physician or designee.
- (3) EMS Advisory Committee shall conduct their meetings in accordance with the Oregon Public Meetings laws and comply with the Oregon public records law, ORS Chapter 192. Executive sessions closed to the public may be held by the QA Subcommittee when conducting investigations and reviews of patient care. Both the records and minutes of executive sessions shall be handled to ensure patient confidentiality in compliance with state and federal laws. Upon appointment, the EMS Advisory Committee/QA Subcommittee chairperson shall have the following duties powers and responsibilities:
- (a) Maintain a filing system for the records of the QA Subcommittee.
 - (b) Provide for the administration of appeals and hearings to the appropriate government bodies.
 - (c) Administer the ASA Plan and EMS Ordinance.
 - (d) Review all applications for an ASA and make documented findings and recommendations to the Board on provider selection.

c. QA Problem Resolution

- (1) In the event that the QA Subcommittee identifies a problem involving compliance with the ASA Plan, or that fails to conform to established protocols, the QA Subcommittee shall:
 - (a) request any additional information necessary to establish whether a violation or failure occurred.

- (b) contact the non-compliant provider, individual or organization in writing and identify the specific facts, laws, rules or protocols concerning the violation or failure to conform.
 - (c) request that within thirty (30) days the non-compliant provider individual or organization submit a written response and a plan to correct the deficiencies.
- (2) Upon receipt of the written response, the QA Subcommittee shall:
- (a) review the response to ensure that it responds to all aspects of the facts, laws, rules or protocols.
 - (b) review the written plan for resolution of the deficiency.
 - (c) upon findings of compliance, continue to monitor the plan for solution of the deficiencies.
 - (d) upon findings of continued non-compliance, serve written notice to comply with ASA Plan or protocol.
 - (e) if compliance is not evident with ten (10) days of receipt of the notice, schedule a meeting within the next ten (10) days and attempt to gain compliance.
 - (f) attempt to obtain voluntary correction or compliance, but if compliance is not obtained, request a hearing on the matter before the Board.
2. QA Program - Sanctions For Non-Compliance. Sanctions for non-compliance of the ASA plan are addressed in the Morrow County EMS ordinance number MC-C-2-98, Section 13 penalties and Section 14 nuisance. (See Appendix #9)

COORDINATION - ADMINISTRATION OF THE PLAN

1. The Morrow County ASA Plan shall be administered by the EMS Advisory Committee. As representatives of the Board.
2. In addition to other functions delegated under this plan the EMS Advisory Committee shall:
 - a. annually review all aspects of the ASA plan and EMS ordinance; and
 - b. recommend changes to the ASA plan and EMS ordinance designed to:
 - (1) remedy identified deficiencies;
 - (2) address potential problem areas; and
 - (3) address on-going growth and changes in the EMS system in Morrow County, the state and the nation.

COORDINATION - COMPLAINT REVIEW PROCESS

1. In the event the QA Subcommittee is unable to obtain compliance or correction of a deficiency under the procedures contained in QA Problem Resolution section of this plan, a hearing shall be conducted by the Board.
2. If any provider, individual or organization is dissatisfied with the results of a meeting with the QA Subcommittee, a request for hearing before the Board may be made by filing a request, setting forth the reasons for the hearing and the issues to be heard. The Board may prescribe forms for the filing of a request for hearing.
3. A hearing under this section shall be conducted by the Board chairperson or vice-chairperson in accordance with the Attorney General's Model Rules of Procedures.
4. In the event that the Board is unable to obtain compliance or correction as a result of a hearing, the Board shall petition and request relief from the Division, or the Board of Medical Examiners or the Morrow County Circuit Court.
6. Any decision of the Board may be appealed to the Division or the Morrow County Circuit Court as appropriate.

COORDINATION - MUTUAL AID AGREEMENT

1. The ambulance service provider shall sign a mutual aid agreement with the other providers within the County and respond with needed personnel and equipment in accordance with the agreement. (See Appendix #6 for example.)
2. All requests for mutual aid shall be made through the appropriate PSAP.
3. All mutual aid agreements will be reviewed annually and modified as needed by mutual consent of all parties.
4. Mutual Aid Advance Life Support (ALS) assists shall be automatically dispatched in accordance with the Emergency Medical Dispatch Protocols established by the EMS Advisory Committee.

COORDINATION - DISASTER RESPONSE

1. County resources other than ambulances.
 - a. When resources other than ambulances are required for the provision of emergency medical services during a disaster, a request for additional resources shall be made through the appropriate PSAP to the County Emergency Management Office.
 - b. The Director of the County Emergency Management Office shall be responsible for locating and coordinating all county EMS resources any time that the Mass Casualty Incident (MCI) Management Plan is implemented.
 - c. The Director of the County Emergency Management Office shall work directly with local agencies, departments and governments to coordinate necessary resources during any implementation of the MCI Plan.
2. Outside county resources.
 - a. When resources from outside Morrow County are required for the provision of emergency medical services during a disaster, a request for those resources shall be made through the appropriate PSAP to the County Emergency Management Office.
 - b. The Director of the County Emergency Management Office shall be responsible for requesting and coordination all out of county resources any time the MCI Plan is implemented.

c. Additional Ambulances

(1) Rotary-wing ambulances

- (a) Life Flight (Portland, OR)
1-800-452-7434; or 1-503-413-5433
- (b) Air Life of Oregon (Bend, OR)
1-800-621-5433; or 1-541-382-4321 ex 7120
- (c) Northwest Medstar (Spokane, WA)
1-800-422-2440; or (509) 458-5278

(2) Fixed-wing ambulances

- (a) Air Life of Oregon (Bend, OR)
1-800-621-5433; or 1-541-382-4321
- (b) Northwest Medstar (Spokane, WA)
1-800-422-2440; or (509) 458-5278
- (c) Air St. Luke (Boise, ID)
1-800-822-1616; 1-208-386-2353

(3) Ground ambulances

- (a) Hermiston Ambulance 1-541-567-5519
- (b) Umatilla Ambulance 1-541-567-5519
- (c) Pendleton Ambulance 1-541-267-1442
- (d) Spray Ambulance 676-5317 or 9-1-1
- (e) Condon Ambulance 676-5317 or 9-1-1
- (f) Arlington Ambulance 676-5317 or 9-1-1
- (g) P.G.E (Coal Plant) Ambulance 541-567-7383 or 541-481-9356

1. Mass Casualty Incident (MCI) Management Plan
 - a. The plan is intended for use when any single incident or combination of incidents depletes the resources of any single provider or providers during the normal course of daily operations.
 - b. The plan identifies the responsibility of the provider concerning:
 - (1) coordination;
 - (2) communication;
 - (3) move up;
 - (4) triage; and
 - (5) transportation.
 - c. The EMS Advisory Committee will periodically review the MCI plan and revise it to meet the counties need. Following the review and changes the Director of Emergency Management will be ask to append the changes to the Medical component of the County Emergency Management Plan and the modified MCI plan will be promulgated. For MCI Plan and Approval letter, (See Appendix #7.)

EMERGENCY COMMUNICATIONS AND SYSTEMS ACCESS TELEPHONE

1. Telephone access. Morrow County is served by a county-wide EMS dispatch and PSAP. It is located at the Morrow County Sheriff's Office in Heppner. The Irrigon Area is served by the Hermiston 9-1-1 system. A small portion of the Butter Creek Area is served by the Hermiston 9-1-1 System.
2. Dispatch Procedures.
 - a. The appropriate personnel shall be notified by the dispatcher via telephone or pager within three (3) minutes of receipt of a life threatening call.
 - (1) EMS responding personnel located in Heppner, Boardman, Irrigon, Ione, and Lexington will be paged out. If there is no response within five (5) minutes, they will be paged again.
 - (2) The dispatcher will obtain from the caller, and relay to the first responders the following:
 - (a) Location of the emergency;
 - (b) Nature of the incident; and
 - (c) Any specific instructions or information that may be pertinent to the incident.
 - (3) EMS personnel shall inform the dispatch center by radio when any of the following occurs:
 - (a) In-service;
 - (b) In-route to scene or destination and type or response;
 - (c) Arrival on scene or destination;
 - (d) Transporting patient(s) to hospital or medical facility, the number of patients, and name of facility; and
 - (e) Arrival at receiving facility.
 - (4) Ambulance personnel shall inform the receiving hospital by radio or by phone at the earliest possible time of the following:
 - (a) Unit identification number;

- (b) Age and sex of each patient;
- (c) Condition and chief complaint of the each patient;
- (d) Vital signs of each patient;
- (e) Treatment rendered; and
- (f) Estimated time of arrival.

3. Radio System:

a. PSAP shall:

- (1) restrict access to authorized personnel only;
- (2) meet state fire marshall standards;
- (3) maintain radio consòles capable of communication directly with all first response agencies dispatched by them via the following frequencies: primary 154.725; secondary 155.340 (HEAR system);
- (4) maintain radio logs which contain all information required by the Federal Communications Commission and Oregon Revise Statutes;
- (5) utilize plain english; and
- (6) be equipped with a back-up power source capable of maintaining all functions of the center.

- b. The ambulance service provider shall equip and maintain radios in each ambulance and quick response vehicle that allows for the transmission and reception on 154.725 and 155.340 (HEAR).

4. Emergency Medical Services Dispatcher Training:

- a. All EMS dispatchers shall successfully complete an Emergency Medical Dispatch (EMD) training course as approved by the Oregon Emergency Management Division and the Board on Public Safety Standards and Training.
- b. Dispatchers are encouraged to attend any class, course or program which will enhance their dispatching abilities and skills.

PROVIDER SELECTION

1. Initial ambulance service provider assignment. . Morrow County Ambulance Service, owned and operated by the Morrow County Health District, and who have been providing ambulance service for the past thirty years shall be named to provide ambulance service in their area of assignment as specified in this plan, until such time they no longer desire to do so or legal steps have been taken to remove the provider from the assigned area:
2. Reassignment. If at such time when a new provider is assigned to the Morrow County ASA, the assignment will be made not to exceed five (5) years. At the end of five (5) years, the ambulance service provider may reapply for another term as well as being evaluated on the service provided during the previous term.
3. Application for the Morrow County ASA:
 - a. The Morrow County ASA Plan will serve as standards established to evaluate the efficiency and effectiveness of existing service providers as well as establishing guidelines for potential applicants to a service area.
 - b. A representative will be appointed from the Board to attend regular meetings of EMS Advisory Committee, to learn the State and Federal regulations, local policies and the general operation of an ambulance service. Information will be presented to the Board at appropriate meetings to determine the effectiveness and efficiency of existing ambulance services and potential applicant services.
 - c. Should a vacancy occur in the existing Morrow County ASA, the below listed representatives will advertise the vacancy by public notice. This notice will be published in all Morrow County communities, surrounding areas, the medical community and Oregon Health Division.
 - d. The Board will review any applications received from an ambulance service provider requesting establishing an ambulance service area in Morrow County. This group will seek necessary information and input from the EMS Advisory Committee when evaluating applications. Each ambulance service provider applicant will be required to:
 - (1) show that the service will provide equal or better pre-hospital emergency medical care as provided by existing services through a proposal and/or previous records;

- (2) show that the call volume will be sufficient to provide financial soundness for operation of the ambulance service through community use of a paid service; .
 - (3) show that financial soundness for operation of the ambulance service will be obtained if the service is operated by volunteer personnel;
 - (4) show it's service will assure quality care to all persons residing in or passing through the service area;
 - (5) follow all regulations pertaining to ambulance service as set forth by the Oregon Health Division, Oregon Board of Medical Examiners and Oregon Department of Motor Vehicles;
 - (6) provide the following information in the proposal: number and type(s) of ambulances, including medical equipment; vehicle storage arrangements; communication capabilities; dispatching capabilities; and number of personnel, qualifications and their method of providing prehospital emergency medical continuing education training; and
 - (7) adhere to all policy, procedures and guidelines set forth in the Morrow County ASA Plan.
4. In the opinion of the community/county officials and health care providers, it is not feasible at this time for a private ambulance service provider to make a proposal for any of the communities in Morrow County due to the small call volume and the vast area to cover. The County has provided pre-hospital emergency medical care for the past thirty (30) years through the efforts of dedicated volunteers. The community leaders involved in EMS are willing to listen to, assess and evaluate any proposal presented.

5. Notification of vacating an ASA:

- a. The assigned ambulance service provider agrees to provide to Morrow County Emergency Medical Service Director a ninety (90) day notice of a decision of discontinuance of service.
- b. A notice to vacate must be prepared and signed by the ambulance service provider's Board of Directors, if the service elects to discontinue their service in Morrow County. The statement will be presented to the appropriate agencies for action.
- c. In the event the Morrow County Ambulance elects to discontinue and disband their pre-hospital emergency medical service care, the following procedure will be implemented until such time that an ambulance service can be restored to the effected area.
- d. The Court and Board will request the remaining provider to adjust their service area boundaries to insure adequate coverage of the area without ambulance service until such time as the problem can be resolved and ambulance service can be restored to the affected area(s).
- e. If possible, the officials in charge will resolve the problems within the ninety (90) day advance notice of discontinued service. The fire department(s) personnel within the disbanded area will be requested to assist with emergency medical calls. Assistance will also be requested if needed, from the closest ambulance service outside the County through a mutual aid agreement.
- f. In the event a satisfactory solution to all parties involved cannot be reached within a reasonable amount of time, the EMS Advisory Committee will appoint a task force comprised of representative from: each ambulance service, the Board, the medical community and a citizen of each community involved (not affiliated with the health care industry), to reach a reasonable and workable solution.
- g. The ambulance service provider vacating their area will be required to turnover their ambulance(s) and equipment to the Board for use by the recruited interim personnel until a replacement service can be established in the area. Any compensation due will be negotiated by the vacating ambulance service's Board of Directors and the Board. In the event that no solution can be reached through the Board efforts within a reasonable amount of time, assistance will be requested from the appropriate State agencies.

THE MASS CASUALTY INCIDENT PLAN

1. The purpose of the disaster response plan is to provide guidance to EMS response personnel in the coordination of response activities relating to mass casualty incidents in Morrow County. (See Appendix #7, MCI plan approval letter.)
2. IMPLEMENTATION: This plan shall be implemented whenever the ambulance service provider resources are unable to handle the incident or at the request of the Health Officer.
3. COORDINATION:
 - a. The highest ranking officers of the fire or police agency in whose jurisdiction the incident occurs shall be the incident-commander.
 - b. The senior/highest certified EMT at the scene will have overall responsibility for patient care; he/she shall work closely with the incident-commander.
 - c. The on-scene command frequency and staging area will be determined by the incident-commander. Dispatch center will advise responding units.
4. RESPONSE GUIDELINES:
 - a. The first EMS unit to arrive at the scene shall:
 - (1) assess nature and severity of incident;
 - (2) advise appropriate 9-1-1 PSAP of situation;
 - (3) request appropriate fire and police services; and
 - (4) request initiation of EMS mutual aid if needed.
 - b. Initial EMS Responders upon call-out shall:
 - (1) check-in with Incident-Commander;
 - (2) effect needed rescue, if trained and equipped to do;
 - (3) establish and organize the transportation of all injured, ill, or evacuated;
 - (4) alert area hospital(s) of situation; and

- (5) monitor and reassess situation periodically considering:
 - (a) weather;
 - (b) topography;
 - (c) exposures;
 - (d) life threatening hazards; and
 - (e) fire hazards.

COORDINATION - PERSONNEL AND EQUIPMENT RESOURCES

1. The following additional personnel and equipment resources are available to support the ambulance service provider. The current telephone numbers are:
 - a. Hazardous Materials. There is limited county-wide hazardous materials equipment resources located at:
 - (1) Boardman Fire Department -- 9-1-1
 - (2) Irrigon Fire Department -- 9-1-1
 - (3) Heppner Fire Department -- 9-1-1
 - (4) O.A.R.S.--- (provides notification and activation of state agencies)
--- 1-800-452-0311 or 503-378-6377
 - (5) CHEMTREC--- 1-800-424-9300
 - b. Search and Rescue
 - (1) Morrow County Sheriffs Office -- 9-1-1 or 676-5317
 - (2) Oregon Civil Air Patrol -- 1-800-452-0311 or 503-378-6377
 - (3) 304th M.A.S.T. -- 335-4718 or after hours 503-335-4421

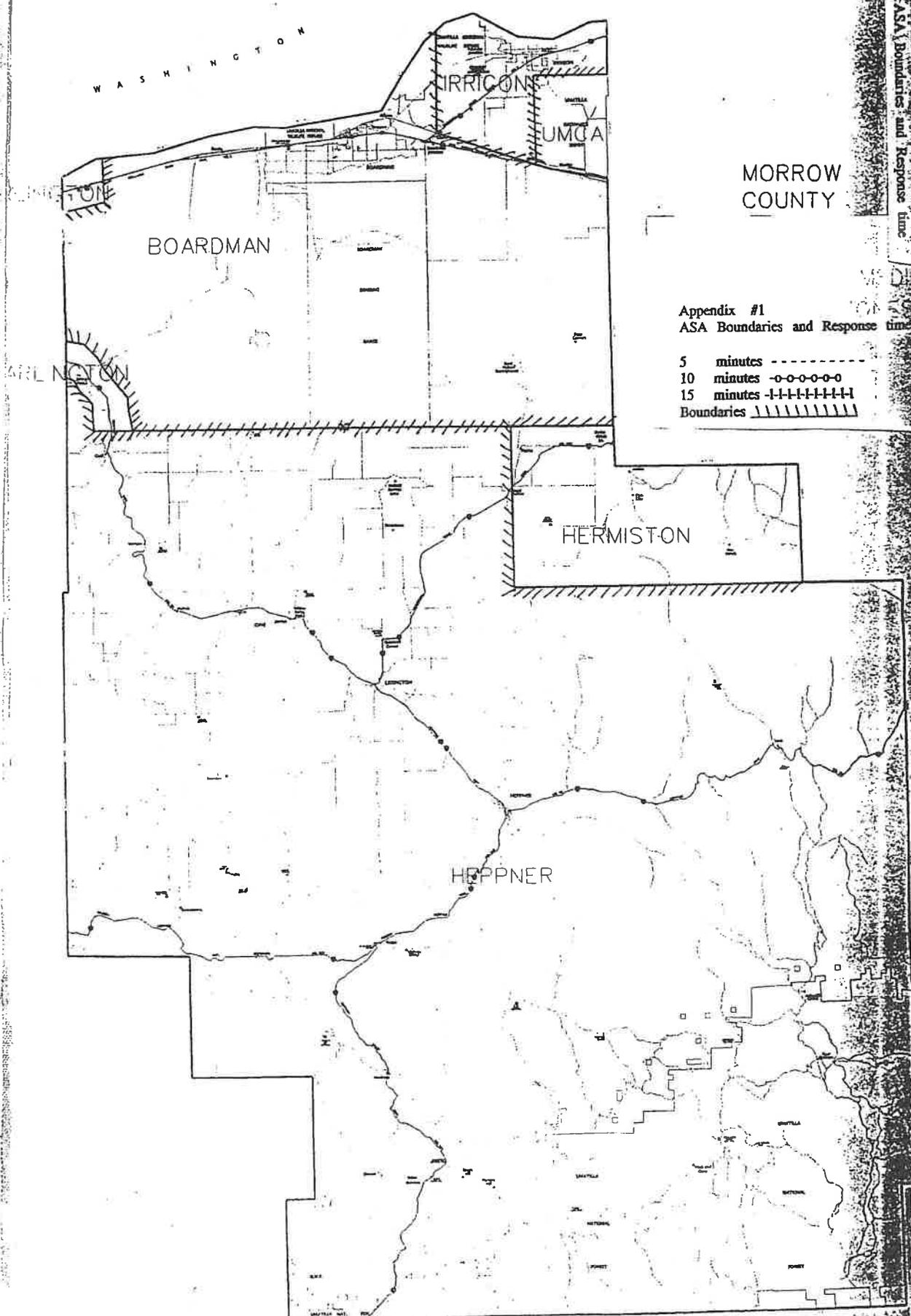
- (4) U.S. Coast Guard, (since the Columbia River falls under the jurisdiction of the U.S. Coast Guard, they will provide specialized aircraft and watercraft for rescue operations. These units will respond from either Astoria, OR 1-503-861-2242 or 1-503-861-6248; or Walla Walla, WA.

c. Specialized Rescue

- (1) Morrow County Sheriffs Office -- 9-1-1 or 676-5317
- (2) 304th M.A.S.T -- 503-335-4717 or after hours 503-335-4421
- (3) Umatilla Army Depot -- 541-564-8632
- (4) U.S. Navy Bombing Range --541-481-2565

d. Extrication

- (1) Boardman RFPD, Hurst Tool -- 9-1-1
- (2) Heppner RFPD, Hurst Tool -- 9-1-1
- (3) Irrigon QRT, Hurst Tool -- 9-1-1
- (4) Morrow County Road Dept - heavy equipment -- 676-9061



WASHINGTON

UPRICON

UMCA

MORROW COUNTY

BOARDMAN

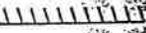
WILSON

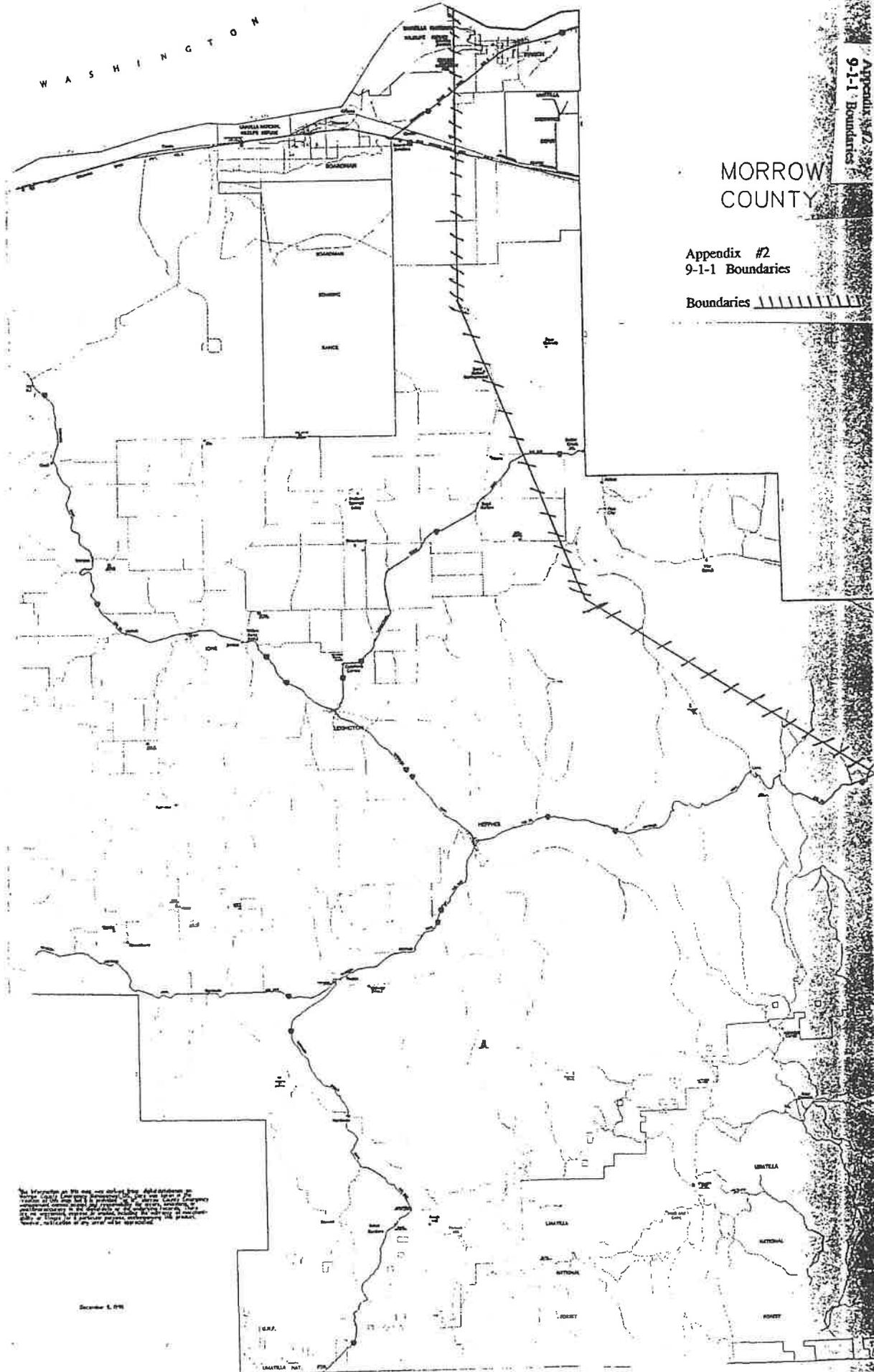
HERMISTON

HEPPNER

MORROW COUNTY

Appendix #2
9-1-1 Boundaries

Boundaries 

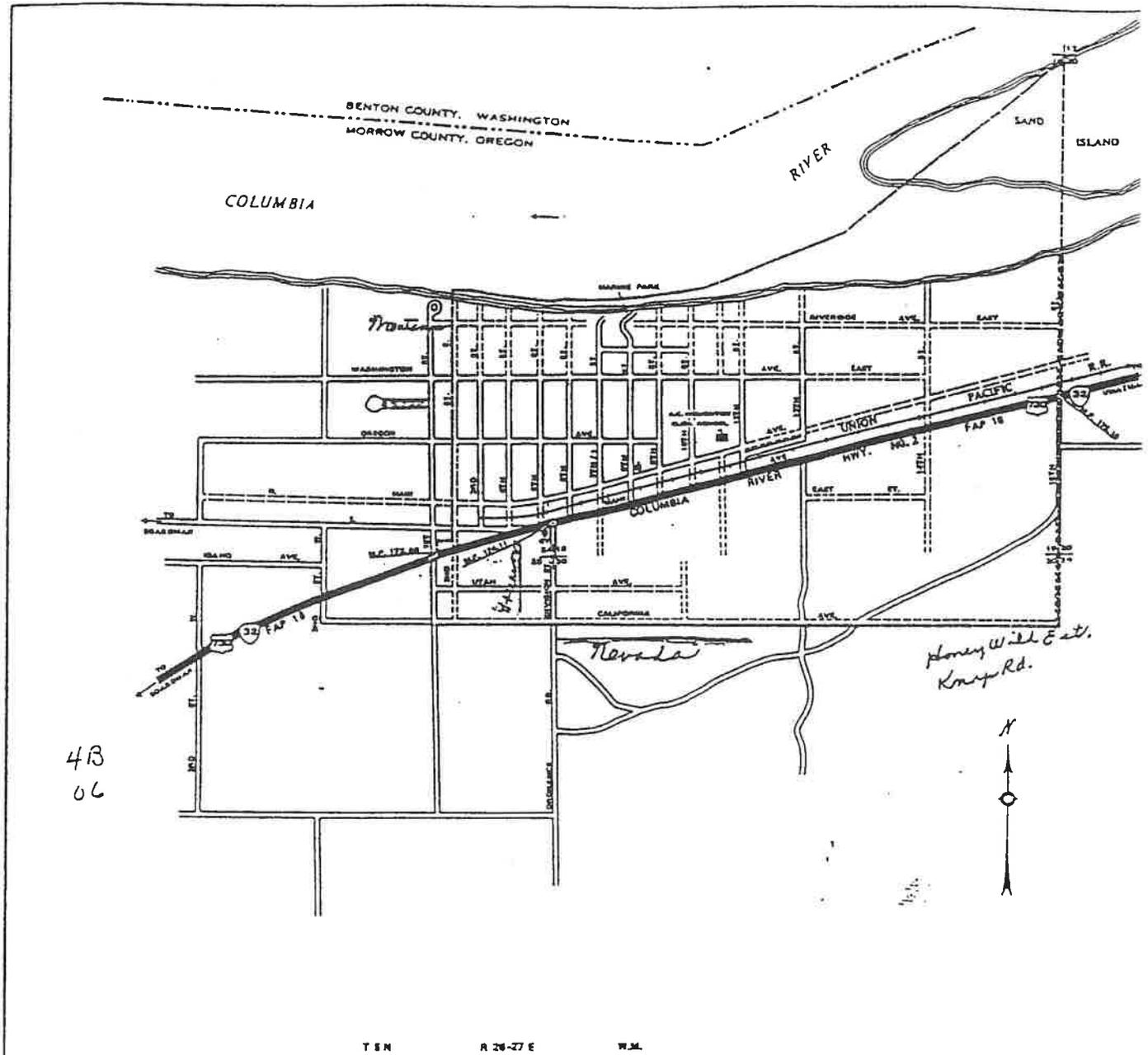


The boundaries on this map were prepared from information provided by the local governments and are not intended to be used for any other purpose. The boundaries are subject to change without notice. The boundaries are not intended to be used for any other purpose. The boundaries are not intended to be used for any other purpose.

December 8, 1998

U.S.A. LIMETTA NATIONAL COUNTY

Appendix #3
 INCORPORATED CITIES: IRRIGON



T 5 N R 26-27 E W.M.

IRRIGON
 MORROW COUNTY, OREGON

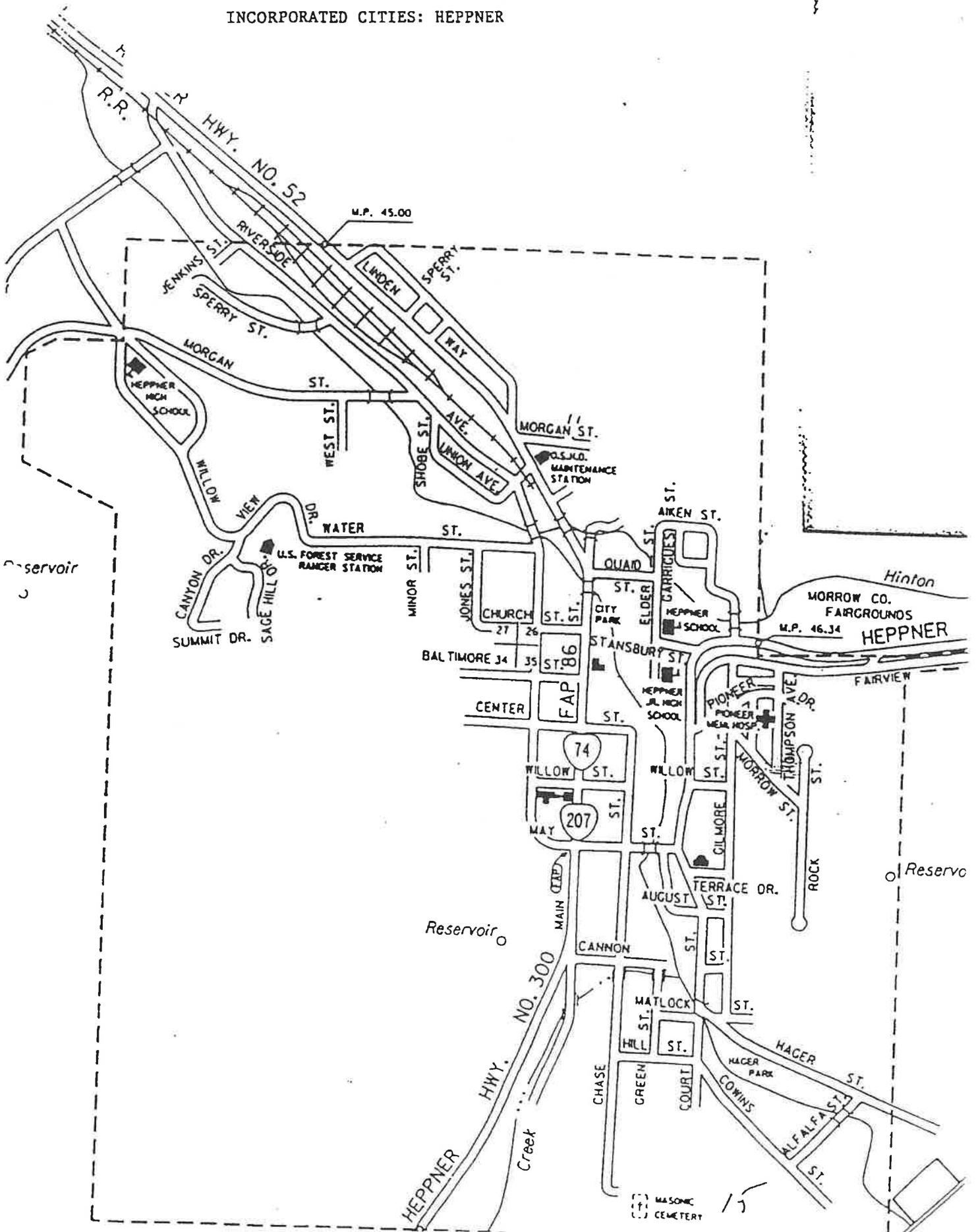
- LEGEND**
- | | | | |
|--|---------------------------------------|--|---------------------------|
| | FEDERAL AND INTERSTATE SYSTEM | | INTERSTATE NUMBERED ROUTE |
| | FEDERAL AND PRIMARY SYSTEM | | U.S. NUMBERED ROUTE |
| | FEDERAL AND SECONDARY SYSTEM - STATE | | STATE NUMBERED ROUTE |
| | FEDERAL AND SECONDARY SYSTEM - COUNTY | | |
| | OTHER FEDERAL AND SECONDARY - LOCAL | | |
| | TERMINATION OF ROUTE | | POST OFFICE |
| | DIVIDED HIGHWAY | | SCHOOL |
| | UNIMPROVED HIGHWAY - NO. OF LANES | | CITY CENTER |
| | STREET OPEN FOR TRAVEL | | R.R. DEPOT |
| | STREET DESIGNATED BUT NOT OPEN | | CITY LIMITS |
| | | | PUBLIC BLDG |
| | | | CITY HALL |
| | | | COURT HOUSE |
| | | | ARMORY |
| | | | LIBRARY |

PRODUCED BY THE
 OREGON STATE HIGHWAY DIVISION
 IN COOPERATION WITH
 U.S. DEPARTMENT OF TRANSPORTATION
 FEDERAL BUREAU OF HIGHWAYS
 Population 370
 Scale in Feet

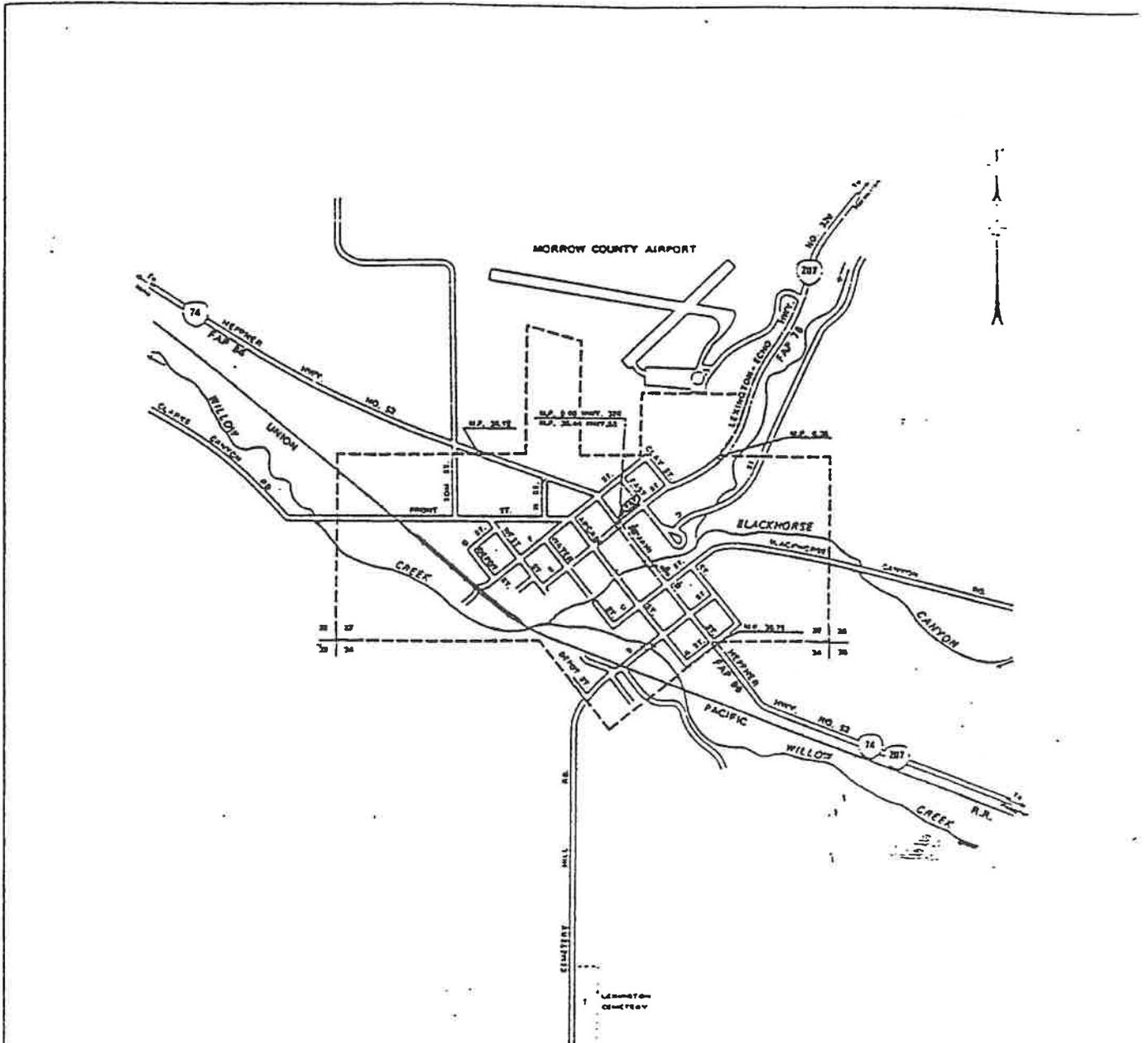
Revised May 1974

Appendix #3

INCORPORATED CITIES: HEPPNER



Appendix #3
 INCORPORATED CITIES: LEXINGTON



T 1 S R 25 E W.M.

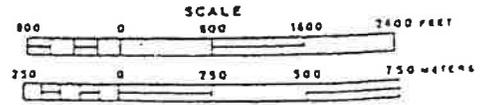
- LEGEND
- INTERSTATE NUMBERED ROUTE
 - U.S. NUMBERED ROUTE
 - STATE NUMBERED ROUTE
 - INTERSECTION OF FA SYSTEM
 - DIVIDED HIGHWAY
 - STREET OPEN FOR TRAVEL
 - POST OFFICE
 - SCHOOL
 - CITY CENTER
 - CITY LIMITS
 - PUBLIC AREA
 - PUBLIC BUILDING
 - COURT HOUSE
 - CITY HALL
 - CHURCH
 - CEMETERY

LEXINGTON
 MORROW COUNTY OREGON

Prepared by the
 OREGON STATE HIGHWAY DIVISION
 in cooperation with
 U.S. DEPARTMENT OF TRANSPORTATION
 FEDERAL HIGHWAY ADMINISTRATION

Population 290
 Revised August 1980

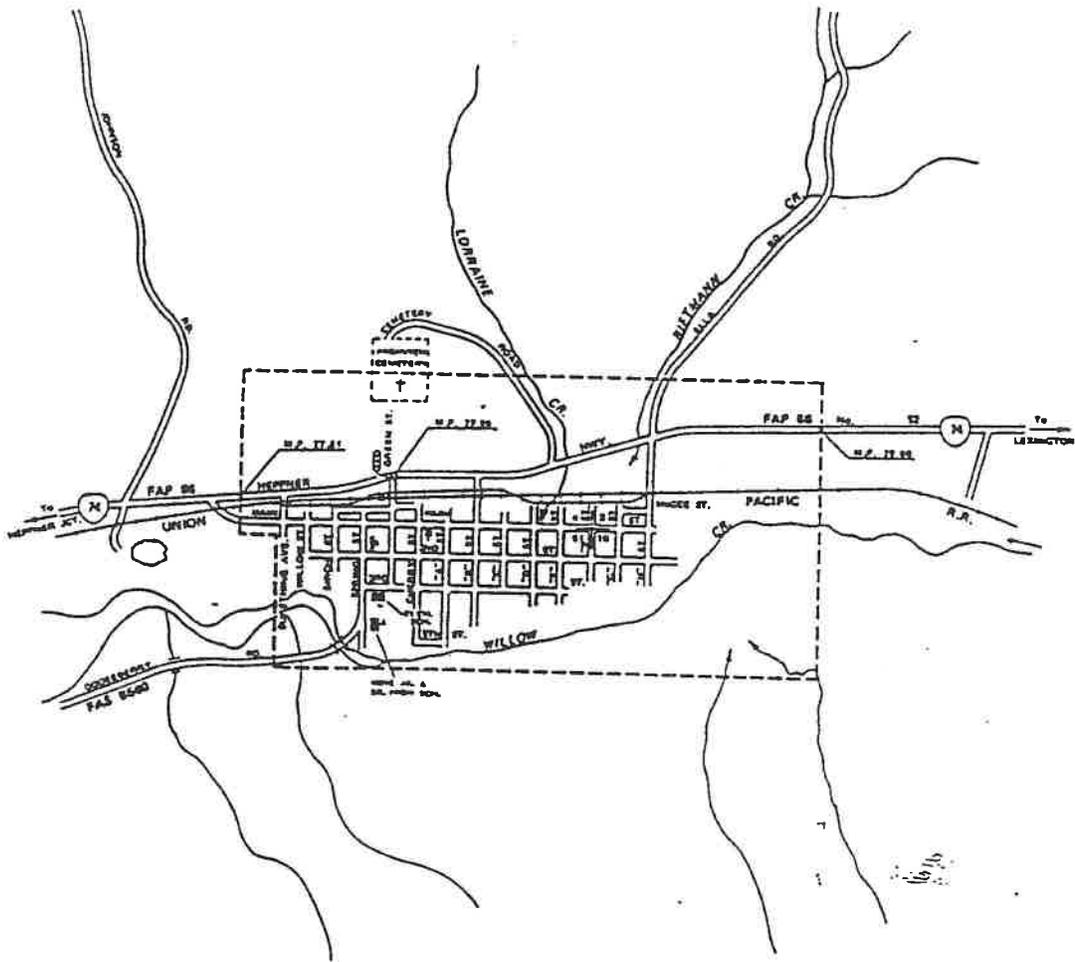
16



Contours of this map are calculated at 10-foot intervals from Oregon Dept. of Transportation, Salem, Oregon 97310

Appendix #3

INCORPORATED CITIES: IONE



TIS R 24 E W.M.

IONE
MORROW COUNTY, OREGON

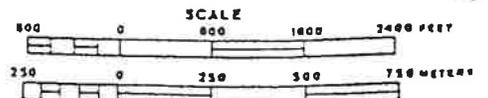
Population 280

DESIGNED BY THE
OREGON DEPARTMENT OF TRANSPORTATION
IN COOPERATION
WITH THE
U. S. DEPARTMENT OF TRANSPORTATION
FEDERAL HIGHWAY ADMINISTRATION

Revised September 1979

LEGEND

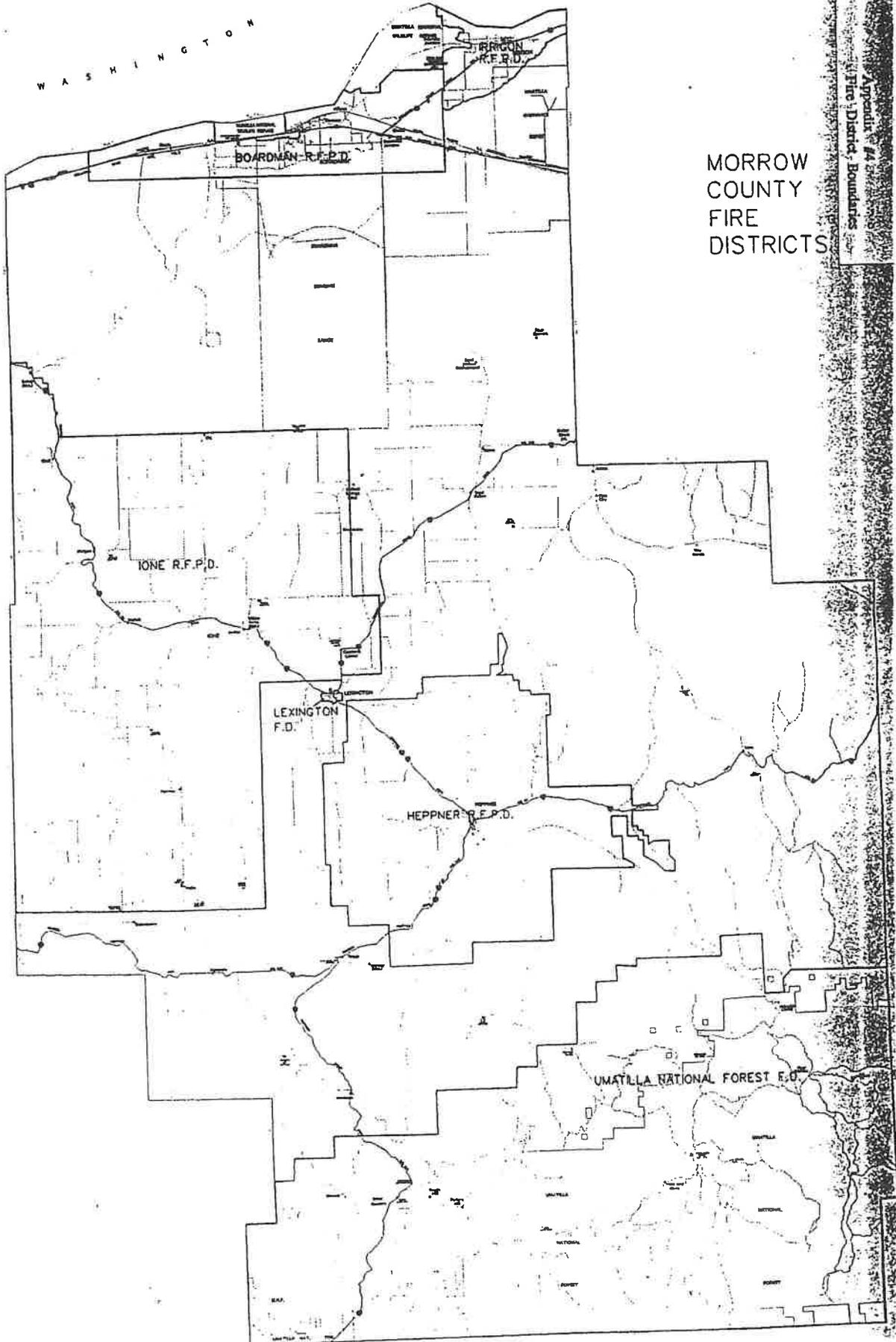
- INTERSTATE NUMBERED ROUTE
- U.S. NUMBERED ROUTE
- STATE NUMBERED ROUTE
- TERMINATION OF FA SYSTEM
- DIVIDED HIGHWAY
- STREET OPEN FOR TRAVEL
- POST OFFICE
- SCHOOL
- CITY CENTER
- CITY LIMITS
- PUBLIC AREA
- PUBLIC BUILDING
- COURT HOUSE
- CITY HALL
- ARMORY
- UNCLERK



Colors of this map are available at nominal cost from Oregon Dept. of Transportation, Salem, Oregon 97310.

4

WASHINGTON



MORROW
COUNTY
FIRE
DISTRICTS

Appendix #4
Fire District Boundaries

Pioneer
Memorial

Hospital and Nursing Home

Phone (503) 676-913
Fax (503) 676-910

P.O. Box 9 -- 564 E. Pioneer Drive
Heppner, Oregon 97801

August 15, 1991

Steve Frasier
Hermiston Fire Department
City of Hermiston
180 NE Second Street
Hermiston, OR 97838

Dear Steve:

Both Carl Lauritsen and myself reviewed the proposed modification to the ambulance service area, as depicted in red on your map enclosure; and agree that this is sufficient to resolve the issue in question. We believe that this provision of the mutual assistance agreement will improve response time to injured patients in this remote part of Morrow County, thus expediting their care.

Furthermore we are in agreement with your proposal for the small section of Buttercreek road that passes through the corner of Morrow County being served by the Pendleton Ambulance service. Unless we hear otherwise we will assume that this situation is resolved as you so state in your letter of August 5, 1991.

It has certainly been a pleasure in resolving this dilemma to both of our mutual satisfaction and appreciate very much your cooperation and assistance.

Sincerely,



Edward S. Berretta, M.D.
EMT Ambulance Advisor for Heppner Service Ambulance District
ESB:vt

WASHINGTON

UMATELA NATIONAL WILDLIFE REFUGE
 IRRIGON
 UMATELA
 OPERANCE
 DEPOT

LINGTON

MORROW COUNTY

BOARDMAN

BOARDMAN

EMERGENCY MEDIC
RESPONSE ZONES

BOMBING

RANGE

RLINGTON

Crest

McDole Springs

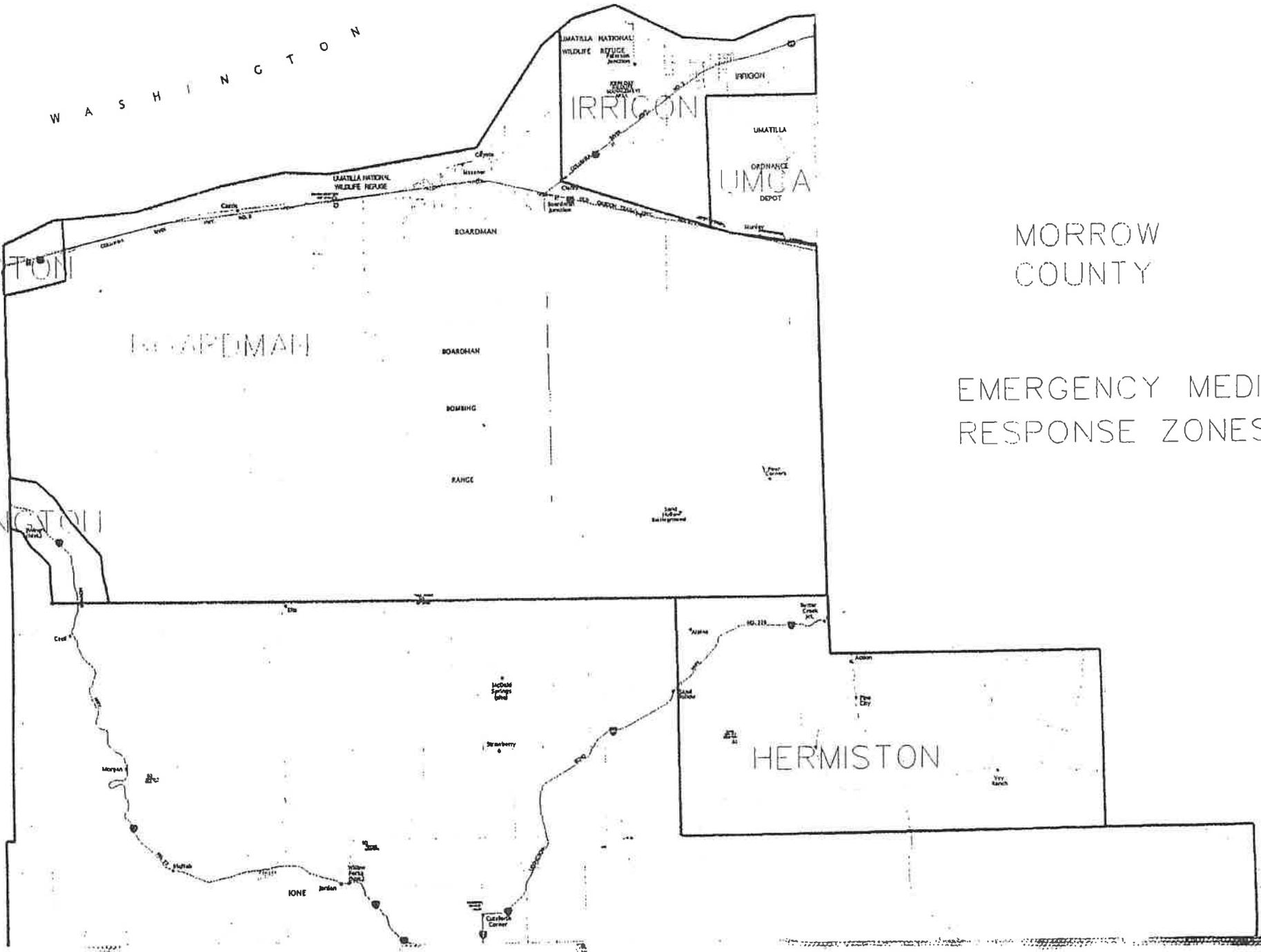
Strawberry

Morgan

HERMISTON

JONE

Quincy Center



APPENDIX #6

MORROW COUNTY AMBULANCE
MUTUAL AID AGREEMENT

WHEREAS the Parties hereto maintain and operate Emergency Medical Services for the purpose of necessary lifesaving services within their respective service areas; and

WHEREAS the parties recognize the possibility that numerous medical responses and/or disaster conditions in one Party's area could create insufficient resources to allow for effective operation of Emergency Medical Services in that area; and to accommodate those times when one Party is in need of emergency assistance; and

WHEREAS the parties recognize that one Party may be more advantageously placed to provide effective Emergency Medical Services in the other Party's service area due to distance, road, or weather conditions;

NOW THEREFORE, it is agreed as follows:

1. Both parties agree to furnish personnel and equipment to the other Party when requested by competent authority, provided assisting Party has available adequate personnel and equipment to reasonably provide assistance,
2. The Parties agree to maintain compatible radio communication capabilities with each other.
3. It is mutually agreed and understood that this agreement shall not relieve either Party of the responsibility for Emergency Medical Services within its own district, nor does this agreement create any right in, or obligation to, third parties by either Party which would not exist in the absence of this agreement. It is the intent of this agreement to provide reasonable assistance only, and not primary responsibility.
4. It is agreed that this agreement for mutual aid shall constitute the sole consideration for the performance hereof, and that neither Party shall be obligated to reimburse that other for use of equipment or personnel. During the course of rendering aid, the personnel and equipment of each party shall be at risk of that Party. Each Party shall protect its personnel performing under this agreement by adequate workman's compensation insurance. Each Party shall obtain and maintain in full force and effect adequate public liability and property damage insurance to cover claims for injury to persons or damage to property arising from such Party's performance of this agreement, and all right and subrogation right against each other, and against the agents and employees of each other for liability and damages covered, unless to do so would void such insurance coverage.

5. This agreement shall be and remain in full force and effect from and after the date of execution set opposite the signature of each Party until terminated or modified. This agreement may be modified at any time by mutual consent of the Parties, and terminated by Party upon reasonable notice.
6. In the event of a Presidential Disaster Declaration, or the Conflagration Act being invoked, this agreement shall not preclude or bar providers from claim for, or collection of, any type of reimbursement, payment, or restitution.

IN WITNESS WHEREOF, the Parties have caused this agreement to be executed on the day set opposite the respective signature of each; said execution having been heretofore first authorized in accordance with law.

_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date



COUNTY COURT

P.O. Box 788 :- Heppner, Oregon 97836
[503] 676-9061 FAX [503] 676-5577

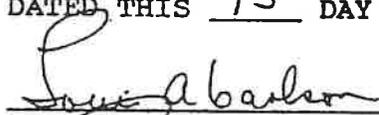
LOUIS A. CARLSON, Judge
Heppner, Oregon
RAYMOND J. FRENCH, Commissioner
Heppner, Oregon
DONALD C. J. McELIGOTT, Commissione
lone, Oregon
LORAYNE M. BOWMAN
Administrative Officer

January 6, 1993

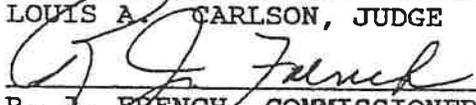
TO WHOM IT MAY CONCERN:

THE MORROW COUNTY COURT VERIFY THE ACCEPTANCE OF THE MULTI-CASUALTY
DISASTER PLAN AS PRESENTED IN THE AMBULANCE SERVICE AREA PLAN THAT
IS REQUIRED FOR EACH INDIVIDUAL COUNTY BY THE STATE OF OREGON.

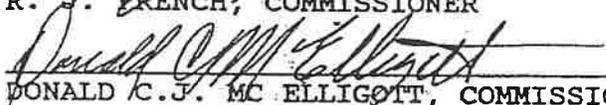
DATED THIS 13 DAY OF JANUARY, 1993



LOUIS A. CARLSON, JUDGE



R. J. FRENCH, COMMISSIONER



DONALD C. J. MC ELLIGOTT, COMMISSIONER

STATE OF OREGON

} SS

County of Morrow

I certify that this instrument was received and recorded in the book of records of said county.

BARBARA BLOODSWORTH,
Morrow County Clerk

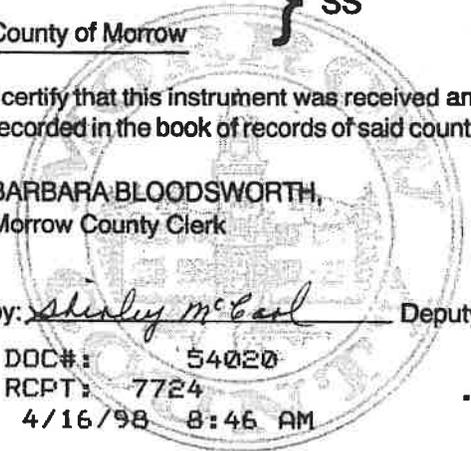
by: Shirley McCarl Deputy.

DOC#: 54020

RCPT: 7724

.00

4/16/98 8:46 AM



Roberta Lutcher

From: Justin Nelson
Sent: Tuesday, February 21, 2023 1:20 PM
To: Roberta Lutcher; Roberta Vanderwall
Subject: FW: Letter for inclusion in BOC packet
Attachments: Letter to BOC - 02-20-23.pdf

Noticed that you were not included in this email.
-Justin

Justin W. Nelson
Morrow County District Attorney
Morrow County Counsel
100 S. Court St.
P.O. Box 664
Heppner, OR 97836
Office: (541) 676-5626
Fax: (541) 676-5660
Email: jnelson@co.morrow.or.us

From: Emily Roberts <emilyr@moco hd.org>
Sent: Tuesday, February 21, 2023 1:16 PM
To: David Sykes <dtsykes@co.morrow.or.us>; Jeff Wenholz <jwenholz@co.morrow.or.us>
Cc: Justin Nelson <jnelson@co.morrow.or.us>; 'Troy S. Bundy' <TSB@hartwagner.com>
Subject: Letter for inclusion in BOC packet

STOP and VERIFY This message came from outside of Morrow County Gov

Good afternoon,

We are respectfully requesting to be officially added to the agenda for tomorrow following Chief Hughes with the attached document included in the packet.

Best,

Emily Reynolds Roberts
Chief Executive Officer
Morrow County Health District
564 E Pioneer Drive
Heppner, OR 97836
Phone: 541-676-2915
Website: www.healthymc.org
Strengths: • Input • Strategic • Relator • Achiever • Activator

02/20/2023

Morrow County Board of Commissioners
Bartholomew Building
110 N. Court Street
Heppner, OR 97836

Dear Morrow County Commissioners,

I respectfully request that this letter and the attached documents be placed in the public meeting packet for the February 22, 2023 Board of Commissioners meeting. I further request to be added to the agenda following Chief Hughes' presentation concerning Ordinance MC-C-4-98.

The cover sheet for Chief Hughes' presentation states the ASA Plan must be submitted to and approved by the Oregon Health Authority every five years. This is correct. The ASA Plan was most recently approved by OHA on March 24, 2022 (see attached). Prior to this, the ASA Plan has been approved by OHA every five years per Oregon Administrative Rules. There is no requirement for the BOC to periodically amend MC-C-4-98 unless the BOC chooses to do so. The ASA Plan is in and of itself an Ordinance approved by the BOC (see page 6 of the currently approved ASA Plan). The ASA Plan Chief Hughes included in his packet is not the current ASA Plan. See attached ASA Plan approved by OHA on March 24, 2022.

The ASA Plan specifically tasks the Morrow County EMS Advisory Committee with administering and enforcing the ASA Plan. Proposed modifications to the ASA Plan are to be referred to the Committee. In March of 2022, Chief Hughes requested that the Committee support his requested modifications to the ASA Plan. The Committee issued a determination (attached) declining to amend the ASA Plan.

In September of 2022, MCHD made a good faith effort to mediate with BFRD to reach agreement about the provision of EMS services in Boardman. When these efforts did not resolve the issue, MCHD called a hearing for January of 2023 as required by the ASA Plan to attempt to resolve BFRD's non-compliance with the ASA Plan. (See attached notice of hearing.) After receiving the notice of hearing, BFRD again agreed to engage in mediation. At BFRD's request, MCHD postponed the hearing to allow for mediation to proceed. Mediation is currently scheduled for April 17, 2023.

MCHD strongly desires to resolve BFRD's concerns in a mutually beneficial manner. MCHD has provided ambulance service to the entire county as one ambulance service area for over 30 years. Because the District operates a critical access hospital, we are eligible for enhanced federal funding, which is not accessible to any other entity in the region. This funding model makes the District the most fiscally prudent option to provide ambulance services in Morrow County.

A competing service in Boardman **would impact the District's eligibility for enhanced federal funding and would eliminate that funding across the District's entire ambulance service.**

The District currently subsidizes EMS services to cover a loss of **\$550,000 per year** per staffed location. If the District loses the enhanced federal funding, the annual deficit increases to **\$900,000 per year** per staffed location for a **total deficit of \$2,700,000 per year** across the county.

The purpose of a health district is to provide medical services to communities that otherwise could not support such services as in the case of EMS in Morrow County. Tax dollars are used to provide these health services to help our communities stay vital and healthy. MCHD does not have sufficient funds to subsidize EMS services at \$2,700,000 per year and as such, that financial burden would fall to Morrow County, who ultimately has the legal responsibility to provide ambulance services to **all** of Morrow County.

BFRD has **not** put forth a financial model showing they can support EMS services in Boardman nor has BFRD demonstrated a need for increased EMS services in Boardman. MCHD has consistently outperformed all measures outlined in the ASA Plan and provides more ambulances per capita than all surrounding licensed service providers (two in Boardman, two in Irrigon, one in Lone, and two in Heppner).

BFRD approaching the BOC at this point in time is an attempt to circumvent the established legal processes for amendment to the ASA Plan. Additionally, BFRD has agreed to engage in mediation (scheduled for April 17, 2023) with the goal of entering into an Intergovernmental Agreement, which would allow BFRD's ambulances to operate as part of MCHD's team. This would increase the available ambulances to four versus the two which would be available if BFRD were the sole provider of ambulance services in Boardman. (Under the OARs, each ambulance service area may have only one ambulance service provider.)

We respectfully ask the BOC to refer BFRD back to the mediation process to resolve their concerns. To do otherwise presents a serious risk to the financial stability and availability of ambulance services in Morrow County.

Sincerely,



Emily Roberts
Chief Executive Officer



March 24, 2022

Nazario Rivera
Director of Public Health
Morrow County Health Department
110 N. Court St.
Heppner, OR 97836

Dear Mr. Rivera,

The Oregon Health Authority, Emergency Medical Services and Trauma Systems Program (Authority) is responsible for ambulance service area plan review in the State of Oregon (ORS 682.204 to 682.991; OAR 333, Divisions 260, 255 and 265). The following information outlines the findings generated after an ambulance service area plan review.

The Authority finds Morrow County's Ambulance Service Area Plan complies with OAR 333-260-0000 through 333-260-0070. The Authority is pleased to approve Morrow County's Ambulance Service Area Plan.

The report is categorized into two sections which include Further Development Required and Recommendations. The county does not need to address the comments in the Recommendations section, but it is encouraged for a stronger ASA plan.

FURTHER DEVELOPMENT REQUIRED

None.

RECOMMENDATIONS

None.

Morrow County's Ambulance Service Area Plan will ensure that the residents of and visitors to the county will have access to efficient and effective prehospital emergency medical care and ambulance service.

Thank you,

Elizabeth Heckathorn
Deputy Director, EMS & Trauma Systems
Oregon Health Authority, Public Health Division
elizabeth.e.heckathorn@state.or.us

cc: Morrow County Ambulance Service Area Advisory Committee

MORROW COUNTY
AMBULANCE SERVICE AREA PLAN

Morrow County Ambulance Service Area Plan

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Coordination

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 Ambulance Inspection Forms#8

 Morrow County EMS Ordinance#9

DEFINITIONS

1. “Ambulance” means any privately or publicly owned motor vehicle, aircraft, or marine craft operated by a Division-licensed ambulance service and that is regularly provided or offered to be provided for the emergency and non-emergency transportation of persons suffering from illness, injury or disability.
2. “Ambulance Service” means any individual, partnership, corporation, association, governmental agency or other entity that holds a Division-issued ambulance service license to provide emergency and non-emergency care and transportation to sick, injured or disabled persons.
3. “Ambulance Service Area (ASA)” means a geographic area which is served by one ambulance service provider, and may include all or a portion of a county, or all or portions of two or more contiguous counties.
4. “Ambulance Service Plan (Plan)” means a written document, which outlines a process for establishing a county emergency medical services system. A plan addresses the need for and coordination of ambulance services by establishing ambulance service areas for the entire county and by meeting the other requirements of these rules. Approval of a plan shall not depend upon whether it maintains an existing system of providers or changes the system. For example, a plan may substitute franchising for an open-market system.
5. “Ambulance Service Provider” means a licensed ambulance service that responds to 9-1-1 dispatched calls or provides pre-arranged non-emergency transfers or emergency or non-emergency inter-facility transfers.
6. “County Government or County Governing Body (County)” means a Board of County Commissioners or a County Court.
7. “Communication System” means two-way radio communications between ambulances, dispatchers, hospitals and other agencies as needed. A two-channel multi-frequency capacity is minimally required.
8. “Division” means the Public Health Division, Oregon Health Authority.
9. “Effective provision of ambulance services” means ambulance services provided in compliance with the county ambulance service plan provisions for boundaries, coordination and system elements.
10. “Efficient provision of ambulance services” means effective ambulance services provided in compliance with the county ambulance service plan provisions for provider selection.

11. "Emergency" means any non-hospital occurrence or situation involving illness, injury or disability requiring immediate medical or psychiatric services, wherein delay in the provision of such services is likely to aggravate the condition and endanger personal health or safety.
12. "Emergency Medical Service (EMS)" means those pre-hospital functions and services whose purpose is to prepare for and respond to medical emergencies, including rescue and ambulance services, patient care, communications and evaluation.
13. "EMS Advisory Committee/QA Subcommittee" means a ten (10) person committee chosen by the Board to ensure ASA Plan compliance.
14. "Emergency Medical Technician Basic (EMT B)" means a person certified by the Division as defined in OAR 333-265-0000(8).
15. "Emergency Medical Technician Intermediate (EMT I)" means a person certified by the Division as defined in OAR 333-265-0000(9).
16. "Emergency Medical Technician Paramedic (EMT P)" means a person certified by the Division as defined in OAE 333-265-0000(10).
17. "First Responder" means a person who has successfully completed a first responder training course approved by the Division as defined in OAR 847-35-0001(7)
18. "Health Officer" means the Morrow County Health Officer.
19. "License" means the document issued by the Division to the owner of an ambulance when the vehicle is found to be in compliance with ORS 682.015 to 682.991 and Administrative Rules 333-250-0000 through 333-250-0100 and 333-255-000 through 333-255-0090.
20. "Morrow County Court (Court)" means an elected body consisting of 3 County commissioners.
21. "Morrow County Health District (Board)" means a five (5) person board elected by the voters of Morrow County. The Board is elected to assure that all areas of the county are represented. The primary responsibility of the Board is to administer the county medical fund and to administer and oversee all aspects of the medical needs of Morrow County.
22. "Notification Time" means the length of time between the initial receipt of the request for emergency medical service by either a provider or an emergency dispatch center (9-1-1), and the notification of all responding emergency medical service personnel.

23. "Owner" means the person having all the incidents of ownership in a vehicle or, where the incidents of ownership are in different persons, the person, other than a security interest holder or lessor, entitled to the possession of a vehicle under a security agreement of a lease for a term of ten (10) or more successive days.
24. "Patient" means an ill, injured, or disabled person who may be transported in an ambulance.
25. "Provider" means any public, private or volunteer entity providing EMS.
26. "Provider selection process" means the process established by the county for selecting an ambulance service provider or providers.
27. "Public Service Answering Point (PSAP)" means an agency that answers calls from citizens for emergencies involving requests for emergency fire, police or medical assistance. An example of a PSAP is a 9-1-1 Center.
28. "Quick Response Team (QRT)" means an agency that provides initial response and basic life support care without transportation capabilities by certified First Responders.
29. "Response time" means the length of time between the notification of each provider and the arrival of each provider's emergency medical service unit(s) at the incident scene.
30. "Supervising physician" has the meaning provided in OAR 847-35-001.
31. "System response time" means the elapsed time from when the PSAP receives the call until the arrival of the appropriate provider unit(s) on the scene.

OVERVIEW OF MORROW COUNTY

Morrow County is located in north central Oregon, east of the Cascade Mountains. The northern border extends 35 miles along the Columbia River and the State of Washington. The northern terrain consists of primarily rolling plains and broad plateaus. The southern terrain consists of the Umatilla National Forest and Blue Mountains. Within the county lies two military installations: Umatilla Army Depot and the U.S. Navy bombing Range. The county has an area of approximately 2,000 square miles and population of roughly 13,000.

Morrow County is a sparsely populated county that is remote from ambulance service and therefore must rely on quick response teams for initial emergency medical care. Quick response teams have been established in Lexington. These teams are provided with a comprehensive first aid kit which includes medical oxygen.

Morrow County averages 1300 requests for ambulance service each year. This figure includes: emergency and non-emergency scene response; hospital to home transfers; inter-facility transfers; stand-bys; and no patient transports. An ambulance service would need massive subsidies if it were required to place an ambulance outside the cities of Boardman, Irrigon, and Heppner. It would be very difficult for personnel to maintain both their skills and interest. Based on the above information, the county will be considered a single EMS area. Occasionally, an incident within the county may be handled more expediently by a service located in an adjoining county. Mutual aid agreements will be enacted with the ambulance providers from the adjoining counties for that purpose.

The current ambulance provider is owned and operated by the Morrow County Health District, Morrow County Ambulance located in Heppner, Ione, Boardman, and Irrigon. Morrow County Ambulance, Heppner, which is staffed both paid and volunteer personnel, operates two units from their location at Pioneer Memorial Hospital, 564 E. Pioneer Drive in Heppner. Morrow County Ambulance, Heppner, has 7 EMT-B's, 3 EMT-I's, and 1-EMT-P. Morrow County Ambulance, Boardman, which is staffed by paid and volunteer personnel, operates two units from their location at West Wilson Road, Boardman. Morrow County Ambulance, Boardman, has 7 EMT-B's, 6 EMT-I's and 1 EMT P. At least one ambulance at each location is an ALS equipped vehicle. Morrow County Ambulance, Irrigon, has 3 EMT-Bs, and 3 EMT-I's and 1 EMT-Ps. Irrigon is serviced by one ALS equipped ambulance, located at 3d & N. Main. Morrow County Ambulance, Ione, has 1 EMT Bs and is equipped with 1 BLS ambulance.

The following is the Ambulance Service Area Plan and ambulance ordinance for Morrow County. By developing this document, it will help to ensure that the citizens of Morrow County have access to an efficient and effective ambulance service in spite of this being a remote and sparsely populated area.

BOUNDARIES

ASA MAP(s) WITH RESPONSE TIME ZONES (See Appendix #1)

ASA NARRATIVE DESCRIPTION

The Morrow County ASA, Boardman, encompasses all the territory to the East along I-84 starting at milepost 150 (Morrow/Gilliam County Line) to milepost 177 (Morrow/Umatilla County Line) and to mile post 169 (Railroad overpass) Highway 730, to the South on the Bombing Range Road to Alpine Lane.

The Morrow County ASA, Heppner, encompasses all the territory to the North from milepost 25 (Morrow/Wheeler County Line) on Highway 207 (Heppner-Spray Highway) to milepost 14B on Highway 207 (Lexington-Echo Highway). East from milepost 8 (Morrow/Gilliam County Line) on Highway 74 to milepost 73 (Morrow/Umatilla County Line) on Highway 74, on Highway 206 from Condon starting at milepost 55 (Morrow/Gilliam County line) to the Junction with Highway 207. Morrow County ASA, Heppner, will include Willow Creek Road East to Morrow/Umatilla County line on Forest Service Road 53.

The Morrow County ASA, Irrigon, encompasses all the territory to the West from milepost 179 on Highway 730 (Morrow/Umatilla County Line) to milepost 169 (Railroad Overpass) and from the Columbia River South to I-84.

9-1-1 MAPS (See Appendix #2)

9-1-1 NARRATIVE DESCRIPTION

The enhanced 9-1-1 Boundaries can be described as encompassing all of Morrow County. The entire County was served by 9-1-1 as of 1980. Morrow County is served by a County-wide EMS dispatch & PSAP. It is located at the Morrow County Sheriff's Office in Heppner.

INCORPORATED CITIES (See Appendix #3)

FIRE DISTRICT BOUNDARIES (See Appendix #4)

NOTE: For Intergovernmental agreements: (See Appendix #5) for sample. Intergovernmental agreements will be reviewed and evaluated and change if deemed necessary every two (2) years.

ASA ALTERNATIVES CONSIDERED TO REDUCE RESPONSE TIMES

Morrow County is covered by a single ASA. The intent of boundary definitions is to limit the effects of artificial & geographic barriers on response time, recognizing that response patterns may change due to local conditions such as road closure and weather. Morrow County has many natural response barriers, including rivers and large roadless areas which were considered when designating the ASA.

The principle (potential) artificial barrier to response time throughout Morrow County is the fact that most EMS personnel are volunteers, and as such are subject to other employment obligations and non-EMS activities. Consequently, response times can potentially be delayed through the process of locating available personnel. A three-year plan is underway to increase the number of paid EMS personnel in Boardman, Heppner, and Irrigon to eight (8) FTE in each location. Ambulance halls in Boardman, Heppner, and Irrigon will be staffed 24/7 by paid personnel and may be backed up by volunteers. This model is expected to reduce the impact of this barrier.

A second potential artificial barrier is the limited number of ambulances in the county. If existing ambulances in the county are already responding to an incident, response times to subsequent incidents may be delayed while mutual aid is summoned and other units respond from a more distant location.

In instances in which a response may be delayed, there are several options which may be considered and employed based on the circumstances:

- Multiple ambulances may be dispatched from different locations within the ASA and/or outside of the ASA utilizing mutual aid agreements,
- An air ambulance may be requested,
- Additional personnel may be requested,
- Other agencies, such as the fire district, may be contacted for assistance.

SYSTEM ELEMENTS – PRE-ARRANGED NON-EMERGENCY TRANSFERS

1. Morrow County Ambulance Service retains the first right of refusal for non-emergency ambulance and inter-hospital transfers.
2. In the event that Morrow County Ambulance Service is unavailable, it is the responsibility of the hospital to find transportation.

SYSTEM ELEMENTS - TIMES

1. Notification times for all responding EMS personnel shall not exceed three (3) minutes.
2. Response times for First Responders and ASA providers shall not exceed:
 - a. Twenty (20) minutes on 90% of all EMS calls in rural areas.
 - b. Four and one-half (4 1/2) hours on 90% of all calls in frontier areas.
 - c. For response times to a specific address refer to the appropriate ASA time zone map, Appendix #1.

SYSTEM ELEMENTS - LEVEL OF CARE

To establish a minimum level of prehospital emergency medical care within Morrow County, the ambulance providers and QRTs shall conform to the following standards:

- a. The QRTs shall provide a minimum level of basic life support care using Authority-certified First Responders.
- b. The ambulance service provider shall provide the minimum level of basic life support using Authority-certified EMT B or EMT Is.
- c. ALS ambulances shall be dispatched as available on all requests for medical assistance which are triaged as requiring ALS services according to the standards adopted by ATAB rules and Morrow County EMS Advisory Committee.

SYSTEM ELEMENTS - PERSONNEL

To establish a minimum of personnel staffing within Morrow County, the ambulance service provider and QRTs shall conform to the following standards:

- a. The QRTs shall respond with a minimum of one (1) person who is a certified First Responder.
- b. The QRTs may be staffed with in-house or on-call paid, per diem or volunteer personnel.
- c. The ambulance service provider shall respond with the minimum number and level of certified persons as required by the Authority.
- d. The ambulance service provider may be staffed with in-house or on-call paid, per diem or volunteer personnel.

SYSTEM ELEMENTS - MEDICAL SUPERVISION

To establish a minimum level of medical supervision within Morrow County, the ambulance service provider, QRTs, and the supervising physician shall conform to the following standards:

- a. The agencies that provide ambulance service and QRTs shall retain a supervising physician.
- b. The supervising physician or designee shall comply with OAR 847-35-025 and:
 - (1) Conduct at least one (1) meeting each calendar quarter for training and case review with First Responder, EMT B and EMT Is.
 - (2) Meet at least ten (10) times annually for training and case reviews with all EMT Ps.
 - (3) Maintain and review annually, standing orders (and on-line protocols, if used) for First Responders and EMTs.
- c. Maintain unit meeting records for attendance and minutes for such meetings.

SYSTEM ELEMENTS - PATIENT CARE EQUIPMENT

To establish a minimum standard for patient care equipment within Morrow County, the ambulance service provider and QRTs shall conform to the following standards:

- a. QRTs shall provide and maintain in proper working condition patient care equipment and supplies in sufficient quantities to provide the minimum level of patient care which they have agreed to provide.
- b. Patient care equipment and supplies, at a minimum, shall include, but are not limited to:
 - (1) stethoscope;
 - (2) blood pressure cuff;
 - (3) portable oxygen, one (1) hour supply, with regulator;
 - (4) non-rebreathing masks for infants, children and adults;
 - (5) sterile bandaging material; and
 - (6) any other items specified by the supervising physician.
- c. The ALS ambulance service provider shall maintain on each ambulance, patient care equipment and supplies which conform with the standards, requirements and maintenance provisions of all Authority statutes and administrative rules pertaining to ambulances and equipment.
- d. ALS ambulances carrying controlled substances shall be equipped to provide a locked box that is attached to the inside of a locked cabinet for the storage of Class II through IV controlled substances. The same key cannot be used for both locks.

SYSTEM ELEMENTS - VEHICLES

To establish a minimum standard for ambulances within Morrow County, the ambulance service provider shall conform to the following:

- a. The ambulance service provider shall not operate an ambulance unless the ambulance:

- (1) conforms to ORS 682.015 to 682.295 and all rules adopted by the Authority;
 - (2) has a minimum patient transport capacity of two (2) supine patients;
 - (3) is in sound mechanical operating condition; and
 - (4) has a current ambulance license that is issued by the Authority.
- b. The ambulance service provider shall maintain each ambulance in conformity with vehicular manufacturer's recommendations and recommendations of the ambulance conversion manufacturer.
 - c. The ambulance service provider shall maintain vehicular equipment which conforms to ORS 682.015 to 682.295 and all rules adopted by the Authority.
 - d. The ambulance service provider shall maintain all necessary records to demonstrate compliance with (a), (b) and (c) listed above. See vehicle check list and inspection form. (See Appendix #8.)
 - e. The ambulance service provider shall operate each ambulance in accordance with applicable motor vehicle codes, rules and statutes, and in a safe manner with due regard for lights, traffic, road and weather conditions.
 - f. No ambulance shall be operated by any person who does not meet the requirements established in OAR 333-255-0070(1), (4) or (6) plus not have been convicted of two or more moving violations in the previous twelve months or three or more moving violations in the previous twenty-four months.

SYSTEM ELEMENTS - TRAINING

In order to create a consistent level of education and training, the Morrow County EMS Advisory Committee shall cooperate with all agencies and educational facilities to create opportunities for continuing education and training for all EMS personnel. Blue Mountain Community College (BMCC) in Pendleton provides initial training for EMT B, EMT-A and EMT-I's, and continued education for EMTs to assure the availability of maintaining current EMT certificates for EMTs affiliated with the ambulance service provider. All training will meet or exceed Oregon Health Authority requirements.

SYSTEM ELEMENTS - QUALITY ASSURANCE

1. In order to ensure the delivery of efficient and effective pre-hospital emergency medical care, an EMS Quality Assurance (QA) Program is hereby established.
 - a. QA Program Structure. The QA program, shall be implemented through the establishment and operation of the EMS Advisory Committee. The Board will announce vacancies, receive applications, screen candidates, and make appointments to the EMS Advisory Committee/QA Subcommittee. The EMS Advisory Committee/QA Committee members shall serve at the pleasure of the Board without compensation. The QA Subcommittee shall meet quarterly. Terms of appointment will be for two years. The members of the EMS Advisory Committee/QA Subcommittee will choose their chairpersons. The EMS Advisory Committee/QA Subcommittee shall consist of the following:
 - (1) The supervising physician or designee for the ambulance service provider - 1;
 - (2) An EMT from each ambulance service provider location (one from Boardman, one from Heppner one from Ione and one from Irrigon) - 4;
 - (3) Director of Nursing Service or designee (one from Pioneer Memorial Hospital in Heppner and one from Good Shepherd Hospital in Hermiston) - 2;
 - (4) Fire department representative - 1;
 - (5) 9-1-1 systems representative - 1; and
 - (6) QRT representative (one from Lexington) - 1.
 - b. QA Program Process.
 - (1) The EMS Advisory Committee/QA Subcommittee shall have the following powers, duties and responsibilities:
 - (a) Advise the Board on all matters relating to pre-hospital emergency medical care.
 - (b) Annually review the ASA Plan and EMS Ordinance and make amendment recommendations to the Board.

- (c) Plan, assist and coordinate programs for the improvement of the EMS system in Morrow County.
 - (d) Advise the Board as to the standards for information required of applicants for an ambulance service provider.
 - (e) Provide an open forum for members of the public to comment on or discuss EMS systems issues.
 - (f) Foster cooperation among the pre-hospital care providers and medical community.
 - (g) Facilitate initial EMT and First Responder training and continuing education opportunities for all EMS personnel.
- (2) The QA Subcommittee shall have the following duties, powers and responsibilities:
- (a) Investigate medically related issues and items.
 - (b) Recommend to the Board any amendments to the ASA Plan and EMS Ordinance. The Board shall advise the EMS Advisory Committee/QA Subcommittee of such recommendation so that they may review and comment on such changes in a timely manner.
 - (c) Maintain familiarization with the policies and procedures of facilities in Morrow County that receive or send patients via ambulance.
 - (d) Periodically conduct a random review of at least 2% of each ambulance service provider location prehospital care report forms. Develop screens to review calls for exemplary and substandard performance, include a screen for response times by each EMS provider dispatched to the scene.
 - (e) Perform such other duties as are required to carry out the requirements of the ASA Plan as directed by the Board.
 - (f) Attempt to negotiate the correction of substandard pre-hospital emergency medical care provided in Morrow County.

- (g) Follow the guidance set forth in the QA Guidelines for the QA Subcommittee.
 - (h) Report directly to the Board on all matters coming before the QA Subcommittee.
 - (i) Adopt rules of procedure. A quorum must include a physician or designee.
- (3) EMS Advisory Committee shall conduct their meetings in accordance with the Oregon Public Meetings laws and comply with the Oregon public records law, ORS Chapter 192. Executive sessions closed to the public may be held by the QA Subcommittee when conducting investigations and reviews of patient care. Both the records and minutes of executive sessions shall be handled to ensure patient confidentiality in compliance with state and federal laws. Upon appointment, the EMS Advisory Committee/QA Subcommittee chairperson shall have the following duties powers and responsibilities:
- (a) Maintain a filing system for the records of the QA Subcommittee.
 - (b) Provide for the administration of appeals and hearings to the appropriate government bodies.
 - (c) Administer the ASA Plan and EMS Ordinance.
 - (d) Review all applications for an ASA and make documented findings and recommendations to the Board on provider selection.

c. QA Problem Resolution

- (1) In the event that the QA Subcommittee identifies a problem involving compliance with the ASA Plan, or that fails to conform to established protocols, the QA Subcommittee shall:
 - (a) request any additional information necessary to establish whether a violation or failure occurred.

- (b) contact the non-compliant provider, individual or organization in writing and identify the specific facts, laws, rules or protocols concerning the violation or failure to conform.
 - (c) request that within thirty (30) days the non-compliant provider individual or organization submit a written response and a plan to correct the deficiencies.
 - (2) Upon receipt of the written response, the QA Subcommittee shall:
 - (a) Review the response to ensure that it responds to all aspects of the facts, laws, rules or protocols.
 - (b) Review the written plan for resolution of the deficiency.
 - (c) Upon findings of compliance, continue to monitor the plan for solution of the deficiencies.
 - (d) Upon findings of continued non-compliance, serve written notice to comply with ASA Plan or protocol.
 - (e) If compliance is not evident with ten (10) days of receipt of the notice, schedule a meeting within the next ten (10) days and attempt to gain compliance.
 - (f) Attempt to obtain voluntary correction or compliance, but if compliance is not obtained, request a hearing on the matter before the Board.
- 2. QA Program - Sanctions For Non-Compliance. Sanctions for non-compliance of the ASA plan are addressed in the Morrow County EMS ordinance number MC-C-2-98, Section 13 penalties and Section 14 nuisance. (See Appendix #9)

COORDINATION - ADMINISTRATION OF THE PLAN

1. The Morrow County ASA Plan shall be administered by the EMS Advisory Committee. As representatives of the Board.
2. In addition to other functions delegated under this plan the EMS Advisory Committee shall:
 - a. annually review all aspects of the ASA plan and EMS ordinance; and
 - b. recommend changes to the ASA plan and EMS ordinance designed to:
 - (1) Remedy identified deficiencies;
 - (2) Address potential problem areas; and
 - (3) Address on-going growth and changes in the EMS system in Morrow County, the state and the nation.

COORDINATION - COMPLAINT REVIEW PROCESS

1. In the event the QA Subcommittee is unable to obtain compliance or correction of a deficiency under the procedures contained in QA Problem Resolution section of this plan, a hearing shall be conducted by the Board.
2. If any provider, individual or organization is dissatisfied with the results of a meeting with the QA Subcommittee, a request for hearing before the Board may be made by filing a request, setting forth the reasons for the hearing and the issues to be heard. The Board may prescribe forms for the filing of a request for hearing.
3. A hearing under this section shall be conducted by the Board chairperson or vice-chairperson in accordance with the Attorney General's Model Rules of Procedures.
4. In the event that the Board is unable to obtain compliance or correction as a result of a hearing, the Board shall petition and request relief from the Authority, or the Board of Medical Examiners or the Morrow County Circuit Court.
6. Any decision of the Board may be appealed to the Authority or the Morrow County Circuit Court as appropriate.

COORDINATION - MUTUAL AID AGREEMENT

1. The ambulance service provider shall sign a mutual aid agreement with the other providers within the County and respond with needed personnel and equipment in accordance with the agreement. (See Appendix #6 for example.)
2. All requests for mutual aid shall be made through the appropriate PSAP.
3. All mutual aid agreements will be reviewed annually and modified as needed by mutual consent of all parties.
4. Mutual Aid Advance Life Support (ALS) assists shall be automatically dispatched in accordance with the Emergency Medical Dispatch Protocols established by the EMS Advisory Committee.

COORDINATION - DISASTER RESPONSE

1. County resources other than ambulances.
 - a. When resources other than ambulances are required for the provision of emergency medical services during a disaster, a request for additional resources shall be made through the appropriate PSAP to the County Emergency Management Office.
 - b. The Director of the County Emergency Management Office shall be responsible for locating and coordinating all county EMS resources any time that the Mass Casualty Incident (MCI) Management Plan is implemented.
 - c. The Director of the County Emergency Management Office shall work directly with local agencies, departments and governments to coordinate necessary resources during any implementation of the MCI Plan.
2. Outside county resources.
 - a. When resources from outside Morrow County are required for the provision of emergency medical services during a disaster, a request for those resources shall be made through the appropriate PSAP to the County Emergency Management Office.
 - b. The Director of the County Emergency Management Office shall be responsible for requesting and coordination all out of county resources any time the MCI Plan is implemented.

c. Additional Ambulances

(1) Rotary-wing ambulances

(a) Life Flight (Pendleton, OR)
1-800-452-7434

(b) AirLink of Oregon (Bend, OR)
1-800-621-5433

(2) Fixed-wing ambulances

(a) AirLink of Oregon (Bend, OR)
1-800-621-5433

(b) Life Flight (Pendleton, OR)
1-800-452-7434

(3) Ground ambulances

(a) Hermiston Ambulance 1-541-567-8822

(b) Umatilla Ambulance 1-541-922-3718

(c) Pendleton Ambulance 1-541-267-1442

(d) Spray Ambulance 676-5317 or 9-1-1

(e) Condon Ambulance 676-5317 or 9-1-1

(f) Arlington Ambulance 676-5317 or 9-1-1

1. Mass Casualty Incident (MCI) Management Plan
 - a. The plan is intended for use when any single incident or combination of incidents depletes the resources of any single provider or providers during the normal course of daily operations.
 - b. The plan identifies the responsibility of the provider concerning:
 - (1) Coordination;
 - (2) Communication;
 - (3) Move up;
 - (4) Triage; and
 - (5) Transportation.
 - c. The EMS Advisory Committee will periodically review the MCI plan and revise it to meet the counties need. Following the review and changes the Director of Emergency Management will be asked to amend the changes to the Medical component of the County Emergency Management Plan and the modified MCI plan will be promulgated. For MCI Plan and Approval letter, (See Appendix #7.)

EMERGENCY COMMUNICATIONS AND SYSTEMS ACCESS TELEPHONE

1. Telephone access. Morrow County is served by a county-wide EMS dispatch and PSAP. It is located at the Morrow County Sheriff's Office in Heppner. A small portion of the Butter Creek Area is served by the Hermiston 9-1-1 System.
2. Dispatch Procedures.
 - a. The appropriate personnel shall be notified by the dispatcher via telephone or pager within three (3) minutes of receipt of a life threatening call.
 - (1) EMS responding personnel located in Heppner, Boardman, Irrigon, Ione, and Lexington will be paged out. If there is no response within five (5) minutes, they will be paged again.
 - (2) The dispatcher will obtain from the caller, and relay to the first responders the following:
 - (a) Location of the emergency;
 - (b) Nature of the incident; and
 - (c) Any specific instructions or information that may be pertinent to the incident.
 - (3) EMS personnel shall inform the dispatch center by radio when any of the following occurs:
 - (a) In-service;
 - (b) In-route to scene or destination and type or response;
 - (c) Arrival on scene or destination;
 - (d) Transporting patient(s) to hospital or medical facility, the number of patients, and name of facility; and
 - (e) Arrival at receiving facility.

- (4) Ambulance personnel shall inform the receiving hospital by radio or by phone at the earliest possible time of the following:
 - (a) Unit identification number;
 - (b) Age and sex of each patient;
 - (c) Condition and chief complaint of the each patient;
 - (d) Vital signs of each patient;
 - (e) Treatment rendered; and
 - (f) Estimated time of arrival.

3. Radio System:

- a. PSAP shall:
 - (1) restrict access to authorized personnel only;
 - (2) meet state fire marshal standards;
 - (3) maintain radio consoles capable of communication directly with all first response agencies dispatched by them via the following frequencies: primary 154.725; secondary 155.340 (HEAR system); also the 700 mhz system
 - (4) maintain radio logs which contain all information required by the Federal Communications Commission and Oregon Revised Statutes;
 - (5) utilize plain english; and
 - (6) be equipped with a back-up power source capable of maintaining all functions of the center.
- b. The ambulance service provider shall equip and maintain radios in each ambulance and quick response vehicle that allows for the transmission and reception on 154.725 and 155.340 (HEAR) and the 700 mhz system.

4. Emergency Medical Services Dispatcher Training:
 - a. All EMS dispatchers shall successfully complete an Emergency Medical Dispatch (EMD) training course as approved by the Oregon Emergency Management Division and the Board on Public Safety Standards and Training.
 - b. Dispatchers are encouraged to attend any class, course or program which will enhance their dispatching abilities and skills.

PROVIDER SELECTION

1. Initial ambulance service provider assignment. Morrow County Ambulance Service, owned and operated by the Morrow County Health District, and who have been providing ambulance service for the past fifty years shall be named to provide ambulance service in their area of assignment as specified in this plan, until such time they no longer desire to do so or legal steps have been taken to remove the provider from the assigned area:
2. Reassignment. If at such time when a new provider is assigned to the Morrow County ASA, the assignment will be made not to exceed five (5) years. At the end of five (5) years, the ambulance service provider may reapply for another term as well as being evaluated on the service provided during the previous term.
3. Application for the Morrow County ASA:
 - a. The Morrow County ASA Plan will serve as standards established to evaluate the efficiency and effectiveness of existing service providers as well as establishing guidelines for potential applicants to a service area.
 - b. A representative will be appointed from the Board to attend regular meetings of EMS Advisory Committee, to learn the State and Federal regulations, local policies and the general operation of an ambulance service. Information will be presented to the Board at appropriate meetings to determine the effectiveness and efficiency of existing ambulance services and potential applicant services.
 - c. Should a vacancy occur in the existing Morrow County ASA, the below listed representatives will advertise the vacancy by public notice. This notice will be published in all Morrow County communities, surrounding areas, the medical community and Oregon Health Authority.
 - d. The Board will review any applications received from an ambulance service provider requesting establishing an ambulance service area in Morrow County. This group will seek necessary information and input from the EMS Advisory Committee when evaluating applications. Each ambulance service provider applicant will be required to:
 - (1) show that the service will provide equal or better pre-hospital emergency medical care as provided by existing services through a proposal and/or previous records;

- (2) show that the call volume will be sufficient to provide financial soundness for operation of the ambulance service through community use of a paid service;
 - (3) show that financial soundness for operation of the ambulance service will be obtained if the service is operated by volunteer personnel;
 - (4) show it's service will assure quality care to all persons residing in or passing through the service area;
 - (5) follow all regulations pertaining to ambulance service as set forth by the Oregon Health Authority, Oregon Board of Medical Examiners and Oregon Department of Motor Vehicles;
 - (6) provide the following information in the proposal: number and type(s) of ambulances, including medical equipment; vehicle storage arrangements; communication capabilities; dispatching capabilities; and number of personnel, qualifications and their method of providing prehospital emergency medical continuing education training; and
 - (7) adhere to all policy, procedures and guidelines set forth in the Morrow County ASA Plan.
4. In the opinion of the community/county officials and health care providers, it is not feasible at this time for a private ambulance service provider to make a proposal for any of the communities in Morrow County due to the small call volume and the vast area to cover. The County has provided pre-hospital emergency medical care for the past fifty (50) years through the efforts of dedicated volunteers. The community leaders involved in EMS are willing to listen to, assess and evaluate any proposal presented.

5. Notification of vacating an ASA:
 - a. The assigned ambulance service provider agrees to provide to Morrow County Emergency Medical Service Director a ninety (90) day notice of a decision of discontinuance of service.
 - b. A notice to vacate must be prepared and signed by the ambulance service provider's Board of Directors, if the service elects to discontinue their service in Morrow County. The statement will be presented to the appropriate agencies for action.
 - c. In the event the Morrow County Ambulance elects to discontinue and disband their pre-hospital emergency medical service care, the following procedure will be implemented until such time that an ambulance service can be restored to the effected area.
 - d. The Court and Board will request the remaining provider to adjust their service area boundaries to insure adequate coverage of the area without ambulance service until such time as the problem can be resolved and ambulance service can be restored to the affected area(s).
 - e. If possible, the officials in charge will resolve the problems within the ninety (90) day advance notice of discontinued service. The fire department(s) personnel within the disbanded area will be requested to assist with emergency medical calls. Assistance will also be requested if needed, from the closest ambulance service outside the County through a mutual aid agreement.
 - f. In the event a satisfactory solution to all parties involved cannot be reached within a reasonable amount of time, the EMS Advisory Committee will appoint a task force comprised of representative from: each ambulance service, the Board, the medical community and a citizen of each community involved (not affiliated with he health care industry), to reach a reasonable and workable solution.
 - g. The ambulance service provider vacating their area will be required to turnover their ambulance(s) and equipment to the Board for use by the recruited interim personnel until a replacement service can be established in the area. Any compensation due will be negotiated by the vacating ambulance service's Board of Directors and the Board. In the event that no solution can be reached through the Board efforts within a reasonable amount of time, assistance will be requested form the appropriate State agencies.

h. In the event that any problems arise involving boundary assignments or reassignment, the ambulance service provider disagreeing with boundaries will present a written statement to the EMS Advisory Committee. The statement will include all pertinent facts relating to the problem(s).

6. Maintenance of level of service. This disbanding ambulance service provider will be required to turnover their ambulance(s) and equipment to the Board for use by the recruit interim personnel until a replacement service can be established in the area. Any compensation due will be negotiated by the disbanding ambulance service provider's Board of Directors and the Board. In the event that no solution can be reached through the Board efforts within a reasonable amount of time, assistance will be requested from the appropriate State agencies.

THE MASS CASUALTY INCIDENT PLAN

1. The purpose of the disaster response plan is to provide guidance to EMS response personnel in the coordination of response activities relating to mass casualty incidents in Morrow County. (See Appendix #7, MCI plan approval letter.)
2. IMPLEMENTATION: This plan shall be implemented whenever the ambulance service provider resources are unable to handle the incident or at the request of the Health Officer.
3. COORDINATION:
 - a. The highest ranking officers of the fire or police agency in whose jurisdiction the incident occurs shall be the incident-commander.
 - b. The senior/highest certified EMT at the scene will have overall responsibility for patient care; he/she shall work closely with the incident-commander.
 - c. The on-scene command frequency and staging area will be determined by the incident-commander. Dispatch center will advise responding units.
4. RESPONSE GUIDELINES:
 - a. The first EMS unit to arrive at the scene shall:
 - (1) assess nature and severity of incident;
 - (2) advise appropriate 9-1-1 PSAP of situation;
 - (3) request appropriate fire and police services; and
 - (4) request initiation of EMS mutual aid if needed.
 - b. Initial EMS Responders upon call-out shall:
 - (1) check-in with Incident-Commander;
 - (2) effect needed rescue, if trained and equipped to do;
 - (3) establish and organize the transportation of all injured, ill, or evacuated;

- (4) alert area hospital(s) of situation; and
- (5) monitor and reassess situation periodically considering:
 - (a) weather;
 - (b) topography;
 - (c) exposures;
 - (d) life threatening hazards; and
 - (e) fire hazards.

COORDINATION - PERSONNEL AND EQUIPMENT RESOURCES

- 1. The following additional personnel and equipment resources are available to support the ambulance service provider. The current telephone numbers are:
 - a. Hazardous Materials. There is limited county-wide hazardous materials equipment resources located at:
 - (1) Boardman Fire Department -- 9-1-1
 - (2) Irrigon Fire Department -- 9-1-1
 - (3) Heppner Fire Department -- 9-1-1
 - (4) O.A.R.S.--- (provides notification and activation of state agencies) --
- 1-800-452-0311 or 503-378-6377
 - (5) CHEMTREC--- 1-800-424-9300
 - (6) Hermiston Fire Department (Hazmat Decon for Eastern Oregon) 1-
541-567-8822
 - b. Search and Rescue
 - (1) Morrow County Sheriffs Office -- 9-1-1 or 676-5317
 - (2) Oregon Civil Air Patrol -- 1-800-452-0311 or 503-378-6377

(3) U.S. Coast Guard, (since the Columbia River falls under the jurisdiction of the U.S. Coast Guard, they will provide specialized aircraft and watercraft for rescue operations. These units will respond from either Astoria, OR 1-503-861-2242 or 1-503-861-6248; or Walla Walla, WA.

c. Specialized Rescue

(1) Morrow County Sheriffs Office -- 9-1-1 or 676-5317

(2) Umatilla Army Depot -- 541-564-8632

(3) U.S. Navy Bombing Range --541-481-2565

d. Extrication

(1) Boardman RFPD, Jaws and Rescue Equip -- 9-1-1

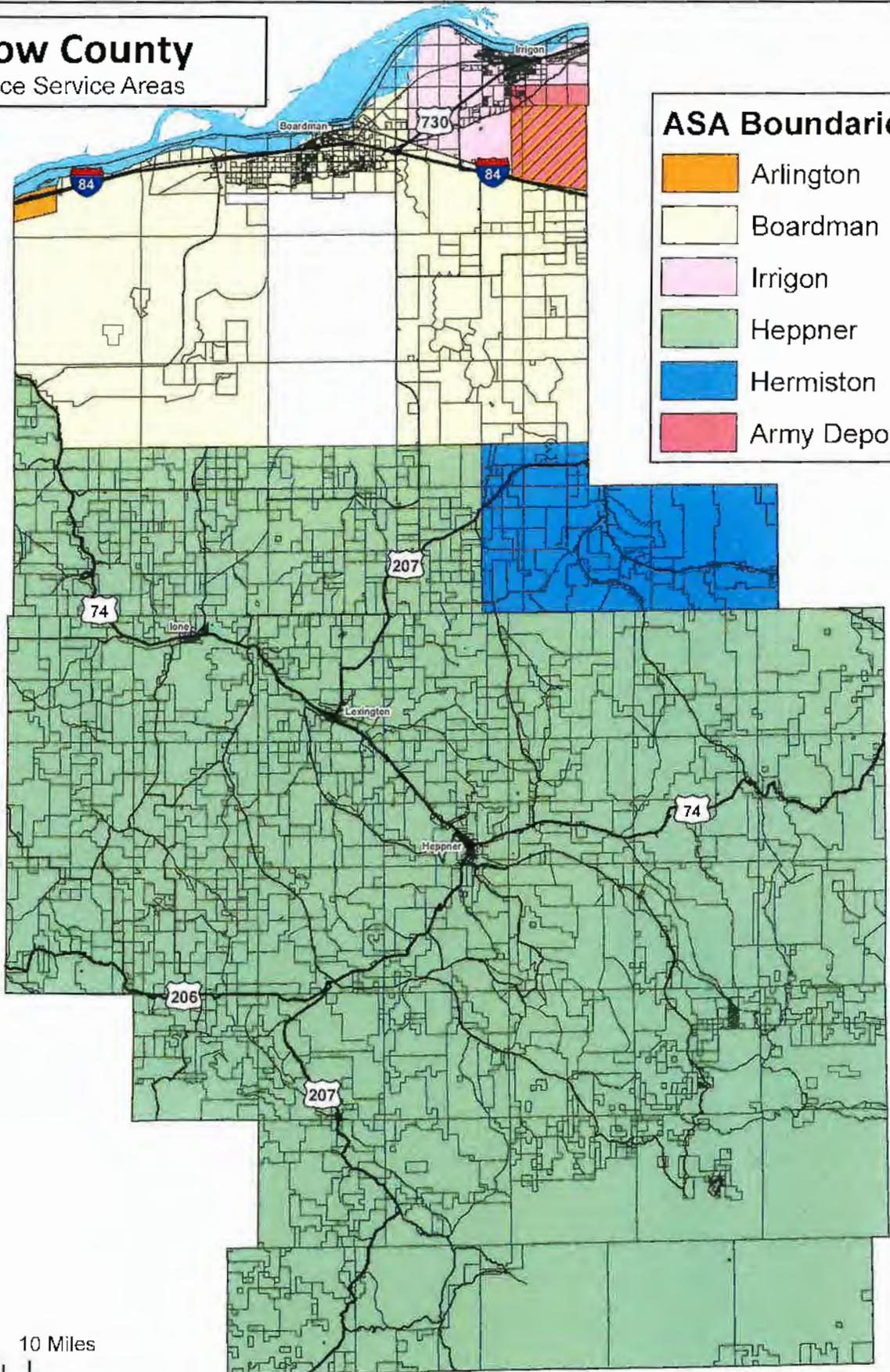
(2) Heppner RFPD, Jaws and Rescue Equip. -- 9-1-1

(3) Irrigon QRT, Jaws and Rescue Equip. -- 9-1-1

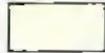
(4) Morrow County Road Dept - heavy equipment – 989-9500

Morrow County

Ambulance Service Areas



ASA Boundaries

-  Arlington
-  Boardman
-  Irrigon
-  Heppner
-  Hermiston
-  Army Depot



0 2.5 5 10 Miles



-  Streets
-  Highway
-  Army Depot
-  Bombing Range

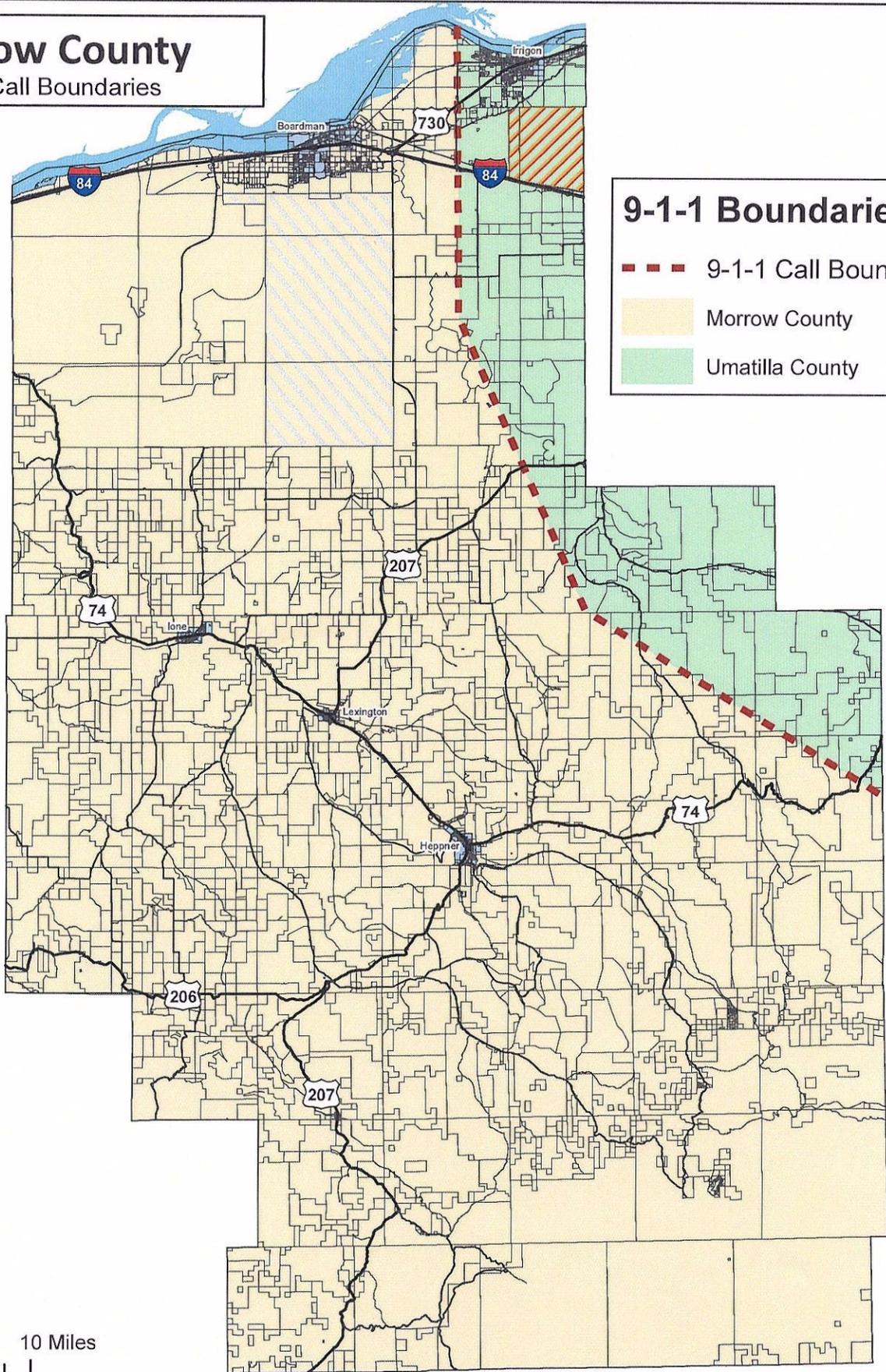
Morrow County Planning Department
July 2016

Map for reference use only.
Source: ODFW, ODOT, BLM, USDA, USFS,
Oregon Dept. of Revenue, ESRI

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Morrow County

9-1-1 Call Boundaries



9-1-1 Boundaries

- 9-1-1 Call Boundary
- Morrow County
- Umatilla County



0 2.5 5 10 Miles

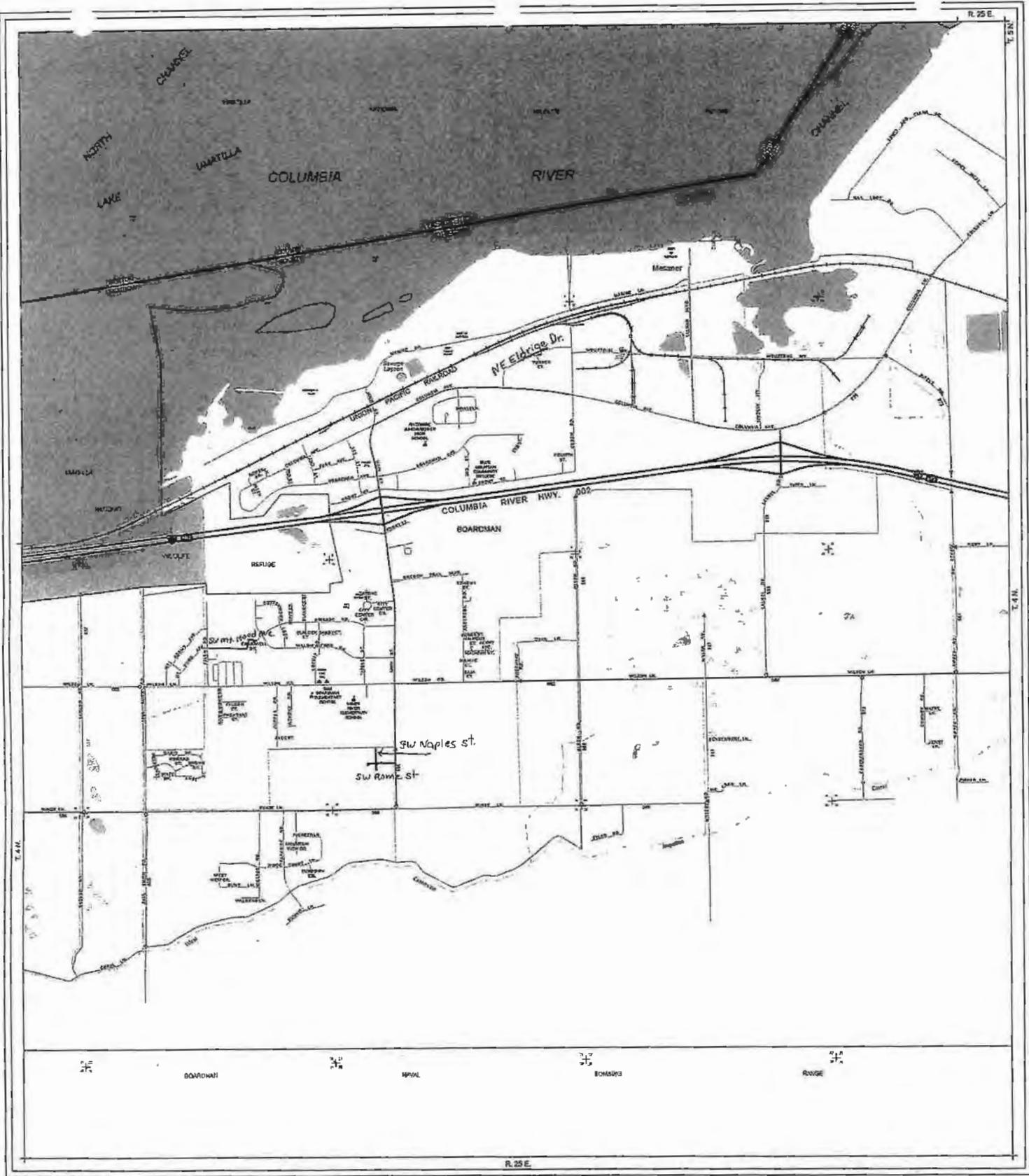


- Streets
- Highway
- Army Depot
- Bombing Range

Morrow County Planning Department
July 2016

Map for reference use only.
Source: ODFW, ODOT, BLM, USDA, USFS,
Oregon Dept. of Revenue, ESRI

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LEGEND

	FOR FURTHER FUNCTIONAL CLASSIFICATION INFORMATION, CONTACT YOUR LOCAL OFFICE.
	MAJOR ARTERIAL
	MINOR ARTERIAL
	MAJOR COLLECTOR
	MINOR COLLECTOR
	LOCAL ROAD
	INTERSTATE BUS ROUTE
	MAJOR HIGHWAY STATION
	MINOR HIGHWAY STATION
	AIRPORT
	FERRY
	RAILROAD
	WATERWAY
	CANAL
	DAM
	BRIDGE
	TUNNEL
	UTILITY

Published by

NORTH

PREPARED BY THE
ORIGINS DIVISION OF TRANSPORTATION
PLANNING AND RESEARCH
SERVICES, INC. (ORIGINS)
A DIVISION OF TRANSPORTATION
PLANNING AND RESEARCH
SERVICES, INC.

SCALE

0 800 1,600 3,200 Feet

0 237.5 475 950 Meters

Foot

Meters

BOARDMAN
POPULATION 3,445

T. 4 N. R. 25 E.

OREGON TRANSPORTATION MAP
Showing Federal Functional Classification of Roads
City of

BOARDMAN

MORROW COUNTY
2015 Edition

GIS AIRPORT COMM. OR

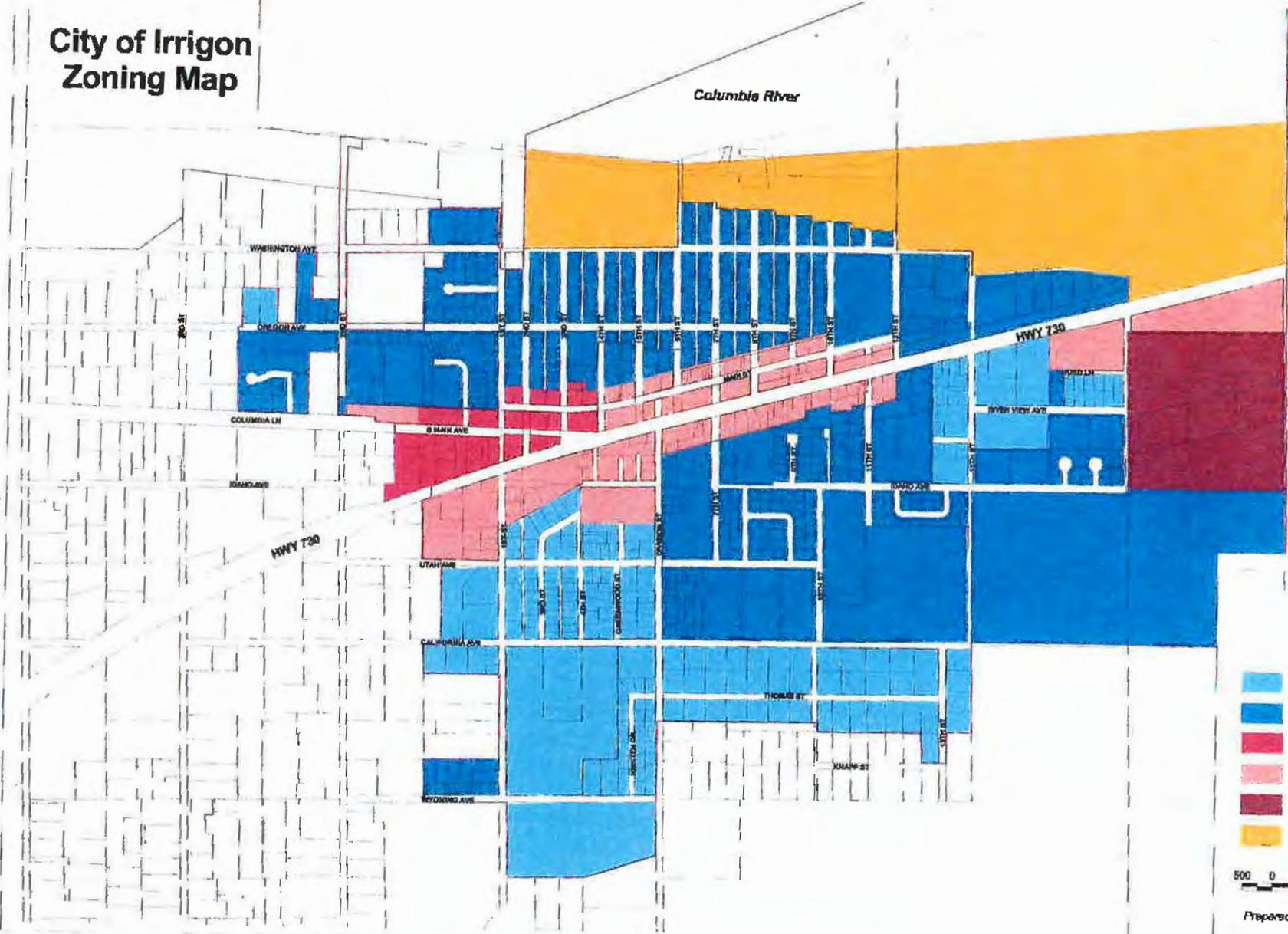
AVAILABLE TRANSPORTATION SERVICES
SHOWN WITH YELLOW BACKGROUND

AVAILABLE TRANSPORTATION SERVICES
SHOWN WITH YELLOW BACKGROUND

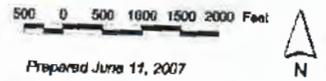
Map is available from the Oregon State Office of Transportation, Oregon State Capitol Building, 500 Oregon Street, Salem, Oregon 97331, (503) 586-1154. For more information, visit <http://www.oregon.gov/ODOT/STATEMAP/STATEMAP.htm>.
This map is based on the Oregon State Office of Transportation, Oregon State Capitol Building, 500 Oregon Street, Salem, Oregon 97331, (503) 586-1154. For more information, visit <http://www.oregon.gov/ODOT/STATEMAP/STATEMAP.htm>.

City of Irrigon Zoning Map

Columbia River



- Taxlots
 City limits
- ZONING**
- R-1 - General Residential
 - R-2 - Limited Residential
 - C-1 Downtown Commercial
 - C-2 General Commercial
 - M - Light Industrial
 - Recreation

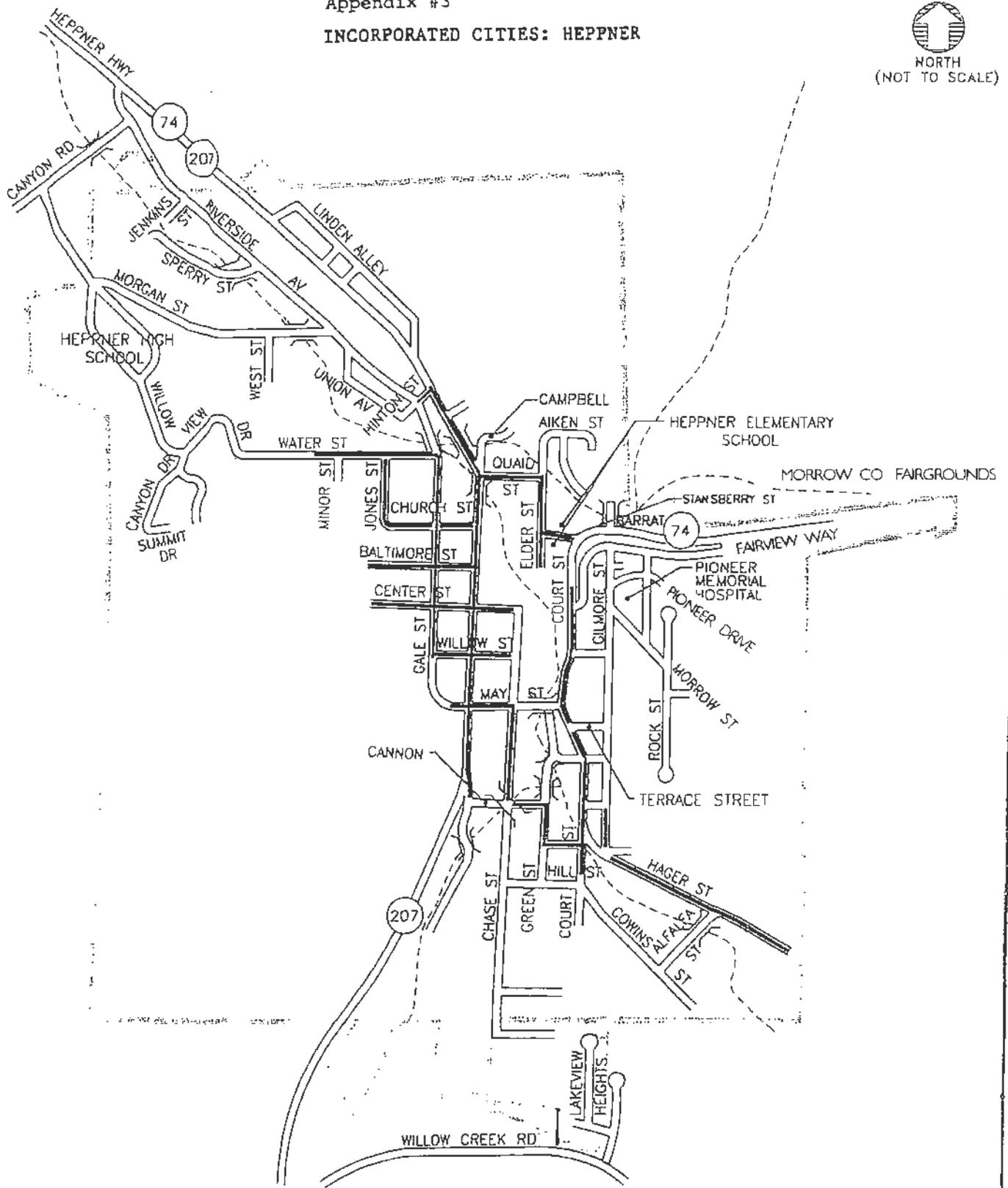


Appendix #3

INCORPORATED CITIES: HEPPNER



NORTH
(NOT TO SCALE)



LEGEND

- SIDEWALK
- - - CITY LIMITS
- - - CREEK

CITY OF HEPPNER, OREGON

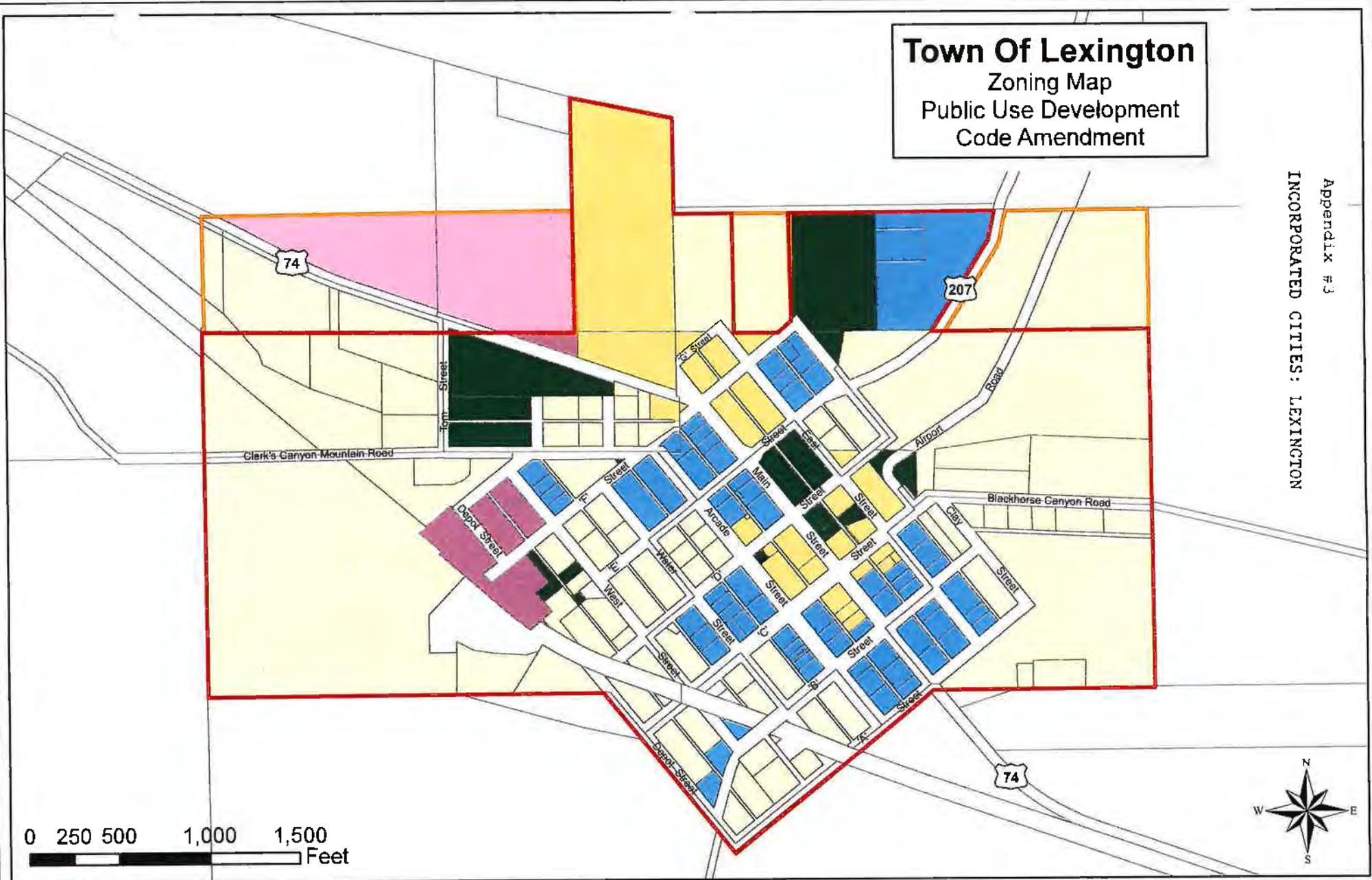
from Oregon Transportation Plan, 1999
HEPPNER CHAMBER OF COMMERCE

Town Of Lexington

Zoning Map

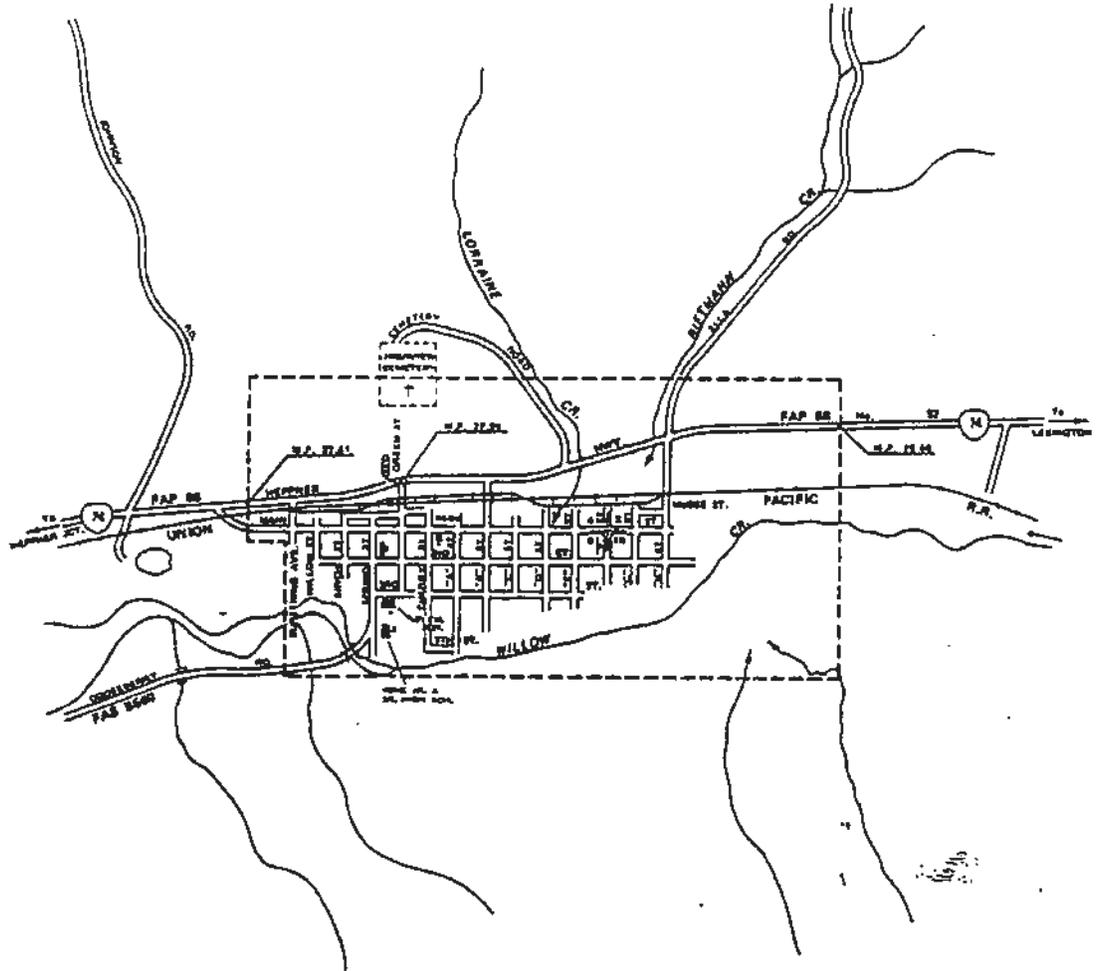
Public Use Development Code Amendment

Appendix #3
INCORPORATED CITIES: LEXINGTON



	Town Limits		R - Residential		M - Light Industrial
	UGB		FR - Farm Residential		RLI - Rural Light Industrial
	* PUB - Public *		C - Commercial		

Morrow County Planning Department
December 2015
Map for Reference Use Only



T13 R 24 E W.M.

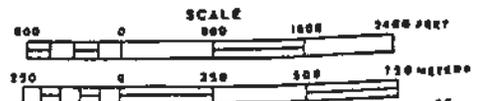
IONE

MORROW COUNTY, OREGON

Population 280
 PREPARED BY THE
 OREGON DEPARTMENT OF TRANSPORTATION
 IN COOPERATION
 U. S. DEPARTMENT OF TRANSPORTATION
 FEDERAL HIGHWAY ADMINISTRATION

Revised September 1979

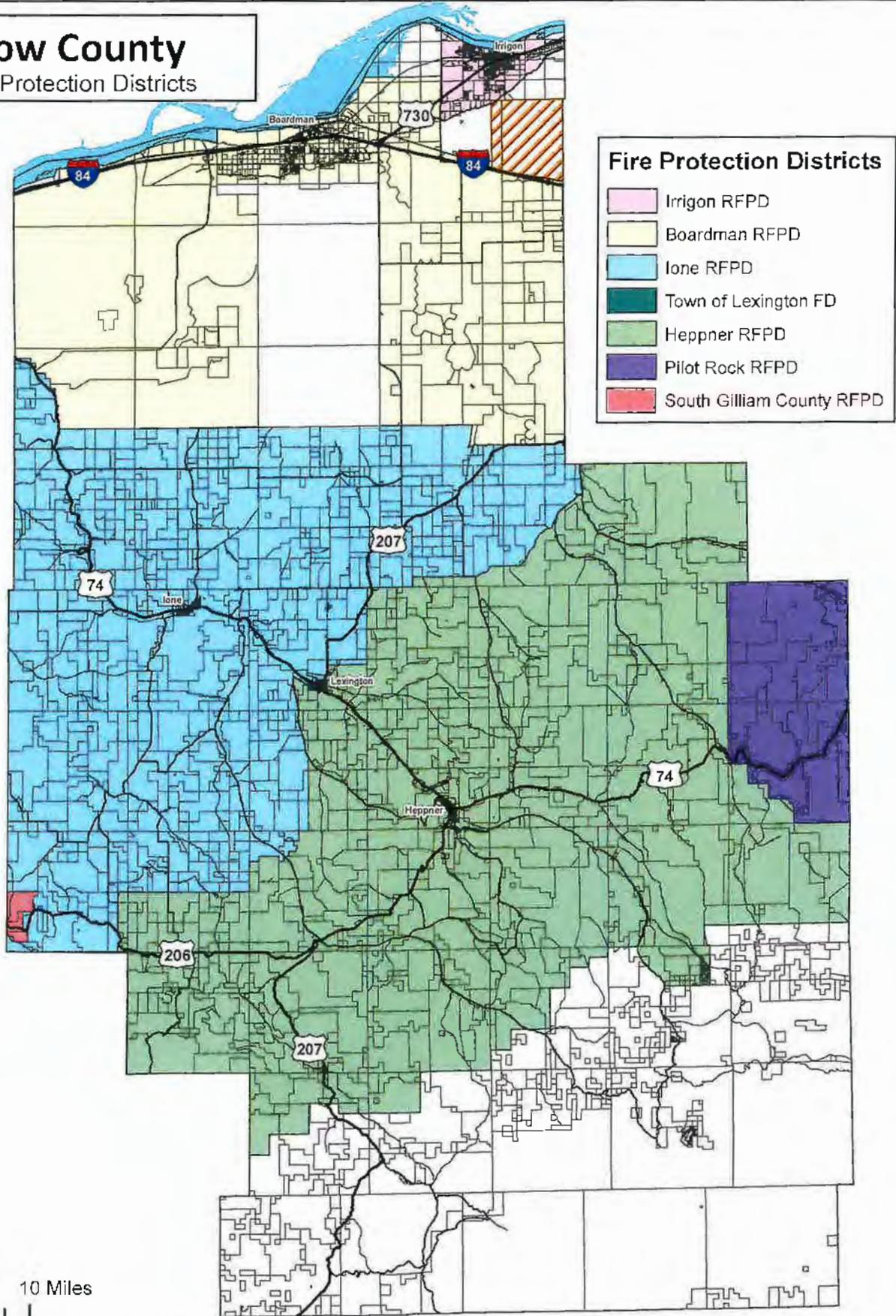
- LEGEND**
- HYPERSTATE NUMBERED ROUTE
 - U.S. NUMBERED ROUTE
 - STATE NUMBERED ROUTE
 - TERMINATION OF PA SYSTEM
 - DIVIDED HIGHWAY
 - STREET OPEN FOR TRAVEL
 - POST OFFICE
 - SCHOOL
 - CITY CENTER
 - CITY LIMITS
 - PUBLIC BUILDING
 - COURT HOUSE
 - CITY HALL
 - AIRPORT
 - LIBRARY



Counts of this map are available or derived from Oregon Dept. of Transportation, Salem, Oregon 97318

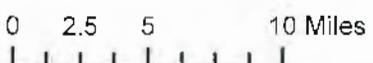
Morrow County

Rural Fire Protection Districts



Fire Protection Districts

- Irrigon RFPD
- Boardman RFPD
- Lone RFPD
- Town of Lexington FD
- Heppner RFPD
- Pilot Rock RFPD
- South Gilliam County RFPD



- Streets
- Highway
- Army Depot
- Bombing Range

Morrow County Planning Department
July 2016

Map for reference use only.
Source: ODFW, ODOT, BLM, USDA, USFS,
Oregon Dept. of Revenue, ESRI

Document Path: S:\Planning\MapFiles\District Maps and Layers\RFPD Boundary Map.mxd

APPENDIX #6

MORROW COUNTY AMBULANCE
MUTUAL AID AGREEMENT

WHEREAS the Parties hereto maintain and operate Emergency Medical Services for the purpose of necessary lifesaving services within their respective service areas; and

WHEREAS the parties recognize the possibility that numerous medical responses and/or disaster conditions in one Party's area could create insufficient resources to allow for effective operation of Emergency Medical Services in that area; and to accommodate those times when one Party is in need of emergency assistance; and

WHEREAS the parties recognize that one Party may be more advantageously placed to provide effective Emergency Medical Services in the other Party's service area due to distance, road, or weather conditions;

NOW THEREFORE, it is agreed as follows:

1. Both parties agree to furnish personnel and equipment to the other Party when requested by competent authority, provided assisting Party has available adequate personnel and equipment to reasonably provide assistance,
2. The Parties agree to maintain compatible radio communication capabilities with each other.
3. It is mutually agreed and understood that this agreement shall not relieve either Party of the responsibility for Emergency Medical Services within its own district, nor does this agreement create any right in, or obligation to, third parties by either Party which would not exist in the absence of this agreement. It is the intent of this agreement to provide reasonable assistance only, and not primary responsibility.
4. It is agreed that this agreement for mutual aid shall constitute the sole consideration for the performance hereof, and that neither Party shall be obligated to reimburse the other for use of equipment or personnel. During the course of rendering aid, the personnel and equipment of each party shall be at risk of that Party. Each Party shall protect its personnel performing under this agreement by adequate workman's compensation insurance. Each Party shall obtain and maintain in full force and effect adequate public liability and property damage insurance to cover claims for injury to persons or damage to property arising from such Party's performance of this agreement, and all right and subrogation right against each other, and against the agents and employees of each other for liability and damages covered, unless to do so would void such insurance coverage.

5. This agreement shall be and remain in full force and effect from and after the date of execution set opposite the signature of each Party until terminated or modified. This agreement may be modified at any time by mutual consent of the Parties, and terminated by Party upon reasonable notice.
6. In the event of a Presidential Disaster Declaration, or the Conflagration Act being invoked, this agreement shall not preclude or bar providers from claim for, or collection of, any type of reimbursement, payment, or restitution.

IN WITNESS WHEREOF, the Parties have caused this agreement to be executed on the day set opposite the respective signature of each; said execution having been heretofore first authorized in accordance with law.

Scott J. Clark Fire Chief 4/22/19 Signature Title Date
Russell J. Est EMS Coordinator 4/22/19 Signature Title Date



**MORROW COUNTY
HEALTH DISTRICT**
Excellence in Healthcare

PO BOX 9
Heppner OR 97836
Tel: 541-676-9133
Toll Free: 1-800-737-4113
www.morrowcountyhealthdistrict.org

MUTUAL AID/MEMORANDUM OF UNDERSTANDING BETWEEN MORROW COUNTY HEALTH DISTRICT
AMBULANCE SERVICE AND NORTH GILLIAM AMBULANCE SERVICE.

This Mutual aid/Memorandum of Understanding between these two parties is for the sole purpose of the transporting of Morrow County Health District/Pioneer Memorial Hospice patients ONLY that are located in North and South Gilliam County. This agreement describes the terms and conditions associated with the transportation of Hospice patients between their residences and Pioneer Memorial Hospital.

COVERAGE: North Gilliam Ambulance service will provide transportation of Hospice patients solely upon request as authorized by a Hospice representative. Transportation MUST relate to a Hospice covered diagnosis, related complication or condition for contract to apply. If the family member initiates a 911 call for transport, this memorandum does not apply and Hospice program will not be responsible for payment of \$250 as listed below.

Morrow County Health District Ambulance shall call the ambulance director of North Gilliam Ambulance Service when it receives a request to transport a Pioneer Memorial Hospice Patient to Pioneer Memorial Hospital for care and seek approval to enter into Gilliam County to transport Hospice patient to Pioneer Memorial Hospital in Heppner, Oregon.

If North Gilliam County has volunteers to transport patient, it has the right to transport patient to PMH or North Gilliam Ambulance service can allow MCHD ambulance service to pick up the patient for transfer to PMH.

PAYMENT: Hospice is an all-inclusive rate from Medicare. Transport to PMH for a Hospice related illness will be covered by the Hospice program and the ambulance service will be paid \$ 250.00 for the transport to PMH. Hospice patients not covered by Medicare or who are Medicare- eligible would not be subject to the terms of this contract and insurance may be billed.

TERMS: This agreement shall commence on the effective date and shall be in full force and effect until terminated by either party by giving a 30 day written notice to the other part

Executed this 23rd day of April, 2018 by:

David Anderson, Administrator

Robert Houser, CEO, FACHE

North Gilliam County Health District

Morrow County Health District

Pioneer Memorial Hospital & Nursing Facility	Pioneer Memorial Home Health & Hospice	Pioneer Memorial Clinic	Irrigon Medical Clinic	Ione Community Clinic	Morrow County Ambulance
P - (541) 676-9133 F - (541) 676-2901 TDD - (541) 676-2908	P - (541) 676-2946 F - (541) 676-9017	P - (541) 676-5504 F - (541) 676-9025	P - (541) 922-5880 F - (541) 922-5881	P - (541) 422-7128 F - (541) 422-7145	P - (541) 676-9133 F - (541) 676-2901

APPENDIX #6

MORROW COUNTY AMBULANCE
MUTUAL AID AGREEMENT

WHEREAS the Parties hereto maintain and operate Emergency Medical Services for the purpose of necessary lifesaving services within their respective service areas; and

WHEREAS the parties recognize the possibility that numerous medical responses and/or disaster conditions in one Party's area could create insufficient resources to allow for effective operation of Emergency Medical Services in that area; and to accommodate those times when one Party is in need of emergency assistance; and

WHEREAS the parties recognize that one Party may be more advantageously placed to provide effective Emergency Medical Services in the other Party's service area due to distance, road, or weather conditions;

NOW THEREFORE, it is agreed as follows:

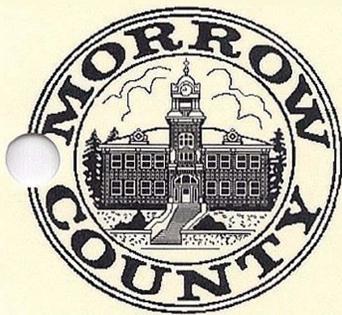
1. Both parties agree to furnish personnel and equipment to the other Party when requested by competent authority, provided assisting Party has available adequate personnel and equipment to reasonably provide assistance,
2. The Parties agree to maintain compatible radio communication capabilities with each other.
3. It is mutually agreed and understood that this agreement shall not relieve either Party of the responsibility for Emergency Medical Services within its own district, nor does this agreement create any right in, or obligation to, third parties by either Party which would not exist in the absence of this agreement. It is the intent of this agreement to provide reasonable assistance only, and not primary responsibility.
4. It is agreed that this agreement for mutual aid shall constitute the sole consideration for the performance hereof, and that neither Party shall be obligated to reimburse that other for use of equipment or personnel. During the course of rendering aid, the personnel and equipment of each party shall be at risk of that Party. Each Party shall protect its personnel performing under this agreement by adequate workman's compensation insurance. Each Party shall obtain and maintain in full force and effect adequate public liability and property damage insurance to cover claims for injury to persons or damage to property arising from such Party's performance of this agreement, and all right and subrogation right against each other, and against the agents and employees of each other for liability and damages covered, unless to do so would void such insurance coverage.

5. This agreement shall be and remain in full force and effect from and after the date of execution set opposite the signature of each Party until terminated or modified. This agreement may be modified at any time by mutual consent of the Parties, and terminated by Party upon reasonable notice.
6. In the event of a Presidential Disaster Declaration, or the Conflagration Act being invoked, this agreement shall not preclude or bar providers from claim for, or collection of, any type of reimbursement, payment, or restitution.

IN WITNESS WHEREOF, the Parties have caused this agreement to be executed on the day set opposite the respective signature of each; said execution having been heretofore first authorized in accordance with law.

_____ Signature Title Date

_____ Signature Title Date



P.O. Box 788 • Heppner, OR 97836
541-676-5613
www.co.morrow.or.us

Board of Commissioners

Commissioner Don Russell, Chair
Commissioner Jim Doherty
Commissioner Melissa Lindsay

April 28, 2021

Elizabeth E. Heckathorn
Deputy Director
Oregon Health Authority
Public Health Division
EMS and Trauma Systems
800 N.E. Oregon Street, Suite 305
Portland, OR 97232

Dear Ms. Heckathorn,

The Morrow County Board of Commissioners verifies the acceptance of the Mass Casualty Incident Plan, as presented in the Morrow County 2021 Ambulance Service Area Plan required by the State of Oregon for each individual County.

Sincerely,

Handwritten signature of Don Russell in blue ink.

Don Russell
Chair

Handwritten signature of Jim Doherty in blue ink.

Jim Doherty
Commissioner

Handwritten signature of Melissa Lindsay in blue ink.

Melissa Lindsay
Commissioner



Department of Human Services
EMS and Trauma Systems Program
 Ambulance Vehicle Inspection Form



- INITIAL INSPECTION RE-INSPECTION
 ANNOUNCED INSPECTION SELF INSPECTION

Agency Name:

Contact person:

Phone(s):

Fax:

Email:

Business address:

No. Of Items	Description	Pass	Fail	Notes	
Vehicle Equipment Minimum Standards for BLS Ambulance					
AUDIO WARNING DEVICES					
1	1			siren electronic with two speakers mounted in grille.	
2	1			public address system	
3	1			horn	
4	1			backup alert system	
VISUAL WARNING / LIGHTING DEVICES (Refer to KKK-A-A1822B, C, D or E diagram for type I, II, III)					
1	2			headlights white with dim bright switch	
2	2			front side marker lights (amber)	
3	2			front side reflectors (amber)	
4	2			front turn signals (amber)	
5	2			front identification lights (amber)	
6	2			front clearance lights (amber)	
7	2			rear side marker lights (red)	
8	2			rear side reflectors (red)	
9	2			rear back reflectors (red)	
10	3			rear identification lights (red)	
11	2			rear clearance lights (red)	
12	2			rear tail lights (red)	
13	2			rear brake lights (red)	
14	2			rear turn signal lights (red or amber)	
15	2			rear backup lights (white)	
	No. Of Items	Description	Pass	Fail	Notes
	2	rear license plate lights (white)			
	1	front warning light (red)			

1	front warning light (white)			
2	rear warning lights (red)			
1	rear warning lights (amber)			
2 Per Side	side warning lights (red)			
2	grille lights (red)			
1 per side	intersection lights (white)			
1 per side	flood lights			
1	rear flood light			
SHOCKS, WHEELS, TIRES AND TIRE CHANGING EQUIPMENT				
2	front tires (minimum tread of 3/32 even wear and good condition)			
2	rear tires (minimum tread of 3/32 even wear and good condition)			
1	spare tire (minimum tread of 3/32 even wear and good condition)			
1	jack with handle			
1	lug wrench			
1	procedure outlining damaged wheel or tire in lieu of carrying spare tire, jack, and lug wrench			
*	main brakes (in good working condition)			
	parking brake (in good working condition)			
2	front shocks			
2	rear shocks			
WINDOWS, MIRRORS AND CLEANING EQUIPMENT				
1	windshield free from excessive rock chips or cracks			
2	windshield wipers in good working condition			
1	windshield washer unit functional with sufficient washer fluid			
1	windshield defroster			
*	side and rear windows free from excessive rock chips or cracks			
1	window between cab and patient compartment (type II & III)			
2	side rear view mirrors R & L			
SEAT BELTS (In Good Working Condition)				
1	one for each seat in cab			
1	one for each seat in patient compartment			
No. Of Items	Description	Pass	Fail	Notes
*	fasten seatbelt signs-conspicuously displayed in both drivers and patient compartments			
ENGINE, TRANSMISSION, AND ELECTRICAL SYSTEMS				
*	engine oil level			

	*	transmission fluid level			
	*	fan belts			
	1	ignition switch			
	1	electrical system (with all lights on, amp meter reads)			
	1	battery system (dual 12-volt system with labeled selector device)			
	2	dual batteries (in engine compartment with heat shields)			
	2	dual batteries (in ventilated pull out compartment)			
EXHAUST SYSTEM					
	*	exhaust system (in good working condition with mufflers, and tailpipes vented to sides of vehicle)			
HEATING, COOLING, AND VENTILATION SYSTEMS					
	1	heater front			
	1	heater patient compartment			
	1	air conditioner front			
	1	air conditioner rear			
	1	exhaust fan patient compartment			
SECURITY AND RESCUE EQUIPMENT					
	1	fire extinguisher, 5LB type 2A-10BC must be mounted and accessible from patient or drivers compartment			
	1	flashlight rechargeable or has extra batteries and bulbs sufficient for crew			
	2 pr	leather gloves			
		flares or red chemical lights = 180 minutes, or reflective triangles			
	1	24 " crowbar			
	1	51 " wrecking bar			
	1	pry-ax type tool may replace crowbar and wrecking bar			
	1	DOT ERG Hazmat 2008 or newer			
COMMUNICATIONS SYSTEMS					
	1	two way radio system which provides reliable contact between the ambulance and dispatch, receiving hospitals, and online medical direction			
PATIENT CARE REPORTING					
	*	Division specified PCRF (sufficient quantity)			
	*	Division specified electronic data field as outlined in 333-250-0044 (e)			
	No. Of Items	Description	Pass	Fail	Notes
	5	Oregon Trauma System ID bracelets			
	25	triage tags			
SIGNAGE, LICENSES & CERTIFICATES					
	1	"Star of Life" or final stage vehicle manufacturing certificate			Location _____
	1	DHS-EMS ambulance license			Location _____ License # _____ Expiration Date _____

		rear window ambulance license (orange and blue)			Location _____ License # _____ Expiration Date _____
PATIENT CARE EQUIPMENT – BLS, ILS, and ALS LEVEL OF CARE					
Onboard-Installed Medical Oxygen System					
	1	installed oxygen tank with at least 3000 liter capacity and at least 500 liters at inspection. color coded green in ventilated compartment free from non-secured items, dirt, or combustible items			
	1	installed single stage regulator set to at least 50 psi			
	*	pressure regulator meter and controls visible, and accessible from inside the patient compartment.			
	2	oxygen flow-meters mounted and visible from the airway seat and squad-bench with minimum range of 0-15 lpm			
Portable Medical Oxygen Equipment					
	1	portable tank with at least 3000 liter capacity and contains at least 500 psi			
	1	yoke regulator with pressure gauge with delivery range of at least 0-15 lpm			
	1	spare portable tank with at least 3000 liter capacity that is full, tagged and sealed			
Flow-meter test					
	*	test accurate to within 1.0 lpm when tested at or below 5 lpm			Test Results @ 4 LPM _____
	*	test accurate to within 1.5 lpm when tested between 6-15 lpm			Test Results @ 12 LPM _____
MEDICAL OXYGEN ADMINISTRATION EQUIPMENT					
	3	adult non rebreather masks with tubing			
	3	pediatric non rebreather masks with tubing			
	3	adult nasal cannulas disposable			
	No. Of Items	Description	Pass	Fail	Notes
	1	bag valve mask ventilation device with reservoir and universal adapter, must be manually operable with or without oxygen, and be self refilling			
	*	ventilation masks transparent and semi-rigid in sizes adult, child, and infant/newborn			
	*	PEAD (Combi-tube, King, etc...) if approved by supervising physician, in assorted sizes.			
		end tidal CO2 detection devices adult and pediatric sizes may be colorimetric, capnometric, or capnographic			

	*	oropharyngeal airways sizes ranging from adult to newborn/infant			
	*	nasopharyngeal airways sizes ranging from adult to newborn/infant			
SUCTION EQUIPMENT					
	1	onboard suction unit electrically operated or engine-vacuum			
	2	collection canisters (sealable and disposable or sealable liners)			
	*	must provide adequate suction and be adjustable for pediatrics			
		portable suction unit which can operate independent from electrical source for at least 20 minutes and provides adequate suction			
	1	8 oz bottle of water for clearing suction tubing			
	4	suction tubing (at least ¼ inch diameter, clear, does not collapse under pressure)			
	*	suction catheters ranging from adult to infant/newborn sizes			
CARDIAC MONITORING EQUIPMENT					
		Portable cardiac monitor/defibrillator must be capable of operating independently of an electrical outlet and delivering total defibrillation energy sufficient to meet the number of shocks and power settings prescribed in the EMS supervising Physicians standing orders and be inclusive of the 2005 American Heart Association or equivalent standards and guidelines for emergency cardiac care.			
	1	automatic / semi-automatic / or manual defibrillator (ILS, ALS)			
	3 sets	adult defibrillator pads			
	3 sets	pediatric defibrillator pads			
	1	defibrillator paddles pediatric and Adult or pads 3 sets of each			
	*	monitoring electrodes adult and Infant sizes with adequate supply			
	2 sets	ECG monitor cables			
	*	ECG monitor paper			
	No. Of Items	Description	Pass	Fail	Notes
STRETCHERS, FASTENERS AND ANCHORAGES:					
	1	Wheeled Stretcher: Must be capable of securely fastening to the ambulance body, have a minimum of three restraining devices, an upper torso (over the shoulders) restraint, contain a standard size waterproof foam mattress and be capable of having the head of the stretcher tilted upwards to a 60-degree semi-sitting position			
	1	Folding Stretcher: The number required is based on the stretcher-carrying capacity of the ambulance. An additional long backboard may be substituted for the folding stretcher. The stretcher must be capable of being securely fastened to the squad bench when carrying a patient, and have a minimum of three restraining devices and an upper torso device			
IMMOBALIZATION EQUIPMENT					
	1	scoop stretcher			
	1	short backboard or equivalent			
	1	long backboard			
	1	pediatric immobilization device			
	2 Sets	adequate number of restraining devices and sufficient supplies for immobilizing			

		the head			
	2 Sets	extrication collars in assorted sizes from adult to pediatric			
	1	traction splint adult and pediatric			
	*	extremity splints assorted sizes			
BANDAGING AND DRESSING MATERIALS					
	*	conforming gauze bandages			
	*	sterile 4x4 gauze sponges			
	*	occlusive dressings 4x4			
	*	sterile bulk dressings 8x30-4 or 7x8-8			
	2	triangle bandages			
	*	adhesive hypo-allergenic tape in assorted sizes			
	*	bandage shears			
	No. Of Items	Description	Pass	Fail	Notes
MISCELLANEOUS EQUIPMENT					
	1	obstetrical kit (disposable)			
	1	hypothermia thermometer			
	*	chemical cold packs			
	*	chemical hot packs			
	*	emesis containers / bags			
	1	urinal female & male			
	1	bedpan			
	1 set	extremity restraining devices			
	1	stethoscope adult			
	1	stethoscope child			
	*	blood pressure cuffs in assorted sizes ranging from large adult to pediatric			
	1	blood glucose testing device or strips			
	*	assorted linen and supplies sufficient to cover wheeled stretcher			
PERSONAL PROTECTIVE EQUIPMENT					
	No. Of Items	Description	Pass	Fail	Notes
	*	non-latex disposable gloves			
	*	disposable face masks			
	*	protective eyewear			
	*	disposable isolation gowns			
	*	hand cleaning solution or gown			
	*	surface cleaning disinfectant			
	1	sharps container for the patient compartment			
	1	sharps container for each kit carrying needles			
	*	infectious waste disposal bags			
MEDICATIONS, EQUIPMENT & SUPPLIES AUTHORIZED FOR USE AS AN EMT-BASIC AS REQUIRED BY SUPERVISING PHYSICIAN					
INTERMEDIATE LEVEL SERVICE AMBULANCE					
		all equipment required for BLS ambulance and the following items for ILS level			

	*	any physiologic crystalloid solution or combination thereof 6000cc min			
	*	medications and fluids authorized for use by an EMT-Intermediate as required by the EMS supervising physician.			
	*	if carrying controlled substances, must adhere to procedures specified in OAR 333-250-0049(A)			
	*	over the needle catheters in assorted sizes 24-gauge through 14-gauge			
	*	specifically designed needles for introsseous infusions			
	*	copy of Intermediate protocols signed by supervising physician within past year			
ADVANCED LEVEL SERVICE					
	*	nasogastric tubes in assorted sizes			
	*	cardiac monitoring equipment			
	*	laryngoscope handle with assorted blades, sizes adult to pediatric			
	*	spare dated batteries for laryngoscope handle			
	*	endotracheal tubes in assorted sizes from adult to pediatric			
	1	Magill forceps adult and child			
	*	endotracheal tube stylettes adult and child			
	No. Of Items	Description	Pass	Fail	Notes
	*	colorimetric, capnometric, or capnographic CO2 detection device			
	*	oxygen saturation monitor			
	*	chest decompression equipment			
	*	sterile I.V. agents and medications authorized by supervising physician			
	*	over the needle catheters in assorted sizes 24 gauge through 14 gauge			
	*	specifically designed needles for introsseous infusions			
	*	copy of advanced level protocols signed by supervising physician within past year			
	*	if carrying controlled substances, must adhere to procedures specified in OAR 333-250-0049(A)			

Notes:

M-54020

IN THE COUNTY COURT FOR THE STATE OF OREGON
COUNTY OF MORROW

IN THE MATTER OF REGULATING)
AMBULANCE SERVICE PROVIDERS) ORDINANCE
NO. MC-C-4-98

The County Court for the County of Morrow ordains as follows:

A. Ordinance No. MC-C-2-98 adopted by the County Court February 11, 1998 is hereby REPEALED.

B. The County Court hereby adopts the following:

SECTION 1. TITLE

This ordinance shall be known, and may be cited as, "Ambulance Service Providers Ordinance".

SECTION 2. AUTHORITY

This Ordinance is enacted pursuant to ORS 682.205, 682.275 and ORS 203.035, and other applicable law.

SECTION 3. POLICY AND PURPOSE

The County Court finds:

1. That ORS 682.205 requires Morrow County to develop a plan for the county relating to the need for and coordination of ambulance services and to establish Ambulance Service Areas consistent with the plan to provide efficient and effective ambulance services.
2. That this Ordinance, which establishes Ambulance Service Areas, the methods for selecting ambulance providers for each service area and establishes the Morrow County Emergency Medical Services Advisory Committee together with Attachment "A" incorporated herein by this reference, make up the Morrow County Ambulance Service Area Plan.

SECTION 4. DEFINITIONS

The words and phrases in this Ordinance shall have the meaning provided in ORS Chapter 682 and OAR Chapter 333, Divisions 250, 255, 260 and 265 unless specifically defined herein

to have a different meaning.

SECTION 5. EXEMPTIONS

This Ordinance shall not apply to:

1. Ambulances owned by or operated under the control of the United States Government.
2. Vehicles being used to render temporary assistance in the case of a major catastrophe or emergency with which the ambulance service of the surrounding locality are unable to cope, or when directed to be used to render temporary assistance by an official at the scene of an accident.
3. Vehicles operated solely on private property or within the confines of institutional grounds, whether or not the incidental crossing of any public street, road or highway through the property or grounds is involved.
4. Vehicles operated solely for the transportation of lumber industry employees.
5. Ambulances or vehicles transporting patients from outside the County to a health care facility within the County, or which are passing through without a destination in the County.

SECTION 6. AMBULANCE SERVICE AREAS

For the efficient and effective provision of ambulance service in accordance with the Morrow County Ambulance Service Area Plan, the ambulance service area shown on the map attached as Exhibit "A", attached hereto and incorporated herein by this reference, is hereby adopted as the Ambulance Service Area for Morrow County. The County Court, by the adoption of an Order, may adjust the boundaries of the Ambulance Service Area(s) from time to time as necessary to provide efficient and effective ambulance service.

SECTION 7. ASSIGNMENT OF AMBULANCE SERVICE AREAS

1. No person shall provide ambulance service in Morrow County unless an Ambulance Service Area has been assigned to that person pursuant to this section.
2. Any person desiring to provide ambulance service within Morrow County shall submit an application to be assigned an Ambulance Service Area within 30 days of the effective date of this Ordinance. The application shall be submitted to the Morrow County Health District. The applications shall be reviewed by the Morrow County Emergency Medical Services Advisory Committee created by this Ordinance which shall recommend the assignment of Ambulance Service Areas to the County Court. The assignment of Ambulance Service Areas shall be made by an Order of the County Court.

3. An application required by subsection 2 above shall include the following information:
 - a. The name and address of the person applying for assignment of an Ambulance Service Area.
 - b. The Ambulance Service Area the person desires to service and the location from which ambulance services will be provided.
 - c. A list of vehicles to be used in providing ambulance services including year, make and model and verification that each vehicle is licensed as a basic life support and/or advance life support ambulance by the State of Oregon.
 - d. A list of personnel to be used in providing ambulance service and their current Emergency Medical Technician certificate number.
 - e. Sufficient additional information to allow for the review of the application in light of the review criteria established by the Morrow County Ambulance Service Area Plan.
 - f. Such additional information deemed necessary by the Morrow County Emergency Medical Services Advisory Committee or the County Court.
4. Each application shall be reviewed for the applicant's conformity with the requirements of Oregon law for providing ambulance services, the specific criteria of the Morrow County Ambulance Service Area Plan and the need for efficient and effective ambulance service within Morrow County.
5. The assignment of the initial Ambulance Service Area shall be valid from the date of issuance for a period of five years. Thereafter, the assignment of Ambulance Service Areas may be renewed for additional five year terms commencing on the first day of July pursuant to subsection 6 below and subject to the provisions for suspension or revocation as set forth in Section 9 below.
6. Not less than forty-five (45) days prior to the expiration of the assignment of an Ambulance Service Area (e.g. five years less forty-five days for the initial assignment), any person desiring the renewal of an assignment or a new assignment of an Ambulance Service Area shall submit an application to be assigned an Ambulance Service Area. The application shall include the information required by subsection 3 above except that applications for renewal need only provide such information necessary to bring the original application up to date. The review of the application and assignment of the Ambulance Service Area shall be in accordance with this Section.
7. In the event that a person assigned an Ambulance Service Area discontinues service before the expiration of the assignment, the County Court shall set a time by which

applications must be submitted for reassignment of the Ambulance Service Area. The review of the application and assignment of the Ambulance Service Area shall be in accordance with this Section and the assignment shall be for the remainder of the term unless otherwise specified by the County Court.

8. Not less than fifteen (15) days prior to any date when the applications for the assignment of an Ambulance Service Area are due, notice of such application due date shall be posted in three (3) public places and published at least once in a newspaper of general circulation in Morrow County.

SECTION 8. DUTIES OF AMBULANCE SERVICE PROVIDER

Upon assignment of an Ambulance Service Area to a person in accordance with Section 7, the person providing ambulance service:

1. Shall conduct its operations in strict compliance with all applicable State and Federal laws and regulations and the terms of this Ordinance and the Morrow County Ambulance Service Area Plan.
2. Shall not fail or refuse to respond to an emergency call for service if an ambulance is available for service.
3. Shall not respond to a medical emergency located outside its assigned Ambulance Service Area except:
 - a. when request for a specific ambulance service provider is made by the person calling for the ambulance and the call does not dictate an emergency response;
 - b. when the ambulance service provider assigned to the Ambulance Service Area is unavailable to respond or the person is requested by the other provider or 9-1-1 dispatch to respond; or
 - c. when the response is for supplemental assistance or mutual aid.
4. Shall not transfer the assignment of an Ambulance Service Area without written notice to and approval of the County Court. The written notice shall include an application for assignment of the Ambulance Service Area submitted by the transferee. The application shall be reviewed in accordance with Section 7.
5. Shall not voluntarily discontinue service to the assigned Ambulance Service Area without giving ninety (90) days written notice to the County Court.

SECTION 9. SUSPENSION OR REVOCATION OF ASSIGNMENT

1. Upon a recommendation by the Morrow County Emergency Medical Services Advisory Committee, or upon its own motion, the County Court may suspend or revoke the assignment of an Ambulance Service Area upon a finding that the holder thereof has:
 - a. willfully violated provisions of this Ordinance, the Morrow County Ambulance Service Area Plan or provisions of State or Federal laws and regulations; or
 - b. materially misrepresented facts or information given in the application for the assignment of an Ambulance Service Area or as part of the review of the performance of the service furnished by the provider.

2. In lieu of the suspension or revocation of the assignment of Ambulance Service Area, the County Court may order that the violation be corrected and make the suspension or revocation contingent upon compliance with the order within the period of time stated therein. Notice of the County Court action shall be provided to the holder of the assignment which shall specify the violation, the action necessary to correct the violation and the date by which the action must be taken. The holder of such assignment shall notify the County Court of the action taken. If the holder of the assignment fails to take corrective action within the time required, the County Court shall notify the holder that the assignment is suspended or revoked upon receipt of the notice.

SECTION 10. APPEAL

A person receiving a notice of the assignment, denial, suspension, revocation or contingent suspension or revocation of an Ambulance Service Area may request a hearing before the County Court by filing with the County Court a written request for hearing within fourteen (14) days of the decision, setting forth the reasons for the hearing and the issues proposed to be reviewed. The filing of a hearing request shall stay the action pending the hearing and final determination by the County Court unless the County Court makes a written finding that prompt implementation of the decision is required due to an immediate hazard to the public safety. The County Court shall set a time and place for a hearing which shall be de novo on the record or a full de novo hearing, as determined by the County Court. Within fourteen (14) days after the conclusion of the hearing, the County Court shall affirm, reverse or modify its original decision.

SECTION 11. EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE

1. There is hereby created a Morrow County Emergency Medical Services Advisory Committee, the members of which shall be appointed by the County Court for two (2) year terms. The Committee shall choose its own chairperson and meet quarterly or when called upon by the County Court or its Chairperson. Motions shall be passed by majority of those attending.

2. The Committee shall consist of:

- a. 1 - Supervising physician for ambulance service provider or their designee;
 - b. 3 - EMTs from ambulance service provider (one each from Boardman, Heppner and Irrigon);
 - c. 2 - Directors of nursing services or designee (one each from Pioneer Memorial Hospital and Good Shepherd Hospital, Hermiston);
 - d. 1 - Fire department representative;
 - e. 1 - 9-1-1 systems representative; and
 - f. 2 - Quick Response Team representatives (one each from Lexington and Ione).
3. The Committee shall have the following powers and duties:
- a. Review and make recommendations to the County Court regarding all applications for assignment of Ambulance Service Areas.
 - b. Provide for on-going input to the County Court from prehospital care consumers, providers and the medical community.
 - c. Periodically review the performance of ambulance service providers within Morrow County.
 - d. Periodically review the Morrow County Ambulance Service Area Plan and make recommendation to the County Court including, but not limited to:
 - 1) review standards established in the plan and make recommendations regarding improvement and/or new standards.
 - 2) monitor coordination between emergency medical service resources;
 - 3) review dispatch procedures and compliance; and
 - 4) review the effectiveness and efficiency of the Ambulance Service Area boundaries.
 - e. Develop and implement a quality assurance program, including but not limited to training, to insure compliance with the Morrow County Ambulance Service Area Plan.

SECTION 12. INITIAL RESPONDER

Nothing in this Ordinance prohibits a 9-1-1 agency responsible for the dispatching of emergency services from dispatching an initial responder to the scene of a medical emergency in addition to dispatching an ambulance service provider. Such initial response shall only be in accordance with this Section.

1. The initial responder shall be a municipal corporation or a special district within Morrow County that provides emergency services within its jurisdiction and requests to be dispatched to medical emergencies.
2. The initial responder shall respond with Emergency Medical Technicians and/or First Responders that are certified by the State of Oregon and who are employed by or volunteer with the initial responder.
3. Upon the arrival of the ambulance service provider at the location of the medical emergency, the ambulance service provider shall be in charge of, and responsible for, the continuation of emergency medical services. The initial responder shall continue to provide emergency medical services only at the direction of the ambulance service provider.

SECTION 13. PENALTIES

Any person who violates any of the provisions of this Ordinance is guilty of a violation. Failure from day to day to comply with the terms of this Ordinance shall be a separate offense for each such day. Failure to comply with any provision of this Ordinance shall be a separate offense for each such provision.

Violations of the provisions of this Ordinance is punishable, upon conviction, by a fine of not more than five hundred dollars (\$500) for a non-continuing offense, i.e. an offense not spanning two (2) or more calendar days. In the case of a continuing offense, i.e. an offense which spans two (2) or more consecutive calendar days, violation of the provisions of this Ordinance is punishable by a fine of not more than five hundred dollars (\$500) per day up to the maximum of one thousand dollars (\$1,000) as provided by law.

SECTION 14. NUISANCE

In addition to penalties provided by Section 13, violation of any of the provisions of this Ordinance is declared to be a nuisance and may be regarded as such in all actions, suits and proceedings unless the Ordinance is declared invalid by a Court of competent jurisdiction. Pursuant to ORS 682.015, this Ordinance shall be enforceable by the Health Division of the State of Oregon, Department of Human Resources in a proceeding in Circuit Court for equitable relief.

SECTION 15. SEVERANCE CLAUSE

If any section, subsection, provision, clause or paragraph of this 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; and it is hereby expressly declared that every other section, subsection, provision, clause or paragraph of this Ordinance enacted, irrespective of the enactment or validity of the portion thereof declared to be unconstitutional or invalid, is valid.

SECTION 16. EMERGENCY

As it is necessary for the health, safety, comfort and convenience of the people of Morrow County that this Ordinance have immediate effect, an emergency is hereby declared to exist and this Ordinance shall be in full force and effect from and after its passage and approval by unanimous vote of the County Court.

ADOPTED by the Morrow County Court this 15 day of April, 1998.

ATTEST:


Barbara Blankenship
County Clerk

Louis A. Carlson
Louis A. Carlson, Judge

APPROVED AS TO FORM:

Will A. Smith
County Counsel

R. J. French
R. J. French, Commissioner

John Wenzel
John Wenzel, Commissioner



DETERMINATION
Morrow County Health District
ASA Plan EMS Advisory Committee

A Request to Amend the Ambulance Service Area Plan (ASA Plan) was brought by Boardman Fire and Rescue District Chief, Michael Hughes, during a regularly called, public meeting on March 31, 2022. This meeting was preceded by a joint conference on March 21, 2022 attended by the following individuals:

- Michael Hughes (BFRD Fire Chief)
- Ken Browne (BFRD Board Chair)
- Lisa Pratt (BFRD Board Member)
- Emily Roberts (MCHD CEO)
- Nicole Mahoney (MCHD CFO)
- Donna Sherman (MCHD EMS Director / EMS Advisory Committee Member)
- Dr. Ed Berretta (MCHD EMS Supervising Physician / EMS Advisory Committee Member)
- John Murray (MCHD Board Chair)
- Diane KilKenny (MCHD Board Member)
- Troy Bundy (Legal Counsel)

The public meeting was duly called and attended by the following Committee members:

- Dr. Ed Berretta (Supervising physician or designee for the ambulance service provider)
- Donna Sherman (EMT from Heppner)
- Josie Foster (EMT from Irrigon)
- Adam McCabe (EMT from Ione)
- Charlie Sumner (Quick response team representative from Lexington)
- Eric Chick (Fire department representative)
- Kristen Bowles (9-1-1 systems representative)
- Judi Gabriel (Director of nursing service or designee from Good Shepherd Hospital)
- Kathleen Greenup (Director of nursing service or designee from Pioneer Memorial Hospital)

The Request to Amend was based upon the desire of Boardman Fire District to attend all emergency calls within Boardman Fire District, regardless of subject matter of the calls. Following the public discussion, an Executive Session was called and the EMS Advisory Committee/QA Subcommittee was tasked with evaluating quality concern issues in determining whether amendment of the ASA would be appropriate, as it is required to do per the ASA Plan. The following background is highlighted for purposes of this DETERMINATION.

The procedures for adopting ASA Plans are set out under the Oregon Administrative Rules (OAR) in Chapter 333. The County, after consultation with appropriate entities, must present the proposed ASA Plan to the State of Oregon, Public Health Division – Oregon Health Authority (OHA) for approval. Once approved, the ASA Plan controls **all aspects** of the ambulance service area in question, including the coordination of “non-transporting EMS Providers,” including Quick Response Teams (QRTs), which are defined as any agency that provides initial response and basic life support care without transportation capabilities by certified First Responders, OAR 333-260-0020(6)(e)(A). Emergency and Non-Emergency

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F – (541) 676-2901	F – (541) 676-9017	F – (541) 676-9025	F – (541) 922-5881	F – (541) 422-7145	F – (541) 676-2901
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scene response are incorporated into the ASA Plan, and the Morrow County Health District Board is responsible for Plan oversight and appointment of the multi-disciplinary task force referred to as the EMS Advisory Committee. The Committee is composed of members representing all relevant specialty groups including medical, fire, and EMS.

Per the ASA Plan, “The County is considered a single EMS area.” This incorporates the Boardman Fire District. A narrative description of the boundaries of the EMS area are set out on Page 7 of the ASA Plan. The Plan was developed to “ensure that the citizens of Morrow County have access to an efficient and effective ambulance service in spite of this being a remote and sparsely populated area.”

The EMS Advisory Committee is tasked with advising the Morrow County Health District Board (The Board) on all matters relating to pre-hospital emergency medical care, making ASA Plan amendment recommendations to the Board, and fostering co-operation among pre-hospital care providers and the medical community. For Quality Assurance purposes with respect to EMS care, the members must investigate all medically related issues and perform any duties that are required to carry out the requirements of the ASA Plan as directed by the Board. The EMS Advisory Committee reports directly to the Board on all matters coming before the Committee. The Chairperson of the Committee is given the power and responsibility of Administering the ASA Plan and EMS Ordinance, as specified on page 15 of the ASA Plan, based upon the findings and determinations made by the EMS Advisory Committee. As stated on Page 17 of the ASA Plan: “COORDINATION – ADMINISTRATION OF THE PLAN: (1) The Morrow County ASA Plan shall be administered by the EMS Advisory Committee, as representatives of the Board.”

NOW, THEREFORE, after hearing full argument and requests made on behalf of the Boardman Fire and Rescue District, it is hereby **DETERMINED**, that the ASA Plan EMS Advisory Committee has voted to **REJECT** the request from Boardman Fire and Rescue District to Amend the Plan and the County/Health District’s longstanding policy and procedure of dispatching the Fire District to Fire and Motor Vehicle Accident calls only, unless specifically requested by the Health District/Morrow County Ambulance. Considerations of the following details were made by the Committee and given appropriate weight:

- (1) Oregon law specifically prohibits what is known as “call-jumping.” OAR 222-265-0083(15). It has been determined by the State of Oregon that **sending multiple providers to a single call presents risks to the public and patients that do not outweigh the benefit of that action.** This includes: (a) Traffic risks to the public at large associated with multiple providers coming in “hot” to a single scene and, potentially, exceeding speed limits and other traffic laws in an effort to attend the scene first; (2) Creating conflicts and disputes between care providers on scene, lending to unnecessary delays in care; (3) Slowing the delivery of care given the above; (4) Having multiple opposing treatment protocols in place with regard to patient care; (5) Splitting emergency resources that results in waste of time, budget, and expense; (6) Delays in patient transport associated with the foregoing and in failures to understand appropriate chain of command; (7) A review of Morrow County Ambulance response times revealed that response times are all well within protocol; (8) Personnel changes have occurred at Morrow County Ambulance that increase the number of available responders; (9) No other Fire District in Morrow County operates in the fashion proposed by Boardman Fire District, nor has any done so in 70 years.
- (2) Over the last year, the Boardman Fire District has demonstrated a failure to adhere to appropriate protocol and procedure. This has been demonstrated by the following: (1) Failing to have an appropriate contract and protocols in place with its medical director; (2) Failing to have a clear set of standing orders approved and reviewed by a medical director; (3) Instructing the Sherriff’s Department to ignore determinations of the Health

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F – (541) 676-2901	F – (541) 676-9017	F – (541) 676-9025	F – (541) 922-5881	F – (541) 422-7145	F – (541) 676-2901
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District and the procedures laid out in the ASA Plan with regard to dispatch; (4) Engaging in multiple instances of patient confidentiality violations in public forums; (5) Multiple instances of Fire District crew disparaging Health District ambulance crew in public, at incident scenes, and elsewhere; (6) Multiple instances of Fire District crew unlawfully removing medications and supplies from Morrow County vehicles and facility without Health District authority; (7) Failing to engage in appropriate transfer of patient care when indicated; (8) Engaging in a public campaign to undermine the reputation of the Morrow County Ambulance personnel and the Board by posting false information in social media and attempting to create a false narrative that the District was slow in responding to calls or provided otherwise substandard care with respect to arrival and transports, or that the public was at risk if the Fire District was prohibited from responding to every EMS call.

- (3) One of the overriding reasons for the Fire District’s requested amendment is funding-based, rather than safety-based. This is not an appropriate reason to change protocol and the ASA Plan.

Based upon these considerations and conclusions, it is the medical and public safety determination of the EMS Advisory Committee, the QA Subcommittee and the Morrow County Health District that the Morrow County ASA Plan remain unchanged and the Morrow County Sherriff’s Department shall **discontinue** the practice of dispatching Boardman Fire and Rescue to all calls and will **resume** the practice of dispatching Boardman Fire and Rescue to Fire and Motor Vehicle Accident calls only, unless specifically requested by the Health District/Morrow County Ambulance. Continued activities in opposition to this arrangement are inappropriate and in violation of the ASA Plan; the EMS Advisory Committee’s determination; and the Health District’s responsibility to administer the Plan in a way that ensures the citizens of Morrow County have access to an efficient, safe and effective ambulance service, in spite of this being a remote and sparsely populated area.

4-27-22

Donna Sherman, Morrow County EMS Advisory Committee Chair

Date

4/27/22

John Murray, Morrow County Health District Board Chair

Date

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NOTICE OF HEARING

DATE OF HEARING: January 10, 2022

TIME OF HEARING: 1 p.m.

LOCATION OF HEARING: Blue Mountain Community College, Classroom 2, 251 Olson Road, Boardman, OR 97818

This is to provide formal Notice of a Hearing under the Morrow County Ambulance Service Area Plan Complaint Review Process. Prior Notice of Deficiency and Request for Response was served on The Boardman Fire and Rescue District (BFRD) on July 26, 2022, documenting multiple violations of the ASA Plan and the Determination entered by the Morrow County Health District (MCHD) March 31, 2022. Those documents are attached to this notice for your reference.

Pursuant to the ASA Plan QA Problem Resolution requirements, BFRD Fire Chief Michael Hughes was contacted personally and in writing. Instruction was provided to prepare a written response and plan to address the deficiencies. Nothing was received in response. Continued non-compliance was found and was not evident within 10 days after attempts to gain compliance were made by the MCHD QA Subcommittee. Attempts to gain voluntary compliance were made and failed. A mediation was scheduled and occurred on October 3, 2022. Attempts were made to further mediate and those attempts have failed.

As a result of the continued failures to correct the deficiencies or complete a successful mediation or otherwise resolve the BFRD compliance issues, a Hearing was requested by the MCHD QA Subcommittee. That request was granted and a Hearing is hereby ordered to occur before the MCHD Board. The hearing shall be conducted by the Board Chairperson or vice-chairperson in accordance with the Attorney General's Model Rules of Procedures under the Administrative Procedures Act. In the event the Board determines the matter adversely to the BFRD and is unable to obtain compliance or correction as a result of this hearing, the Board shall request relief from the Morrow County Circuit Court, and the BFRD Supervising Physician shall be reported to the Oregon Board of Medical Examiners for further redress and discipline. Sanctions for non-compliance include, but are not limited to Nuisance penalties as specified under MC-C-4-98 for each occurrence.

Sincerely,

Marie Shimer

Marie Shimer, MCHD Board Chair

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07-26-22

Boardman Fire Rescue District
 300 SW Wilson Ln
 Boardman, OR 97818

This NOTICE is sent to you pursuant to the Morrow County Ambulance Service Area Plan (ASA Plan) guidelines relating to matters involving Quality Assurance and Patient Safety. Enclosed is a copy of the Morrow County Health District (MCHD) DETERMINATION of April 27, 2022.

The purpose of this notice is to inform you that the Boardman Fire & Rescue District (BFRD) has been operating outside of the guidelines set out in this Determination and the ASA Plan with respect to how calls for medical services are to be responded to safely and in keeping with the goals and responsibilities maintained by the Morrow County Health District and the EMS Advisory Committee in administering the ASA Plan. Those BFRD activities include the following:

- (1) Operating emergency vehicles at unsafe speeds in an effort to race MCHD ambulances to non-emergency medical calls;
- (2) Obstructing access of MCHD ambulance vehicles and personnel at emergency and non-emergency medical scenes;
- (3) Making unprofessional and derogatory statements to patients and in the community relating to MCHD ambulance personnel medical care;
- (4) Violating patient confidentiality by making comments about specific calls when no longer on scene and rendering care;
- (5) Continuing to insist that the Morrow County Sheriff’s Office dispatch the BFRD to all medical calls, despite the Determination made by the MCHD and EMS Advisory Committee that this procedure is unsafe;
- and (6) Continuing to ignore and violate the ASA Plan and Determination made by the MCHD and EMS Advisory Committee that this new dispatch procedure is unsafe by continually responding to all calls, including non-emergency calls, resulting in the violations described above.

All ambulance services in Morrow County are specifically governed under the enclosed ASA Plan, which was unanimously approved by the County Commissioners and the State of Oregon Health Authority. The Morrow County Health District was assigned the responsibility of monitoring the ASA Plan, administering it through the EMS Advisory Committee and assuring county emergency medical services are appropriately utilized on a county-wide basis.

Following a public meeting, held on March 31, 2022, the MCHD entered the enclosed Determination, informing the BFRD that its new method of responding to all medical calls of any kind should cease. In spite of this Determination, following a review of all patient safety issues brought to light by these recent changes to dispatch procedures involving BFRD, the BFRD has ignored the MCHD Determination and continued following its new practice of responding to all medical calls of any kind.

As a result, the Quality Assurance Subcommittee (QA Subcommittee) procedures under the ASA Plan were triggered, and the matter was reviewed. The BFRD was given multiple opportunities to present evidence and respond to these allegations. The QA Subcommittee is responsible for investigating violations of the ASA Plan. When the QA Subcommittee identifies a problem involving compliance with the ASA Plan or conduct that fails to conform to established protocols, the QA Subcommittee shall: (1) Request any additional information necessary to establish whether a violation or failure occurred; (2) Contact the non-compliant organization in writing and identify the specific

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TDD – (541) 676-2908					

facts, laws, rules or protocols concerning the violation or failure to conform; and (3) Request that within thirty (30) days the non-compliant organization submit a written response and a plan to correct the deficiencies.

Please consider this NOTICE the ASA Plan QA Subcommittee's request for your written response and plan to address these deficiencies within 30 days from the date of this Notice. Upon receipt of these materials, the QA Subcommittee will review the BFRD's response and written plan for resolution of the deficiency. Upon findings of compliance, the QA Subcommittee will monitor the plan for resolution of the deficiencies. Upon findings of non-compliance, the QA Subcommittee and the MCHD will need to take further action as described in the ASA Plan.

Thank you for your cooperation. Feel free to forward any questions or concerns you may have.



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9/2/2022

Chief Michael Hughes
 Boardman Fire Rescue District

This NOTICE is to inform you that the EMS Advisory Committee for the Morrow County Ambulance Service Area Plan met on August 31, 2022, to review the response and proposed plan that was to be submitted by the Boardman Fire Rescue District (BFRD) no later than August 25, 2022. Nothing was received from the Fire District explaining why BFRD was in violation of the Determination order and ASA Plan that was attached to the July 26, 2022, Notice of Violation sent to the BFRD. No plan for resolution was submitted by BFRD as required by the ASA Plan.

Therefore, as a result of BFRD’s failure to respond to the Notice, the EMS Advisory Committee has elected to move on to the next step within the quality assurance process. The rule allows the BFRD to come into compliance with the Determination order and ASA Plan within 10 days from the date responsive documents were due. The EMS Advisory Committee has elected to provide BFRD the opportunity to come into compliance by September 10, 2022, which is 10 days from the date of the EMS Advisory Committee meeting. If the BFRD fails to come into compliance with the ASA Plan and Determination order within that time, the ASA Plan procedure requires the parties to meet and discuss resolution between September 11 and September 20, 2022. If the BFRD fails to schedule that meeting or if such a meeting fails to accomplish a resolution of compliance, the matter will then be scheduled for a full hearing before the Morrow County Health District Board.

Please contact Donna Sherman in writing at donnas@moco hd.org and advise whether the BFRD will agree to comply with the ASA Plan and the MCHD Determination order of April 27, 2022. Alternatively, if the BFRD refuses to comply with the ASA Plan and MCHD Determination order, please provide dates for a meeting with the EMS Advisory Committee to be held between September 11 and September 20, 2022.

Sincerely,

Donna Sherman, EMS Advisory Committee Chair

Pioneer Memorial Hospital & Nursing Facility	Pioneer Memorial Home Health & Hospice	Pioneer Memorial Clinic	Irrigon Medical Clinic	Ione Community Clinic	Morrow County Ambulance
P – (541) 676-9133	P – (541) 676-2946	P – (541) 676-5504	P – (541) 922-5880	P – (541) 422-7128	P – (541) 676-9133
F – (541) 676-2901	F – (541) 676-9017	F – (541) 676-9025	F – (541) 922-5881	F – (541) 422-7145	F – (541) 676-2901
TDD – (541) 676-2908					

The ambulance services you rely on may be at risk.

Support collaboration, not competition, to keep Morrow County safe.

For nearly 30 years, Morrow County Health District has been the sole provider of Emergency Medical Services in Morrow County. Our seven ambulances respond quickly from stations in Lone, Heppner, Irrigon and Boardman that have trained EMTs and Paramedics available 24/7.

We provide these services to the entire county as one ambulance service area because it allows us to receive enhanced federal funding when the ambulance service is associated with our critical access hospital. This enhanced funding is key because MCHD heavily subsidizes EMS services in all communities (approximately \$550,000 per fully staffed location). Licensing a separate, competing ambulance service in Boardman will not only eliminate MCHD's eligibility for that enhanced federal funding, but it will jeopardize ambulance service in cities all across Morrow County.

To ensure Morrow County residents continue to have effective ambulance services, MCHD supports collaboration, not competition. We would welcome another provider who could work in tandem with us to supplement services. The best way for that to happen is through a contract with MCHD. We are open to considering any such contract and collaboration if it would be in the best interest of the public.

THE FACTS

- 1 MCHD receives enhanced federal funding that heavily subsidizes EMS services in all communities.
- 2 Licensing a competing ambulance service will eliminate our eligibility for that enhanced federal funding.
- 3 A decrease in funding puts our existing services across the entire county in serious peril.
- 4 Although MCHD does not make a profit on our EMS services, we believe all Morrow County residents have the right to high-quality ambulance services.
- 5 Our new staffing model has two EMS personnel working 12-hour shifts at each dispatching location: Boardman went live in 2021, Irrigon in 2022 and Hepper in 2023.
- 6 MCHD does not oppose the addition of more resources to support EMS in Morrow County if it's in the best interest of the public.
- 7 If another ambulance provider wishes to operate in Morrow County, a contract with MCHD is the best way forward.

MCHD EMS: Saving lives and serving the community in Morrow County. Find out more at [HealthyMC.org](https://www.healthyMC.org).



See reverse side for more on MCHD EMS

MCHD AMBULANCE SERVICE: Serving Morrow County Reliably and Efficiently



In Oregon, each ambulance service area is served by only one ambulance service provider to prevent conflicts between providers such as racing to calls. MCHD is the service provider for all of Morrow County and has been for nearly 30 years.



In Morrow County, there is a multi-disciplinary EMS Advisory Committee charged with overseeing the quality and delivery of EMS services. This committee makes decisions about the need to modify or add ambulance services.



Morrow County's current ASA Plan already allows for quick response teams to respond to EMS page-outs to provide care while an ambulance is en route. This practice has been successfully used throughout Morrow County for many years.



MCHD EMS includes a staff of more than 60 personnel that cross-cover all dispatching locations.



MCHD's seven ambulances are dispatched from stations in Lone, Heppner, Irrigon and Boardman that have trained EMTs and Paramedics available 24/7.



MCHD's response times are within minutes and well within established protocols.



Dispatching locations have moved to a staffing model where they are always staffed by two EMS personnel working 12-hour shifts, which allows them ample time away to rest and recover.



When necessary for patient or staff well-being, MCHD requests assistance from other agencies, such as a local fire department. This is called a "mutual aid" request and is common around the state.

**We support
collaboration,
not competition.**

Contact elected board members, county commissioners and local representatives and urge them to support MCHD EMS today!



For more EMS facts, follow us on Facebook!



AGENDA ITEM COVER SHEET
Morrow County Board of Commissioners
(Page 1 of 2)

(For BOC Use)
Item #

Please complete for each agenda item submitted for consideration by the Board of Commissioners
(See notations at bottom of form)

Presenter at BOC:
Department:
Short Title of Agenda Item:
(No acronyms please)

Date submitted to reviewers:
Requested Agenda Date:

This Item Involves: (Check all that apply for this meeting.)
List of checkboxes for various agenda items: Order or Resolution, Ordinance/Public Hearing, Appointments, etc.

N/A
Purchase Pre-Authorizations, Contracts & Agreements
Contractor/Entity:
Contractor/Entity Address:
Effective Dates - From: Through:
Total Contract Amount: Budget Line:
Does the contract amount exceed \$5,000? Yes No

Reviewed By:

Department Director Required for all BOC meetings
Administrator Required for all BOC meetings
County Counsel *Required for all legal documents
Finance Office *Required for all contracts; other items as appropriate.
Human Resources *If appropriate

Note: All other entities must sign contracts/agreements before they are presented to the Board of Commissioners (originals preferred). Agendas are published each Friday afternoon, so requests must be received in the BOC Office by 1:00 p.m. on the Friday prior to the Board's Wednesday meeting. Once this form is completed, including County Council, Finance and HR review/sign-off (if appropriate), then submit it to the Board of Commissioners Office.

AGENDA ITEM COVER SHEET

Morrow County Board of Commissioners

(Page 2 of 2)

1. ISSUES, BACKGROUND, DISCUSSION AND OPTIONS (IF ANY):

2. FISCAL IMPACT:

3. SUGGESTED ACTION(S)/MOTION(S):

Attach additional background documentation as needed.

Fiscal Review Tool

Agency: Morrow County Reviewer: Toni Silbernagel

Administrator: Robin Cannady Fiscal manager: Kevin Ince

Review participants: Kate Knop, Darrel Green, Robin Cannady, Sabrina Bailey, Kevin Ince

Date of review (mm/dd/yyyy): 01/27/2022 Date of report (mm/dd/yyyy): 01/30/2023

Agency type: LPHA Tribal government State government Local government Non-profit Other (*describe below*):

A fiscal compliance review is conducted to provide assurance that the Agency has an accounting system with proper controls to identify and report revenues, expenditures and equipment provided by federal agencies through the Oregon Health Authority (OHA).

A time span 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, the Financial Assistance Agreement between the agency and OHA, and policy and procedure requirements of programs when applicable such as Women, Infants and Children Program (WIC) and Breastfeeding Peer Counseling Program (BFPC).

Instances of noncompliance, material discrepancies and other irregularities are considered findings of the review for which management response and corrective action is required within the timeframe to be specified in the fiscal review report. The use of the term “Agency” in this tool includes Local Public Health Authorities (LPHAs), Non LPHAs, Subrecipients, Pass-through Entities, contractors, and subcontractors (2 CFR 200.331) and grantees that received funds from the OHA Public Health Division (PHD).

Criteria for Compliance	Compliant			Comments/Documentation/Explanation/Timelines
	Yes	No	N/A	
I. Internal controls				
A. Payroll — Grantee allocates payroll in compliance with federal regulations:				
<ul style="list-style-type: none"> • 2 CFR Part 200.430 — Compensation-personal service. • Oregon WIC Policy and Procedure Manual — WIC Fiscal Policies. 				

Criteria for Compliance	Compliant			Comments/Documentation/Explanation/Timelines
	Yes	No	N/A	
<p>1. For personnel working solely on a single federal award time is recorded and tracked.</p> <p>Reviewer: Where employees are expected to work on single Federal award or cost objective, charges for their salaries and wages must be supported by:</p> <ul style="list-style-type: none"> • Generating records that accurately reflect the work performed. • A system of internal control that provides reasonable assurance that charges to programs for wages & salaries are accurate, allowable, and allocable. • Being incorporated into the program operator’s official records. • Supporting the distribution of a staffer’s salary among all cost objectives in which he/she works. 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	There are no employees that work in a single federal award.
<p>2. If employee time is paid by more than one source (federal grant) charges to Federal awards for salaries must be based on records that accurately reflect the work performed.</p> <p>Reviewer: Records must:</p> <ul style="list-style-type: none"> • Be supported by a system of internal control which provides reasonable assurance that the charges are accurate, allowable, and properly allocated • Reflect the total activity for which the employee is compensated by the non-Federal entity, not exceeding 100% of compensated activities • May include the use of subsidiary records as defined in the non-Federal entity's written policy which comply with the established accounting policies and practices of the non-Federal entity and support the distribution of the employee's salary or wages among specific activities or cost objectives if the employee works on more than one Federal award. • For example: Federal award and non-Federal award; an indirect cost activity and a direct cost activity; two or more indirect 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employees enter their time by code based on the work/activity performed each day.

Criteria for Compliance	Compliant			Comments/Documentation/Explanation/Timelines
	Yes	No	N/A	
activities which are allocated using different allocation bases; or an unallowable activity and a direct or indirect cost activity.				
3. Employees and supervisor signatures on timesheets in ink (<i>e-timesheets are acceptable, with demonstration or verification of e-signature, or written procedures about how timesheets are signed</i>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each employee and supervisor has a unique log in for entry and approval of time.
4. All changes to timesheet are initialed by supervisor and employees in ink (<i>e-timesheets are acceptable with demonstration or verification of the approved process for changes, or written procedures about how e-timesheets are changed</i>) Reviewer: For items 3 and 4, grantees should provide timesheets or documentation of regular time studies. Review to ensure the time sheet is prepared by funding sources.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employee can log in and change the time prior to submission. The time is then resubmitted for approval.
5. Where employees work on multiple activities or cost objectives, distribution of their salaries or wages is supported by personnel activity reports (time sheets) or equivalent documentation. Reviewer: The following time sheet or activity standards must be met: <ul style="list-style-type: none"> Time documentation reflect an after-the -fact distribution of the actual activities of each employee. They account for total activity for which each employee is compensated. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation of activity and cost objective is recorded in the timekeeping system.
6. If budget estimates or other distribution percentages are used to support salary and wage charges to Federal awards, are they used for interim accounting purposes only? Reviewer: Are the following standards met: <ul style="list-style-type: none"> Does the entity’s system for establishing estimates produce reasonable approximations of the activity performed? 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Actual time is used.

Criteria for Compliance	Compliant			Comments/Documentation/Explanation/Timelines
	Yes	No	N/A	
<ul style="list-style-type: none"> Are quarterly, at minimum, comparisons made of actual costs to budgeted distributions based on monthly personnel activity/time study reports? Are adjustments made to cost charged to Federal awards based on the activity performed? (Note: These adjustments can be made annually only if the quarterly comparisons show differences between budgeted and actual costs of less than 10%) Are the budget estimates or other distribution percentages revised at least quarterly, if necessary, to reflect changed circumstances? 				
B. Payroll timing process: <ul style="list-style-type: none"> 2 CFR Part 200.430 — Compensation-personal services. ORS 652.120 Establishing regular payday; pay intervals; agreement to pay wages at future date. Oregon WIC Policy and Procedure Manual — WIC Fiscal Policies. 				
<p>1. There is a process for submission of time/activity reports and issuance of paychecks.</p> <p>Discuss process</p> <p>Reviewer: Check the following for compliance:</p> <ul style="list-style-type: none"> Select a sample of current employees and review for the following: Trace them to the payroll register, making sure each current employee has been paid. Time Sheet/activity reports are approved by the employee using a signature or other unique identifier Compensation paid to employees follow Federal, State and Local wage and salary policies The payroll process is prepared at least monthly and must coincide with one or more pay periods Verify that payroll charges are reviewed against the program operating budgets 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Time is to be submitted by the employee every other Friday.</p> <p>Supervisor approvals are due the following Monday before 10:00 AM.</p> <p>Pay days are every other Thursday.</p> <p>Time is submitted for a two-week time period.</p>

Criteria for Compliance	Compliant			Comments/Documentation/Explanation/Timelines
	Yes	No	N/A	
<p>2. There is an accounting process to charge payroll expenditures to various grants in accounting system.</p> <p>Reviewer: Review chart of accounts/general ledger structure to ensure the chart of accounts is organized by Cost centers/ program codes/activity codes to allow time to be charged and paid by programs and if possible, is interfaced with time capturing system. If not, review the system to prepare payroll from time capturing system, manual transfer of time is prone to human errors.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payroll is charged using a manual process outside of the financial system utilizing the Tyler incode finanacial software and Nova time reports.
<p>3. Payroll reports can be generated from accounting system.</p> <p>Reviewer:</p> <ul style="list-style-type: none"> If payroll system is not maintained within the Agency (<i>in house</i>), inquire and verify what type/level of access fiscal personnel has to payroll system Check to ensure the access level is sufficient to view and print off the payroll reports for easy distribution to departmental heads and supervisors. <p><input checked="" type="checkbox"/> Payroll report submitted and reviewed</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payroll reports received and reviewed.
<p>C. Travel:</p> <ul style="list-style-type: none"> 2CFR Part 200.475 — Travel Cost 				
<p>1. There is an approved travel policy and procedures.</p> <p>Reviewer: Review the Travel policy document and ensure the test of transactions performed above is in line with the approved travel policy. Note any significant departure from the policy.</p> <p><input checked="" type="checkbox"/> Travel Policy submitted and reviewed</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel Policy from the employee handbook received and reviewed.
<p>2. Travel incurred and paid by federally funded programs were necessary, reasonable and for only authorized individuals. Standard per diem rates and lodging rates. Per diem rates overview</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GSA rates are followed. If employees choose to use a personal vehicle when there is a county vehicle available. The reimbursement for mileage is 50% of the IRS rate per mile.

Criteria for Compliance	Compliant			Comments/Documentation/Explanation/Timelines
	Yes	No	N/A	
<p>Reviewer: Compare reimbursed and paid rates with travel policy to determine if appropriate rates were paid</p>				Out of state has to be pre-approved.
<p>3. The travel expenses follow federal guidelines, county or Agency’s travel policies and procedures and per diem standards</p> <p>Reviewer:</p> <ul style="list-style-type: none"> • Ensure travel costs and documents support assertion that the costs are a direct result of the individual’s travel for Federal award programs • The costs are consistent with the non-Federal entity’s documented travel policy for all entity travel • Travel costs for dependents are unallowable, except for travel of duration of six months or more with prior approval of the federal awarding agency (2 CFR 200.432 Conferences) • Airfare costs in excess of the basic least expensive unrestricted accommodations class offered by commercial airlines are unallowable except when such accommodations would require circuitous routing, travel during unreasonable hours, or excessively prolonged travel, or would result in additional costs that would offset the savings or would offer accommodation not reasonably adequate for the traveler’s medical needs 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Travel documentation received and reviewed followed travel policies.</p> <p>Forms were accurately completed and approved.</p>
<p>4. There is internal control over travel expenses including a robust/established process of approving and authorizing travel.</p> <p>Reviewer: Test and evaluate the adequacy of the subrecipient internal control practices and adherence to the Agency’s written policy and procedures</p> <ul style="list-style-type: none"> • Review a randomly selected sample of travel expense vouchers processed during the period under review. Determine whether they were pre-audited and properly authorized and approved by the agency head or relevant authority per travel policy and procedures. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel policy is followed.

Criteria for Compliance	Compliant			Comments/Documentation/Explanation/Timelines
	Yes	No	N/A	
<ul style="list-style-type: none"> Examine to ensure each travel vouchers contained the adequate supporting documentation such as approved travel request, receipts, invoices, for training related travel, training agenda or schedule is attached Verify allowability of expenditure, and identify possible hidden unallowable expenditures in claims receipts and invoices, such as excessive tips, alcohol purchase etc. Ensure any personal costs that are reimbursed are appropriate including the use of personal cars If petty cash is used to reimburse employees review the process. 				
<p>D. Purchasing, equipment and inventory:</p> <ul style="list-style-type: none"> 2 CFR Part 200.318 — General Procurement standards 2 CFR Part 200.319 — Open and Free competition 2 CFR Part 200.320— Methods of procurement to be followed 2 CFR Part 200.420 — Considerations for selected items of cost 2 CFR Part 200.501 — Audit requirements Oregon WIC Policy and Procedure Manual — WIC Fiscal Policies Federal Internal Control Standards including:: <ul style="list-style-type: none"> Segregation of Duties: Management divides or segregates key duties and responsibilities among different people to reduce the risk of error, misuse, or fraud. This includes separating the responsibilities for authorizing transactions, processing and recording them, reviewing the transactions, and handling any related assets so that no one individual controls all key aspects of a transaction or event. If segregation of duties is not practical within an operational process because of limited personnel or other factors, management designs alternative control activities to address the risk of fraud, waste, or abuse in the operational process. Authorization and approval: Transactions are authorized and executed only by persons acting within the scope of their authority 				
<p>1. Does the subrecipient have written procurement policies and procedures for procurement of supplies, equipment and other services including purchasing of goods and services for clients that meet required standards? 45 CFR 75.327 General procurement standards</p> <p><input type="checkbox"/> Procurement policy submitted and reviewed.</p> <p>Reviewer, determine if subrecipient’s procurement policies and procedures meet the following standards:</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Finding: The Written Purchasing Policy and Procedure was referenced in an email from Darrell Green and Morrow County appears to have purchasing controls. The policy was described in an email as well as discussed at a BOC meeting on 6/12/2019 with options on which policy may be approved. The policy was</p>

Criteria for Compliance	Compliant			Comments/Documentation/Explanation/Timelines
	Yes	No	N/A	
<ul style="list-style-type: none"> Subrecipient ensures that contracts are performed in accordance with terms, conditions and specifications of the contracts or purchase orders, Subrecipient uses the appropriate procurement standard: Micro-purchase, Small Purchase or Formal Procurement Subrecipient provides oversight to guard against fraud, waste and abuse Subrecipient conducts a cost or price analysis in connection with every procurement action that is above the micro-purchase threshold and in compliance with the agency policy Subrecipient attempts to obtain the most economical purchase Subrecipient maintains source documents to include those providing evidence that transactions have occurred (<i>for example, purchase orders, payroll time records, customer orders, and contracts</i>). Such records also include the general ledger, subsidiary records and the entity’s most recent audit if an audit was required per 2 CFR 200.501. 				requested during the review with the initial documents as well as on 8/26/22 and 9/9/22 with no response.
<p>2. All procurement transactions conducted provide practical, open and free competition. 45 CFR 75.328 Competition</p> <p>Reviewer: Is all procurement conducted using full and open competitive procurement procedures?</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The procurement process is based on the cost threshold and quote requirements.</p> <p>Patterns of purchases are reviewed and monitored.</p>
<p>3. Grantee maintains record of procurement history: CFR 75.361 Retention requirements for records</p> <p>Reviewer: Does the grantee’s records retention requirements contain sufficient details to meet federal requirements governing the history of procurement?</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No retention period was submitted during the fiscal review.
<p>4. Grantee has proper segregation between accepted internal control procedures.</p> <p>Reviewer, for rows 4a. through 4d., review for the following criteria:</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Internal control checklist received and reviewed.

Criteria for Compliance	Compliant			Comments/Documentation/Explanation/Timelines
	Yes	No	N/A	
<ul style="list-style-type: none"> Review internal control protocol to identify if the segregation of duties is well explained and incorporated into all processes that require segregations of duties Is there clear separation of responsibility between authorization to purchase and the subsequent authorization to pay? Do requisitions, purchase orders and receiving slips contain unique identifiers? Are the main three aspects of procurement (<i>requisition, placing orders, and receiving</i>) performed by different individuals to ensure separation of duties? If segregation of duties is not practical within an operational process because of limited personnel or other factors, management designs alternative control activities to address the risk of fraud, waste, or abuse in the operational process. 				
a) Requisition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Occurs at the department level, employee speaks with or emails the request to the supervisor. If the supervisor has budget authority they can approve it.
b) Ordering	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office manager or director oversees and places the orders.
c) Receiving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office personnel completes the receiving process.
d) Does the purchasing policy require orders be verified, signed, and dated by person who received orders? Reviewer: obtain sample invoices and ensure the internal process or policy is being followed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The supervisor or director has to sign the invoice or send an email documenting the receipt of the item.

Criteria for Compliance	Compliant			Comments/Documentation/Explanation/Timelines
	Yes	No	N/A	
<p>5. Invoice and expenditure processing.</p> <p>Accepted internal control procedures</p> <p>Expenditures/invoices billed are reasonable, allowable, allocable to the programs (<i>e.g. WIC, BFPC, FP, MCH, HIV, Immunization</i>)</p> <p>Reviewer: The purpose of this section is to determine whether costs charged to federal programs are allowable, allocable and reasonable. 2 CFR 200.403 identifies factors affecting allowability of costs. Costs must:</p> <ul style="list-style-type: none"> • Be necessary and reasonable for the performance of the federal award and be allocable thereto under these principles • Conform to any limitations or exclusions set forth in these principles in the Federal award as to types or amount of costs items • Be consistent with policies and procedures that apply uniformly to both federally-financed and other activities of the non-Federal entity • Be accorded consistent treatment. A cost may not be assigned to a Federal award as a direct cost if any other cost incurred for the same purpose in like circumstances has been allocated to the Federal award as an indirect cost • Be determined in accordance with generally accepted accounting principles (GAAP), except for state and local governments and Indian tribes only • Not be included as a cost or used to meet cost sharing or matching requirements of any other federally-financed program in either the current or a prior period. See also § 200.306(b). • Cost must be incurred during the approved budget period per the Intergovernmental Agreement. <p>Be adequately documented. See also §§ 200.300 through 200.309 of this part.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Supervisor or office manager codes the expense to the general ledger code and is signed by the supervisor. There are some office managers that are authorized to sign up to \$5,000.00.</p> <p>After approval it is submitted to the finance accounts/payable department.</p> <p>Submission can be made in person or scanned and emailed.</p> <p>Hard copies are always received as back up.</p> <p>The expense is then entered into the finance software accounts payable.</p> <p>Accounts payable submit the batch to be reviewed internally by a financial analyst for accuracy.</p> <p>The batch is then reviewed by the finance director and the cover sheet is signed for approval and submission to the county treasurer office. The county treasurer office verifies cash is available for the expense.</p> <p>Final approval is completed by the board of commissioners at weekly meetings that occur on Wednesdays.</p> <p>Checks are sent out on Thursdays.</p>

Criteria for Compliance	Compliant			Comments/Documentation/Explanation/Timelines
	Yes	No	N/A	
<p>2 CFR 200.405 A cost is allocable to a federal award if the goods or services involved are chargeable or assignable to that Federal award in accordance with relative benefits received. The standard is met if the cost:</p> <ul style="list-style-type: none"> • Is incurred specifically for the Federal award • Benefits both the Federal award and other work of the non-Federal entity and can be distributed in proportions that may be approximated using reasonable methods. • Is necessary to the overall operations of the non-Federal entity and is assignable to part of the Federal award. 				
6. Approvals are obtained before payment processing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expenditures reviewed followed the approval process.
7. Expenditures are billed correctly to the appropriate program.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All expenditures reviewed were coded to the correct grant on paper. Finding: The detailed GL did not consistently identify the expenditures by grant code.
8. Expenditures for WIC are allocated accurately between nutrition education (NE), breastfeeding (BF), administration, and other special breakouts. Reviewer , Requirement is specific to WIC Programs. If the Agency is not a WIC provider or the review is not a WIC review, enter “Not applicable” in the comments column. To test this: <ul style="list-style-type: none"> • Inquire what allocation method the grantee uses to allocate costs to WIC programs categories: Nutrition Education (NE) Breastfeeding (BF), Client Services (CS) and General Administration (GA). Common method used by most grantees is time study to calculate percentages and use those percentages to allocate Materials and services to the categories. 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not a WIC review.

Criteria for Compliance	Compliant			Comments/Documentation/Explanation/Timelines
	Yes	No	N/A	
<ul style="list-style-type: none"> If time study is used as allocation basis, review random expenditures to identify those expenditures which should not be allocated, or rather not allowed to be charged to one category but allowed to the other categories 				
<p>9. Expenditures are allocated accurately among all programs.</p> <p>Reviewer:</p> <ul style="list-style-type: none"> Obtain sample paid invoices and examine how payments were coded from original request to final payments and trace the payments to the general ledger. Verify that the procurement and payments documents were accurately executed, and charges are correctly placed to appropriate programs. Test the accounting system to ensure it will not process duplicate invoices. Review internal control protocol regarding partial payment and identify if the protocol is followed accurately. Ensure receipts for prepaid items, if any and if allowed by procurement policy, are retained for verification and audit purposes. 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Finding:</p> <p>The detailed general ledger records expenditures without the ability to clearly identify which grant the expense is being charged to.</p>
<p>10. Property management system includes: asset description, ID number, acquisition date, current locations, and federal share of asset.</p> <p>Reviewer, review internal control system to ensure the following standards are maintained:</p> <ul style="list-style-type: none"> Grantees have written policies and procedures covering the use, management, and disposition of property acquired under Federal Programs Verify that the grantee’s policies and procedures categorize the classes of property- real property (Land and 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>The Capital Assets are recorded in the Fixed Asset Auditor report.</p> <p>Finding:</p> <p>The non-capital equipment including IT is a list of inventory.</p> <p>This list does not include the following:</p> <ul style="list-style-type: none"> * Location-currently states by employee first name does not state actual location * Consistent descriptions/serial number are missing

Criteria for Compliance	Compliant			Comments/Documentation/Explanation/Timelines
	Yes	No	N/A	
<p>Building) and personal property (<i>Equipment, non-capitalized property and Supplies</i>)</p> <ul style="list-style-type: none"> Verify that the policies require records of equipment to include at least a description of the equipment, serial number, source, title holder, acquisition date, cost of equipment, percentage of Federal participation in cost, where equipment is located, use, condition and disposition data Does the grantee conduct physical inventory, how often? Grantee maintains a system of internal controls that provides reasonable assurance against loss, theft, damage, or unauthorized use of equipment. <input type="checkbox"/> Policy and procedure submitted and reviewed				* Federal Share * Cost No inventory has been submitted to OHA for FY 2018-2022
11. Physical inventory taken at least once every two years. Date of last inventory: <input type="checkbox"/> Copy of last completed inventory submitted and reviewed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Finding: No documentation of a physical inventory was submitted.
E. Indirect costs/Cost Allocation Plan/De Minimis Rate. Types of costs charged to federal programs from other departments: <ul style="list-style-type: none"> 2 CFR 200.400 — Cost Principle Policy Guide 2 CFR Part 200.414-416 — Indirect (F&A) costs Appendix VII to Part 200 — States and Local Government and Indian Tribe Indirect Cost proposal 45 CFR Appendix to Part 75 — States and Local Government and Indian Tribe Indirect Cost Proposal Oregon WIC Policy and Procedure Manual — WIC Fiscal Policies 				
1. If the agency uses a substitute system for indirect cost of employees that have schedules: that do not change from week to week, carry out the same duties for the same amount of time each pay period and submit the same documentation every month review the following: Reviewer: If not applicable check N/A. If the entity utilizes a substitute system for allocating salaries and wages to federal award:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No substitute system is used.

Criteria for Compliance	Compliant			Comments/Documentation/Explanation/Timelines
	Yes	No	N/A	
<ul style="list-style-type: none"> Was the substitute system approved by Federal cognizant agency for the organization? Was the substitute system implemented as approved by the cognizant agency? Obtain random sampling of activity or time studies which include the entire time span involved completed and certified at a minimum of semi-annually. <input type="checkbox"/> Approved substitute system certificate submitted and reviewed.				
<p>2. If subrecipient uses cost allocation method of charging federal programs, there is a Certificate of Cost Allocation Plan signed by the chief financial officer of the governmental unit.</p> <input type="checkbox"/> Certification has been submitted and reviewed. Reviewer: Agency should develop an overall budget and reasonable cost allocation plan based on how shared or common costs are distributed across programs. The Agency’s approach to allocating shared costs by funding source must by and large meet the following standards: <ul style="list-style-type: none"> Reasonable — makes sense and is appropriate to the type of programs, e.g. square footage for rent, FTE’s for salaries Consistent — Same methodology for the same types of costs across all programs (<i>e.g. method for allocating rent is the same across all programs</i>) Inconsistent — using highly variable bases, e.g. number of participants in a program, salaries without monthly reconciliation. <p>To test that cost allocation is occurring according to documented procedures, examine salaries and rent first, effectively test two months for which invoices are already being requested. If the two</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Finding:</p> <p>Indirect costs were charged to program elements without a clear identification of how the costs were developed or a signed certificate.</p>

Criteria for Compliance	Compliant			Comments/Documentation/Explanation/Timelines
	Yes	No	N/A	
<p>months does not indicate the existence of cost allocation, expand the examination.</p> <p>Review process includes:</p> <ul style="list-style-type: none"> Identifying the methods used by grantee to allocate costs to programs Verify costs included in the Cost Allocation Plan are allowable, allocable and reasonable <p>Reviewing the Cost Allocation Plan to ensure indirect costs are not included and allocated as direct cost to federal programs</p>				
<p>3. Indirect charges are allocated to all programs proportionately or appropriately.</p> <p>Reviewer:</p> <ul style="list-style-type: none"> Review indirect rate cost pools. Ensure costs included in the pool are reasonable and allowable. Verify that central costs are not accounted twice to the cost pools. Using the percentage, or allocation methods, calculate the indirect rate independently and compare with the one used by the agency. Any discrepancies must be resolved 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Finding:</p> <p>Indirect costs were charged to program elements at a variety of percentages without clear documentation of how the rate was determined.</p> <p>FY 21 Q4 indirect rates claimed:</p> <p>PE12: 4.95%, PE13: 20.74%, PE42-04: 1.78%, PE43: .73%, PE44-01: 11.11%, PE46-05: 1.89%, PE51-01: 1.24%</p>
<p>F. Allocated/assigned costs.</p> <p>Types of costs charged to federal programs from other departments:</p> <ul style="list-style-type: none"> 2 CFR 200.400 — Cost Principle Policy Guide 2 CFR Part 200.413 (a–d) - Direct Costs (Facility and Administration) 2 CFR Part 200.415 — Required certification 2 CFR Part 200.416 — Cost allocation plans and Indirect cost proposals Oregon WIC Policy and Procedure Manual — WIC Fiscal Policies <p>Direct Cost: identified specifically with a final cost objective, such as a federal award or other internally or externally funded activity, or that can be directly assigned to such activities relatively easily with a high degree of accuracy. Such as compensation of employees who work on that award, their related fringe benefits costs, the cost of materials incurred for Federal award.</p>				

Criteria for Compliance	Compliant			Comments/Documentation/Explanation/Timelines
	Yes	No	N/A	
<p>1. Following is a list of direct charges; indicate the basis for how costs are allocated to all programs.</p> <p>Reviewer: Define how each item is charged if applicable: Identification with the Federal award rather than nature of the goods and services involved is the determining factor in distinguishing direct and indirect. Review the costs listed and identify how these costs are shared and allocated among public health programs.</p>				
a) Rent	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Verbal: Based on square footage No indirect rate agreement/cost allocation plan or de minimis rate documentation.
b) Insurance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Verbal: Based on square footage No indirect rate agreement/cost allocation plan or de minimis rate documentation
c) Mail room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Charges are department specific.
d) Utilities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Based on square footage No indirect rate agreement/cost allocation plan or de minimis rate documentation
e) Information/Technology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Purchases are direct charge.
f) Accounting/County fiscal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g) Motor Pool	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All costs are assigned directly to the department.
2. If the grantee uses indirect rate to charge federal programs, there is a copy of the agreement. 45 CFR 75.416 Cost Allocations Plans and Indirect cost proposals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No indirect rate agreement/cost allocation plan or de minimis rate documentation

Criteria for Compliance	Compliant			Comments/Documentation/Explanation/Timelines
	Yes	No	N/A	
<p>Reviewer: If the grantee has not received a negotiated indirect rate, can utilize de minimis indirect rate. The de minimis rate can be charged at 10% of Modified total direct cost (2 CFR200.68). In addition, if the grantee is using negotiated rate from another federal agency other than Public Health, verify that they have approval from PH to utilize the negotiated rate to charge PH programs. Part of the review is to verify what is included in the indirect cost pools, and ensure the included costs are allowable, allocable and reasonable.</p>				
<p>3. Costs are not double charged to federal grants.</p> <p>Reviewer: Check to ensure any costs that are charged using an Indirect Rate/Cost Allocation Plan or De Minimis Rate are not double charged.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No charges were noted as charged as an indirect cost and a direct cost.
<p>G. Other direct allowable costs:</p> <ul style="list-style-type: none"> • 2 CFR Part 200.403–407 — Factors affecting allowability of costs • 2 CFR 200.420 — Considerations for selected items of cost • Oregon WIC Policy and Procedure Manual — WIC Fiscal Policies • 2 CFR Part 200.414–416 — Indirect (F&A) costs • Appendix VII to Part 200 — States and Local Government and Indian Tribe Indirect Cost proposal 				
<p>1. Review of specific charges to accounts (<i>WIC, BFPC, Title X, and other major programs</i>) to determine that cost claimed is appropriate, e.g., purchase orders, invoices, travel vouchers.</p> <p>Reviewer: Test randomly selected transactions from General Ledger/Accounting entries in conjunction with supporting documentation for costs incurred and paid to ensure cost claimed is appropriate, allowable, allocable and reasonable. For a cost claimed to meet basic consideration of cost allowability, allocability and reasonability it must meet the following standard.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Purchases are reviewed by the supervisor to ensure they are an allowable.</p> <p>If there are any question the IGA is referenced.</p> <p>Finding:</p> <p>The same cell phone cost of \$350.95 for the month of September was claimed for both PE 12 and PE12-02 in Q1.</p>

Criteria for Compliance	Compliant			Comments/Documentation/Explanation/Timelines
	Yes	No	N/A	
<ul style="list-style-type: none"> • Cost incurred is necessary and reasonable for the performance of the federal award and must be allocable thereto, conform to any limitations or exclusions set forth under 2 CFR 200.403, • Be consistent with policies and procedures that apply uniformly to both federally-financed and other activities of the non-Federal entity, • Be accorded consistent treatment, be determined in accordance with GAAP, not be included as a cost or used to meet cost sharing or matching requirement of any other federally-financed programs and be adequately documented. <p>Review invoices, source documents and supporting documentation for selected sample to ensure:</p> <ul style="list-style-type: none"> • Costs were budgeted for, reviewed, approved, and charged to the appropriate programs for the benefit of the programs • Expenditures are accurately coded as appears on the supporting documentation to ensure the correct programs were charged for the cost. <ul style="list-style-type: none"> ○ Review source documentation and basis for any shared costs, identify unusual costs or costs that appear unreasonable, unallowable or un allocable ○ Test credit card charges and/or petty cash expenditures with an original receipt and reasonably tie to the cost allocation plan. 				
II. Accounting System				
<ul style="list-style-type: none"> • 2 CFR Part 200.107 — OMB responsibilities • 2 CFR Part 200.302 — Financial Management • 45 CFR Part 75.107 — OMB responsibilities General Provision; Accepted Internal Control Procedures 				

Criteria for Compliance	Compliant			Comments/Documentation/Explanation/Timelines
	Yes	No	N/A	
<p>1. There is an accounting system.</p> <p>Reviewer: What is the name of the purchased accounting system if applicable? <input type="checkbox"/> Internally developed <input checked="" type="checkbox"/> Purchased</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Purchased-Tyler Incode
<p>2. Cost centers and accounts are maintained for each grant. Discuss.</p> <p>Reviewer: Costs centers ensure cost objectives are met. Per 2CFR 200.28 <i>Cost objective</i> means a program, function, activity, award, organizational subdivision, contract, or work unit for which cost data are desired and for which provision is made to accumulate and measure the cost of processes, products, jobs, capital projects, etc. A cost objective may be a major function of the non-Federal entity, a particular service or project, a federal award, or an indirect (Facilities & Administrative (F&A)) cost activity, as described in Subpart E - Cost Principles of this Part. See also § 200.44 Final cost objective.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Revenue and expenditures are not clearly identified by Program Elements.</p> <p>The verbal response was the documentation was kept in quick books.</p> <p>The reports were unable to be submitted to support the amounts in the detailed GL.</p>
<p>3. An annual budget is submitted to the governing body of the local public health authority by the Public Health Administrator.</p> <p>Reviewer:</p> <ul style="list-style-type: none"> • Standard for Agency-wide Budget • Current (<i>fiscal or calendar year</i>), shows income and expense by program • Shows allocation of shared and indirect costs by program • Shows funding separate from program expense • Clearly identifies revenue sources, state, federal, program income, fees etc. <p>Obtain current budget document and review to ensure process to create the budget follows written policies and budget process and procedures and that the budget document meets the above budget standards.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Morrow County requires all directors submit a budget proposal for the upcoming fiscal year.</p> <p>Any personnel changes require prior approval by the board.</p> <p>The budget proposal is reviewed by the finance team and finance director. It is then presented to the budget committee in a public hearing in April.</p> <p>After the approval by the budget committee it is submitted to the board of commissioners for adoption.</p>

Criteria for Compliance	Compliant			Comments/Documentation/Explanation/Timelines
	Yes	No	N/A	
4. If changes have been made in the budget of any of the Agency's programs under review, and if prior approval requirements apply, the Agency secured the required prior written approval.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any changes to the budget require the approval of the board of commissioners.
5. There are budgetary controls to preclude obligations in excess of grant total. Discuss. Reviewer: The controls are to ensure the grant is not overspent. Review the following: <ul style="list-style-type: none"> • Ensure the budget is loaded to the accounting system to track expenditures • Systemic warning indicators to trigger any potential budget shortfall • Verification process to ensure the expenditures were budgeted for • Comparison of budgets to actuals when approving expenditures 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The office manager and finance department track expenses. Supervisors cannot exceed appropriations and are responsible to monitor the budget.
6. Accounting system provides for accounts payable/encumbrances. Reviewer: If the subrecipient is on a cash basis obtain records that contain information pertaining to the awards, authorizations, financial obligations, unobligated balances, assets, expenditures, and interest by source documentation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. The expenditures are charged to the correct grant period at year-end. Subrecipient is on cash or accrual basis of accounting. Discuss. eCFR Title 2 §1108.180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Morrow County is on a modified accrual. At year end revenues can accrue back 60 days post June 30 and 90 days for expenditures post June 30.
8. Copies of revenue and expense reports are provided for review.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	History Detail Listing report received and reviewed.
9. There are written policies and procedures for accounting controls. <input type="checkbox"/> Policy and procedure submitted and reviewed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Finding: The Written Purchasing Policy and Procedure was referenced in an email from Darrell Green and appears to have the accounting controls. The policy was described in an email. The policy was requested

Criteria for Compliance	Compliant			Comments/Documentation/Explanation/Timelines
	Yes	No	N/A	
				during the review with the initial documents as well as on 8/26/22 and 9/9/22 with no response.
III. Cash management				
<ul style="list-style-type: none"> • 2CFR Part 200.302 — Financial Management • 45 CFR 75.302 — Standard for Financial and Program Management • Title X Family Planning Guidelines — Title X Program Guidelines: <ol style="list-style-type: none"> 1) Segregation of duties 2) Authorization and approval 3) Custodial and security arrangements 4) Adequate records 				
1. Cash handling procedures:				
a) Subrecipient promptly deposits all cash.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily deposits are completed.
b) Checks are restrictively endorsed at time of receipt.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) There is a written policy and procedure for handling payments received from the client at time of service. <input checked="" type="checkbox"/> Policy and procedure submitted and reviewed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Included in the MCHD Fee Collection Policy
d) There are procedures written for preparation and reconciliation of cash deposit. <input checked="" type="checkbox"/> Policy and procedure submitted and reviewed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cash handling policy received and reviewed.
e) If there are branch offices/other clinic locations, the Agency operates with internal controls in the same way as the main office.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Two locations; Heppner and Boardman.
f) There are cash handling procedures at branches/clinic locations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cash handling policy is followed at both locations.
g) Agency accounts for in kind contributions. (<i>Volunteer hours, fixed assets, etc.</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Donation policy received and reviewed.
2. Billing and receivables:				
a) There is a billing system. • What is the name of the billing system used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pantagonia

Criteria for Compliance	Compliant			Comments/Documentation/Explanation/Timelines
	Yes	No	N/A	
<p>b) Bills to clients show the total charges, as well as allowable discounts.</p> <p>Reviewer: Review sample copies of client billing statement to ensure the bills show total charges and associated discounts per sliding scale. Obtain sliding scale and recalculate the discount to verify that the discount was properly applied.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bills to clients reviewed showed total charges.
<p>c) Bills are sent to third party, if necessary.</p> <p>Reviewer: Discuss the billing system and how charges to insurance providers are generated. Compare the charges submitted to providers with patients records to identify if correct insurance providers are billed.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No third parties were billed during the fiscal year reviewed.
<p>d) Third parties authorized or legally obligated to pay for clients at or below 100% FPL are properly billed.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No third parties were billed during the fiscal year reviewed.
<p>e) Third party bills show total charges without discount.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No third parties were billed during the fiscal year reviewed.
<p>f) Third party bills show total charges without discount unless there is a contracted reimbursement rate that must be billed per third party agreement.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No third parties were billed during the fiscal year reviewed.
<p>g) Reasonable efforts to collect charges are made.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Follow the A/R Policy.
<p>h) Aging of outstanding accounts analysis has been established.</p> <p>Reviewer: Aging of outstanding accounts is required to be established for accounts receivable, to know how old the balance is and help the decision to write it off or to send it to collection.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The write off policy is included in the A/R Policy received and reviewed.
<p>i) There is a write-off policy and procedure for uncollectible accounts.</p> <p><input checked="" type="checkbox"/> Policy and procedure submitted and reviewed.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The write-off policy is included in the submitted A/R policy received and reviewed.

Criteria for Compliance	Compliant			Comments/Documentation/Explanation/Timelines
	Yes	No	N/A	
j) If donations are accepted, clients are asked to donate but are not pressured to donate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Follow MCHD Fee Collection Policy. F. Asking Clients for Donations
k) There is a written policy and procedure for handling payments not received at time of service. <input checked="" type="checkbox"/> Policy and procedure submitted and reviewed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client billing is included in the A/R Policy.
IV. Subrecipient monitoring				
<ul style="list-style-type: none"> • 2 CFR Part 200.206 — Federal awarding agency review of risk posed by applicants • 2 CFR Part 200.329 — Monitoring and reporting program performance • 2 CFR Part 200.331 — Subrecipient and contractor determinations • 2 CFR Part 332 — Requirements for pass-through entities • 2 CFR Part 200.344 — Closeout • 2 CFR Part 200.501— Audit requirements • 45 CFR Part 75.351-352 — Subrecipient and contractor determinations 				
1. The Agency passes through federal funds to subrecipients and/or vendors (<i>providers</i>). If yes , list the name of contractor(s) and amount of federal funds disbursed. <input type="checkbox"/> Subrecipient contract submitted and reviewed for compliance with 2 CFR 200.332.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not part of the IGA: Community Counseling solutions Mental Health and Alcohol and Drug.
2. The Agency has completed a Risk Assessment. Reviewer: Review Risk Assessment evaluation for the following: <ul style="list-style-type: none"> • Financial Stability • Management systems and standards • History of performance • Audit reports and findings • Ability to effectively implement requirements Note any Risk-based requirement adjustments that may be merited. <input type="checkbox"/> Subrecipient Risk Assessment submitted and reviewed for compliance with 200.206.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Criteria for Compliance	Compliant			Comments/Documentation/Explanation/Timelines
	Yes	No	N/A	
3. The Agency has a written policy and procedure for fiscal monitoring for subrecipients and vendors (<i>providers</i>) that complies with 2 CFR Part 200.329 <input type="checkbox"/> Monitoring policy submitted and reviewed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Describe how the Agency ensures an appropriate level of fiscal monitoring.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. The Agency complied with its monitoring policy when awarding contracts.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. The Agency avoided acquisition of unnecessary or duplicate items. Discuss. Reviewer: Review costs to ensure there are not duplicate purchases during the review period.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Agency has performed a close out process according to 2 CFR 200.344, which directs Federal Award agency or a pass-through entity to perform close out of the federal award when it determines that all applicable administrative actions as well as required work of the Federal award have been completed by the non-federal entity. Reviewer: <ul style="list-style-type: none"> Review close out documents If the agreement is extended obtain a copy of the approval of extension 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
V. Reporting and audit compliance				
<ul style="list-style-type: none"> 2 CFR 200.501— Audit Requirements 				
1. Quarterly revenue and expense report submitted quarterly. Reviewer: These reports are required to be submitted to OHA PHD quarterly. Note that the agencies are reimbursed based on these reports, the reports must be supported with proper accounting records to ensure that reimbursements are legitimate and for the	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quarterly revenue and expense reports obtained for FY 2020 and FY 2021.

Criteria for Compliance	Compliant			Comments/Documentation/Explanation/Timelines
	Yes	No	N/A	
<p>allowed expenditures. Ensure the quarterly reports meet the following standards</p> <ul style="list-style-type: none"> • Prepared and signed by a fiscal person and approved by authorized personnel or agent • The reported program income/revenue accurately reconciles with general ledger balances • Reported expenditure does not exceed the federal/state grant award. 				
<p>2. Quarterly time study (WIC) is conducted.</p> <p>Reviewer: The state WIC program requires that a reasonable system for documenting nutrition education and breastfeeding promotion expenditures be in place. Staff time spent on nutrition education or breastfeeding promotion may be documented through time sheets or cards which document actual hours, or by a representative time study.</p> <ul style="list-style-type: none"> • A time study for a full month must be conducted each quarter (<i>January, April, July, October</i>). • Quarterly Breakout of Staff Time for a sample WIC time study. • Time spent on breastfeeding peer counseling does not count towards the required breastfeeding promotion expenditure and cannot be included on the quarterly time study. • In kind contribution (<i>hours</i>) not paid out of WIC funds should be included in time study. 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not a WIC review.

Criteria for Compliance	Compliant			Comments/Documentation/Explanation/Timelines
	Yes	No	N/A	
<p>3. Audited financial statement and single audit conducted if required.</p> <p>Reviewer: Entities that receive federal funds including states, local governments, and not-for profit organizations are subject to audit requirements commonly referred to as “single audits”. The threshold for requiring a single audit is \$750,000 in federal expenditures. There is type A threshold which is also \$750,000 to match the single audit threshold, if the entity does not fall under type A threshold, are considered type B programs.</p> <p>During the review, ensure the determination for single audit and risk analysis was performed to decide if the single audit was warranted. The determination must be accompanied by calculations. Review audit reports to identify any reported finding and questioned cost.</p> <p>Review and identify if any federal program was reviewed to test compliance and if there were any audit findings thereof.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The audit for fiscal year 2021 was conducted by Barnett & Moro, P.C.</p> <p>Statement of auditors:</p> <p>“Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be deficiencies, significant deficiencies, or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.”</p>

Triennial Review Report – Program Summary

LPHA: Morrow County Review date: 01/27/2022

Program reviewed: Fiscal

OHA section or office: Office of Financial Services

Reviewer name: Toni Silbernagel

Reviewer title/position: Fiscal Analyst

Program summary

Program description:

Morrow County Public Health Department has a finance and administrative services unit responsible for the custody of all public funds directed to public health, focusing on accountability to the public and compliance with rules and requirements of funders and partner organizations.

This triennial fiscal compliance review is conducted per requirements imposed under state and federal awards, cost principles and audit rules, pursuant to 2 CFR Part 200, state requirements and local policies and procedures.

This review aims to provide assurances that Morrow County Public Health Department complied with rules and regulations and its fiscal operations are sound to ensure the proper use of federal and state funds to execute the listed health programs.

Morrow County Public Health Department received from OHA Public Health \$131,752.26 in federal funds, \$390,976.12 in other funds and \$88,657.38 in state funds for the fiscal year 2021.

Program strengths:

Morrow County Public Health Department has new employees that are implementing processes and procedures to ensure comprehensive and robust internal controls to adequately safeguard assets and to detect and prevent errors in a timely manner.

Triennial Review Report – Compliance Findings

LPHA: Morrow County

Review date: 01/27/2022

Program reviewed: Fiscal

LPHA contact responsible for compliance findings resolution (if applicable):

Robin Cannady, Sabrina Bailey, Kevin Ince

Check one of the following:

- LPHA is in compliance with all program requirements.
- Compliance findings – see below for details

Compliance finding	Corrective action	Due date
<p>Item on review tool that did not meet criteria for compliance. (Include language from tool with reference/citation)</p>	<p>What the LPHA must do to resolve the finding.</p>	
<p>See Fiscal Review Tool D. Purchasing, equipment and inventory #1. Written procurement policy and procedures. Finding: No Procurement Policy was received. Federal regulation: § 200.318 General procurement standards.</p>	<p>Submit written Procurement policy and procedure.</p>	<p>05/30/2023</p>
<p>See Fiscal Review Tool D. Purchasing, equipment and inventory #3. Grantee maintains record of procurement history Finding: No retention of records policy or procedure was submitted. Follow up email request for documentation was sent on 08/09/2022 and 08/26/2022 with no response. Federal regulation: § 75.361 Retention requirements for records.</p>	<p>Submit written policy and procedure for retention of documents supporting the procurement history for Morrow County.</p>	<p>05/30/2023</p>

<p>Compliance finding</p> <p>Item on review tool that did not meet criteria for compliance. (Include language from tool with reference/citation)</p>	<p>Corrective action</p> <p>What the LPHA must do to resolve the finding.</p>	<p>Due date</p>
<p>See Fiscal Review Tool</p> <p>D. Purchasing, equipment and inventory</p> <p>#7. Expenditures are billed correctly to the appropriate program.</p> <p>Finding:</p> <p>The detailed general ledger did not consistently identify expenditures by grant code resulting in an expenditure being double charged to PE 12 and PE12-02</p> <p>Federal regulation:</p> <p>§ 200.403 Factors affecting allowability of costs.</p>	<p>Submit written Accounting Control Policy and Procedure to include a written process to ensure expenditures are billed to the appropriate program.</p> <p>Submit updated detailed general ledger.</p> <p>See corrective action below:</p> <p>II. Accounting System</p> <p>#2. Cost Centers and accounts are maintained for each grant</p>	<p>05/30/2023</p>
<p>See Fiscal Review Tool</p> <p>D. Purchasing, equipment and inventory</p> <p>#10. Property management system includes required information.</p> <p>#11. Physical inventory taken at least once every two years.</p> <p>Finding:</p> <p>An annual inventory list has not been submitted to OHA for the fiscal years 2018 through 2022.</p> <p>The non-capital equipment physical inventory required to be completed every two years does not include the location, serial number, federal share of cost and consistent description of the items.</p> <p>Federal regulation:</p> <p>§ 1134.315 Federally owned property: inventory, notifications, and requests.</p> <p>§ 200.313 Equipment.</p>	<ol style="list-style-type: none"> 1. Complete and submit OHA annual inventory list to include items purchased between 2018-2022. 2. Complete and submit a physical inventory that meets the federal guidelines. 3. Submit written process to ensure required inventories are completed in compliance with federal and state requirements. 	<p>05/30/2023</p>
<p>See Fiscal Review tool</p> <p>E. Indirect costs/Cost Allocation Plan/ De minimis Rate</p> <p>#2 and #3. Indirect charges are allocated to all programs proportionately or appropriately.</p>	<p>Submit cost allocation plan documentation showing how costs were allocated and what process will be used for FY 2023.</p> <p>Documentation may include:</p> <p>Cost Allocation example:</p>	<p>05/30/2023</p>

Compliance finding	Corrective action	Due date
<p>Item on review tool that did not meet criteria for compliance. (Include language from tool with reference/citation)</p>	<p>What the LPHA must do to resolve the finding.</p>	
<p>Also includes: F. Allocated/assigned costs #2 Finding: Indirect costs were charged to Program elements without a clear identification of how the costs were developed or a signed certificate. Federal regulations: 2 CFR Part 200.415 — Required certification 2 CFR Part 200.416 — Cost allocation plans and Indirect cost proposals</p>	<p>If cost is based on square footage the square footage by PE and the percentage that will be used. Signed Cost Allocation Plan. De minimis rate: Documentation of notification to the auditor that the de minimis rate will be used. OR Indirect rate agreement. Develop an indirect rate agreement. Submit documentation of how the rate was developed and a signed indirect rate agreement.</p>	
<p>See Fiscal Review Tool F. Allocated/assigned costs 1. Direct Charges: a) Rent, b) Insurance, d) Utilities Finding: No documentation was submitted to support the direct charges for rent, insurance and utilities. The stated process was that these items were charged based on square footage by Program Element. Federal regulation: § 200.400 Policy guide. § 200.420 Considerations for selected items of cost.</p>	<p>Submit written direct cost process and supporting documentation for Rent, Insurance and Utilities</p>	<p>05/30/2023</p>
<p>See Fiscal Review Tool: G. Other direct allowable costs: #1. Review of specific charges to accounts to determine that cost claimed is appropriate, e.g., purchase orders, invoices, travel vouchers Finding:</p>	<p>Submit written process to avoid the possibility of duplicate entries * May be included in the Accounting Control Policy and Procedure.</p>	<p>05/30/2023</p>

Compliance finding	Corrective action	Due date
<p>Item on review tool that did not meet criteria for compliance. (Include language from tool with reference/citation)</p>	<p>What the LPHA must do to resolve the finding.</p>	
<p>Cell phone cost were double charged to PE 12 and PE12-02 in Q1 on the expense and revenue report.</p> <p>Federal regulations: § 200.403 Factors affecting allowability of costs. § 200.302 Financial management.</p>		
<p>See Fiscal Review Tool: II. Accounting System #2. Cost Centers and accounts are maintained for each grant Finding: Revenues and expenditures are not clearly identified by program elements. No supporting documentation was submitted for review. Unable to clearly verify revenues received from OHA and expenses charged to grants. Federal regulation: § 200.302 Financial management.</p>	<p>1. The submitted written Accounting Control Policy and Procedure (see finding below) may include process to ensure cost centers and accounts are maintained for each grant. 2. Submit detailed general ledger that identifies adequately the source and application of funds for federally-funded activities. These records must contain information pertaining to Federal awards, authorizations, financial obligations, unobligated balances, assets, expenditures, income and interest and be supported by source documentation.</p>	<p>05/30/2023</p>
<p>See Fiscal Review Tool: II. Accounting System #9. There are written policies and procedures for accounting controls. Finding: No accounting controls policies or procedures were submitted Federal regulations: § 200.302 Financial management. § 200.303 Internal controls.</p>	<p>Submit written Accounting Control Policy and Procedure to include process to ensure cost centers and accounts are maintained for each grant.</p>	<p>05/30/2023</p>

For more detailed information, please see the completed program review tool.

AGENDA ITEM COVER SHEET
Morrow County Board of Commissioners
(Page 2 of 2)

1. ISSUES, BACKGROUND, DISCUSSION AND OPTIONS (IF ANY):

Human Resources is bringing forward the classification requests for 2023-2024 to the Board of Commissioners for decision. The review of each ask was presented in the 2/8/2023 meeting.

- 1) Patrol Deputy - \$153,195
- 2) Patrol Deputy - \$153,195
- 3) Patrol Deputy - \$153,195
- 4) Accounting Tech (Replacing Clerk position) - \$5,233
- 5) Park Ranger - \$95,363
- 6) PW Administrative Assistant (Replacing PT Temp Office Assistant position) - \$66,060
- 7) Janitor + \$38,264
- 8) Assistant Pesticide Applicator (PT Temp, >20 hours a week) - \$26,237
- 9) Court Clerk 1 position. (Replacing PT position) - \$38,470
- 10) A&T Office Specialist (Replacing A&T Clerk position) - \$2,816
- 11) Appraiser 1 - \$106,182
- 12) Health Equity Coordinator - \$121,647
- 13) Transit Driver II (PT, >20 hours a week) - \$16,607
- 14) Reclassification of Erik Patton from Dispatcher to Civil Deputy - \$2,880

2. FISCAL IMPACT:

Approximate total for FY 23-24 if all approved: \$902,816

3. SUGGESTED ACTION(S)/MOTION(S):

Decision for FTE Asks and Reclassification for the FY 2023-2024 for approval or denial.

Attach additional background documentation as needed.

FY 2023 FTE Ask and Reclassification

Declined
 Withdrew
 Approved

Reclassification										
Department	Position Title	Reclass App Rcvd	Job Descrp Changes Rcvd	Current Pay Range	New Position Title	New Pay Range	Current Monthly	New Monthly	Monthly Wage	
MCSO	Dispatcher	X	X	Adv 6	Civil Deputy	3883-4388	\$ 4,815	\$ 5,055	\$ 240	
				TEAMSTERS		TEAMSTERS				
Total Reclass									\$ 2,880	

Incomplete/Denied
 Advance to BOC
 Approved by BOC

FTE Ask											
Department	Position Title	FTE Exec Summ Rcvd	Job Descr Rcvd	Current FTE	New Total FTE	Difference	Monthly	Add Benefits?	Total \$ Cost	Notes	Salary Survey
MCSO	Patrol Deputies (3)	X	X	10	13	3.0+	\$ 4,561	Yes	\$93,200	Adding 3 FTEs; Existing position	N/A - Existing salary range
							Uncert		\$459,585		
Finance	Accounting Tech	X	X	1	1	0.0+	\$ 3,722	N/A	\$5,233	Replacing Accounting Clerk. Partial Funding. Existing Position.	N/A - Existing salary range \$346 monthly wage increase
							Gen 9				
Public Works Parks	Park Ranger	X	X	1	2	1.0+	\$ 4,055	Yes	\$95,363	Adding FTE; Existing position	N/A - Existing salary range
							Non 11				
Public Works	Administrative Assistant	X	X	1	2	1.0+	\$ 3,722	Yes	\$87,860	Adding FTE; Existing position	N/A - Existing salary range
							Gen 9		\$66,060		
Public Works	Janitor	X	X	0	1	1.0+	\$ 2,645	Yes	\$81,736	Replacing Janitorial Contract with FTE	Baker - Bldg Mnt - \$2812-3412; Lake- \$3656; Curry- \$2950-3420; Grant - Custod. - \$3115
							Gen 2		\$38,264		
Justice Court	Court Clerk 1	X	X	0.6	1	0.4+	\$ 3,545	Yes	\$85,072	Moving Part-Time EE to Full-Time EE	N/A - Existing salary range
							Gen 4.E		\$38,470		
Assesment & Tax	Appraiser 1	X	X	4	5	1.0+	\$ 4,525	Yes	\$100,682	Adding FTE; Existing position	N/A - Existing salary range
							Gen 13		\$106,182		
Assesment & Tax	A&T Office Specialist	X	X	2.0	2	0.0+	\$ 3,722	N/A	\$77,900	Replacing A&T Clerk. Partial Funding. Existing Position.	N/A - Existing salary range \$177 monthly wage increase
							Gen 9		\$2,816		
Public Health	Health Equity Coordinator	X	X	0	1	1.0+	\$ 5,238	Yes	\$111,647	New Position. Grant Funded PE 75. Pre-approved for 22-23	Baker - None; Lake - None; Curry- None; Grant-None
							Gen 16		\$121,647		
Transit	Driver 2	X	X	3	3.5	0.5+	\$ 3,137	No	\$16,607	Adding a PT position to allow demand response driving	N/A - Existing salary range
	CDL						Gen 5B		\$16,607		
Public Works	Pesticide Applicator	X	X	0	0.5	0.5+	\$ 3,790	No	\$24,397	Adding a new positon; PT, No Benefits; > 19 hours a week	N/A
	Weeds				(988 hours)		Road		\$26,237		
Total FTE Ask									\$902,816		



HUMAN RESOURCES

P.O. Box 593
Heppner, Oregon 97836-0412
(541) 676-5620

Lindsay Grogan
Director
lgrogan@co.morrow.or.us

Full Time Equivalent FTE Ask – Patrol Deputies (3)

TO: John Bowles, Sheriff
Brian Snyder, Undersheriff
FROM: Lindsay Grogan, Human Resource Director
DATE: February 3, 2022
RE: 2023/2024 FTE Ask Review

Thank you for your detailed Full Time Equivalent FTE Ask application and job description for the Patrol Deputy positions.

I have reviewed the request for completion and it is ready to be presented to the Board of Commissioners.

Based on review of the primary responsibilities and qualifications listed in the provided job description and given the position is already established, the Patrol Deputy position would be listed at the current scale of the Teamsters Contract. Next fiscal year's scale is not bargained yet. Thus, we used the salary of a basic step 2 as an estimate for the uncertified starting wage. We are estimating a salary of a \$4,561 a month or \$54,732 a year. These would be hourly non-exempt positions. The total projected overhead for this position is \$93,200.

FTE Ask presentations will be scheduled for a Board of Commissioners Meeting shortly. When that date is set and you are notified, please fill out an agenda cover sheet and be ready to present your ask to the Board for approval or denial.

Thank you for your application. Please let me know if you have any questions.

A handwritten signature in cursive script that reads "Lindsay Grogan".

Lindsay Grogan, Human Resources

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(541) 676-5620

HUMAN RESOURCES

Lindsay Grogan
Director
lgrogan@co.morrow.or.us

Full Time Equivalent FTE Ask – Accounting Technician

TO: Kevin Ince, Finance Director
FROM: Lindsay Grogan, Human Resource Director
DATE: December 1, 2022
RE: 2023/2024 FTE Ask Review

Thank you for your detailed Full Time Equivalent FTE Ask application and job description for the Accounting Tech position.

I have reviewed the request for completion and it is ready to be presented to the Board of Commissioners.

Based on review of the primary responsibilities and qualifications listed in the provided job description and given the position is already established, the Accounting Tech position would be listed at the current scale of the AFSCME General Contract. The position is in range 9 of the pay scale. This is an hourly non-exempt position, starting at \$3,722 per month or \$44,664 annually. To ensure the promotion policy procedure is followed, this budgeted amount does allow for the Accounting Clerk incumbent to receive a minimum of a 5% increase and will replace the current budgeted position of the Clerk. The total projected overhead for the position is \$60,054. The overhead for the current position is \$54,820. Which results in an estimated amount of \$5,234 in regards to this FTE ask.

FTE Ask presentations will be scheduled for a Board of Commissioners Meeting shortly. When that date is set and you are notified, please fill out an agenda cover sheet and be ready to present your ask to the Board for approval or denial.

Thank you for your application. Please let me know if you have any questions.

Lindsay Grogan

Lindsay Grogan, Human Resources

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Lindsay Grogan
Director
lgrogan@co.morrow.or.us

Full Time Equivalent FTE Ask – Park Ranger

TO: Eric Imes, Public Works Director
Greg Close, Parks General Manager of Operations
FROM: Lindsay Grogan, Human Resource Director
DATE: December 1, 2022
RE: 2023/2024 FTE Ask Review

Thank you for your detailed Full Time Equivalent FTE Ask application and job description for the Park Ranger position.

I have reviewed the request for completion and it is ready to be presented to the Board of Commissioners.

Based on review of the primary responsibilities and qualifications listed in the provided job description and given the position is already established, the Park Ranger position would be listed at the current range of the Non-Union pay scale. The scale for that position (plus a 3% estimated COLA) is on range 11 and is \$4055 - \$5706 a month. This is an hourly non-exempt position. The total projected overhead for this position is \$95,363.

FTE Ask presentations will be scheduled for a Board of Commissioners Meeting shortly. When that date is set and you are notified, please fill out an agenda cover sheet and be ready to present your ask to the Board for approval or denial.

Thank you for your application. Please let me know if you have any questions.

Lindsay Grogan

Lindsay Grogan, Human Resources

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Lindsay Grogan
Director
lgrogan@co.morrow.or.us

Full Time Equivalent FTE Ask – Public Works Administrative Assistant

TO: Eric Imes, Public Works Director
FROM: Lindsay Grogan, Human Resource Director
DATE: December 1, 2022
RE: 2023/2024 FTE Ask Review

Thank you for your detailed Full Time Equivalent FTE Ask application and job description for the Administrative Assistant position.

I have reviewed the request for completion and it is ready to be presented to the Board of Commissioners.

Based on review of the primary responsibilities and qualifications listed in the provided job description and given the position is already established, the Administrative Assistant position would be listed at the current range of the AFSCME General pay scale. The scale for that position next fiscal year is on range 9 and can be estimated at \$3722 a month. This is an hourly non-exempt position. The total projected overhead for this additional position is \$87,860.

FTE Ask presentations will be scheduled for a Board of Commissioners Meeting shortly. When that date is set and you are notified, please fill out an agenda cover sheet and be ready to present your ask to the Board for approval or denial.

Thank you for your application. Please let me know if you have any questions.

Lindsay Grogan

Lindsay Grogan, Human Resources

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Lindsay Grogan
Director
lgrogan@co.morrow.or.us

Full Time Equivalent FTE Ask – Janitor

TO: Eric Imes, Public Works Director & Sandi Pointer, Management Assistant
FROM: Lindsay Grogan, Human Resource Director
DATE: January 18, 2023
RE: 2023/2024 FTE Ask Review

Thank you for your detailed Full Time Equivalent FTE Ask application and job description for the Janitor position.

I have reviewed the request for completion and it is ready to be presented to the Board of Commissioners.

Based on review of the primary responsibilities and qualifications listed in the provided job description and given the position is already established, the Janitor position would be listed at the current scale of the AFSCME General Contract. The position is in range 2 of the pay scale. This is an hourly non-exempt position, starting at \$2,645 per month or \$31,740 annually. It is my understanding that this position is intended to eliminate the need for a contracted janitorial service. The total projected overhead for the position is \$73,737.

A salary survey was conducted of the 3 smaller and 3 larger Counties from Morrow, and hereafter are the results. Baker County's wage for a building maintenance/janitor is \$2,812 - \$3,412 a month. Lake County's wage for the janitor position is \$3,656 a month. Curry County pays their Janitor position \$2,950 - \$3420. Lastly, Grant County has a Custodian position which is compensated at \$3,115 a month. The County's current wage scale has the Janitor position listed at \$2,645 - \$3,376 per month. After evaluation, it seems to be comparable to similar Counties.

FTE Ask presentations will be scheduled for a Board of Commissioners Meeting shortly. When that date is set and you are notified, please fill out an agenda cover sheet and be ready to present your ask to the Board for approval or denial.

Thank you for your application. Please let me know if you have any questions.

A handwritten signature in cursive script that reads "Lindsay Grogan".

Lindsay Grogan, Human Resources

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Lindsay Grogan
Director
lgrogan@co.morrow.or.us

Full Time Equivalent PTE Ask – Assistant Pesticide Applicator

TO: Eric Imes, Public Works Director & Corey Sweeney, Weed Coordinator
FROM: Lindsay Grogan, Human Resource Director
DATE: February 3, 2023
RE: 2023/2024 FTE Ask Review

Thank you for your detailed Part Time Equivalent PTE Ask application and job description for the Assistant Pesticide Applicator position.

I have reviewed the request for completion and it is ready to be presented to the Board of Commissioners.

Based on review of the primary responsibilities and qualifications listed in the provided job description, the Applicator position would be listed at the Maintenance Specialist scale of the AFSCME Road Contract. This is an hourly non-exempt position, that would be no more than 19 hours a week. The wage scale starts at \$21.87 to \$27.91 an hour. The total projected overhead for the position is \$26,237 which is calculated on 988 hours maximum in a year.

FTE Ask presentations are scheduled for a Board of Commissioners Meeting on February 8th, 2023. Please be ready to present your ask to the Board for approval or denial.

Thank you for your application. Please let me know if you have any questions.

Lindsay Grogan

Lindsay Grogan, Human Resources

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HUMAN RESOURCES

Lindsay Grogan
Director
lgrogan@co.morrow.or.us

Full Time Equivalent FTE Ask – Court Clerk 1

TO: Glen Diehl, Justice of the Peace
FROM: Lindsay Grogan, Human Resource Director
DATE: December 1, 2022
RE: 2023/2024 FTE Ask Review

Thank you for your detailed Full Time Equivalent FTE Ask application and job description for the Court Clerk 1 position.

I have reviewed the request for completion and it is ready to be presented to the Board of Commissioners.

Based on review of the primary responsibilities and qualifications listed in the provided job description and given the position is already established, the Court Clerk 1 position would be listed at the current scale of the AFSCME General Contract. The position is in range 4 of the pay scale. This is an hourly non-exempt position. To ensure the correct policy procedure is followed, this budgeted amount will allow for the part time Clerk 1 incumbent to receive their current wage and will replace the current budgeted position of the part time Clerk. The estimated monthly salary is at 4e which is \$3545 a month for the next fiscal year. The total projected overhead for the full-time position is \$85,072. The overhead for the current position is \$46,600. Which results in an estimated amount of \$38,470 in regards to this FTE ask.

FTE Ask presentations will be scheduled for a Board of Commissioners Meeting shortly. When that date is set and you are notified, please fill out an agenda cover sheet and be ready to present your ask to the Board for approval or denial.

Thank you for your application. Please let me know if you have any questions.

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Lindsay Grogan, Human Resources

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Lindsay Grogan
Director
lgrogan@co.morrow.or.us

Full Time Equivalent FTE Ask – A&T Office Specialist

TO: Mike Gorman, Assessor and Tax Collector
FROM: Lindsay Grogan, Human Resource Director
DATE: December 1, 2022
RE: 2023/2024 FTE Ask Review

Thank you for your detailed Full Time Equivalent FTE Ask application and job description for the A&T Office Specialist position.

I have reviewed the request for completion and it is ready to be presented to the Board of Commissioners.

Based on review of the primary responsibilities and qualifications listed in the provided job description and given the position is already established, the Office Specialist position would be listed at the current scale of the AFSCME General Contract. The position is in range 9 of the pay scale. This is an hourly non-exempt position, starting at \$3,722 per month or \$44,664 annually. To ensure the promotion policy procedure is followed, this budgeted amount does allow for the A&T Clerk incumbent to receive a minimum of a 5% increase and will replace the current budgeted position of the Clerk. The total projected overhead for the position is \$77,900. The overhead for the current position is \$75,084. Which results in an estimated amount of \$2,816 in regards to this FTE ask.

FTE Ask presentations will be scheduled for a Board of Commissioners Meeting shortly. When that date is set and you are notified, please fill out an agenda cover sheet and be ready to present your ask to the Board for approval or denial.

Thank you for your application. Please let me know if you have any questions.

A handwritten signature in cursive script that reads "Lindsay Grogan".

Lindsay Grogan, Human Resources

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Lindsay Grogan
Director
lgrogan@co.morrow.or.us

Full Time Equivalent FTE Ask – Appraiser 1

TO: Mike Gorman, Assessor and Tax Collector
FROM: Lindsay Grogan, Human Resource Director
DATE: December 1, 2022
RE: 2023/2024 FTE Ask Review

Thank you for your detailed Full Time Equivalent FTE Ask application and job description for the Appraiser 1 position.

I have reviewed the request for completion and it is ready to be presented to the Board of Commissioners.

Based on review of the primary responsibilities and qualifications listed in the provided job description and given the position is already established, the Appraiser position would be listed at the current range of the AFSCME General pay scale. The scale for that position next fiscal year is on range 13 and can be estimated at \$4525 a month. This is an hourly non-exempt position. The total projected overhead for this additional position is \$100,682.

FTE Ask presentations will be scheduled for a Board of Commissioners Meeting shortly. When that date is set and you are notified, please fill out an agenda cover sheet and be ready to present your ask to the Board for approval or denial.

Thank you for your application. Please let me know if you have any questions.

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Lindsay Grogan, Human Resources

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Lindsay Grogan
Director
lgrogan@co.morrow.or.us

Full Time Equivalent FTE Ask – Public Health Equity Coordinator

TO: Robin Canaday, Public Health Director
FROM: Lindsay Grogan, Human Resource Director
DATE: January 18, 2023
RE: 2023/2024 FTE Ask Review

Thank you for your detailed Full Time Equivalent FTE Ask application and job description for the Health Equity Coordinator position.

I have reviewed the request for completion and it is ready to be presented to the Board of Commissioners.

Based on review of the primary responsibilities and qualifications listed in the provided job description, the Equity Coordinator position would be listed on range 16 of the AFSCME General Contract scale. This is an hourly non-exempt position, ranging from \$5,238 - \$6685 per month or \$64,392 annually at step B. The total projected overhead for the position is \$111,648.

A salary survey was conducted of the 3 smaller and 3 larger Counties from Morrow, and hereafter are the results. None of the similar Counties had a similar position to this and they were unable to provide survey results.

On November 23, 2022, The Board of Commissioners approved this FTE prematurely for the period up to June 30, 2023. The Board approved this position ahead of the deadline, as there was a grant provided for this type of work specifically and needed to be expended by the end of the fiscal year.

FTE Ask presentations will be scheduled for a Board of Commissioners Meeting shortly. When that date is set and you are notified, please fill out an agenda cover sheet and be ready to present your ask to the Board for approval or denial.

Thank you for your application. Please let me know if you have any questions.

A handwritten signature in cursive script that reads "Lindsay Grogan".

Lindsay Grogan, Human Resources

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Lindsay Grogan
Director
lgrogan@co.morrow.or.us

Full Time Equivalent FTE Ask –Transit Driver II

TO: Benjamin Tucker, Transit Manager
FROM: Lindsay Grogan, Human Resource Director
DATE: February 3, 2023
RE: 2023/2024 FTE Ask Review

Thank you for your detailed Part Time Equivalent FTE Ask application and job description for the Transit Driver II position.

I have reviewed the request for completion and it is ready to be presented to the Board of Commissioners.

Based on review of the primary responsibilities and qualifications listed in the provided job description and given the position is already established, the Transit Driver II position would be listed at the current range of the AFSCME General pay scale. The scale for that position is on range 5 is listed at \$2988 - \$3813 a month. This is an hourly non-exempt part time position. The job is a demand response position with no more than 19 hours a week. The total projected overhead is \$16,607.

FTE Ask presentations are scheduled for a Board of Commissioners Meeting on February 8th, 2023. Please be ready to present your ask to the Board for approval or denial.

Thank you for your application. Please let me know if you have any questions.

A handwritten signature in cursive script that reads "Lindsay Grogan".

Lindsay Grogan, Human Resources

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HUMAN RESOURCES

Lindsay Grogan
Director
lgrogan@co.morrow.or.us

Reclassification Request – Civil Deputy

TO: Sheriff Bowles & Undersheriff Snyder , MCSO
FROM: Lindsay Grogan, Human Resources
DATE: February 3, 2023
RE: 2022/2023 Reclassification Summary – Civil Deputy

Thank you for your reclassification application and job description for the Civil Deputy position.

Typically, Reclassification requests are to be reviewed by the administrative team and then sent to the Board for concurrence. Since the Administrator position is vacant, the administrative team will be bypassed, and the decision will move straight to the Board of Commissioners for review.

Erik Patton is currently a Communications Officer. The advanced Communications Officer range is on the Teamsters scale at \$3,698 - \$4,719 a month. The reclassification is requesting a change in compensation due a change in primary job duties.

For the past several years, Erik Patton has not been performing the primary duties of the Communications Officer, instead he is accountable full time in the Civil office. His job duties largely consist of; processing civil service papers, including the licensing of concealed handguns, and other office duties.

Based on review of the new responsibilities listed in the modified job description, the position would best be described as a Civil Deputy. This position reports directly to the Civil Sergeant. The reclassification would place the new range between that of a Communications Officer and Patrol Deputy. The new range would be \$3,883 - \$4,955 a month.

Your application will be presented to the Board of Commissioners for review on February 8th, 2023. Please come prepared to present your request for reclassification.

If you are not satisfied with decision you may pursue an appeal to the appeal committee within 7 calendar days, as outlined in the Morrow County Employee Handbook Classification Process, page 24 and 25.

Thank you for your application. Please let me know if you have any questions.

Lindsay Grogan

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AGENDA ITEM COVER SHEET
 Morrow County Board of Commissioners
 (Page 1 of 2)

(For BOC Use)
 Item #
 5d

Please complete for each agenda item submitted for consideration by the Board of Commissioners
 (See notations at bottom of form)

Presenter at BOC: Tamra Mabbott
 Department: Planning
 Short Title of Agenda Item: (No acronyms please)

Date submitted to reviewers: February 14, 2023
 Requested Agenda Date: February 22, 2023

Second Reading of Ordinance adding the Ella Pit to the Comprehensive Plan Goal 5 Inventory, applying the Significant Resources Overlay Zone to the quarry site.

This Item Involves: (Check all that apply for this meeting.)

<input type="checkbox"/> Order or Resolution	<input type="checkbox"/> Appointments
<input type="checkbox"/> Ordinance/Public Hearing:	<input type="checkbox"/> Update on Project/Committee
<input type="checkbox"/> 1st Reading <input checked="" type="checkbox"/> 2nd Reading	<input type="checkbox"/> Consent Agenda Eligible
<input type="checkbox"/> Public Comment Anticipated:	<input type="checkbox"/> Discussion & Action
Estimated Time:	Estimated Time:
<input type="checkbox"/> Document Recording Required	<input type="checkbox"/> Purchase Pre-Authorization
<input type="checkbox"/> Contract/Agreement	<input type="checkbox"/> Other

N/A Purchase Pre-Authorizations, Contracts & Agreements

Contractor/Entity:
 Contractor/Entity Address:
 Effective Dates – From: _____ Through: _____
 Total Contract Amount: _____ Budget Line:
 Does the contract amount exceed \$5,000? Yes No

Reviewed By:

<u>Tamra Mabbott</u>	<u>February 14, 2023</u>	Department Director	Required for all BOC meetings
_____	_____	County Administrator	Required for all BOC meetings
<u>Justin Nelson</u>	_____	County Counsel	*Required for all legal documents
_____	_____	Finance Office	*Required for all contracts; other items as appropriate.
_____	_____	Human Resources	*If appropriate

*Allow 1 week for review (submit to all simultaneously). When each office has notified the submitting department of approval, then submit the request to the BOC for placement on the agenda.

Note: All other entities must sign contracts/agreements before they are presented to the Board of Commissioners (originals preferred). Agendas are published each Friday afternoon, so requests must be received in the BOC Office by 1:00 p.m. on the Friday prior to the Board's Wednesday meeting. Once this form is completed, including County Counsel, Finance and HR review/sign-off (if appropriate), then submit it to the Board of Commissioners Office.

AGENDA ITEM COVER SHEET

Morrow County Board of Commissioners

(Page 2 of 2)

1. ISSUES, BACKGROUND, DISCUSSION AND OPTIONS (IF ANY):

On February 8, 2023 Board of Commissioners held a land use hearing on the Ella Pit rock quarry. On that date, Board voted unanimously to amend the Comprehensive Plan Goal 5 aggregate resource inventory, apply the Significant Resource Overly Zone to the 20-acre quarry site and approve Conditional Use Permit CUP-N-357-22.

On February 8th the Board also held the First Reading of Ordinance ORD-2023-1.

February 22, 2023 will be the Second Reading of Ordinance ORD-2023-1.
Ordinance is attached.

2. FISCAL IMPACT:

N/A

3. SUGGESTED ACTION(S)/MOTION(S):

Hold the Second Reading of Ordinance ORD-2023-2, approve and finalize the land use actions. Comprehensive Plan amendment, Zoning Map amendment and Conditional Use Permit CUP-N-357-22.

Attach additional background documentation as needed.

**BEFORE THE BOARD OF COMMISSIONERS
FOR MORROW COUNTY, OREGON**

AN ORDINANCE AMENDING THE MORROW)
COUNTY COMPREHENSIVE PLAN) ORDINANCE NO. ORD-2023-1
TO ADD A SIGNIFICANT AGGREGATE)
SITE TO THE GOAL 5 INVENTORY)

WHEREAS, ORS 203.035 authorizes Morrow County to exercise authority within the County over matters of County concern; and

WHEREAS, Morrow County adopted a Comprehensive Land Use Plan which was first acknowledged by the Land Conservation and Development Commission on January 30, 1986, with the Economic Element update acknowledged May 2016; and

WHEREAS, the Morrow County Planning Department accepted an application from Morrow County Public Works Department to amend the Goal 5 inventory and add the Ella Pit as a Significant Aggregate Resource; and

WHEREAS, the Morrow County Planning Commission held a public hearing on December 6, 2022 and voted unanimously to recommend the Board of Commissioners amend the Goal 5 Inventory of the Comprehensive Plan and to approve Conditional Use Permit CUP-N-457-22; and

WHEREAS, the Morrow County Board of Commissioners held a public hearing on February 8, 2023 and voted to adopt the Findings and amend the Ella Pit to the Goal 5 inventory as a significant aggregate resource and approve the Conditional Use Permit CUP-N-457-22.

NOW THEREFORE THE MORROW COUNTY BOARD OF COMMISSIONERS ORDAINS AS FOLLOWS: THAT THE MORROW COUNTY BOARD OF COMMISSIONERS AMENDS THE GOAL 5 INVENTORY OF SIGNIFICANT AGGREGATE RESOURCES IN THE COMPREHENSIVE PLAN.

Section 1 Title of Ordinance:

This Ordinance shall be known, and may be cited, as the “2023 Goal 5 Aggregate Resources Amendment – Ella Pit”

Section 2 Attached Documents:

1. Board of Commissioners Findings of Fact Plan Amendment (AP-141-22) and Comprehensive Plan Map Amendment AC-142-22 and Conditional Use Permit CUP-N-357-22
2. Comprehensive Plan (Updated) List of Significant Goal 5 Aggregate Resources

Section 3 Effective Date:

This Ordinance shall be effective 90 days from February 22, 2023, on June 15, 2023

Date of First Reading: February 8, 2023
Date of Second Reading: February 22, 2023

ADOPTED BY THE MORROW COUNTY BOARD OF COMMISSIONERS THIS 22nd DAY OF FEBRUARY 2023.

**BOARD OF COMMISSIONERS OF
MORROW COUNTY, OREGON**

David Sykes, Chair

Jeff Wenholz, Commissioner

Roy Drago Jr., Commissioner

Approved as to Form:

Morrow County Counsel

**Morrow County Board of Commissioners
Final Findings of Fact
AC(M)-141-22, AC(Z)-142-22, CUP-N-357-22
Goal 5 Aggregate Site**

REQUEST: to amend the Comprehensive Plan to add a 20-acre aggregate resource to the county Goal 5 significant aggregate resource inventory, amend the Comprehensive Plan and Zoning Ordinance Maps to include the site within the Significant Resource Overlay Zone and approve mining activity.

APPLICANT: Morrow County Public Works Department
365 West Highway 74, PO Box 428
Lexington, OR 97839

OWNER: JJMC, LLC
PO Box 4
Ione, OR 97843

PROPERTY DESCRIPTION: Tax Lot 400 of Assessor's Map 1S 24

PROPERTY LOCATION: Proposed quarry is part of a large parcel (approximately 4,916 acres). Quarry site is located north and east of the city of Ione off Ella Road.

FINDINGS OF FACT:

I BACKGROUND INFORMATION:

Morrow County Public Works seeks to establish a new aggregate site to provide resource for rock crushing for material for county roads.

The quarry site is large enough to provide more than 500,000 tons of aggregate material and the applicant has applied for protection as a site that will produce more than 500,000 tons. The applicant has not yet submitted test results from a lab however, according to Public Works Director and staff the quarry will provide high quality material that will meet ODOT standards for abrasion, degradation and soundness. Public Works has arranged to have samples and will submit the results. The rock will be used by Morrow County Public Works Department for road maintenance and construction. County may choose to use the material for other needs in the future. The proposed location of the quarry is important in order to minimize hauling costs from outside the Ione area.

Surrounding Land Uses. The surrounding land uses is primarily agriculture although the city boundary abuts a portion of the subject parcel. The city limits are outside of the 1,500-foot impact area. City of Ione is just south and west of the proposed quarry site.

Quarry Site Operation and Reclamation. The applicant has provided information that indicates the area of extraction is approximately 20 acres in size and will be mined in phases as the aggregate is needed. Waste rock or overburden will be used for building and leveling the area for the processing site. Where the applicant is Morrow County an operating permit from DOGAMI is not required as county adopted Ordinance MC-C-3-98 which exempts Morrow County from Oregon mining permit requirements of ORS 517.702 to 517.987. County and contractors are otherwise required to comply with surface mining safety and reclamation.

- II SUMMARY OF APPLICABLE CRITERIA To approve the request the Board of Commissioners will be required to adopt findings to show that the request meets the necessary criteria. Those criteria are presented below in bold print with responses in regular print.

Morrow County Zoning Ordinance Section 3.010 Exclusive Farm Use Zone CONDITIONAL USES PERMITTED. In an EFU Zone, the following uses and their accessory uses are permitted subject to demonstration of compliance with the requirements of Article 6 of this Ordinance and Section (G) below:

11. Operations conducted for the mining, crushing or stockpiling of mineral, aggregate and other mineral resources or other subsurface resources subject to ORS 215.298 and Article 6 of this Ordinance.

Morrow County Zoning Ordinance Section 3.200 Significant Resource Overlay Zone. The purpose of the Significant Resource Overlay Zone is to protect significant mineral resources, scenic areas, natural areas, and fish and wildlife habitat in Morrow County, and to permit development which is compatible with such protection.

A. Application. The Significant Resource Overlay Zone shall be applied to those sites designated as a Significant Resource Site on the Morrow County Comprehensive Plan Goal 5 Resource Map, and determined to be worthy of full protection or limited protection against conflicting uses.

If approved the proposed site would be identified as "significant" under Goal 5 and the Significant Resource Overlay Zone would be applied. Section 3.200 is attached.

B. Permissible Uses. If a use or activity permitted outright in the underlying zone, or a use or activity requiring a zoning permit in the underlying zone is listed in Section 3.200 E as a conflicting use or activity, it shall become a conditional use subject to the provisions of Article 6 and the provisions of this ordinance.

C. CATEGORIES.

1. Aggregate and Mineral Sites. The Zoning Map will be amended to apply the Overlay Zone to an approved mining site including an impact area. Mineral and aggregate sites approved in Morrow County may have an impact area of up to 1500 feet when permitted under certain Comprehensive Plan approval processes. Based on the Comprehensive Plan

analysis development in an Overlay Zone impact area is subject to the following standards:

- a. Uses permitted Outright. Uses permitted outright in the underlying zone, except conflicting uses described in the Comprehensive Plan Analysis may be permitted subject to the standards and criteria of the underlying zone.**
- b. Uses Allowed Conditionally. Uses permitted conditionally in the underlying zone and conflicting uses shall be reviewed as conditional uses subject to the standards and criteria of the underlying zone and the criteria listed in paragraph 4 below.**
- c. Prohibited Uses. Uses identified through the Comprehensive Plan analysis as incompatible with mining in all instances shall not be permitted within the impact area.**
- d. Approval Criteria for proposed uses allowed conditionally in the impact area. The applicant must demonstrate compliance with the following criteria:**
 - i. The proposed use will not interfere with or cause an adverse impact on lawfully established and lawfully operating mining operations;**
 - ii. The proposed use will not cause or threaten to cause the mining operation to violate any applicable standards of this Section or County approval in the Comprehensive Plan;**
 - iii. An application for a new noise or dust sensitive use shall demonstrate that the mining operation in the adjacent extraction area will maintain compliance with DEQ noise control standards and ambient air quality and emission standards as measured at the new noise or dust sensitive use. If deemed necessary by the Planning Director, the applicant for a new noise sensitive use shall submit an analysis prepared by an acoustical engineer, demonstrating that the applicable DEQ noise control standards are met or can be met by a specified date. If noise mitigation measures are necessary to ensure continued compliance on the part of the mining operation such measures shall be a condition of approval. If noise mitigation measures are inadequate to ensure compliance with DEQ noise control standards, the noise sensitive use shall not be approved within the impact area.**
(MC OR-1-2013)

The above criteria would apply to future conditional uses located within the impact area. Given most of the land in the impact area is zoned Exclusive Farm Use there is a limited number of circumstances that may be restricted. The same is true for the very small area of residential zoned lands in the impact area.

- iv. Mineral Resource Sites. Lots or parcels which abut a significant mineral resource site (active or potential) may be required to establish dwelling setbacks in excess of those required in the underlying zone. The required setback shall be determined by the Planning Director after meeting with the applicant and the owner of the mineral resource land to ensure visual and**

sound screening between present and future uses on the properties. Such setback shall be no less than 100 feet and no greater than 600 feet.

Parcels abutting the proposed site primarily include lands zoned EFU, however, city limits abut a portion of the tax lot. See attached map.

The quarry location is on a bluff above city limits which should provide visual and sound screening. Future allowed uses expected to be in conflict with the quarry are analyzed in the Oregon Statewide Planning Goals; Oregon Revised Statutes Division 23, Procedures and Requirements for Complying with Goal 5 660-023-0180(5) Section, below. For future dwellings that may be permitted on parcels located inside the impact area the property line setback will be 100 feet.

Morrow County Zoning Ordinance Article 8 Amendments Section 8.050 Burden and Criteria: The proponent of the application or permit has the burden of proving justification for its approval. The more drastic the request or the greater the impact of the application or permit on the neighborhood, area, or county, the greater is the burden on the applicant. The following criteria shall be considered by the Planning Commission in preparing a recommendation and by the County Court in reaching their decision.

A. That conditions have changed since the adoption of the Comprehensive Plan and zoning map that warrant an amendment, or that there was a mistake in the original designation.

This amendment is required by the Oregon Revised Statutes and Oregon Administrative Rules. No conditions have changed or mistake was made in the original designation of the Comprehensive Plan.

B. That public services and facilities are sufficient to support a change in designation, including but not limited to, streets and roads (refer to the Transportation System Plan and Transportation Planning Rule).

The proposed Plan amendment to add a new aggregate site will not require changes to existing roadways. The mining activity and use is in compliance with the county TSP.

1. Amendments to the zoning ordinance or zone changes which significantly affect a transportation facility shall assure that land uses are consistent with the function, capacity, and level of service of the facility identified in the Transportation System Plan. This shall be accomplished by one of the following:

- a. Limiting allowed land uses to be consistent with the planned function of the transportation facility or roadway;**
- b. Amending the Transportation System Plan to ensure that existing, improved, or new transportation facilities are adequate to support the proposed land uses consistent with the requirement of the Transportation Planning Rule; or,**
- c. Altering land use designations, densities, or design**

requirements to reduce demand for automobile travel to meet needs through other modes.

2. A plan or land use regulation amendment significantly affects a transportation facility if it:

- a. Changes the functional classification of an existing or planned transportation facility;**
- b. Changes standards implementing a functional classification;**
- c. Allows types or levels of land use that would result in levels of travel or access that are inconsistent with the functional classification of a transportation facility; or**
- d. Would reduce the level of service of the facility below the minimal acceptable level identified in the Transportation System Plan. (MC-C-8-98)**

The proposed quarry will generate a modest volume of traffic only seasonally and will not cause change the functional classification of the primary and secondary access roads.

C. That the proposed amendment is consistent with unamended portions of the Comprehensive Plan and supports goals and policies of the Comprehensive Plan, that there is a public need for the proposal, and that the need will be best served by allowing the request. If other areas in the county are designated for a use as requested in the application, then a showing of the necessity for introducing that use into an area not now so zoned and why the owners there should bear the burden, if any, of introducing that zone into their area.

The proposed amendment is consistent with unamended portions of the Comprehensive Plan and otherwise supports adopted goals and policies. Morrow County Public Works has identified a need for aggregate material in the vicinity of Ione. The proposed quarry contains appropriate quality material for the long-term supply needs of the Public Works Department. Listing the site in the Comprehensive Plan's list of significant Goal 5 protected resources is appropriate to preserve the long-term use of this resource.

D. The factors listed in ORS 215.055 or others which relate to the public need for healthful, safe and aesthetic surroundings and conditions.

ORS 215.055 was repealed in 1977. This approval includes a condition to implement dust abatement measures.

III. OREGON REVISED STATUTES 215.298 Mining in exclusive farm use zone; land use permit. (1) For purposes of ORS 215.213 (2) and 215.283 (2), a land use permit is required for mining more than 1,000 cubic yards of material or excavation preparatory to mining of a surface area of more than

one acre. A county may set standards for a lower volume or smaller surface area than that set forth in this subsection.

(2) A permit for mining of aggregate shall be issued only for a site included on an inventory in an acknowledged comprehensive plan.

This application will require a determination of Goal 5 significance by the Board of Commissioners in order for mining to be permitted. If approved the site will be included on Morrow County's inventory of significant aggregate sites in the Comprehensive Plan. This application includes approval of a Conditional Use Permit.

2. Oregon Case Law; Oregon Case Law LUBA Beaver State Sand and Gravel v. Douglas County, 43 or LUBA 140 (2002). The ORS 215.298 provision allows a mining operation on EFU-zoned lands if the site is on an "inventory" in a comprehensive plan. Because under the 1982 Goal 5 rule the term "inventory" referred to an inventory of significant mineral sites, ORS 215.209 allows mining in an EFU zone only if the site is on a comprehensive plan inventory of significant mineral sites, not if the site is on a separate list of non-significant sites. This action takes into account the LUBA Case described above. The aggregate mine will be placed on the Comprehensive Plan list of significant mineral sites.

3. STANDARDS OF THE OREGON ADMINISTRATIVE RULES, DIVISION 23 FOR GOAL 5 LARGE SIGNIFICANT SITES, OAR 660-023-0180(3)(5), (7), OAR 660-023-040 and OAR 660-023-050.

OAR 660-023-0180 Mineral and Aggregate

This application can be found to comply with Statewide Planning Goal 5 where it complies with OAR 660-023-0180(3) for Mineral and Aggregate Resources.

OAR 660-023-0180 Mineral and Aggregate Resources

(3) [Large Significant Sites] An aggregate resource site shall be considered significant if adequate information regarding the quantity, quality, and location of the resource demonstrates that the site meets any one of the criteria in subsections (a) through (c) of this section, except as provided in subsection (d) of this section:

(a) A representative set of samples of aggregate material in the deposit on the site meets applicable Oregon Department of Transportation (ODOT) specification for base rock for air degradation, abrasion, and soundness, and the estimated amount of material is more than 2,000,000 on the Willamette Valley, or more than 500,000 tons outside the Willamette Valley;

(b) The material meets local government standards establishing a lower threshold for significance than subsection (a) of this section; or

(c) The aggregate site was on an inventory of significant aggregate sites in an acknowledged plan on September 1, 1996.

(d) Notwithstanding subsections (a) and (b) of this section, except for an

expansion area of an existing site if the operator of the existing site on March 1, 1006, had unenforceable property interest in the expansion area on that date, an aggregate site is not significant if the criteria in either paragraphs (A) or (B) of this subsection apply:

(A) More than 35 percent of the proposed mining area consists of soil classified as Class I on Natural Resource and Conservation Service (NRCS) maps on June 11, 2004; or

(B) More than 35 percent of the proposed mining area consists of soil classified as Class II, or of a combination of Class II and Class I or Unique soil, on NRCS maps available on June 11, 2004, unless the average thickness of the aggregate layer within the mining area exceeds: (i) 60 feet in Washington, Multnomah, Marion, Columbia, and Lane counties; (ii) 25 feet in Polk, Yamhill, and Clackamas counties; or (iii) 17 feet in Linn and Benton counties.

Adequate information has been provided to the Planning Department regarding the quality, quantity and location of the aggregate and it does meet (a) above. The test results are attached. Based on the test results, the site can be deemed a significant resource. The quarry area is comprised of predominantly Gravel very gravelly loam, a class VII soil (USDA Soil Survey of Morrow County Area, 1983). According to Eric Imes, Public Works Director, the 20-acre site will produce approximately 650,000 tons of aggregate. The application complies with this standard.

IV. OREGON ADMINISTRATIVE RULES 660-023-0180(5) [Large Significant Sites]
For significant mineral and aggregate sites, local governments shall decide whether mining is permitted. For a PAPA application involving an aggregate site determined to be significant under section (3) of this rule, the process for this decision is set out in subsections (a) through (g) of this section. A local government must complete the process within 180 days after receipt of a complete application that is consistent with section (8) of this rule, or by the earliest date after 180 days allowed by local charter.

(a) The local government shall determine an impact area for the purpose of identifying conflicts with proposed mining and processing activities. The impact area shall be large enough to include uses listed in subsection (b) of this section and shall be limited to 1,500 feet from the boundaries of the mining area, except where factual information indicates significant potential conflicts beyond this distance. For a proposed expansion of an existing aggregate site, the impact area shall be measured from the perimeter of the proposed expansion area rather than the boundaries of the existing aggregate site and shall not include the existing aggregate site.

An impact area map is attached to these findings. The existing uses within the impact area are agriculture, mainly grazing and dryland wheat farming as well as uses in the city of Lone.

(b) The local government shall determine existing or approved land uses within the impact area that will be adversely affected by proposed mining operations and shall specify the predicted conflicts. For purposes of this section, "approved land uses" are dwellings allowed by a residential zone on existing platted lots and other uses for which conditional or final approvals have been granted by the local government. For determination of conflicts from proposed mining of a significant aggregate site, the local government shall limit its consideration to the following:

(A) Conflicts due to noise, dust, or other discharges with regard to those existing and approved uses and associated activities (e.g., houses and schools) that are sensitive to such discharges;

The quarry site is located on a tall bluff north east of city of Ione. The 1500-foot buffer area applies to the subject parcel (tax lot 400) and other farm ground. The subject parcel is very large and abuts a residential subdivision known as the Emert Addition. However, the 1500-foot impact area is a significant distance from the Emert Addition and other residences. There are two farm buildings within the 1500-foot impact area but no dwellings. The quarry activities do not appear to create noise, dust or other discharges that would impact those structures or farm use in the impact area or outside of the parcel boundaries.

(B) Potential conflicts to local roads used for access and egress to the mining site within one mile of the entrance to the mining site unless a greater distance is necessary in order to include the intersection with the nearest arterial identified in the local transportation plan.

Conflicts shall be determined based on clear and objective standards regarding sight distances, road capacity, cross section elements, horizontal and vertical alignment, and similar items in the transportation plan and implementing ordinances. Such standards for trucks associated with the mining operation shall be equivalent to standards for other trucks of equivalent size, weight, and capacity that haul other materials;

Access will be Ella Road to State Highway 74. Traffic will include mining and rock crushing equipment seasonally. Haul truck volumes will be very low except during peak season for road paving and applying gravel. Even then, truck traffic will average 10-12 truck trips per day, with a maximum of 25 truck trips at peak. There are no proposed mitigating measures. Also, see the discussion in Article 8 Amendments on page 5.

(C) Safety conflicts with existing public airports due to bird attractants, i.e., open water impoundments as specified under OAR chapter 660, division 013;

There is no airport within the impact area, or anywhere nearby. The closes airport identified by the Comprehensive Plan is located at Lexington. There are no proposed mitigating measures.

(D) Conflicts with other Goal 5 resource sites within the impact area that are shown on an acknowledged list of significant resources and for which the requirements of Goal 5 have been completed at the time the PAPA is initiated;

No significant resources have been identified on the site, or within the impact area. There are no proposed mitigating measures.

(E) Conflicts with agricultural practices; and

Agricultural use within 1,500 feet is primarily grazing. The property owner does not anticipate that mining activities will interfere with current farming practices.

(F) Other conflicts for which consideration is necessary in order to carry out ordinances that supersede Oregon Department of Geology and Mineral Industries (DOGAMI) regulations pursuant to ORS 517.780; No other conflicts have been identified.

(c) [If conflicts exist, measures to minimize] The local government shall determine reasonable and practicable measures that would minimize the conflicts identified under subsection (b) of this section. To determine whether proposed measures would minimize conflicts to agricultural practices, the requirements of ORS 215.296 shall be followed rather than the requirements of this section. If reasonable and practicable measures are identified to minimize all identified conflicts, mining shall be allowed at the site and subsection (d) of this section is not applicable. If identified conflicts cannot be minimized, subsection (d) of this section applies.

For this application, the only conflict mentioned is the possibility of fugitive dust, which can be easily mitigated with a gravel surface on the haul roads. Reasonable and practicable measures are identified that will minimize the identified conflict and mining should be allowed at the site.

(d) [If conflicts cannot be minimized then [conduct an Economic, Social, Environmental and Energy (ESEE) analysis.] The local government shall determine any significant conflicts identified under the requirements of subsection (c) of this section that cannot be minimized. Based on these conflicts only, local government shall determine the ESEE consequences of either allowing, limiting, or not allowing mining at the site. Local governments shall reach this decision by weighing these ESEE consequences, with consideration of the following:

(A) The degree of adverse effect on existing land uses within the impact area;

(B) Reasonable and practicable measures that could be taken to reduce the identified adverse effects; and

(C) The probable duration of the mining operation and the proposed post-mining use of the site.

Mitigations can be added here in the future if conflicts are identified. Conflicting

uses have not been identified. Insert table of conflicting uses if applicable.

(e) Where mining is allowed, the plan and implementing ordinances shall be amended to allow such mining. Any required measures to minimize conflicts, including special conditions and procedures regulating mining, shall be clear and objective. Additional land use review (e.g., site plan review), if required by the local government, shall not exceed the minimum review necessary to assure compliance with these requirements and shall not provide opportunities to deny mining for reasons unrelated to these requirements, or to attach additional approval requirements, except with regard to mining or processing activities:

(A) For which the PAPA application does not provide information sufficient to determine clear and objective measures to resolve identified conflicts;

(B) Not requested in the PAPA application; or

(C) For which a significant change to the type, location, or duration of the activity shown on the PAPA application is proposed by the operator.

The application review did not reveal any conflicts. Comprehensive Plan may be amended based on the Board of Commissioners adopted findings.

(f) Where mining is allowed, the local government shall determine the post-mining use and provide for this use in the comprehensive plan and land use regulations. For significant aggregate sites on Class I, II and Unique farmland, local governments shall adopt plan and land use regulations to limit post-mining use to farm uses under ORS 215.203, uses listed under ORS 215.213(1) or 215.283(1), and fish and wildlife habitat uses, including wetland mitigation banking. Local governments shall coordinate with DOGAMI regarding the regulation and reclamation of mineral and aggregate sites, except where exempt under ORS 517.780.

The present use of the site is grazing. The site will be reclaimed after the mining operation is no longer in operation

(g) Local governments shall allow a currently approved aggregate processing operation at an existing site to process material from a new or expansion site without requiring a reauthorization of the existing processing operation unless limits on such processing were established at the time it was approved by the local government.

The proposed site is a new site.

V. COMPREHENSIVE PLAN GOAL 5 INVENTORY

This proposed amendment to the Morrow County Comprehensive Plan is to add the Ella Pit to the list of Goal 5 protected, significant resources aggregate sites. The following proposed changes will be made in Chapter Page 7 of 31, adopted

10-01-13

Open Space, Scenic and Historic Area Aggregate mines with Goal 5 Protection. A list of aggregate sites, attached, includes both those with protections under Goal 5 and those located on farmland required to be listed in the Comprehensive Plan. Some were declared significant when the Comprehensive Plan was adopted in 1980 and acknowledged in 1986, and others were on Morrow County's inventory of significant aggregate sites as of September 1, 1996, thus meeting the requirements of OAR 660-023-0180(3)(c). The remainder, approved since that date, were protected under the rules prescribes in OAR 600 Division 23, some being protected under Goal 5 with the majority being on farmland and meeting the requirements of listing in the Comprehensive Plan (MC OR-1-2013) See attached Inventory.

VI ARTICLE (6) CONDITIONAL USES, Morrow County Zoning Ordinance.

6. Operations for the exploration, mining and processing of geothermal resources as defined by subsection (4) of ORS 522.005, aggregate and mineral resources.

SECTION 6.020. GENERAL CRITERIA. In judging whether or not a conditional use proposal shall be approved or denied, the Commission shall weigh the proposal's appropriateness and desirability, or the public convenience or necessity to be served against any adverse conditions that would result from authorizing the particular development at the location proposed and, to approve such use, shall find that the following criteria are either met or can be met by observance of conditions.

A. The proposal will be consistent with the Comprehensive Plan and the objectives of the Zoning Ordinance and other applicable policies and regulations of the County.

The subject quarry area is a rocky hillside used for grazing. Stockpiling, screening, crushing and hauling of aggregate is located on land zoned for Exclusive Farm Use where mining and mining activities are allowed as a Conditional Use. This application also includes a Plan Amendment to add the aggregate resource to the Comprehensive Plan as a significant site and a Zoning Map Amendment to apply the Aggregate Resources Overlay Zone. With the adoption of the Plan and Map Amendments and the applicable criteria in the MCZO, the proposed quarry complies with this standard.

B. If located within the Urban Growth Boundary of a city, that said city has had an opportunity to review and comment on the subject proposal.

This requirement does not apply as the property is not located within the Urban Growth boundary of any city.

C. The proposal will not exceed carrying capacities of natural resources or public facilities.

The mining operation area is not located within a designated Critical Groundwater Area as defined in Administrative Rule by the Oregon Department of Water Resources (OWRD). Water for dust abatement and crushing was not addressed in the application but presumably water will be hauled in with a water truck. The applicant will use water from a permissible source. The mining operation area is

within the Ione Rural Fire Protection District and the District was mailed a copy of the preliminary Staff Report. The applicant has not stated how solid waste will be removed from the proposed site. There is no current sewage disposal method at the site, but a portable restroom may be set up for use during mining activity. Based on this the application can be found to not exceed carrying capacities of natural resources or public facilities and therefore complies with this standard.

SECTION 6.025 RESOURCE ZONE STANDARDS FOR APPROVAL

Note: These county standards are the same as ORS 215.298.

A. In the Exclusive Farm Use Zone, a conditional use may be approved only when the County finds that the use will not:

- 1. Force a significant change in accepted farm or forest practices on surrounding lands devoted to farm or forest use; or**
- 2. Significantly increase the cost of accepted farm or forest practices on surrounding lands devoted to farm or forest use.**

The proposed mining activity is common throughout central and southern Morrow County and historically has been compatible with adjacent farming and grazing. Dust from mining activities can be a nuisance or negative impact to some farming operations and therefore dust abatement is recommended as a condition of approval.

Where these county standards are the same as ORS 215.298, the land use is found to comply with both state and local standards in this regard.

SECTION 6.030. GENERAL CONDITIONS.

In addition to the standards and conditions set forth in a specific zone, this article, and other applicable regulations; in permitting a new conditional use or the alteration of an existing conditional use, the Commission may impose conditions which it finds necessary to avoid a detrimental impact and to otherwise protect the best interests of the surrounding area or the County as a whole. These conditions may include the following:

A. Limiting the manner in which the use is conducted including restricting the time an activity may take place and restraints to minimize such environmental effects as noise, vibration, air pollution, glare and odor.

The mining activities will remain within the boundaries of the permitted area and is expected to create minimal environmental effects.

If an air quality permit is required by the Department of Environmental Quality, for example for the operator or permittee of the portable rock crusher, said operator shall be required to secure appropriate permits from the DEQ. To ensure the discharges of contaminants and dust created by the mining operation comply with the applicable DEQ ambient air quality and emissions standards, this is listed as a condition of approval.

Hours of operation were not mentioned in the application. As noted above, Planning Department proposes that this permit not limit hours of operation unless complaints are filed.

This application can be found to be in compliance with this standard.

B. Establishing a special yard or other open space or lot area or dimension. Given the distance from neighboring lands and property lines, there does not appear to be a need to impose additional setbacks other than required in the underlying zone and to comply with reclamation requirements. The application can be found to comply with this standard.

C. Limiting the height, size or location of a building or other structure. There are no plans for a permanent structure at the mining site. If a structure is found to be needed, whether temporary or permanent, a zoning permit will be required.

D. Designating the size, number, location and nature of vehicle access points. Ella Road will provide the single point of access to the quarry area.

1. Where access to a county road is needed, a permit from Morrow County Public Works department is required. Where access to a state highway is needed, a permit from ODOT is required.

Although applicant is Morrow County Public Works, an Access Permit should be approved for the new use.

2. In addition to the other standards and conditions set forth in this section, a Traffic Impact Analysis (TIA) will be required for all projects generating more than 400 passenger car equivalent trips per day. A TIA will include: trips generated by the project, trip distribution for the project, identification of intersections for which the project adds 30 or more peak hour passenger car equivalent trips, and level of service assessment, impacts of the project, and mitigation of the impacts. If the corridor is a State Highway, use ODOT standards. (MC-C-8-98)

The application did not address traffic impacts or estimate traffic volume. However, based on estimates from Public Works, truck traffic during hauling will be far below the 400-passenger car equivalent trips per day. Identified road impacts are addressed below. No TIA is deemed necessary.

E. Increasing the amount of street dedication, roadway width or improvements within the street right-of-way.

Additional street dedication is not proposed and is not warranted. The mining activity will utilize a private roadway that connects to Ella Road.

1. It is the responsibility of the land owner to provide appropriate access for emergency vehicles at the time of development. (MC-C-8-98)

The subject site is in the Ione Rural Fire Protection District, which has been provided a copy of the Preliminary Findings.

F. Designating the size, location, screening, drainage, surfacing or other

improvement of a parking area or loading area.

The applicant provided a site plan that shows the general area for mining activity. A more specific site plan may be submitted in the future by the applicant or operator. The location is remote and parking will be provided on site. The applicant did not specify how dust will be controlled but presumably it will be water from a water truck on site. Drainage from the mining will need to be contained on site.

G. Limiting or otherwise designating the number, size, location, height, and lighting of signs.

The application did not indicate whether signs will be used for the aggregate site. Safety signs such as “trucks crossing” may be installed temporarily during hauling periods.

H. Limiting the location and intensity of outdoor lighting and requiring its shielding.

The application did not identify outdoor lighting. It is expected that, when needed, lights may be used during hours of operation. It is recommended that lighting be limited during non-operating hours.

I. Requiring diking, screening, landscaping or another facility to protect adjacent or nearby property and designating standards for its installation and maintenance.

Morrow County will utilize these methods to mitigate impacts to nearby properties.

J. Designating the size, height, location and materials for a fence.

Signs are not proposed in the application. Any fence 6 feet in height or taller will require a Zoning Permit.

K. Protecting and preserving existing trees, vegetation, water resources, wildlife habitat or other significant natural resources.

The mining area will occur within an area that has very limited vegetation. There are no existing trees; vegetation is minimal and includes limited forage for grazing. There are no known water resources on site; water for dust abatement and for processing will be hauled in with a water truck. This preliminary Staff Report will be provided to Oregon Department of Fish and Wildlife (ODFW) and Oregon Water Resources Department with an opportunity to provide comment and to recommend conditions of approval.

The County has been established as a Weed Control District and requires that noxious weeds be controlled by local landowners. It is the duty of the landowner (or operator if by contract) to destroy or prevent the establishment and spread of identified noxious weed species. It is therefore recommended and listed as a Condition of Approval that the landowner make diligent and practical effort to eradicate weeds at the aggregate site that have been listed as “weeds of economic importance” and to prevent their spread.

L. Other conditions necessary to permit the development of the County in conformity with the intent and purpose of this Ordinance and the policies of the Comprehensive Plan.

This mining operation will be subject to MC-C-3-98 the Morrow County Surface Mining Ordinance.

SECTION 6.050. STANDARDS GOVERNING CONDITIONAL USES.

A conditional use shall comply with the standards of the zone in which it is located and with the standards set forth in this subsection.

Local Permit Approval Criteria: An application for mineral or aggregate mining must address provisions found in Article 6 Conditional Uses Section 6.020 General Criteria, Section 6.025 Resource Zone Standards for Approval when in a Farm or Forest Zone, and the following:

1. Proposed hours and/or days of operation. The conditions as to when the mining and processing would be restricted to specific hours of operation or days when mining operations would be limited. For operations conducted after dark, limiting the location and intensity of outdoor lighting and requiring its shielding.

See above discussion under Criteria 6.030(A) above.

2. Limiting or otherwise designating the number, size, location, height, and lighting of signs. Signs other than safety signs must comply with the sign requirements in Section 4 of the Zoning Ordinance.

See above discussion under Criterion 6.030(G).

3. A rock crusher, washer or sorter shall not be located within 500 feet from a residential or commercial use unless it can be established that the use will meet DEQ performance standards for noise and not be expected to cause a noise nuisance at nearby residential or commercial uses. In farm or forest use zones the processing of rock, aggregate or minerals shall not be within one-half mile of a noise sensitive area if the operation operates more than nine hours per day or for more than five days per week. (ORS 467.120(2)).

The nearest dwelling is more than 1500 feet away.

4. All water necessary for the proposed operation shall be appropriated and legally available to the site.

There are no known water sources on site. Water will be supplied with a water truck. Oregon Water Resources Department has been identified as an affected agency and has been provided a copy of the Preliminary Findings of Fact and may submit comments. Otherwise, the quarry operation will obtain water from an appropriate source for use in dust abatement.

5. The discharge of airborne contaminants and dust created by mining

shall comply with applicable DEQ ambient air quality and emissions standards, or approval shall be conditioned to ensure that such standards will not be violated.

The application does not identify the name of the rock crushing company. However, Morrow County contracts with a private rock crushing company. Morrow County Public Works will do the hauling and excavating after rock crushing is stockpiled. The owner of the rock crusher is responsible to hold appropriate DEQ air permits.

6. A Reclamation Plan approved by DOGAMI will be required for mining operations. When reviewing an applicant's submittal regarding a proposed reclamation plan, Morrow County will review the plan against the following criteria:

- a. A description of the present land use and planned beneficial use of the site following the mining activity. The applicant must demonstrate that the planned beneficial use is compatible with the Comprehensive Plan and Zoning Ordinance.**
- b. Provisions for the backfilling, recontouring, topsoil replacement, seedbed preparation, mulching, fertilizing, selection of plant species, seeding or planting rates, and schedules;**
- c. Provisions for adequate setbacks and slopes to protect adjacent property and public safety;**
- d. A proposed time schedule for surface mining and reclamation procedures for the removal or disposal or all equipment, refuse, structures, and foundations from the permit area except permanent structures that are part of an approved Reclamation Plan.**

Morrow County is not required to comply with DOGAMI reclamation since county adopted Ordinance MC-C-3-98. Morrow County will comply with reclamation requirements set forth in ORD MC-C-3-98.

7. In accordance with the Transportation System Plan, the requirements of the Public Works Department or the Oregon Department of Transportation shall be complied with regarding the minimization of potential conflicts to local roads used for access and egress to the mining site.

Morrow County Public Works will design and permit an appropriate access for the quarry.

8. Designating the size, number, location and nature of vehicle access points.

- a. Where access to a county road is needed, a permit from Morrow County Public Works department is required. Where access to a state highway is needed, a permit from ODOT is required.**

See above discussion under Criterion 6.030(D) above.

- b. In addition to the other standards and conditions set forth in**

this section, a Traffic Impact Analysis (TIA) will be required for all projects generating more than 400 passenger car equivalent trips per day. A TIA will include: trips generated by the project, trip distribution for the project, identification of intersections for which the project adds 30 or more peak hour passenger car equivalent trips, and level of service assessment, impacts of the project, and mitigation of the impacts. If the corridor is a State Highway, use ODOT standards. (MC-C-8-98)

See above discussion under Criterion 6.030(D). Application does warrant a TIA. Application is in compliance with this standard.

9. Increasing the amount of street dedication, roadway width or improvements within the street right-of-way. It is the responsibility of the land owner to provide appropriate access for emergency vehicles at the time of development. (MC-C-8-98)

See above discussion under Criterion 6.030(E).

10. An application for a mining operation contiguous to an existing operation approved under this section shall be evaluated in conjunction with the existing site when it appears the sites will be managed and operated as one.

The proposed mining operation is not contiguous to an existing approved operation.

11. Ensuring adequate space for parking and loading.

See above discussion under Criterion 6.030(F).

12. Approvals for or that include operations that batch and blend mineral and aggregate into asphalt cement may not be authorized within two miles of a planted vineyard. (one or more vineyards totaling 40 acres or more that are planted as of the date the application for batching and blending is filed).

This criterion is not applicable as the subject property is not within two miles of a planted vineyard.

13. A plan for the control of noxious weeds. (MC OR-1-2013)

The applicant shall provide to the Morrow County Weed

Coordinator/Inspector a weed plan for the control of noxious weeds and "weeds of economic importance." This shall include a pre-mining weed survey. This is listed as a condition of approval.

VII AGENCIES NOTIFIED: Amanda PUNTON and Dawn HERT Department of Land Conservation and Development; Teresa Penninger, Oregon Department of Transportation; Nicholas Tatalovich, DOGAMI; Department of Environmental Quality, Bend Region Office, Air Quality Specialist; Mike Gorman, Morrow County Assessor; Eric Imes, Morrow County Public Works; Ione Rural Fire Protection District

VIII HEARING DATES:

Planning Commission
North Morrow Government Building
December 6, 2022

Board of Commissioners
February 8, 2023
Bartholomew Building, Heppner

IX FINAL DECISION.

Based upon the unanimous recommendation of the Planning Commission, Morrow County Board of Commissioners hereby makes the following decision:

1. Adopt the Findings.
2. Add the 20-acre aggregate site to the list of Goal 5 Significant Aggregate Resources in the Comprehensive Plan.
3. Apply the Aggregate Resources Overlay Zone.
4. Approve the Conditional Use Permit.

Decision includes allowing mining at the subject property subject to the following Conditions of Approval;

CONDITIONS OF APPROVAL:

1. The quarry operator shall comply with mining and operating permits in accordance with County Ordinance MC-C-3-98.
2. Quarry will be operated in accordance with state and federal Mine Safety regulations.
3. Operating hours shall be 7 Am to 4 PM. However, Public Works Director may request the Planning Director authorize extended hours for emergency or special circumstances.
4. The applicant and operator shall take appropriate measures to abate blowing dust and sand.
5. Once adopted, the Goal 5 protection and the Significant Resources Overlay Zone requires that any new use within 1,500 feet from the quarry that would have the potential to conflict with the protected mining site, such as a residential use, or uses that would cover or prevent access to the site, shall be evaluated as required and shown to not conflict with the mining use. For mitigation purposes, appropriate conditions of approval for the new use may be required.
6. Provide to the Morrow County Weed Coordinator/Inspector a weed plan for the

control of noxious weeds and “weeds of economic importance.” This shall include a pre-mining weed survey.

7. Provide verification from DEQ that the mining operation complies with applicable DEQ ambient air quality and emissions standards and submit the air permit, if applicable.
8. Provide water for dust abatement and mining.
9. Site shall remain free of garbage and debris and will otherwise comply with the Solid Waste Ordinance.
10. Upon reclamation, the site shall be returned to appropriate farm or grazing use or wildlife habitat.

MORROW COUNTY BOARD OF COMMISSIONERS



David Sykes, Chair



Jeff Wenholz, Vice Chair

Vacant, Commissioner

DATE: February 8, 2023

Attachments:

Vicinity Map

Soils Map

1,500 Impact Study Area Map

Comprehensive Plan Goal 5 Significant Resource Inventory

[./planning/amendments/2023/Morrow County Ella/BOC Final Findings](#)



AGENDA ITEM COVER SHEET
Morrow County Board of Commissioners
(Page 1 of 2)

(For BOC Use)
Item #
5e

Please complete for each agenda item submitted for consideration by the Board of Commissioners
(See notations at bottom of form)

Presenter at BOC: Tamra Mabbott
Department: Planning
Short Title of Agenda Item:
(No acronyms please)

Date submitted to reviewers: February 2, 2023
Requested Agenda Date: February 8, 2023

Appoint Commissioner & Alternate to Lower Umatilla Basin Groundwater Management Area Committee

This Item Involves: (Check all that apply for this meeting.)
Order or Resolution
Ordinance/Public Hearing:
1st Reading 2nd Reading
Public Comment Anticipated:
Estimated Time:
Document Recording Required
Contract/Agreement
Appointments
Update on Project/Committee
Consent Agenda Eligible
Discussion & Action
Estimated Time:
Purchase Pre-Authorization
Other

N/A
Purchase Pre-Authorizations, Contracts & Agreements
Contractor/Entity:
Contractor/Entity Address:
Effective Dates - From: Through:
Total Contract Amount: Budget Line:
Does the contract amount exceed \$5,000? Yes No

Reviewed By:

Tamra Mabbott February 2, 2023 Department Director Required for all BOC meetings
County Administrator Required for all BOC meetings
County Counsel *Required for all legal documents
Finance Office *Required for all contracts; other items as appropriate.
Human Resources *If appropriate

*Allow 1 week for review (submit to all simultaneously). When each office has notified the submitting department of approval, then submit the request to the BOC for placement on the agenda.

Note: All other entities must sign contracts/agreements before they are presented to the Board of Commissioners (originals preferred). Agendas are published each Friday afternoon, so requests must be received in the BOC Office by 1:00 p.m. on the Friday prior to the Board's Wednesday meeting. Once this form is completed, including County Counsel, Finance and HR review/sign-off (if appropriate), then submit it to the Board of Commissioners Office.

AGENDA ITEM COVER SHEET
Morrow County Board of Commissioners
(Page 2 of 2)

1. ISSUES, BACKGROUND, DISCUSSION AND OPTIONS (IF ANY):

In late 2022 the Oregon Department of Environmental Quality (DEQ) re-established the Lower Umatilla Basin Groundwater Management Area membership (LUBGWMA). Membership includes one elected commissioner from Umatilla County and one from Morrow County. Tamra Mabbott, Planning Director, was appointed to serve as interim until the Morrow County Board could appoint a primary voting member. Counties are also allowed to appoint an alternate.

A list of current and past membership is attached.

Here is a link to the November 2022 LUBGWMA meeting where Randy Jones, ODEQ, appointed the committee.
https://lubgwma.org/wp-content/uploads/2022/12/LUBGWMA-Meeting-3_11022022_Agenda-and-Minutes.pdf

Here is a link to the LUBGWMA website that has information about the history, meetings, etc.
<https://lubgwma.org/>

2. FISCAL IMPACT:

N/A

3. SUGGESTED ACTION(S)/MOTION(S):

Appoint Commissioner and alternate (staff member) to serve on the Lower Umatilla Basin Groundwater Management Committee (LUBGWMA).

Attach additional background documentation as needed.

Main contact: Dr. Salini Sasidharan, LUBGWMA Committee Chair, lubgwma@gmail.com
(<mailto:lubgwma@gmail.com>)

Lead Agency for Implementing Action Plan: Morrow County Soil and Water Conservation District

LUBGWMA Membership Categories and Executive Committee Members (Current)

1. **Morrow County** – Tamra Mabbott (Interim Appointment replacing Commissioner Melissa Lindsay)
2. **Umatilla County** – Commissioner Dan Dorrان (**committee vice chair**)
3. **Science and Research** – Dr. Salini Sasidharan, Oregon State University (**committee chair**)
4. **Industry and Business** – Brian Crawford, Lamb Weston
5. **Irrigated Agriculture** – Aaron Madison, Madison Farms
6. **Livestock/Dairy/CAFO** – Greg Harris, Threemile Canyon Farms
7. **Environmental** – Karen Lewotsky, Oregon Environmental Council
8. **City Government** – Aaron Palmquist, City Manager, City of Irrigon
9. **Tribal Government** – Eric Quaempts, Confederated Tribes of the Umatilla Indian Reservation (CTUIR);
Alternate: Don Sampson, CTUIR
10. **General Public** (2 positions) – #1) Kristin Anderson Ostrom, Oregon Rural Action; #2) TBD

Supporting State Agencies

The committee is supported by the [Oregon Department of Environmental Quality](https://www.oregon.gov/deq/pages/index.aspx) (<https://www.oregon.gov/deq/pages/index.aspx>) and the [Oregon Department of Agriculture](https://www.oregon.gov/ODA/Pages/default.aspx) (<https://www.oregon.gov/ODA/Pages/default.aspx>). For questions, contact Randy Jones of DEQ (randy.jones@deq.oregon.gov (<mailto:randy.jones@deq.oregon.gov>) | 503-734-4193) or Paul Measeles of ODA (paul.measeles@oda.oregon.gov | 503-580-3893).

Visit the [Agencies and Organizations page](https://lubgwma.org/additional-resources/) (<https://lubgwma.org/additional-resources/>) to learn more about the roles of local and state government agencies in the LUBGWMA.

Past Members (From September 2022)

Commissioner Melissa Lindsay – Morrow County (Category Morrow County)

Past Members (Prior to September 2022)

Scott Lukas – Chair, OSU Extension

Janet Greenup – Lead Agency Implementing Local Action Plan, Morrow SWCD

Miff Devin – Committee Vice-Chair & Food Processor Sub-Committee Chair, Public Water Systems Sub-Committee Co-Chair, Port of Morrow

Scott Morris – Public Water Systems Sub-Committee Co-Chair, City of Stanfield

Aaron Madison – Irrigated Agriculture Sub-Committee Co-Chair, Madison Farms

Mark Millard – Irrigated Agriculture Sub-Committee Co-Chair

Pete Meenderinck – CAFO Sub-Committee Co-Chair, M&P Dairy

Dixie Echeverria – CAFO Sub-Committee Co-Chair, Columbia Feeders

Carla McLane – Rural, Open, & Green Space Sub-Committee Co-Chair, Morrow County Planning

Eileen Laramore – Rural, Open, & Green Space Sub-Committee Co-Chair, Tour of Knowledge

Kyle Waggoner – Livestock Sub-Committee Chair, Umatilla SWCD

Tom Straughan – Livestock Sub-Committee Chair, Umatilla SWCD

Aaron Palmquist – Education / Outreach Sub-Committee Chair, City of Irrigon

Tom Demianew – Committee Member, Oregon Dept of Agriculture

Bylaw

Bylaws refer to the regulations and rules established by the LUBGWMA Committee for internal management. The bylaw cover areas of LUBGWMA goals, formalities concerning the holding of meetings, the voting entitlement, the powers, duties, and qualifications of Chair and Vice Chair, provisions for appointing committees members, role of agencies, ground rules, etc.

History of Bylaw Formation

A **Draft Version 1** of 'Lower Umatilla Basin Groundwater Management Area Committee Bylaws and Policy Annex, November 2022' has been prepared by the LUBGWMA Bylaws Subcommittee. The draft is

currently under review by the LUBGWMA Executive Committee and will be presented for approval at the Public Meeting on February 17th.

Version 1. Bylaws Subcommittee Members:

Salini Sasidharan, LUBGWMA Chair, Oregon State University
Justin Green, Justin B. Green Consulting, Consultant for NOWA
Karen Lewotsky, Oeonline
Kevin Payne, Morrow SWCD
Aaron Palmquist, City of Irrigon
Randy Jones, Regional Solutions Team, DEQ

[LUBGWMA_Bylaw_2022-2023_Draft-Version.1](#) [Download](#)

AGENDA ITEM COVER SHEET

Morrow County Board of Commissioners

(Page 2 of 2)

1. ISSUES, BACKGROUND, DISCUSSION AND OPTIONS (IF ANY):

We have received two applicants for the remained of the term for Position #3. This term for this appointment expires on June 30, 2023.

In accordance with ORS 294.414 regarding the composition of the Budget Committee of a municipal corporation, I have verified that the interested individuals are registered voters in Morrow County.

The Finance office has received applications from the following:

Gibb Evans, Irrigon, OR

Katie Imes, Heppner OR

The appointment request submitted by each applicant are attached to this agenda cover sheet.

2. FISCAL IMPACT:

N/A

3. SUGGESTED ACTION(S)/MOTION(S):

Review applicants for committee and make a motion for appointment of the selected individual.

Attach additional background documentation as needed.



FINANCE DEPARTMENT

P.O. Box 867
Heppner, Oregon 97836-0412
(541) 676-5617

Kevin Ince
Finance Director
kince@co.morrow.or.us

Budget Committee Appointment Request for Morrow County

Name: **Katie Imes**

Mailing Address: [REDACTED]
Heppner, OR. 97836

Phone: [REDACTED]

Email: [REDACTED]

Background & Related Experience:

I am a resident of Lexington and currently serve on the Lexington town council. This position has given me experience with the government budget process. I served for nearly three years in the Morrow County Public Transit Department as the former Transit Manager. This position required managing three budgets which includes long-range planning, grant management, procurement and public outreach. This experience has given me knowledge and understanding of Morrow County's budget process.

Why do you wish to serve on the Morrow County Budget Committee?

I wish to serve on this committee as a representative of local government with the goal of ensuring that tax payer revenue is allocated in a manner that will address staffing, operational and capital improvement needs. Also, ensuring special revenues supporting economic and community development are allocated in a manner that supports our communities planning and capital improvement needs.

Signature: _____

Katie Imes

Date: _____

2/10/2023



FINANCE DEPARTMENT

P.O. Box 867
Heppner, Oregon 97836-0412
(541) 676-5617

Kevin Ince
Finance Director
kince@co.morrow.or.us

Budget Committee Appointment Request for Morrow County

Name: **Gibb Evans**

Mailing Address: [REDACTED]
Irrigon, Or 97844

Phone: [REDACTED]

Email: [REDACTED]

Background & Related Experience:

Some of the Boards and Committees that I have served on recently are as a board member of the Blue Mountain Community College Foundation serving since 2017, have served on the Blue Mountain Community College Budget Committee since 2018, on the Port of Morrow Budget Committee for the 2019 - 21 cycle, a board member of the Northeast Oregon Water Association (NOWA) since 2016. In 2019 I was a member of the Blue Mountain Community College President Search Committee, and in 2018 I was a member of the recommendation committee for the position of Executive Director for the Port of Morrow. I have also served on other boards and in advisory positions for area districts and nonprofits.

Why do you wish to serve on the Morrow County Budget Committee?

As a community member and lifelong resident of Morrow County I believe that it is important to give back to the community. I believe that my past experience will lend itself to being part of Morrow County 's Budget Committee.

Signature: _____

A handwritten signature in black ink, appearing to read "Gibb Evans", written over a horizontal line.

Date: 01/25/2023

AGENDA ITEM COVER SHEET

Morrow County Board of Commissioners

(Page 2 of 2)

1. ISSUES, BACKGROUND, DISCUSSION AND OPTIONS (IF ANY):

These request for appointment were from in person contact by the Morrow County Public Transit Advisory Committee Chair- Debbie Radie. Jamie Stewart is requesting to be appointed as an alternate for the Port of Morrow Employer/employee position and Anne Morter is requesting appointment for the Vacant Ione representative position.

2. FISCAL IMPACT:

N/A

3. SUGGESTED ACTION(S)/MOTION(S):

Move to appoint Anne Morter and Jamie Stewart to Morrow County Public Transit Advisory Committee. Term effective February 22, 2023 to February 22, 2026

Attach additional background documentation as needed.



MORROW COUNTY PUBLIC TRANSIT

P.O. Box 495 • Heppner, Oregon 97836 • (541) 676-5667 • 1-855-644-4560

Date: 2/14/23

Morrow County Commissioners,

I would like to be considered for the Morrow County Public Transit Advisory Committee

Member Alternate Reappointment

I would like to see the Loop program thrive in Morrow County because of the following interest that I have in transportation:

Student transportation to BMCC

I can contribute to this committee by representing the following areas: *See next page

educational institutions

Thank you,

Name: Anne Morter

Address: PO Box 939 Boardman OR 97818

Phone Number: 541-571-8237

Email: amorter@bluecc.edu



MORROW COUNTY PUBLIC TRANSIT

P.O. Box 495 · Heppner, Oregon 97836 · (541) 676-5667 · 1-855-644-4560

Date: 02/14/2023

Morrow County Commissioners,

I would like to be considered for the Morrow County Public Transit Advisory Committee

Member Alternate Reappointment

I would like to see the Loop program thrive in Morrow County because of the following interest that I have in transportation:

I have set up a carpool program at the Tillamook plant as well as a vanpool program. I am interested in making the commute to work affordable and environmental friendly. Plus if employees have reliable it a way to retain employees.

I can contribute to this committee by representing the following areas: *See next page

- Environmental advocacy
- Employer

Thank you,

Name: Jamie Stewart

Address: Po Box 1119 Boardman OR 97818

Phone Number: 541-945-5506

Email: jstewart@tillamook.com



MORROW COUNTY PUBLIC TRANSIT

P.O. Box 495 · Heppner, Oregon 97836 · (541) 676-5667 · 1-855-644-4560

*List of Committee Member Representations

- local governments, including land use planners;
- people with disabilities;
- veterans;
- low-income individuals;
- social equity advocates;
- environmental advocates;
- black, indigenous, and people of color;
- bicycle and pedestrian advocates;
- people with limited English proficiency;
- public health, social and human service providers;
- transit users who depend on transit for accomplishing daily activities;
- individuals age 65 or older;
- educational institutions;
- Public Transportation Service Providers;
- non-profit entities which provide public transportation services;
- neighboring Public Transportation Service Providers; employers; or
- major destinations for users of public transit.

2023 Committee & Board Assignments

Chair David Sykes

Airport Advisory Committee
Columbia Development Authority – Appointed as Alternate
1-4-23 to remainder of Melissa Lindsay’s four-year
term, expiring 12-31-24, via Order #OR-2023-1
Columbia River Enterprise Zone II Board * – Appointed 1-4-23
Community Action Program of East Central Oregon (CAPECO)
Community Renewable Energy Association – Alternate
Court Security Committee
Eastern Oregon Jobs Council – Alternate
Eastern Oregon Workforce Investment Board – Alternate
Local Public Safety Coordinating Council
Lower Umatilla Basin Groundwater Management Area
Military Economic Advisory Committee
Community Counseling Solutions Advisory Board
Morrow County Emergency Operations Center
Morrow County Government Command Center
Neighborhood Center of South Morrow County
Regional Solutions
Rodeo Committee
Willow Creek Valley Economic Development Group

Commissioner Jeff Wenholz

Airport Advisory Committee - Alternate
Board of Property Tax Appeals
Columbia Development Authority – Appointed 1-4-23 to
remainder of Don Russell’s four-year term, expiring
12-31-24, via Order #OR-2023-1
CREZ II Board * – Appointed 1-4-23
Community Renewable Energy Association
Early Childhood Committee
Eastern Oregon Jobs Council
Eastern Oregon Workforce Board
Irrigon-Boardman Emergency Assistance Center
Local Community Advisory Council (Public Health)
Parks Committee
Port of Morrow Liaison
Regional Community Advisory Council (Public Health)
Solid Waste Advisory Committee
The Loop – Morrow County Transportation Advisory
Committees

Commissioner Position 1 – Vacant/Pending

Blues Intergovernmental Council (BIC)
Boardman Food Pantry
Forest Collaborative
National Association of Counties (NACo) Representative
NACo Western Interstate Region Representative
North East Area Commission on Transportation
Tourism Liaison
Wolf Depredation Advisory Committee

All Commissioners

Association of Oregon Counties
Boardman Chamber of Commerce
Boardman Community Development Association
Columbia River Enterprise Zone III Board *
Eastern Oregon Counties Association
Heppner Chamber of Commerce
Ione Community Agri-Business Organization (ICABO)
Irrigon Chamber of Commerce
Local Emergency Planning Committee
Morrow County Budget Committee
Morrow County Fair Board
Morrow County Road Committee

(* Mike Gorman appointed as Alternate)



AGENDA ITEM COVER SHEET
Morrow County Board of Commissioners
(Page 1 of 2)

(For BOC Use)
Item #

Please complete for each agenda item submitted for consideration by the Board of Commissioners
(See notations at bottom of form)

Presenter at BOC: Tamra Mabbott

Date submitted to reviewers: February 17, 2023

Department: Planning

Requested Agenda Date: February 22, 2023

Short Title of Agenda Item: Senator Merkeley's Office circulated a notice soliciting applications for Congressional Direct
(No acronyms please) Spending for 2023. The deadline to submit is March 3, 2023.

This Item Involves: (Check all that apply for this meeting.)

- Order or Resolution
Ordinance/Public Hearing:
1st Reading 2nd Reading
Public Comment Anticipated:
Estimated Time:
Document Recording Required
Contract/Agreement
Appointments
Update on Project/Committee
Consent Agenda Eligible
Discussion & Action
Estimated Time: 30 minutes
Purchase Pre-Authorization
Other

N/A
Purchase Pre-Authorizations, Contracts & Agreements
Contractor/Entity:
Contractor/Entity Address:
Effective Dates - From: Through:
Total Contract Amount: Budget Line:
Does the contract amount exceed \$5,000? Yes No

Reviewed By:

Tamra Mabbott February 17 2023 Department Director Required for all BOC meetings
County Administrator Required for all BOC meetings
County Counsel *Required for all legal documents
Kevin Ince February 17, 2023 Finance Office *Required for all contracts; other items as appropriate.
Human Resources *If appropriate

Note: All other entities must sign contracts/agreements before they are presented to the Board of Commissioners (originals preferred). Agendas are published each Friday afternoon, so requests must be received in the BOC Office by 1:00 p.m. on the Friday prior to the Board's Wednesday meeting. Once this form is completed, including County Counsel, Finance and HR review/sign-off (if appropriate), then submit it to the Board of Commissioners Office.

AGENDA ITEM COVER SHEET
Morrow County Board of Commissioners
(Page 2 of 2)

1. ISSUES, BACKGROUND, DISCUSSION AND OPTIONS (IF ANY):

On Friday, February 10, 2023, US Senator Merkeley forwarded a notice of opportunity to submit request for Congressionaly Direct Spending (CDS). The deadline in March 3, 2023. Please see attached.

Several departments have interest in submitting a request. Finance Director and Planning Director recognize the need to have a coordinated county effort for prioritizing, defining and submitting application. To that end, the Directors submit the Agenda Cover and seek Board of Commissioners input on priorities and direction on next steps. All Department Directors interested in submitting a project or otherwise being involved are encouraged to attend and participate in the discussion. While normally this might be appropriatefor a work session, given the short turn around time this matter is scheduled for a regular Board meeting.

2. FISCAL IMPACT:

N/A

3. SUGGESTED ACTION(S)/MOTION(S):

Announce projects and Departments to move forward with development and submittal of CDS request.

Attach additional background documentation as needed.

**U.S. Senators Ron Wyden and Jeff Merkley
Oregon Fiscal Year 2024 Congressionally Directed Spending Guidance**

The Senate Appropriations Committee will be accepting requests from Senators for congressionally directed spending (CDS) requests for the Fiscal Year 2024 appropriations process. A CDS is a type of federal grant, with the primary difference being the recipients, amounts, and purposes are specifically listed in the annual appropriations bills. The normal rules associated with receiving a federal grant also apply to congressionally-directed spending, including matching and environmental compliance. Please note that the Senate Appropriations Committee considers community-initiated projects requests for only specific accounts and maintains a highly selective process for approving requests.

Please also note that the House of Representatives refers to CDS requests as “community project funding” (CPF) requests and maintains a different submission procedure than the Senate. For more information, please contact your relevant federal representative. We encourage you to submit your project in both processes. For those who participated in this process last year, please note that Fiscal Year 2023 requests do not carry over to Fiscal Year 2024. Projects submitted for consideration in Fiscal Year 2023 may be resubmitted for Fiscal Year 2024.

Disclaimer: Senate rules require Senators to publicly disclose and provide a description of all CDS requests they choose to submit on their official website. Submission of a request does not guarantee the award of federal funding. The requesting entity must comply with any request presented to them by the Government Accountability Office or any other federal entity performing an audit, investigation, or oversight function. Any funding award associated with the request does not guarantee support or funding in future fiscal years.

Submission Process: Both offices will be utilizing a shared [online webform](#) to collect CDS requests. The deadline for submitting is March 3.

Senator Merkley and Senator Wyden are only accepting requests from Oregon-based eligible entities for projects in Oregon. Only non-profits (501(c)3s), federal, state, local or tribal governments, or public institutions are eligible to receive funds. Construction projects for museums, pools, and parking lots are not eligible.

Submission Requirements:

Complete requests must include a description detailing the following elements:

- This description should provide a brief (250 words or less) summary of the project including its purpose, goals, history, and current status, as well as the justification for the project (i.e., why funding is in the interest of taxpayers).
 - The description should explain how the money will be spent (i.e., \$ -x- for salaries; \$ -x for programming; \$ -x- for equipment; etc.). Please be specific when describing the activities and expenditures.
 - The justification should also state what performance standards will be used to measure whether this project has achieved its objectives.
- At least three letters of support – These can come from state agencies, state and local elected officials, community leaders, project partners, etc.

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- Additionally, your request may require specific technical letters from state agencies or local federal offices certifying eligibility. Please refer to the chart below.

Agency Contacts

<i>Account</i>	<i>Agency</i>	<i>Point of Contact</i>	<i>Other notes</i>
EPA, Water and Wastewater Infrastructure, Clean Water projects	DEQ	Rian Hooff (rian.hooff@deq.oregon.gov)	
EPA, Water and Wastewater Infrastructure, Drinking Water Projects	OHA/Business Oregon	OHA: Andre Ourso (andre.ourso@dhsosha.state.or.us) Business Oregon: Jon Unger (jon.unger@biz.oregon.gov)	
FEMA, for both BRIC and EOC	OEM	EOC: Alaina Mayfield (Alaina.mayfield@oem.oregon.gov) BRIC: Stephen Richardson (Stephen.j.richardson@oem.oregon.gov)	
Department of Transportation	ODOT	Trevor Sleeman (Trevor.D.SLEEMAN@odot.state.or.us)	This does not apply to AIP projects.
USFS, State and Private Forestry	ODF	Ryan Gordon (Ryan.P.Gordon@Oregon.gov)	

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USDA, Community Facilities	Oregon Rural Development	Charlotte Bentley (Charlotte.bentley@usda.gov)	Include the following: 1) Name of applicant/project owner; 2) Facility address; 3) Service area; 4) What funds will be spent on (equipment, construction, etc.); 5) Total project cost; and 5) Amount of grant requested.
USDA, WFPO	Oregon NRCS	Ron Alvarado (Ron.Alvarado@usda.gov)	Letter not required, but confirmation of eligibility is.

Fiscal Year 2024 Accounts

Agriculture – *page 7*

- Animal Plant Health Inspection Service, S&E (APHIS)
- Watershed Flood Prevention Operations (WFPO)
- Rural Development, Community Facilities grants
- Rural Development, Distance Learning, Telemedicine, and Broadband grants
- Agricultural Research Stations, Building and Facilities (ARS)

Commerce, Justice, Science – *page 8*

- Department of Commerce; National Institute of Standards and Technology (NIST); Scientific and Technical Research Services (STRS); External Projects
- Department of Commerce; NIST; Construction of Research Facilities
- Department of Commerce; National Oceanic and Atmospheric Administration (NOAA); Operations, Research, and Facilities (ORF); Special Projects
- Department of Justice; Office on Justice Programs; State and Local Law Enforcement Assistance; Byrne Discretionary
- Department of Justice; Community Oriented Policing Services (COPS); COPS Law Enforcement Technology
- National Aeronautics and Space Administration (NASA); Safety, Security, and Mission Support

Energy & Water – *page 9*

- Corps of Engineers: Investigations
- Corps of Engineers: Construction
- Corps of Engineers: Operations & Maintenance
- Corps of Engineers: Mississippi Rivers & Tributaries
- Bureau of Reclamation: Water and Related Resources
- Energy Efficiency and Renewable Energy (EERE)
- Office of Electricity (OE)
- Office of Cybersecurity, Energy Security, and Emergency Response (CESER)
- Office of Nuclear Energy (NE)
- Office of Fossil Energy (FE)

Financial Services – page 10

- Small Business Administration, Administrative Provision
- National Archives and Records Administration, National Historical Publications and Records Commission
- National Archives and Records Administration, Repair and Restoration
- General Services Administration, Federal Buildings Fund, Construction and Acquisition
- General Services Administration, Federal Buildings Fund, Repairs and Alterations
- Office of National Drug Control Policy – Prevention Grants

Homeland Security – page 11

- FEMA - Pre-Disaster Mitigation (PDM) Grants
- FEMA - Emergency Operations Center (EOC) Grants

Interior – page 12

- WWI: EPA, Water and Wastewater Infrastructure
- HPF: National Park Service, Historic Preservation Fund
- SPF: U.S. Forest Service, State and Private Forestry
- Land Management Agencies, Construction
- Bureau of Indian Affairs, Operation of Indian Programs, Special Initiatives
- EPA, Science and Technology, Research: National Priorities
- EPA, State and Tribal Assistance Grants

Labor, HHS, Education – page 13

- Employment and Training Administration
- Health Resources Service Administration
- Substance Abuse and Mental Health Services Administration (combining mental health, substance abuse treatment, and substance abuse prevention)
- Administration for Children and Families – Child Abuse Prevention and Social Services Research and Demonstration
- Administration for Community Living—Aging and Disability Services Programs
- Fund for the Improvement of Education (FIE)
- Higher Ed—Fund for the Improvement of Postsecondary Education (FIPSE)

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Transportation-HUD - page 14

- Transportation Planning, Research, and Development (TPR&D) for transportation research projects
- Grants-in-Aid for Airports (Airport Improvement Program or AIP) for airport capital projects
- Highway Infrastructure Programs (HIP) for highway capital projects
- Transit Infrastructure Grants (TIG) for transit capital projects
- Consolidated Rail Infrastructure and Safety Improvement Program (CRISI) for rail capital projects
- “Facilities and Equipment (F&E)” for terminal air traffic control facility replacement projects eligible under part A of subtitle VII of title 49, United States Code
- Housing and Urban Development (HUD) Economic Development Initiatives (EDI) for economic development projects

Agriculture, Rural Development, Food and Drug Administration

Eligible Accounts

- Animal Plant Health Inspection Service (APHIS), Salaries and Expenses
- Watershed Flood Prevention Operations (WFPO)
- Rural Development
 - Community Facilities grants
 - Distance Learning, Telemedicine, and Broadband (DLT) grants
- Agricultural Research Stations, Building and Facilities (ARS)

Account Guidance

APHIS - Salaries and Expenses

- Must meet environmental review requirements (i.e. NEPA and ESA)
- Please know that several specific APHIS programs require cost-matches.
 - Generally speaking, APHIS comes with a 25% cost-match.
 - Grasshopper/Mormon Cricket – 50% cost share on state land, 33% percent of the cost on private land.
 - Brucellosis – 40% match by the state
 - Wildlife Services – 50% match

WFPO

- CDS recipients for WFPO must have a local sponsor.
- Require technical review from Oregon NRCS office.
- 25% match

Rural Development - Community Facilities Grants

- Require technical review from Oregon Rural Development
- Full list of eligible entities, uses, and limitations can be found in 7 CFR Part 3570

Rural Development - Distance Learning, Telemedicine, and Broadband (DLT) Grants

- There is a flat 15 percent match (matching funds cannot come from another Federal source)
- Full list of eligible entities, uses, and limitations can be found in 7 CFR Part 1734 Subpart A and B

Commerce, Justice, Science

Eligible Accounts

- Department of Commerce;
 - National Institute of Standards and Technology (NIST)
 - Scientific and Technical Research Services (STRS), External Projects
 - Construction of Research Facilities.
 - National Oceanic and Atmospheric Administration (NOAA)
 - Operations, Research, and Facilities (ORF), Special Projects
- Department of Justice
 - Office on Justice Programs
 - State and Local Law Enforcement Assistance, Byrne Discretionary
 - Community Oriented Policing Services (COPS), Law Enforcement Technology
- National Aeronautics and Space Administration
 - Safety, Security, and Mission Support

Account Guidance

NIST STRS External Projects

- Refer to project examples from the Fiscal Year 2022/2023 process.
- Construction projects are ineligible.

NASA Safety, Security, and Mission Support

- Refer to project examples from the Fiscal Year 2022/2023 process.
- Construction projects are ineligible.
- Medical research, Space Grant, and NASA-owned Visitor Centers projects are ineligible.

NOAA ORF Special Projects

- Refer to project examples from the Fiscal Year 2022/2023 process.
- Construction projects are ineligible

Byrne Discretionary

- For eligibility guidance, please see requirements of 2 CFR Part 200 and the DOJ Grants Financial Guide.
- Funding cannot be used for land acquisition or construction.

COPS Law Enforcement Technology

- For eligibility guidance, please see the activities allowed under the COPS Office statute, the requirements of 2 CFR Part 200 and the DOJ Grants Financial Guide, and the applicable Award Owner's Manual.

Energy and Water

Eligible Accounts

- Corps of Engineers
 - Investigations
 - Construction
 - Operations & Maintenance
 - Mississippi Rivers & Tributaries
- Bureau of Reclamation: Water and Related Resources
- Energy projects to include:
 - Renewable and Clean Energy
 - Electricity and Energy Resiliency
 - Cybersecurity and Energy Security
 - Nuclear Energy
 - Fossil Energy or Carbon Management

Account Guidance

Refer to program requirements on the appropriate agency website. Eligible Corps of Engineers projects should have capability identified for Fiscal Year 2024. For the Corps and BOR, the Subcommittee will only provide funding which can be executed in the year of appropriation, and therefore CDS eligibility is further limited by the capability of the agency to obligate the funding.

For Department of Energy projects, the Subcommittee will not fund the following projects:

- Projects that do not follow statutory cost sharing requirements. Statutory cost sharing requirements may apply to these projects, as required by section 988 of the Energy Policy Act of 2005. In short, the amount of required cost sharing will depend on the scope and technological maturity of the project:
 - Research or development activities of a basic or fundamental nature: no minimum cost share.
 - Research or development activities of an applied nature: minimum 20 percent cost share.
 - Demonstration or commercial application: minimum 50 percent cost share.
 - Some projects may contain elements of more than one of the categories listed above. Therefore, some projects may have a blended cost share.
- Projects that require multiple years of funding.
- Construction of buildings or new facilities (no brick and mortar), even if it will have clean energy associated with it.
- Vehicle charging projects, unless the project is connected to larger clean energy sources (like a battery) or has clean energy applications beyond the charging station.
- Electrical substation replacement or routine grid upgrades that could otherwise be funded under ratepayer contracts or through existing federal incentives.
- Planning studies for a forthcoming project.

Financial Services and General Government

Eligible Accounts

- Small Business Administration, Administrative Provision
- National Archives and Records Administration, National Historical Publications and Records Commission
- National Archives and Records Administration, Repair and Restoration
- General Services Administration, Federal Buildings Fund, Construction and Acquisition
- General Services Administration, Federal Buildings Fund, Repairs and Alterations
- Office of National Drug Control Policy – Prevention Grants

Account Guidance

Small Business Administration, Administrative Provision: Projects in support of small businesses, including but not limited to entrepreneur training, counseling, research, and construction or acquisition of facilities. *Please note: SBA CDS funding cannot be used to provide seed capital for small businesses nor can it be used by the CDS recipient to make grants/loans.*

National Archives and Records Administration, National Historical Publications and Records Commission (NHPRC): Projects that help ensure online public discovery and use of historical records collections, encourage public engagement with historical records, strengthen the nation's archival network, or publish documentary editions of historical records. This includes initiatives like record digitization, programming, and online availability of records.

General Services Administration, Federal Buildings Fund, Construction and Acquisition or Repairs and Alterations: Construction projects typically include federal courthouses, federal buildings, or land ports-of-entry. Repairs projects must be federally-owned properties in need of repair or alteration and are typically federal buildings or federal courthouses. Eligible projects do not include state or county facilities, DOD facilities, VA facilities, or transportation infrastructure facilities.

Office of National Drug Control Policy, Administrative Provision (Prevention Grants): Preferred prevention programs would include community-based coalitions which, as part of their application, propose data-driven, evidence-based prevention interventions; have established measurable objectives; and proposed implementing a comprehensive mix of strategies. *Please note: Programs should not be substance specific. Treatment programs are not eligible for CDS under this account.*

Homeland Security

Eligible Accounts

- FEMA
 - Pre-Disaster Mitigation (PDM) Grants (Full requirements can be found in the fiscal year 2022 NOFO for the “Pre-Disaster Mitigation Grant Program”)
 - Emergency Operations Center (EOC) Grants (Full requirements can be found in the fiscal year 2022 NOFO for the “Emergency Operations Center Grant Program”)

Account Guidance

All requests:

- All proposals must be accompanied by a letter of support from the Oregon Office of Emergency Management affirming that it believes the project is eligible
- The Oregon Office of Emergency Management—as the state agency responsible for administering mitigation grants in Oregon—is expected to submit an application to the Federal Emergency Management Agency (FEMA) for requests and served as the administrative agent for the grant.

Interior and Environment

Selected Eligible Accounts

- WWI: EPA, Water and Wastewater Infrastructure
- STAG: EPA, State and Tribal Assistance Grants
- HPF: National Park Service, Historic Preservation Fund
- SPF: U.S. Forest Service, State and Private Forestry
- Land Management Agencies, Construction, (BLM, FWS, NPS, USFS)
- Land Management Agencies, Local Projects and Research (BLM, NPS, FWS, USGS)
- Bureau of Indian Affairs, Operation of Indian Programs, Special Initiatives
- EPA, Science and Technology Research: National Priorities

Account Guidance

- All drinking or clean water projects, with the exception of tribal water projects, are required to provide an agency letter confirming the project is eligible.
- All State and Private Forestry projects require a letter confirming the project is consistent with the State Forest Action Plan.
- EPA, Water and Wastewater Infrastructure grants come with a 20% cost-share requirement

Labor, Health, Human Services, and Education

Eligible Accounts

- Department of Labor
 - Employment and Training Administration (ETA)
- Department of Health and Human Services
 - Health Resources Service Administration (HRSA) – Program Management
 - Substance Abuse and Mental Health Services Administration (SAMHSA) – Health Surveillance and Program Support
 - Administration for Children and Families (ACF) – Children and Families Services Program
 - Administration for Community Living (ACL)
 - Aging and Disability Services Programs
- Department of Education
 - Fund for the Improvement of Education (FIE)
 - Higher Ed—Fund for the Improvement of Postsecondary Education (FIPSE)

No LHHS project maybe be used to sub-grant.

Account Details

DOL Employment and Training Administration

- Meet all Workforce Innovation and Opportunity Act (WIOA) requirements
- Must direct services to individuals to enhance employment opportunities
- Demonstrate evidence of a linkage with the State or local workforce investment system
- Include an evaluation component
- Equipment purchases and curriculum development can also be used for an incidental part of the project
- No funding for construction or renovation of facilities or the purchase of lands or buildings

HHS HRSA

- Health Facilities Construction and Equipment
 - Funding can be used for construction, renovation, or capital equipment purchase for facilities for health, mental health, or substance abuse services, training of health professionals, or medical research. Equipment-only grants are permissible
 - Funding cannot be used to acquire land or purchase existing buildings, or to pay salaries or other operating costs. Funding cannot be used to pay for work previously completed. Funding cannot be used for general feasibility studies
 - Costs of expendable supplies such as pharmaceuticals, lab chemicals, or office paper are not eligible
- Rural Health
 - Grant funds can be used for services only in areas that meet HRSA's definition of rural
 - For lists of eligible areas and further information regarding that definition, see: <https://www.hrsa.gov/rural-health/about-us/definition/index.html>

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HHS SAMHSA

- Funding cannot be used for construction (other than a limited amount of renovation necessary to carry out a funded project)
- Needle Exchange: A General Provision prohibits the award of funding for projects which distribute sterile needles or syringes for I.V. drug injection
- Use of Illegal Substances: A General Provision prohibits the award of funding for projects which promote the legalization of illegal drugs or substances.

HHS ACF

- Projects must serve or target abused and/or neglected children and their families.
- Funding cannot be used for construction or renovation of facilities.

HHS ACL

- Funding cannot be used for construction or renovation of facilities.

ED FIE

- Funding intended for individual schools is provided to the applicable school district and not directly to the individual school.
- Funding cannot be used for construction or renovation of school buildings, except in the case of minor remodeling required as part of technology upgrades.
- Daycare and childcare projects that do not include educational services are not eligible.

ED FIPSE

- Funding cannot be used for construction or renovation of academic buildings, except in the case of minor remodeling required as part of technology upgrades

Transportation, Housing, and Urban Development

Eligible Accounts

- Transportation Planning, Research, and Development (TPR&D) for transportation research projects
- Grants-in-Aid for Airports (Airport Improvement Program or AIP) for airport capital projects
- Highway Infrastructure Programs (HIP) for highway capital projects
- Transit Infrastructure Grants (TIG) for transit capital projects
- Consolidated Rail Infrastructure and Safety Improvement Program (CRISI) for rail capital projects
- “Facilities and Equipment (F&E)” for terminal air traffic control facility replacement projects eligible under part A of subtitle VII of title 49, United States Code
- Housing and Urban Development (HUD) Economic Development Initiatives (EDI) for economic development projects

CDS projects must have a reasonable expectation of being obligated by the end of FY 2026. The Subcommittee will not fund CDS requests for operational expenses or administrative salaries and benefits

Account Guidance

TPR&D

- See projects eligible under title 23 or 49, USC for guidance
- Strongly encouraged to provide project website

AIP

- See projects eligible under chapter 471 of title 49, USC for guidance
- Please include a link to the airport master plan in your application.

TIG

- See projects eligible under chapter 53 of title 49, USC for guidance.
- Please include a link to Statewide Transportation Improvement Plan or Transportation Improvement Plan in your application.

CRISI

- See projects eligible under section 22907 of title 49, USC for guidance.
- Please include a link to the State Rail Plan in your application.

EDI

- See projects eligible under chapter 69 of title 42, USC for guidance.
- Relevant data on how activities or projects benefit primarily low- and moderate-income persons or communities to meet program requirements.
- Please include a link to the project website if available or a link to the HUD five year Consolidated Plan or Annual Action Plan if the project is included or complements planned or current projects within these required plans
- EDIs are subject to other Federal requirements including the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards at 2 CFR Part 200, the National Environmental Policy Act (NEPA), HUD’s NEPA-implementing

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regulations at 24 CFR Part 50 or 24 CFR Part 58, and all appropriate Federal environmental and historic preservation laws, regulations, and Executive Orders. To review HUD's current implementation of the EDI program and the applicable Federal requirements, please see HUD's EDI landing page: https://www.hud.gov/program_offices/comm_planning/edi-grants

FAA Facilities and Equipment (F&E).

- This account is **only** for terminal air traffic control tower facility replacement projects eligible under part A of subtitle VII of title 49, United States Code.

ROAD REPORT February 2023

BLADING OPERATIONS: Following are the roads blade operators made improvements to this month.

Zone 1 –Homestead, County Line, Lindsay Feed, Grieb, Strawberry, Juniper

Zone 2 – Piper Canyon, Cutsforth, Turner,

Zone 3 – Kincaid, Dolven, Holts, Zinter, Smith, Melville

Zone 4 –Blakes Ranch, Porcupine, Lunceford, Upper Rhea Cr., Sanford

Zone 5 – Cemetery, Nichols, Fuller Cyn

ROAD EMERGENCYS: There was a roller over on Bombing Range we took a small crew at night and went and swept the road.

SNOW DAY: The crew members that have routes in the mountains had a few days in February to go clear snow and sand.

SIGN REPAIR: The crew continue making repairs to signs around the county when time allows.

SHOULDER WORK: The crew is working on a big road project up on Deecox. The banks have been sluffing away and the ditch has been washing away for years causing a safety issue. The county got with the land owner and utilities companies to help with this project. The project is coming to an end. When done the banks will be sloped back and a new ditch will be established, making it a safer road to travel.

Hauling Rock: The crew has been hauling rock to blade hand throughout the county.

PERMITS: Following are approved permits to work in the county right-of-way during February.

304	725	Wyoming Ave.	Caris-Sell Homes, Inc - Isaac Dunn	Approach		01/30/2023	02/06/2023
OTS	759	Bombing Range Road	Columbia Basin Electric Co-Op	Utility	Temp. Overhead crossing	01/30/2023	02/01/2023