

SKAMANIA COUNTY BOARD OF HEALTH

Agenda for October 11, 2022
1:30 PM
Skamania County Courthouse
240 NW Vancouver Avenue, Room 18
Stevenson, WA 98648

Board of Health Meetings are open to the public in person or by ZOOM using the numbers listed below.

1 346 248 7799 US 1 312 626 6799 US
1 646 558 8656 US 1 669 900 9128 US
1 253 215 8782 US
1 301 715 8592 US

Meeting ID: 889 0632 1210

Join Zoom Meeting

- Audio only from your computer <https://us02web.zoom.us/j/88906321210>

WRITTEN PUBLIC COMMENTS ACCEPTED AND ENCOURAGED BY MONDAY PRECEDING THE MEETING AT NOON. If you wish written comments to be listed on the agenda, they need to be submitted to the Clerk of the Board by noon on Thursday preceding the Tuesday/Wednesday meeting, otherwise they will be held for the following Tuesday/Wednesday. slack@co.skamania.wa.us When a holiday falls on Monday, the regular meeting is held on Wednesday of that week.

Tuesday, October 11, 2022

1:30 PM Call to Order

Public Comment (3 minutes)

Consent Agenda - Items will be considered and approved on a single motion. Any Commissioner may, by request, remove an item from the agenda prior to approval.

1. Minutes for meeting September 13, 2022
2. Contract Amendment #8 with Department of Health to amend statement of work for COVID-19 Mass Vaccination-FEMA to extend funding period end date
3. Contract with Melody Acosta to perform services related to Registered Dietician and health education services related to Nutrition, Health, and Obesity

Community Health Needs Assessment – Jean Campbell, Program Coordinator for Health Communities

Community Health Report – Tamara Cissell, Community Health Director

Health Officer Report – Dr. Steven Krager, Deputy Health Officer

Environmental Health Report – Alan Peters, Community Development Director

Adjourn

MINUTES OF SKAMANIA COUNTY BOARD OF HEALTH MEETING

September 13, 2022
Skamania County Courthouse
240 NW Vancouver Avenue, Room 18
Stevenson, WA 98648

The meeting was called to order at 1:30 p.m. on September 13, 2022, at the Skamania County Courthouse, 1st Floor Meeting Room, 240 NW Vancouver Avenue in Stevenson, with Board of Health Elected Representatives Commissioners Robert Hamlin, T.W. Lannen and Commissioner Richard Mahar, Chair present and appointed Board of Health members Katie Walker and Scott Yerrick present. Ann Lueders was not in attendance.

There was no public comment.

Commissioner Lannen moved, seconded by Commissioner Hamlin and the motion carried unanimously to approve the Consent Agenda as follows:

1. Minutes for meeting August 9, 2022
2. Contract Amendment #7 with Department of Health for Consolidated Contract 2022-2024, amending statements of work for Executive Office of Resiliency \$ Health Security and amends statements of work for COVID-19 Mass Vaccination-FEMA, FPHS, MCHBG, Office of Immunization COVID 19 Vaccine & Sexual & Reproductive Health Program

Tamara Cissell, Community Health Director reported on flu vaccinations, COVID 19, chronic disease classes, and contracts.

Dr. Steven Krager, Deputy Health Officer reported on COVID 19, influenza vaccines and strains, and prevention programs.

Alan Peters, Environmental Health Director reported on environmental health, and septic and water permits.

The meeting adjourned at 2:30 p.m.

SKAMANIA COUNTY BOARD OF HEALTH

Chair – Richard Mahar

Attest:

Commissioner – T.W. Lannen

Clerk of the Board of Health – Debbie Slack

Commissioner – Robert Hamlin

Ann Lueders, Representative (Non-Elected)

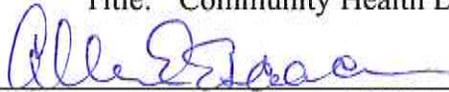
Scott Yerrick, Representative (Non-Elected)

Katie Walker, Representative (Non-Elected)

COUNTY FACE SHEET FOR CONTRACTS/LEASES/AGREEMENTS

1. Contract Number CLH31026
2. Contract Status: (Check appropriate box) Original Renewal Amendment #8
3. Contractor Information: Contractor: **Department of Health
Office of Contracts & Procurement**
Contact Person: **Brenda Henrikson**
Title: **Contracts Specialist**
Address: **PO Box 47905**
Address: **Olympia WA 98504-7905**
Phone: **360-236-3933**
4. Brief description of purpose of the contract and County's contracted duties:

Amends statements of Work for COVID-19 Mass Vaccination-FEMA to extend funding period end date.
5. Term of Contract: **From: January 1, 2022 To: December 31, 2024**
6. Contract Award Process: (Check appropriate box)
General Purchase of materials, equipment or supplies - RCW 36.32.245 & 39.04.190
 Exempt (Purchase is \$2,500 or less upon order of the Board of Commissioners)
 Informal Bid Process (Formal Quotes between \$2,500 and \$25,000)
 Formal Sealed Bid Process (Purchase is over \$25,000)
 Other Exempt (explain and provide RCW) 39.29

Public Works Construction & Improvements Projects – RCW 36.32.250 & 39.04.155 (Public Works, B&G, Capital Improvements Only)
 Small Works Roster (PW projects up to \$200,000)
 Exempt (PW projects less than \$10,000 upon order of the Board of Commissioners)
7. Original Contract Amount: \$ 0 Source: State DOH Consolidated Contract
Contract Amendment #1-6 \$3,167,038
Contract Amendment #7 \$ -430,241
Total County Funds Committed: \$ 0
TOTAL FUNDS COMMITTED: \$2,736,797
8. County Contact Person: Name: Allen Isaacson
Title: Community Health Data & Finance Manager
9. Department Approval: 
Department Head or Elected Official Signature
10. Special Comments:
Sign the Contract (page 1). Email a signed copy of the signature page to brenda.henrikson@doh.wa.gov DOH will return one fully signed original.

COMMISSIONER'S AGENDA ITEM COMMENTARY

<u>SUBMITTED BY</u>	Community Health Department	Signature 
<u>AGENDA DATE</u>	BOH 10/11/2022	
<u>SUBJECT</u>	Dept of Health Consolidated Contract 2022-2024 Amendment 8	
<u>ACTION REQUESTED</u>	BOH Signature	

SUMMARY/BACKGROUND

Amends Department of Health (DOH) Consolidated Contract for Fiscal Period 2022-2024 by the following:

Amends statements of Work for COVID-19 Mass Vaccination-FEMA to extend funding period end date.

FISCAL IMPACT

None

REVENUE CONTRACT

RECOMMENDATION

Sign Contract

LIST ATTACHMENTS

Face Sheet
Amendment #8
Exhibit A: Statements of Work
Exhibit B: Allocations

**SKAMANIA COUNTY COMMUNITY HEALTH DEPARTMENT
2022-2024 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: CLH31026

AMENDMENT NUMBER: 8

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and SKAMANIA COUNTY COMMUNITY HEALTH DEPARTMENT, a Local Health Jurisdiction, hereinafter referred to as "LHJ", pursuant to the Modifications/Waivers clause, and to make necessary changes within the scope of this contract and any subsequent amendments thereto.

IT IS MUTUALLY AGREED: That the contract is hereby amended as follows:

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitewpages/home.aspx?e1:9a94688da2d94d3ca80ac7fbc32e4d7c>
 - Adds Statements of Work for the following programs:
 - Amends Statements of Work for the following programs:
 COVID-19 Mass Vaccination-FEMA - Effective January 1, 2022
 - Deletes Statements of Work for the following programs:

2. Exhibit B-8 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-7 Allocations as follows:
 - Increase of _____ for a revised maximum consideration of _____.
 - Decrease of _____ for a revised maximum consideration of _____.
 - No change in the maximum consideration of **\$2,736,797**.
 Exhibit B Allocations are attached only for informational purposes.

Unless designated otherwise herein, the effective date of this amendment is the date of execution.

ALL OTHER TERMS AND CONDITIONS of the original contract and any subsequent amendments remain in full force and effect.

IN WITNESS WHEREOF, the undersigned has affixed his/her signature in execution thereof.

SKAMANIA COUNTY COMMUNITY HEALTH DEPARTMENT	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature:	Signature:
Date:	Date:

APPROVED AS TO FORM ONLY
Assistant Attorney General

Chart of Accounts Program Title	Federal Award Identification #	Amd #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only		Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date		
FFY23 USDA WIC Client Svs Contracts	NGA Not Received	Amd 1	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$8,300	\$45,504
FFY22 USDA WIC Client Svs Contracts	7WA7600WA7	Amd 4	10.557	333.10.55	01/01/22	09/30/22	10/01/21	09/30/22	\$37,204	
FFY22 USDA WIC Client Svs Contracts	7WA7600WA7	Amd 1	10.557	333.10.55	01/01/22	09/30/22	10/01/21	09/30/22	\$27,000	
FFY22 USDA FIMNP Prog Mgmt	7WA810WA7	Amd 4	10.572	333.10.57	05/01/22	09/30/22	10/01/21	09/30/22	\$160	\$160
FFY22 PHEP BP4 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$19,894	\$36,227
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 4	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$8,375	
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$7,958	
FFY22 Title X Dire Needs	FPHP A006495	Amd 2	93.217	333.93.21	01/14/22	03/31/22	01/14/22	03/31/22	\$1,222	\$1,222
FFY22 Title X Family Planning	FPHP A006560	Amd 5	93.217	333.93.21	04/01/22	03/31/23	04/01/22	03/31/23	\$11,912	\$11,912
COVID19 Vaccines	NHE23P922619	Amd 4	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$345,228	\$345,228
COVID19 Vaccines R4	NHE23P922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$359,803	\$359,803
FFY19 ELC COVID Ed LHJ Allocation	NUS0CK000515	Amd 2	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	\$45,049	\$45,049
FFY20 ELC EDE LHJ Allocation	NUS0CK000515	Amd 2	93.323	333.93.32	01/01/22	12/31/22	01/15/21	07/31/24	\$400,589	\$400,589
FFY23 MCHBG LHJ Contracts	NGA Not Received	Amd 7	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$29,551	\$58,809
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$7,095	\$29,258
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$22,163	
SFY23 Sexual & Rep Hlth Cost Share		Amd 7	N/A	334.04.91	07/01/22	12/31/22	07/01/22	06/30/23	\$13,314	\$26,694
SFY22 Sexual & Rep Hlth Cost Share		Amd 5	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/22	\$588	
SFY22 Sexual & Rep Hlth Cost Share		Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/22	\$12,792	
FFHS-LHJ-Proviso (YR2)		Amd 6	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$906,000	\$1,399,000
FFHS-LHJ-Proviso (YR2)		Amd 7	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$0	
FFHS-LHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$493,000	
FFHS-LHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$493,000	
YR24 SRF - Local Asst (15%) (FO-SW) SS		Amd 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$2,800	\$2,800
Sanitary Survey Fees (FO-SW) SS-State		Amd 1	N/A	346.26.65	01/01/22	12/31/22	07/01/21	06/30/23	\$2,800	\$2,800
YR24 SRF - Local Asst (15%) (FO-SW) TA		Amd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$1,000	\$1,000

EXHIBIT B-8

Skamania County Community Health Department

Contract Number: CLH31026

Contract Term: 2022-2024

Date: September 1, 2022

Indirect Rate January 1, 2022 through December 31, 2023: 12%

Chart of Accounts Program Title	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only		Funding Period	Sub Total	Chart of Accounts Total
				Start Date	End Date	Start Date	End Date			

TOTAL									\$2,736,797	\$2,736,797
Total consideration:									\$2,736,797	\$0
GRAND TOTAL									\$2,736,797	\$2,736,797
									Total Fed	\$1,304,583
									Total State	\$1,432,214
									GRAND TOTAL	\$2,736,797

*Catalog of Federal Domestic Assistance

**Federal revenue codes begin with "333". State revenue codes begin with "334".

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: COVID-19 Mass Vaccination-FEMA - Effective January 1, 2022
Local Health Jurisdiction Name: Skamania County Community Health Department
Contract Number: CLH31026

Funding Source <input checked="" type="checkbox"/> Federal Contractor <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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SOW Type: Revision **Revision # (for this SOW)** 5
Period of Performance: January 1, 2022 through June 30, 2023

Statement of Work Purpose: The purpose of this statement of work is to establish the task activities, funding period, and billing details for cost reimbursement of FEMA-funded mass vaccination clinics in Washington state.

Revision Purpose: The purpose of this revision is to extend the funding period for Mass Vaccination FEMA 100% from 09/30/22 to 10/31/22.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change	Total Allocation
*MASS VACCINATION FEMA 100%	934V0200	97.036	333.97.03	01/01/22 10/31/22	0	None	0
*MASS VACCINATION CATZ 100%	934G0200	97.036	333.97.03	07/02/22 06/30/23	0	None	0
					0	None	0
					0	None	0
					0	None	0
					0	None	0
TOTALS					0	0	0

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	<p>*NOTE: Task activities for Mass Vaccination Clinics in this statement of work are NOT CONSIDERED SUBRECIPIENT but are as a CONTRACTOR of DOH.</p> <p>DOH reimbursement provided for local mass vaccination clinic (see definition below) planning, implementation and operations in coordination between Unified Command and the Regional Incident Management Team (IMT) to administer the vaccine efficiently, quickly, equitably, and safely in all regions of Washington State. State Supported, Regionally Coordinated, Locally Implemented. The Local Health Jurisdiction submitted a Mass Vaccination plan to the Department of Health for approval.</p>			<p>*Reimbursement of eligible costs.</p> <p>MASS VACCINATION FEMA 100% Funding (MI 934V0200)</p> <p>(See Program Specific Requirements below)</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1A	<p>Definition: Mass vaccination clinics defined as those outside of the usual healthcare delivery method such as pop-up clinics, mobile clinics, non-clinical facility (fairgrounds, arenas, etc.).</p> <p>Guidance on vaccination protocols must be followed as provided by DOH and CDC. The Department of Health modeled the State of Washington State Patrol Fire Mobilization framework to quickly implement and carry out the Mass Vaccination effort as outlined by FEMA. This process specifically implements contracting with local jurisdictions once capacity is exceeded to effectively carry out the emergency mission as efficiently, equitably, and quickly as possible on a Statewide basis. Contracted partners need to be prepared to receive direction and updates at least monthly from <u>COVID-19 Vaccine Information for Healthcare Providers Washington State Department of Health</u> on operational and regulatory guidance from CDC and DOH.</p> <p>The Department of Health contracted with regional incident management teams and/or regional incident management organizations and works in close coordination and cooperation with Local health jurisdiction (LHJ) to support the COVID-19 Mass Vaccination efforts. The LHJ meets with the contract manager at the department a minimum of once a month and has ongoing conversations around planning and scheduling of mass vaccination efforts as needed. DOH will coordinate with the LHJ and regional IMT/IMO around planning and implementation of mass vaccination clinics/sites provided within the county(s) with a regional incident management team/organization as approved by DOH.</p> <p>Request for regional IMT should be submitted through the normal process through WebEOC.</p> <p>DOH will coordinate with the LHJ and regional IMT/IMO regarding carrying out the filed mass vaccination plan within the county.</p> <p>Regional IMT will be under the delegation authority of DOH and they are to provide support and coordination for all efforts around vaccine planning, resource support and general guidance and information sharing in order to regionally coordinate efforts. Local jurisdictions will maintain all</p>	<p>Submit to DOH a mass vaccination plan including:</p> <ul style="list-style-type: none"> • type of site, • site locations, • throughput, • considerations made to ensure equity to historically marginalized populations, • and to the extent possible a regional map of sites/locations. 	<p>Within 30 days of contract amendment execution.</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1B	<p>decisional authority around vaccination planning and execution within their jurisdiction/district.</p> <p>Provide any information as requested by the regional IMT.</p> <p>Funding for eligible Mass Vaccination activities are reimbursed on actual costs as outlined in the DOH guidance to provide the services and to carry out the mission. Funding will be dependent on full participation in the LHJ and IMT processes and all documentation will be required to be provided to fully close out funding requests by the end of the mission period of performance.</p> <p>Allowable costs include expenses such as facility rentals, staff to conduct planning, management, support and operation of the site, medical personnel for vaccinations, site security personnel, wrap around services for staff (meals, travel, lodging), equipment (which must be pre-approved by IMT/DOH if it exceeds \$5,000 each), supplies for vaccinations and site operation. LHJs should provide narratives to help assist IMT and DOH finance know what expenditures were necessary to carry out the mission.</p>	<p>Submit estimated budget for the mass vaccination plan.</p> <p>Monthly Cost Summary Spreadsheet to the IMT/IMO by the fifth of the following month.</p>	<p>Within 30 days of contract amendment execution.</p> <p>Monthly</p>	
1C	<p>Vaccination data -- will be maintained according to current state and federal requirements.</p> <p>Vaccine Registration Systems – If a local jurisdiction or region does not have a registration system(s) the include internet based, phone option and other methods to ensure equitable registration, the state PrepMod system and tools will be available for use.</p>	<p>Submission of vaccine use into WA HIS database within 24hrs of use.</p> <p>Jurisdiction/Regions will ensure a fair and equitable process for registration of eligible Washingtonians across all available modalities.</p>	<p>Daily</p>	
1D	<p>Regularly report on vaccinations sites and operational activities (number of vaccinations, personnel to operate the site, challenges, successes to share for learning across the public health system).</p>	<p>Provide monthly situation report to IMT/IMO on status of implementation of mass vaccination plan, or more frequently if that is the LHJ procedure. Sites operating for the time period, vaccines administered by site for the time period, estimated costs for the time period, any challenges/successes of note, including assistance requested.</p>	<p>Monthly</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	<p>Documentation for closeout: Provide backup documentation for the cost summary workbooks submitted for cost reimbursement. Staff time, supplies, and equipment purchases under \$5,000 (with written approval from the Department of Health FEMA team) will be allowed to provide the required documentation for project closeout with FEMA. Each employee will need to fill out a category Z workbook with their time worked on documentation daily and will be required to submit it to the DOH FEMA team monthly. Any costs incurred prior to January 21, 2021, will need to be identified and submitted on prior written approval by DOH FEMA team.</p>	<ul style="list-style-type: none"> • Payroll Policies • Pull payroll documents from your system of record • Time sheets • Receipts/Invoices for any expenses that are not payroll related • Executed Contract Documents with Sub-Contractors <p>Equipment records of LHJ-owned equipment that are on the 2019 FEMA equipment rate list, otherwise they are supplies/commodity costs</p>	Monthly	<p>*Reimbursement of eligible costs. MASS VACCINATION CATZ 100% Funding (MI 934G0200) (See Program Specific Requirements below)</p>

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Federal Funding Accountability and Transparency Act (FFATA)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov. Information about the LHJ and this statement of work will be made available on [USASpending.gov](#) by DOH as required by P.L. 109-282.

Program Specific Requirements

Program Manual, Handbook, Policy References
 Emergency Response Plan (or equivalent)
 Medical Countermeasure/Mass Vaccination Plan
 Language Access Planning Tool

Billing Requirements:

Monthly invoices must be submitted timely to the regional IMT/Organization for review/approval prior to submission to DOH for reimbursement.
 Contract Master Index (MI) Code: 934V0200 General Mass Vaccination
 BARS Revenue Code: 333.97.03 Mass Vaccination Reimbursement

Special Instructions:

The LHJ is considered a CONTRACTOR of DOH not a subcontractor for this portion of the statement of work. An allocation of funds is not provided as these FEMA funds are only available as reimbursement of costs associated with implementation of the mass vaccination plan.

Detailed documentation must be maintained as directed by the regional IMT/Organization and DOH to substantiate costs associated with these activities for submission to FEMA upon request by DOH using CATZ funds for documentation from July 2, 2022 through June 30, 2023.

Eligible costs from the timeframe of January 1, 2022 through ~~September 30, 2022~~ *October 31, 2022* include facility rentals, medical and support staff for planning, management, support, and operations; as well as wrap-around services for staff (i.e., meals, travel, lodging). Regular and overtime pay associated with this project is allowable for all staff working under this project and must be billed as a direct charge; timesheets are required documentation and must be available upon request by DOH. Indirect rates are not applicable to these funds. Eligible equipment includes facility infection control measures, personal protective equipment (PPE), storage equipment, coolers, freezers, temperature monitoring devices, portable vaccine units for transportation, supplies such as emergency medical supplies (for emergency medical care needs that may arise in the administration of the vaccine), containers for medical waste, as well as proper storage as needed for canisters of liquid nitrogen or dry ice. Eligible equipment purchase costs should not exceed \$5,000 per piece. Equipment over \$5,000 a piece must be preapproved by the IMT and should be leased rather than purchased. Any diversion from the list of pre-approved expenses will require a narrative on the purchase rationale and will be subject to IMT approval prior to reimbursement. Timesheets are required documentation for all activities related to this project. Staff time-in / time-out must be recorded, as well as a brief description of their activities. A general description of activities is acceptable for those working at the vaccine site; more detailed/specific description is required for those not working at the vaccine site.

COMMISSIONER'S AGENDA ITEM COMMENTARY

<u>SUBMITTED BY</u>	Community Health Department	Signature 
<u>AGENDA DATE</u>	BOH 10/11/2022	
<u>SUBJECT</u>	Melody Acosta Registered Dietitian	
<u>ACTION REQUESTED</u>	Signature	

SUMMARY/BACKGROUND

Professional services contract to perform services related to Registered Dietician and health education services related to Nutrition, Health and Obesity to Skamania County residents.

FISCAL IMPACT

Up to \$6,000 Expenditure Contract – Funded by Department of Health Contract-FPHS

RECOMMENDATION

Sign

LIST ATTACHMENTS

- Face Sheet
- Contract
- Attachment A – Scope of Work
- Attachment B – HIPAA Agreement
- Attachment C – Suspension & Debarment Certification

**SKAMANIA COUNTY - PROFESSIONAL SERVICE CONTRACT BETWEEN
SKAMANIA COUNTY
AND MELODY ACOSTA
(2022)**

THIS CONTRACT, by and between **SKAMANIA COUNTY**, a municipal corporation, hereinafter referred to as the "**COUNTY**", and **MELODY ACOSTA**, hereinafter referred to as the "**CONTRACTOR**",

WITNESSETH THAT:

1. **AUTHORITY TO CONTRACT.**

- A. The **CONTRACTOR** covenants that the person whose signature appears as the representative of the **CONTRACTOR** on the signature page of this contract is the **CONTRACTOR'S** contracting officer and is authorized to sign on behalf of the **CONTRACTOR** and, in addition, to bind the **CONTRACTOR** in any subsequent dealings with regard to this contract, such as modifications, amendments, or change orders.
- B. The **CONTRACTOR** covenants that all licenses, tax I.D. Nos., bonds, industrial insurance accounts, or other matters required of the **CONTRACTOR** by federal, state or local governments in order to enable the **CONTRACTOR** to do the business contemplated by this agreement, have been acquired by the **CONTRACTOR** and are in full force and effect.
- C. The **COUNTY** represents that the services contracted for herein have been, or will be, appropriately budgeted for and that the **COUNTY** has the authority to contract for such services; that the contracting officer for the **COUNTY** is TAMARA CISSELL; provided that changes that require a change in the amount of the contract price, shall require the approval of the Skamania County Board of Commissioners.

2. **INDEPENDENT CONTRACTOR STATUS.**

- A. The parties intend the **CONTRACTOR** to be an independent contractor, responsible for its own employer/employee benefits such as Workman's Compensation, Social Security, Unemployment, and health and welfare insurance. The parties agree that the **CONTRACTOR'S** personal labor is not the essence of this contract; that the **CONTRACTOR** will own and supply its own equipment necessary to perform this contract; that the **CONTRACTOR** will employ its own employees; and that, except as to defining the work and setting the parameters of the work, the **CONTRACTOR** shall be free from control or direction of the **COUNTY** over the performance of such services.
- B. The **CONTRACTOR** represents that it is capable of providing the services contracted for herein; that it is the usual business of the **CONTRACTOR** to provide

such services.

3. SERVICES TO BE RENDERED.

- A. The work to be performed by the **CONTRACTOR** consists of those services that are fully described in the contract documents marked Attachment A, B and C which have been initialed by the parties, attached hereto, and by this reference incorporated herein.
- B. Amendments, modifications, or change orders to this contract must be in writing and signed by the parties designated in this contract to be the contracting officers; provided that, change orders affecting the total contract price must be signed by the Board of Commissioners for the **COUNTY**.

4. TERMS OF CONTRACT

The contract shall begin on October 11, 2022 and terminate on June 30, 2023; PROVIDED that, in the event this contract is a personal services contract, not exempt under Chapter 39.29 of the Revised Code of Washington, this contract shall not be effective until the requirements of said statute have been met. The County may terminate this contract earlier upon five (5) days written notice.

5. PAYMENTS FOR SERVICES.

- A. The consideration for the services to be performed by the **CONTRACTOR** shall not exceed \$6,000, including Washington sales tax, and shall be paid as outlined below or in Attachment A.
- B. Payment on the account of the contracted services shall be made not more than monthly, based on submission by the **CONTRACTOR** to the **COUNTY'S** contracting officer of reports and invoices describing the services performed in sufficient detail to enable the **COUNTY'S** contracting officer to adequately determine the services for which payment is sought. Payment is due within thirty (30) days of submission of accepted detailed invoice.
- C. The **CONTRACTOR** agrees that funds received from the **COUNTY** can be expended for only public purposes and the **CONTRACTOR** will keep identifiable financial and performance books and records of all funds received pursuant to this contract from the **COUNTY** detailing the receipts and expenditures of such funds; that these detailed accounting records shall be made available at all reasonable times to any county, state, or federal auditor, whose duties include auditing these funds.

6. **INSURANCE**

The **CONTRACTOR** agrees to save the **COUNTY** harmless from any liability that might otherwise attach to the **COUNTY** arising out of any activities of the **CONTRACTOR** pursuant to this contract and caused by the **CONTRACTOR'S** negligence. The **CONTRACTOR** further agrees to provide the **COUNTY** with evidence of general liability insurance naming the **COUNTY, its elected and appointed official, agents, employees, and volunteers** as an additionally insured party in the amount of \$1,000,000.

7. **INDEMNIFICATION**

Contractor agrees to indemnify and hold harmless the County and its respective employees, agents, licensees and representatives, from and against any and all suits, claims, actions, losses, costs, penalties, damages, attorneys' fees and all other costs of defense of whatever kind or nature arising out of injuries of or death of any and all persons (including Subcontractors, agents, licensees or representatives, and any of their employees) or damage of or destruction of any property (including, without limitation, Owner's property, Contractor's property, or any Subcontractor's property) in any manner caused by, resulting from, incident to, connected with or arising out of Contractor's performance of its work, unless such injury, death or damage is caused by the sole negligence of the County.

In any situation where the damage, loss or injury is caused by the concurrent negligence of the Contractor or its agents and employees and the County or its agents or employees, then the Contractor expressly and specifically agrees to hold the County harmless to the extent of the Contractor or its agents' and employees' concurrent negligence.

The Contractor specifically waives its immunity as against Skamania County under Title 51 RCW (Industrial insurance statute), and acknowledges that this waiver of immunity was mutually and expressly negotiated by the parties, and expressly agrees that this promise to indemnify and hold harmless applies to all claims filed by and/or injuries to the Contractor's own employees against the County. This provision is not intended to benefit any third parties.

If a Subcontractor is used, then the Contractor shall ensure that all Subcontracts also provide that the Contractor or Subcontractor will waive its immunity under Title 51 RCW.

8. **GOVERNING LAW.**

The parties agree that this contract shall be governed by the laws of the State of Washington and that venue for any action pursuant to this contract, either interpreting the contract or enforcing a provision of the contract, or attempting to rescind or alter the contract, shall be brought in Skamania County, Washington; that the prevailing party shall be entitled to all costs, including reimbursement for attorney's fees at a reasonable rate.

9. **ASSIGNABILITY.**

The **CONTRACTOR** shall not assign nor transfer any interest in this contract.

10. **EQUAL EMPLOYMENT OPPORTUNITY.**

A. The **CONTRACTOR** shall not discriminate on the basis of race, color religion, sex, national origin, age, disability, marital or veteran status, political affiliation, or any other legally protected status in employment or the provision of services.

B. The **CONTRACTOR** shall not, on the grounds of race, color, sex, religion, national origin, creed, age or disability:

- (1) Deny an individual any services or other benefits provided under this agreement.
- (2) Provide any service(s) or other benefits to an individual which are different, or are provided in a different manner from those provided to others under this agreement.
- (3) Subject an individual to unlawful segregation, separate treatment, or discriminatory treatment in any manner related to the receipt of any service(s), and/or the use of the contractor's facilities, or other benefits provided under this agreement.
- (4) Deny any individual an opportunity to participate in any program provided by this agreement through the provision of services or otherwise, or afford an opportunity to do so which is different from that afforded others under this agreement. The **CONTRACTOR**, in determining (1) the types of services or other benefits to be provided or (2) the class of individuals to whom, or the situation in which, such services or other benefits will be provided or (3) the class of individuals to be afforded an opportunity to participate in any services or other benefits, will not utilize criteria or methods of administration which have the effect of subjecting individuals to discrimination because of their race, color, sex, religion, national origin, creed, age, or disability.

11. **NONCOMPLIANCE WITH NONDISCRIMINATION PLAN**

In the event of the **CONTRACTOR**'s noncompliance or refusal to comply with the above nondiscrimination plan, this contract may be rescinded, canceled or terminated in whole or in part, and the contractor may be declared ineligible for further contracts with the **COUNTY**. The **COUNTY** shall, however, give the **CONTRACTOR** reasonable time to cure this noncompliance. Any dispute may be resolved with the "Disputes" procedure set forth herein.

12. **DISPUTES**

Except as otherwise provided in this contract, when a genuine dispute arises over an issue related to the contract between the **COUNTY** and the **CONTRACTOR** and it cannot be resolved, either party may submit a request for a dispute resolution to the Board of County Commissioners. The parties agree that this resolution process shall precede any action in a judicial and quasi-judicial tribunal. A party's request for a dispute resolution must:

- a. be in writing; and
- b. state the disputed issues; and
- c. state the relative positions of the parties; and
- d. state the **CONTRACTOR'S** name, address, and the **COUNTY** department the contract is with; and
- e. be mailed to the Board of Commissioner's, P.O. Box 790, Stevenson, Washington 98648, within thirty (30) calendar days after the party could reasonably be expected to have knowledge of the issue which he/she now disputes. This dispute resolution process constitutes the sole administrative remedy available under this contract.

13. **WAGE AND HOUR COMPLIANCE.**

The **CONTRACTOR** shall comply with all applicable federal and state provisions concerning wages and conditions of employment, fringe benefits, overtime, etc., as now exists or is hereafter enacted during the term of this contract, and shall save the County harmless from all actions, claims, demands, and expenses arising out of the **CONTRACTOR'S** failure to so comply.

14. **DEFAULT/TERMINATION/DAMAGES.**

- A. The parties hereto agree that **TIME IS OF THE ESSENCE** of this contract.
- B. If the **CONTRACTOR** shall fail to fulfill in a timely manner any of the covenants of this agreement, the **COUNTY** shall have the right to terminate this agreement by giving the **CONTRACTOR** seven (7) day's notice, in writing, of the **COUNTY'S** intent to terminate and the reasons for said termination. And in the event of any such termination the **CONTRACTOR** shall be liable for the difference between the original contract and the replacement or cover contract as well as all administrative costs directly related to the replacement contract; that in such event the **COUNTY** may withhold from any amounts due the **CONTRACTOR** for such work or completed services any balances due the Contractor, and said amounts shall be used to totally or partially offset the **COUNTY'S** damages as a result of the **CONTRACTOR'S** breach to the extent they are adequate.
- C. Either party may cancel the contract, without fault, by giving the other party 14 days written notice.

15. **OWNERSHIP OF WORK PRODUCTS.**

Upon completion of the project or termination for whatever reason, all finished and unfinished documents, data, studies, drawings, service maps, models, photographs and other work product resulting from this agreement shall become the COUNTY'S property.

IN WITNESS WHEREOF, the COUNTY has caused this Contract to be duly executed on its behalf, and thereafter the CONTRACTOR has caused the same to be duly executed on its behalf.

DATED: _____, 20____.

SKAMANIA COUNTY
BOARD OF COMMISSIONERS

MELODY ACOSTA, RD, MPH

Chairman

Commissioner

Commissioner

APPROVED AS TO FORM ONLY:

Prosecuting Attorney

Date

ATTEST:

Clerk of the Board

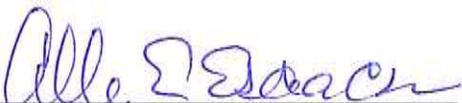
**ATTACHMENT A
STATEMENT OF WORK - 2022
MELODY ACOSTA
Registered Dietician/Health Educator**

The Contractor will perform services related to Registered Dietician and Health Educator for Skamania County Community Health. Responsibilities are as follows:

- Develop curriculum and provide Registered Dietician and Health Educator services to attendees of Skamania County Community Health's "Living a Health Life With Chronic Conditions" workshops.
- Contractor will maintain all necessary Washington state licenses and or certificates as a Registered Dietician.
- Contractor will provide health education services to Skamania County residents in the area of Nutrition, Health and Obesity.
- Contractor will perform all other duties agreeable to both parties and within the scope of license and practice.
- Payment is set at \$65.00 per hour. Allowable contracted time shall include time from place of work, which is Stevenson Washington, Community Health Department. No additional payment will be made for travel, per diem or incidental costs. Travel costs (including mileage, lodging and per diem) related to trainings required by County will be paid at government rates to Contractor.

Melody Acosta, RD, MPH

Date



Allen Esacson
Data & Finance Manager

10/5/2022

Date

Attachment B
HIPAA Business Associate Agreement

Definitions: COUNTY shall mean **Skamania County**
CONTRACTOR shall mean **Melody Acosta, RD, MPH**

Obligations & Activities of Business Associate:

1. CONTRACTOR agrees to not use or disclose Protected Health Information (PHI), as defined in 45 CFR 164.501, other than as permitted or required by the Agreement or as required by law.
2. CONTRACTOR agrees to use appropriate safeguards to prevent use or disclosure of the PHI other than as provided for by this Agreement.
3. CONTRACTOR agrees to mitigate, to the extent practicable, any harmful effect that is known to CONTRACTOR of a use or disclosure of PHI by CONTRACTOR in violation of the requirements of this Agreement.
4. CONTRACTOR agrees to report to COUNTY any use or disclosure of the PHI not provided for by this Agreement of which it becomes aware.
5. CONTRACTOR agrees to ensure that any agent, including a subcontractor, to whom it provides PHI received from, or created or received by CONTRACTOR on behalf of COUNTY, agrees to the same restrictions and conditions that apply through this Agreement to CONTRACTOR with respect to such information.
6. CONTRACTOR agrees to make internal practices and records, including policies & procedures and PHI, relating to the use and disclosure of PHI received from, or created or received by CONTRACTOR on behalf of, COUNTY available to the Secretary of the Department of Health & Human Services, in a time and manner as agreed or designated by the Secretary, for purposes of the Secretary determining COUNTY'S compliance with Health Information Portability and Accountability Act (HIPAA).
7. CONTRACTOR agrees to document such disclosures of PHI and information related to such disclosures as would be required for COUNTY to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR 164.528.
8. CONTRACTOR agrees to provide to COUNTY or an individual, in time and manner as agreed, information collected in accordance with this agreement, to permit COUNTY to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR 164.528.
9. CONTRACTOR may use PHI to report violations of law to appropriate Federal and State authorities, consistent with 42 CFR 164.502 (j)(1) and may use PHI for the proper management and administration or to carry out the legal responsibilities of the CONTRACTOR, provided that such use or disclosure would not violate HIPAA.

COUNTY Responsibilities:

1. COUNTY shall notify CONTRACTOR of any limitations in its notice of privacy practices of CONTRACTOR in accordance with 45 CFR 164.520, to the extent that such limitation may affect CONTRACTOR'S use or disclosure of PHI.
2. COUNTY shall notify CONTRACTOR of any changes in, or revocation of, permission by individual to use or disclose PHI, to the extent that such changes may affect CONTRACTOR'S use or disclosure of PHI.
3. COUNTY shall notify CONTRACTOR of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect CONTRACTOR'S use or disclosure of PHI.
4. COUNTY shall not request CONTRACTOR to use or disclose PHI in any manner that would not be permissible under HIPAA if done by COUNTY.

Interpretation:

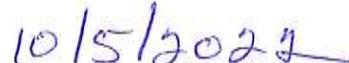
1. The reference in this Agreement to HIPAA shall mean the latest version in effect or as amended.
2. This agreement shall be amended as is necessary for COUNTY to comply with the requirements and amendments of HIPAA.
3. Any ambiguity in this Agreement shall be resolved to permit COUNTY to comply with HIPAA.

Contractor



Allen Esaacson
Data & Finance Manager

Date



Date

Attachment C
SUSPENSION & DEBARMENT CERTIFICATION

Definitions: COUNTY shall mean **Skamania County**
CONTRACTOR shall mean **Melody Acosta, RD, MPH**

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion:

This certification is required by the regulations at Title 2 Code of Federal Regulations Part 180 for all lower tier (subcontracting) transactions.

The CONTRACTOR certifies, by signing this agreement, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. The prospective lower tier participant shall provide immediate written notice to KIRBY RICHARDS if at any time the CONTRACTOR learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

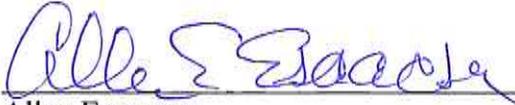
Should the CONTRACTOR enter into a covered transaction with another person at the next lower tier (subcontract), the CONTRACTOR agrees by signing this agreement that it will verify that the person with whom it intends to do business is not excluded or disqualified. The CONTRACTOR will do this by:

- (a) Checking the federal Excluded Parties List System (EPLS); or
- (b) Collecting a certification from that person; or
- (c) Adding a clause or condition to the contract with that person

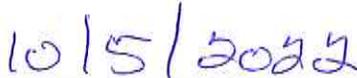
The CONTRACTOR agrees by signing this agreement that it shall not knowingly enter into any lower tier transaction (subcontract) with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which the transaction originated. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction (subcontract) that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous.

The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the CONTRACTOR knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Contractor


Allen Esaacson
Data & Finance Manager

Date



Date

SKAMANIA COUNTY COMMUNITY HEALTH

COMMUNITY HEALTH ASSESSMENT & IMPROVEMENT PLANNING

Board of Health – October 11, 2022

COMMUNITY HEALTH ASSESSMENT & IMPROVEMENT PLANNING



- Identifies key health needs and issues through systematic, comprehensive data collection and analysis
- Get a general understanding of the state of the population's health
- Outlines how partners and stakeholders will address priority health issues
- Set priorities, coordinate efforts, target resources

COMMUNITY HEALTH SURVEY RESULTS

Gorge Collaborative Community Health Needs Assessment

GORGE COMMUNITY INPUT RESULTS

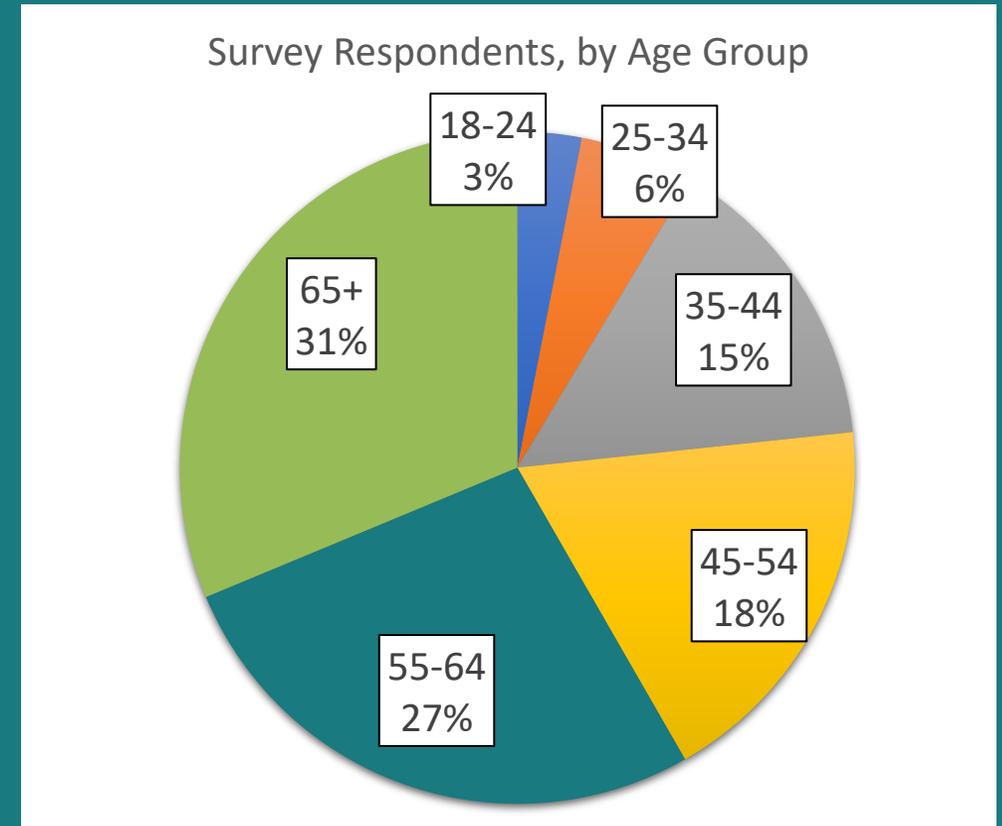
- 11 stakeholder interviews including 16 participants
- 8 listening sessions including 66 community members
- High priorities identified
 - Homelessness and housing instability
 - Behavioral health challenges and access to care (mental health and substance use/misuse)
 - Economic insecurity, including education and job skills
- Medium priorities identified
 - Access to health care services
 - Food insecurity
 - Obesity and chronic conditions (including opportunities for recreation)

OVERALL SURVEY RESPONDENTS' SNAPSHOT

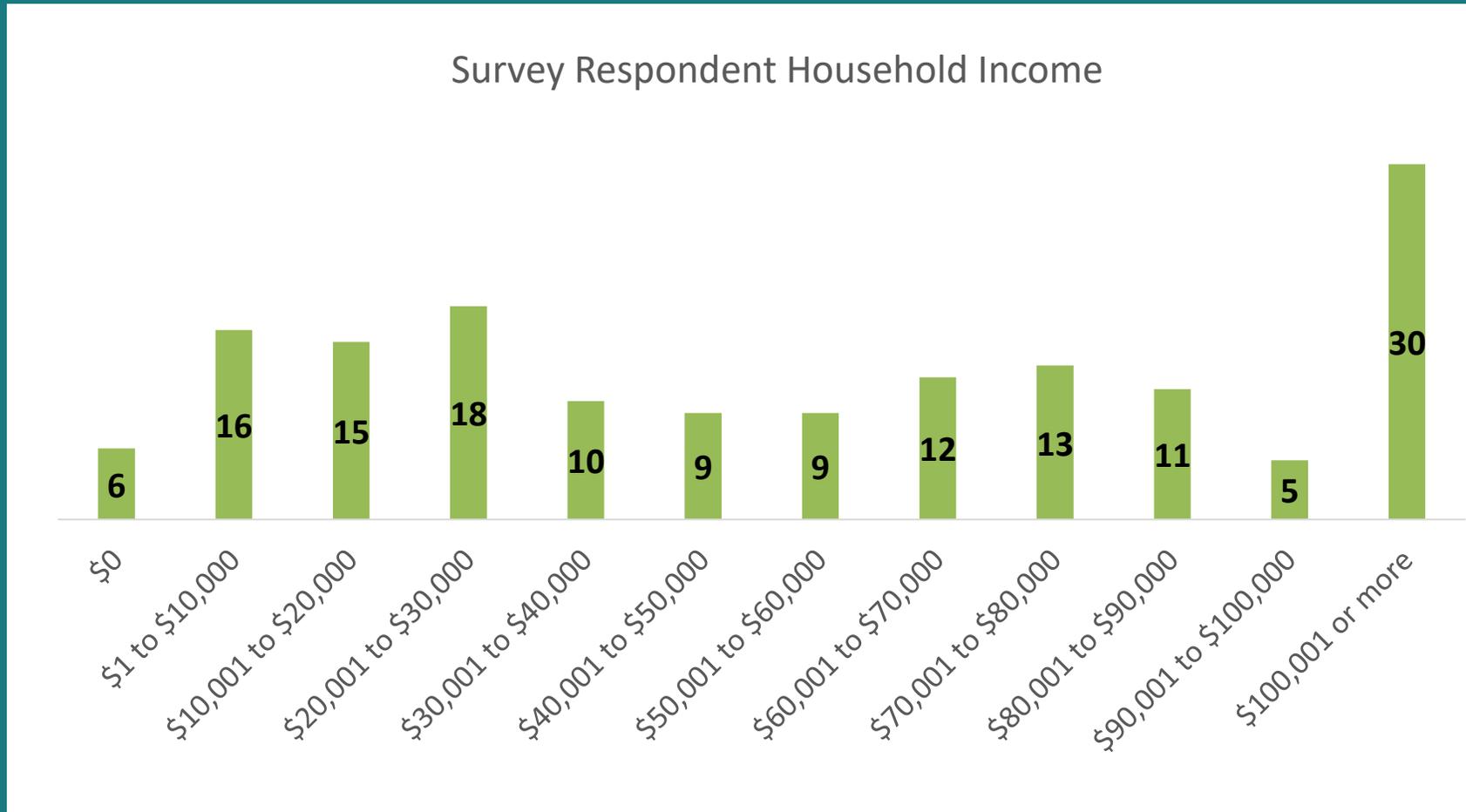
- Five counties surveyed
 - Skamania, Klickitat, Hood River, Sherman, Wasco
- 1279 surveys completed
 - Skamania – 167 (13%)
- Primarily female respondents (N=874, 70%)
- Primarily Non-Hispanic or Latino (N=950, 78%)
- Primarily White (N=1063)
- Majority of respondents have health insurance (N=1115, 88%)
- Approximately one-third of households (36%) had children <18 (N=456)

SKAMANIA – DEMOGRAPHICS

- Non-Hispanic or Latino, 94% (N=152)
- Race – White only, N=140
- Race & ethnicity combined
 - Non-Hispanic White, 77% (N=128)
 - POC, 11% (N=19)
- Primarily female (N=128, 79%)
- Primarily employed FT (N=62) or retired (N=46)
- One in four households had children (24%, N=38)



SKAMANIA – DEMOGRAPHICS

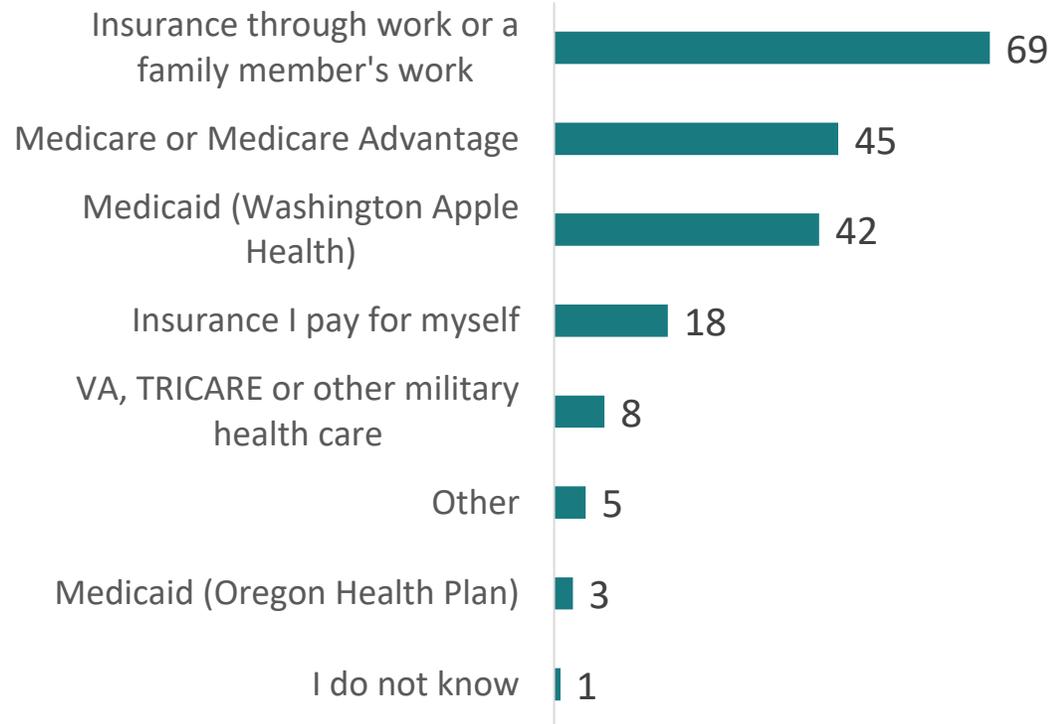


SKAMANIA – DEMOGRAPHICS

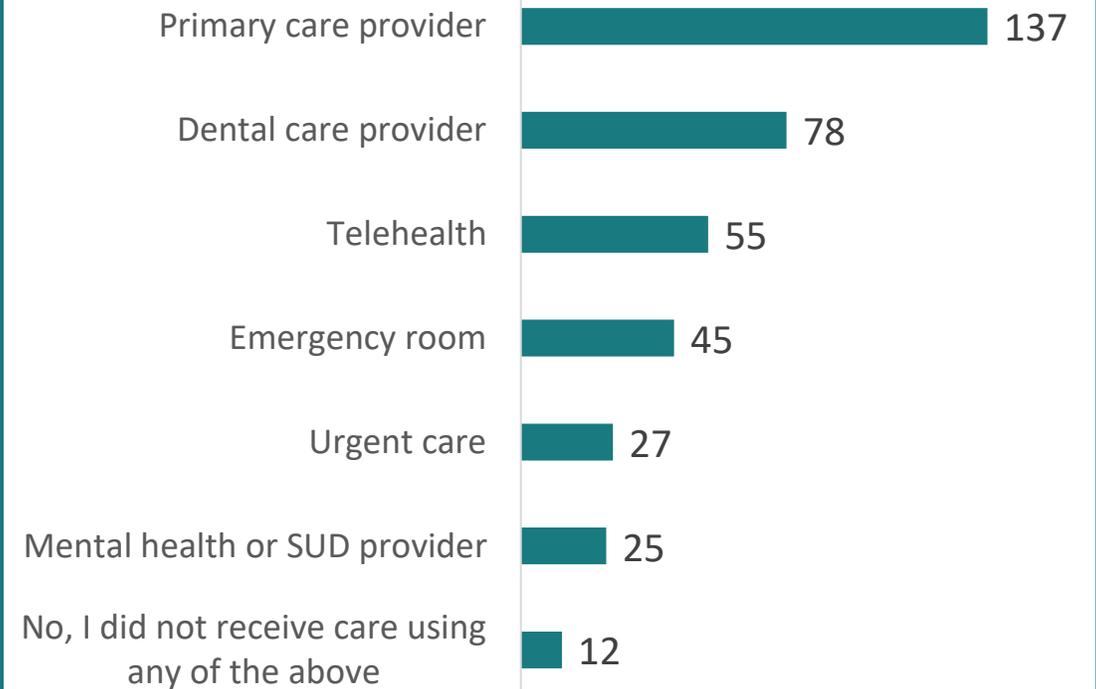
Income	Count in household							Grand Total
	1	2	3	4	5	6	7	
\$0	4		1					5
\$1 to \$10,000	6	5	3	1				15
\$10,001 to \$20,000	10	2	2	1				15
\$20,001 to \$30,000	6	5	3	1		1		16
\$30,001 to \$40,000	1	4	1	2	2			10
\$40,001 to \$50,000	1	2	1	4				8
\$50,001 to \$60,000	2	1	1	3		1	1	9
\$60,001 to \$70,000	3	4	1	3		1		12
\$70,001 to \$80,000	1	5	3	2	1		1	13
\$80,001 to \$90,000	1	5	1	2	1		1	11
\$90,001 to \$100,000		3		1				4
\$100,001 or more	1	20	2	4	1		1	29
Grand Total	36	56	19	24	5	3	4	147
Column % Total	24%	38%	13%	16%	3%	2%	3%	100%

SKAMANIA – HEALTHCARE

Insurance Type

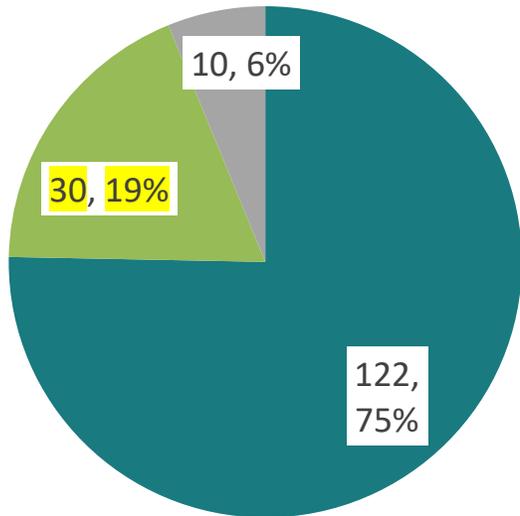


Health Care Received in the Last Year



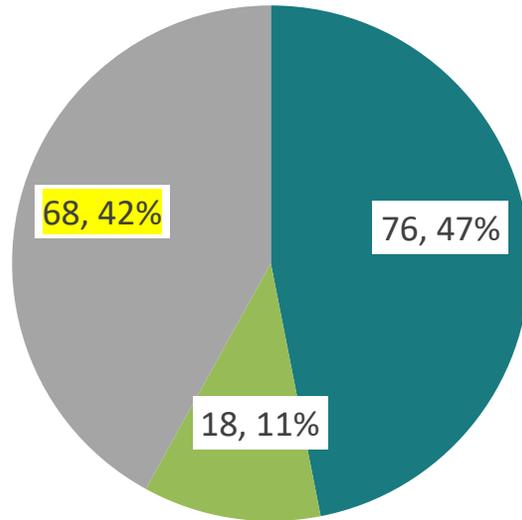
SKAMANIA – HEALTHCARE ACCESS

Receipt of Medical Care



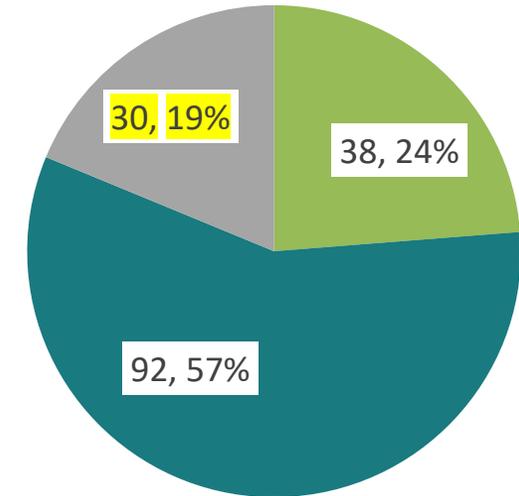
- Yes, I got all the medical care I needed
- No, I did not get all the medical care I needed
- I did not need medical care

Receipt of Dental Care



- Yes, I got all the dental care I needed
- I did not need dental care
- No, I did not get all the dental care I needed

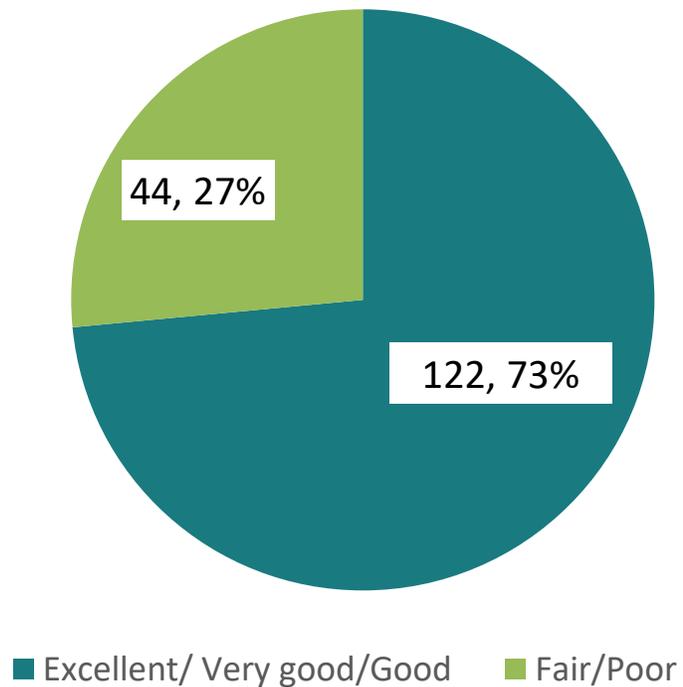
Receipt of Mental Health Care



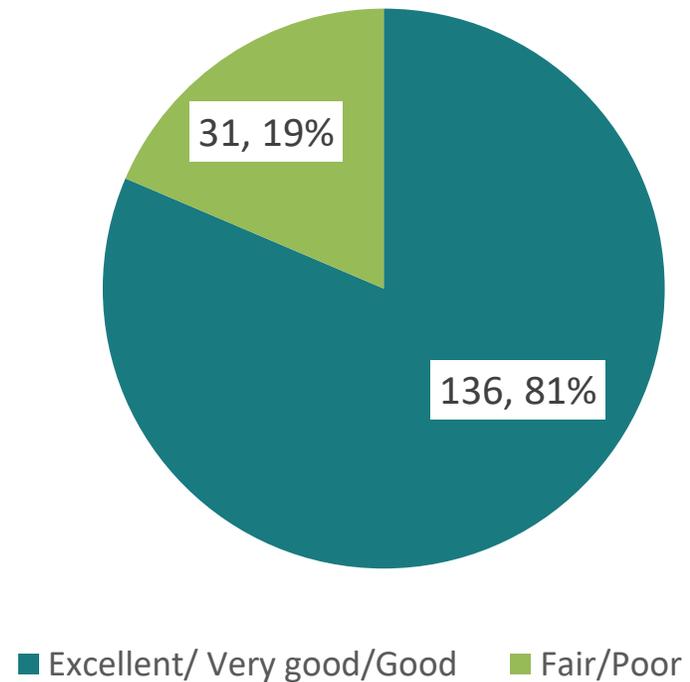
- Yes, I got all the counseling or mental health services I needed
- I did not need counseling or mental health services
- No, I did not get all the counseling or mental health services I needed

SKAMANIA – HEALTH STATUS

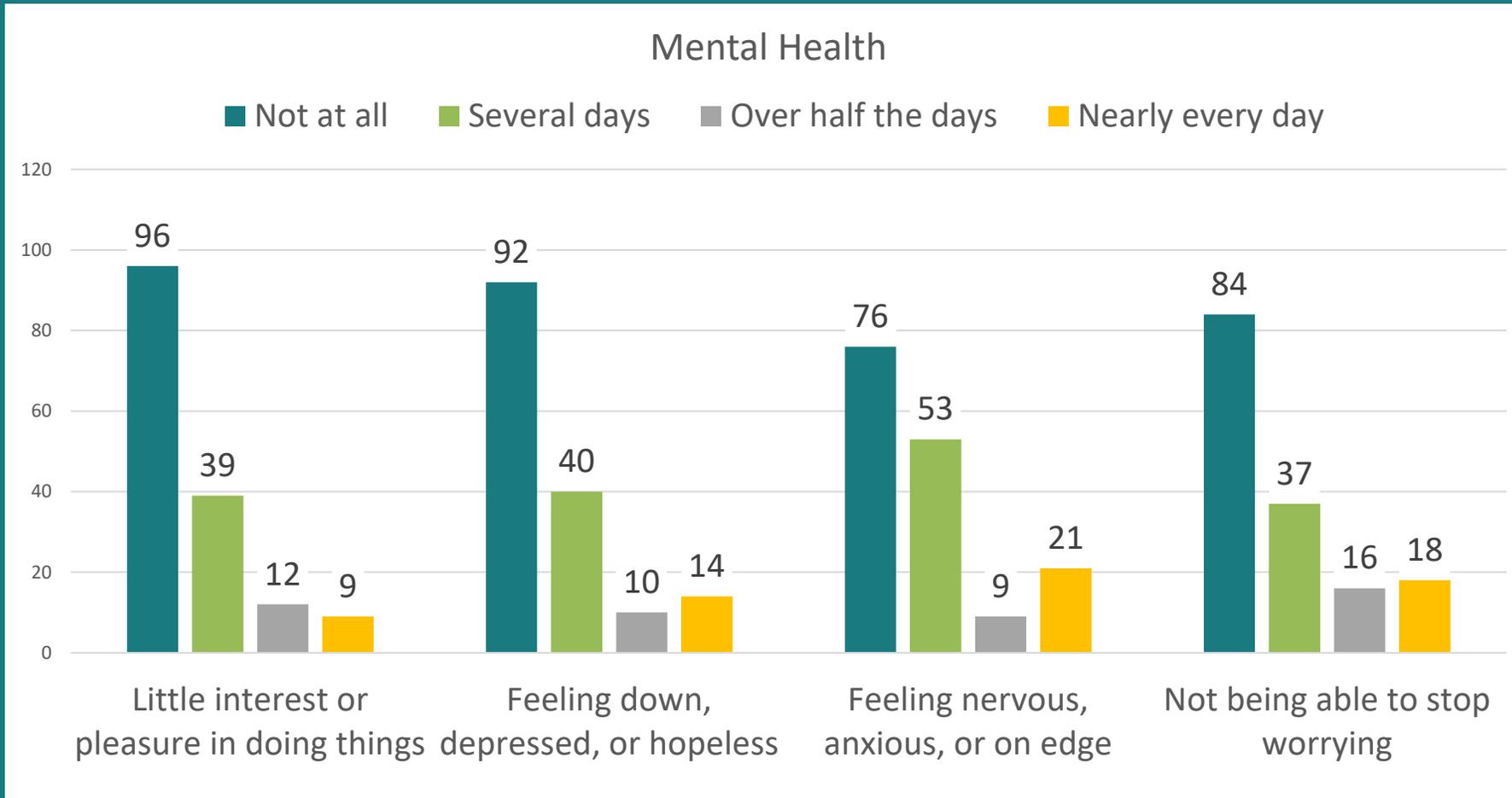
Physical Health Status



Mental Health Status



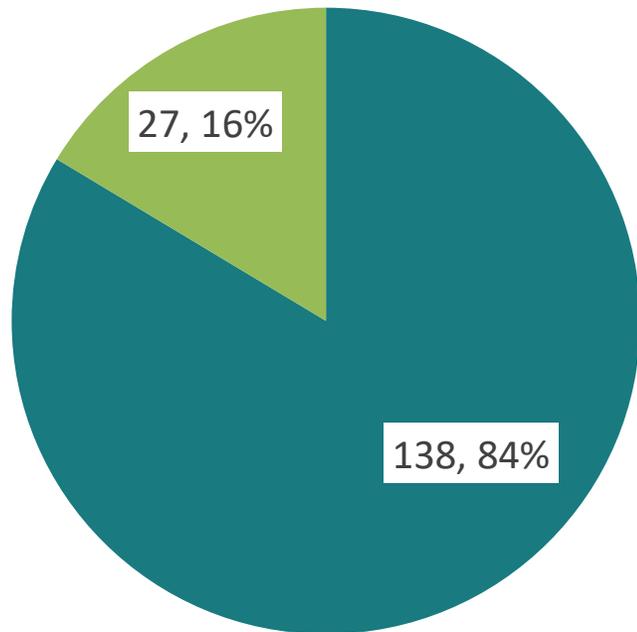
SKAMANIA – HEALTH STATUS



Depression & Anxiety Score		
Normal	105	62.9%
Mild	31	18.6%
Moderate	13	7.8%
Severe	18	10.8%

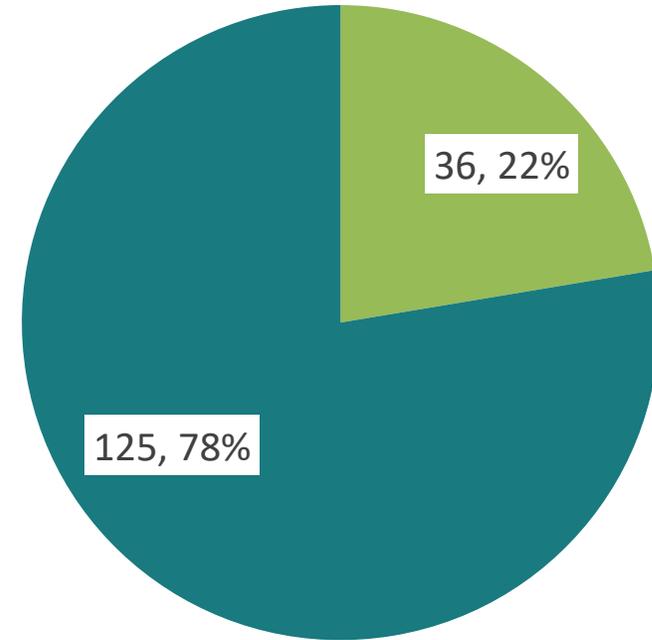
SKAMANIA – SOCIAL SUPPORT

Experience Social Isolation or Loneliness



■ None or some of the time ■ Most or all of the time

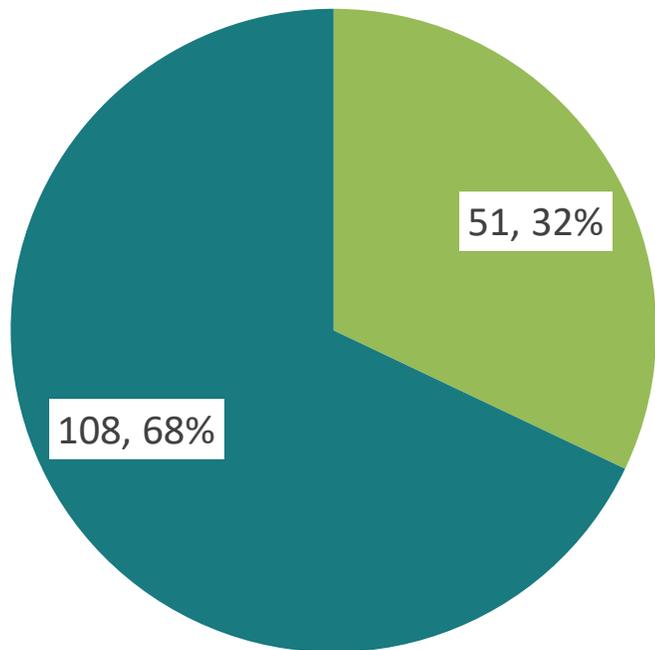
Love you and make you feel wanted



■ None or some of the time ■ Most or all of the time

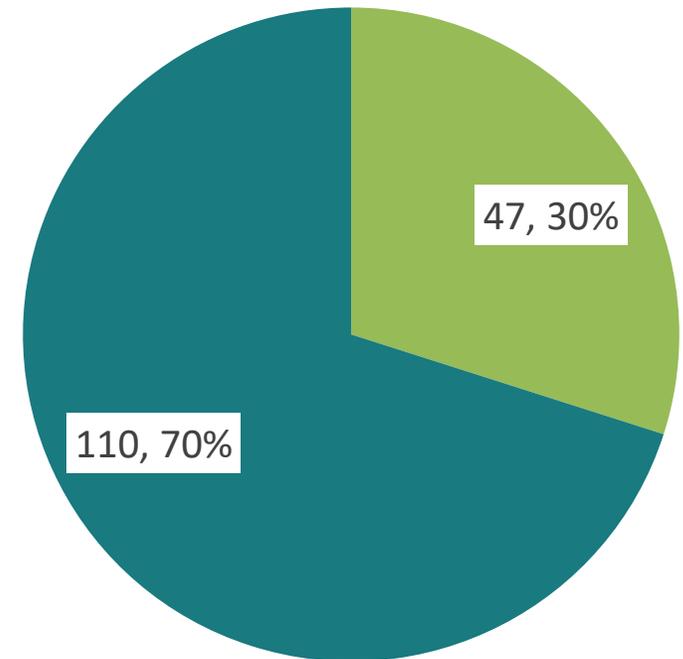
SKAMANIA – SOCIAL SUPPORT

Confide in or talk to about your problems



■ None or some of the time ■ Most or all of the time

Help you if you became suddenly ill or disabled



■ None or some of the time ■ Most or all of the time

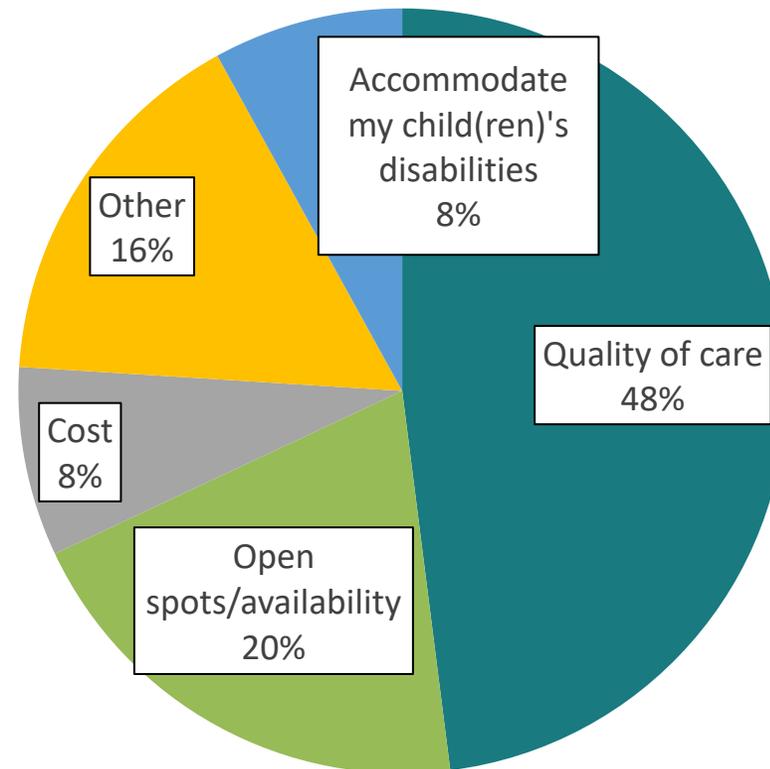
SKAMANIA – YOUTH HEALTHCARE ACCESS

24% of respondents have at least 1 child under the age of 18 (N=38)

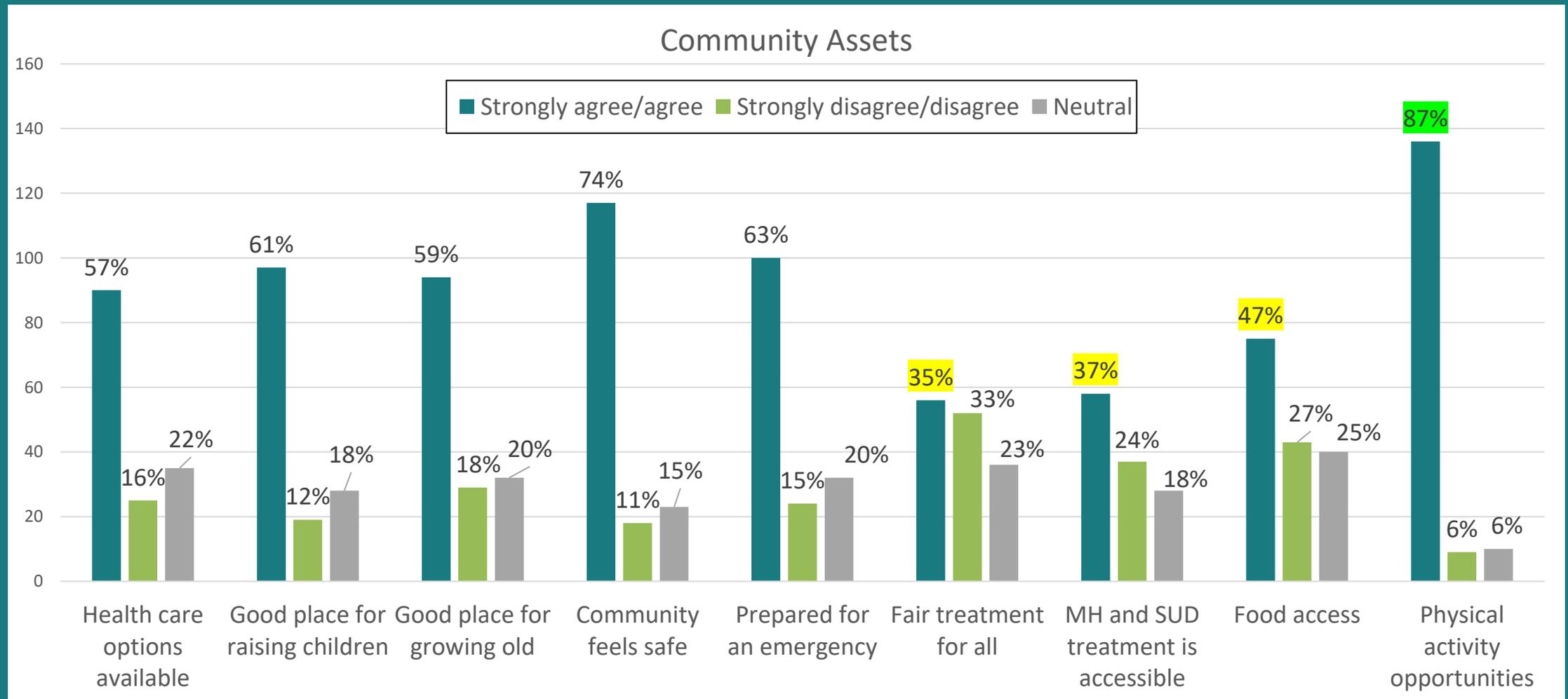
- 89% of children got all the medical care they needed in the past year (N=33), 8% of children did not (N=3)
- 65% of children got all the dental care they needed (N=24), 22% did not (N=8)
- 34% of children got all the counseling or mental health services they needed (N=13), 11% did not (N=4), and 55% of children did not need these services
- 19% of children got all the developmental care they needed (N=7), 11% did not (N=4), and 70% of children did not need these services (N=26)

SKAMANIA – YOUTH

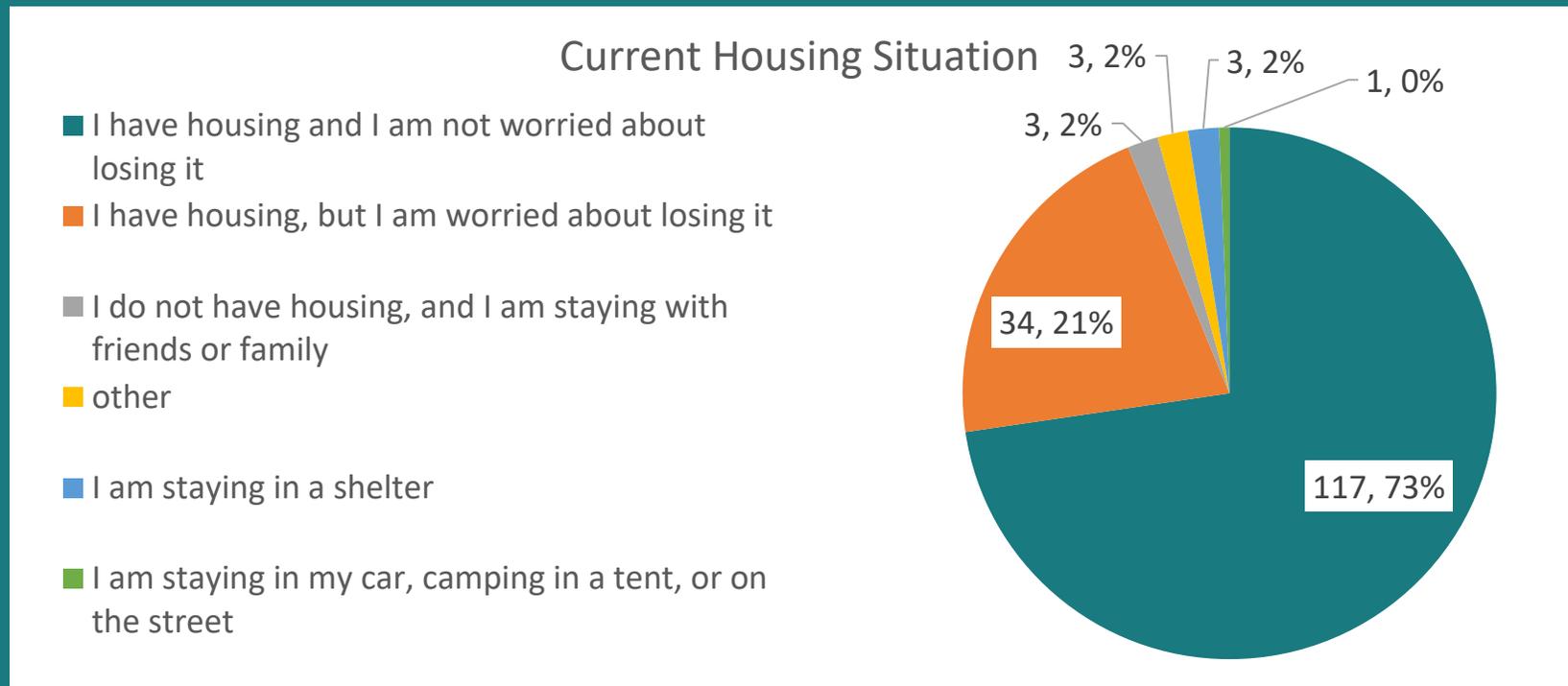
Most Important Childcare/Preschool Factor



SKAMANIA – COMMUNITY ASSETS

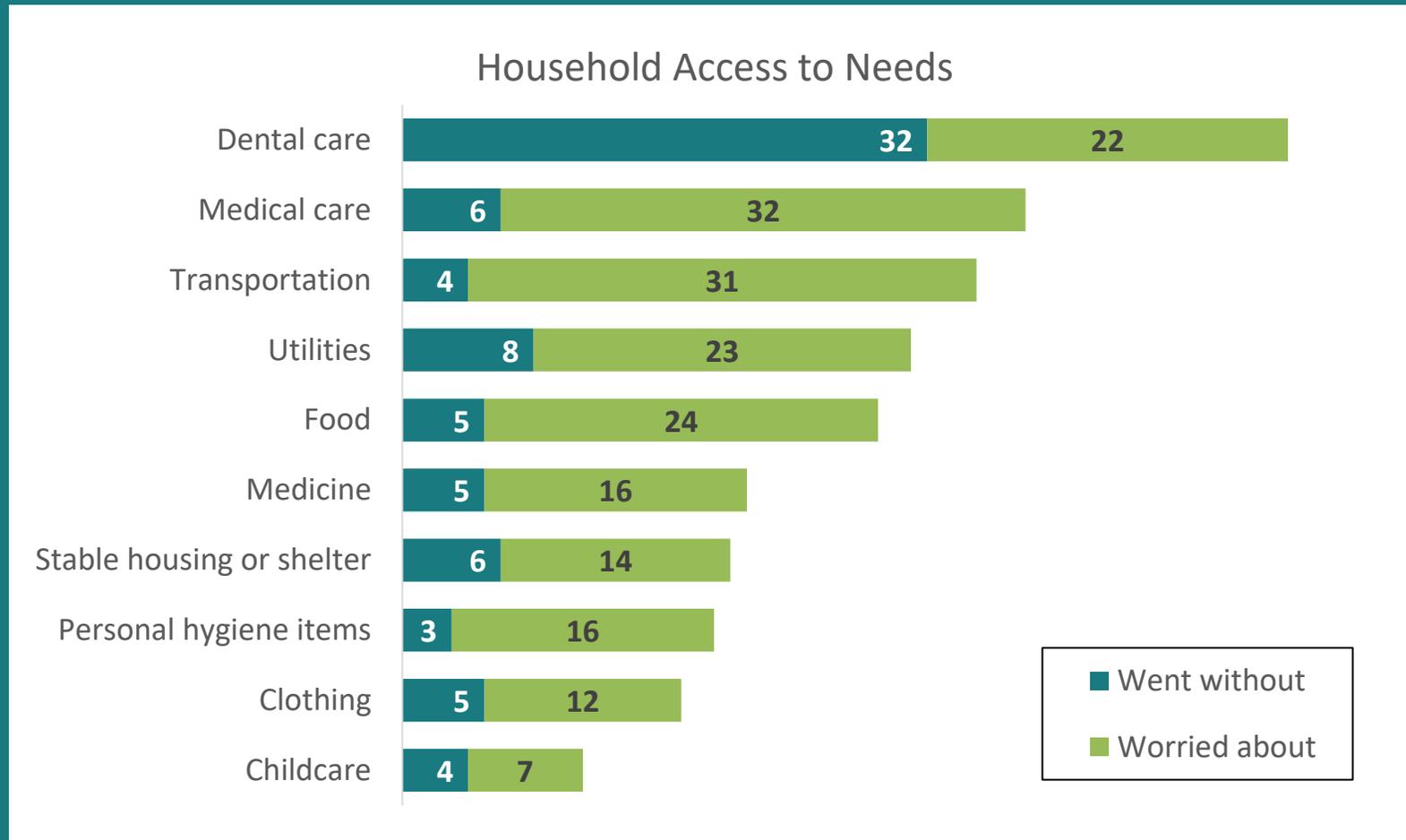


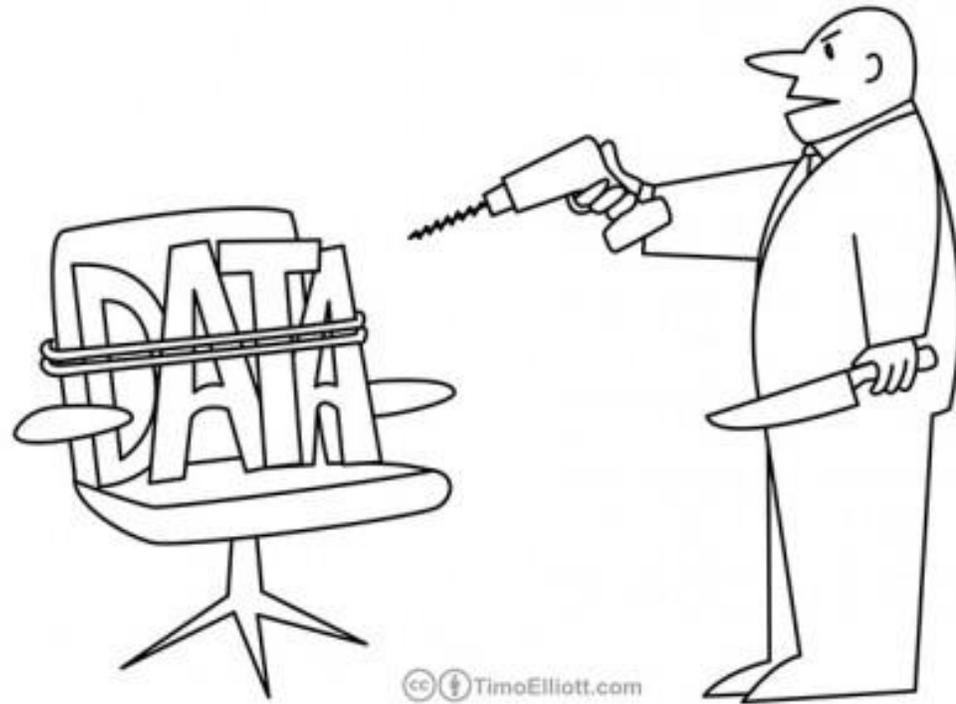
SKAMANIA – HOUSING



	Skamania		Klickitat		Wasco		Sherman		Hood River	
	#	%	#	%	#	%	#	%	#	%
I have housing and I am not worried about losing it	117	73%	327	81%	211	71%	14	52%	44	21%
I have housing, but I am worried about losing it	34	21%	47	12%	59	20%	8	30%	145	68%

SKAMANIA – BASIC NEEDS





© TimoElliott.com

“If you don't reveal some insights soon, I'm going to be forced to slice, dice, and drill!”

KEY TAKEAWAYS

- Healthcare access is positive
 - Percent insured, percent with doctor, receipt of health care
- Social support is positive
 - Feel loved, do not feel isolated, have someone that could support them
 - Community safety
- Dental is a gap
 - Receipt of care, worried about going without, both children and adults
- Explore further
 - Mental health – accessibility low, most people saying they don't need it (but maybe some actually do), has surfaced as a need from other conversations
 - Food access – community accessibility low (47%), third highest “worried about”
 - “Fair treatment for all” – lowest agreement (35%), and very few respondents of color

KEY TAKEAWAYS

- Need to hear additional perspectives
 - Lower and middle income
 - People of color
 - Men
 - Young adults
 - Families
- To what extent do those issues identified in the larger assessment reflect people's experiences in Skamania?
 - Housing, behavioral health, economic insecurity
 - Access to healthcare, food insecurity, obesity and chronic conditions
- Final Gorge-wide CHNA available to public by end of year

NEXT STEPS



Continue building
relationships



Share preliminary
findings and get
feedback



Form steering
committee



Start primary data
collection

QUESTIONS & DISCUSSION

- What surprised you?
- What verified what you assumed to be true?
- What did you find most useful?

THANK YOU!

Jcampbell@co.skamania.wa.us

COMMUNITY INPUT

To better understand the unique perspectives, opinions, experiences, and knowledge of community members, the Gorge CHNA Collaborative conducted 11 stakeholder interviews including 16 participants, and 8 listening sessions with a total of 66 community members. All community input was collected between April and June 2022.

Community Needs

Stakeholders were asked to identify their top five health-related needs in the community. Three needs were prioritized by most stakeholders and with high priority. They were also identified as important to listening session participants and are therefore designated as **high-priority health-related needs**:

Homelessness and housing instability

Stakeholders and listening session participants shared there is a desperate need for affordable housing as the cost of housing continues to increase. Housing stability is connected to health and economic security; the cost of housing is a burden for many families trying to meet their basic needs. A lack of housing units means people have a hard time using their Housing Choice Vouchers. Stakeholders noted a need for supportive housing for older adults and people with behavioral health challenges and developmental disabilities. The high cost of housing affects the local workforce, making it challenging to recruit and retain workers, creating scarcity and affecting every other need. Stakeholders and listening session participants noted the need to ensure homelessness services are available, particularly warming and cooling shelters as climate change creates more extreme weather. The COVID-19 pandemic has disrupted families' economic security, leading to more homelessness and housing instability.

Behavioral health challenges and access to care (mental health and substance use/misuse)

Stakeholders described a crisis situation growing related to behavioral health in the community. The COVID-19 pandemic has contributed to more mental health needs, and staffing challenges have made meeting the needs difficult. With challenges filling open behavioral health positions in the area, there are long wait times to get care and crisis response is slow. There is a need for more mental health and substance use disorder treatment services to meet the growing needs, particularly for people without insurance or with low incomes. Stakeholders described a disjointed behavioral health response in the community. Racism and discrimination may contribute to the mental health needs of people identifying as LGBTQIA+ and the Latino/a community, noting the need for more responsive providers to serve these populations. Older adults and young people may experience more barriers to accessing needed care. Stakeholders and listening session participants described more stress, anxiety, and depression in the community, particularly for people working hard to meet their basic needs, older adults, and young people. Listening session participants shared the importance of inclusion and community building to ensure people feel a sense of belonging and connection.

Economic insecurity, including education and job skills	Economic insecurity affects most other needs, like access to housing, food, and childcare. Stakeholders and listening session participants stressed the importance of people making a living wage, one that allows them to afford the high cost of housing and other basic needs. Stakeholders recommended ensuring equitable opportunities in education and addressing the affects of racism and discrimination on generational wealth building. Listening session participants discussed the importance of new employers hiring locally and emphasized wanting to see better paying jobs available, particularly for the Spanish-speaking community. To ensure people receive support to meet their basic needs, listening session participants discussed wanting to see more resources and information shared in the community, particularly in Spanish and through non-electronic methods. The COVID-19 pandemic increased many families' economic insecurity, contributing to stress and behavioral health challenges.
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The following needs were frequently prioritized by stakeholders and discussed by community members. They represent the **medium-priority health-related needs**, based on community input:

Access to health care services	Stakeholders and listening session participants emphasized a need for more bilingual and bicultural providers, particularly to serve the Spanish-speaking community. They shared transportation is a barrier to accessing care, especially people living in more rural areas. Listening session participants were concerned about long wait times for appointments, short visits, and high provider turnover, compromising the quality of care. The high cost of care is also a challenge for people, particularly those without insurance. Stakeholders discussed a need for more primary care providers to meet local needs, as well as increased care coordination services, particularly for people experiencing homelessness. Accessing care may be particularly hard for young people, noting a need for more school nurses. Due to the COVID-19 pandemic, people had to delay routine care and elective procedures, leading to a backlog of needed care and putting pressure on an already exhausted workforce. Telehealth visits have been positive for some people but created technology barriers for others. Stakeholders expressed concern about people leaving the health care profession or moving, noting a need to address workforce shortages.
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Food insecurity	Stakeholders discussed the importance of investing in a more resilient food system that pays workers a living wage and responds to climate change. The cost of fresh, healthy foods, transportation barriers, and limited grocery stores in certain areas contribute to food insecurity, particularly for older adults and people with dietary restrictions. While there are programs to meet people's food needs, stigma around free school meals, lack of screening for food insecurity, and lack of culturally appropriate foods in food pantries can prevent people from having their food needs met. People living unhoused, with low incomes, and with incomes slightly above the threshold to qualify for food benefits may be disproportionately affected by food insecurity. More economic insecurity as a result of the COVID-19 pandemic has contributed to increased food insecurity.
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Obesity and chronic conditions (including opportunities for recreation)

Stakeholders and listening session participants noted the need to support people in developing healthy lifestyles, particularly young people in getting sufficient activity and eating healthy foods. They shared it can be challenging to find free, easy-to-access outdoor activities for children and not all families may have access to safe parks. Listening session participants shared wanting a recreation center, more free activities for families, and cleaner, safer green spaces to enjoy. Increased wildfires and smoke may also affect chronic conditions, particularly asthma. Stakeholders discussed the need to ensure emergency plans are in place to support people with chronic conditions in times of poor air quality. Due to the COVID-19 pandemic, many people delayed seeking preventive care and may have left their chronic diseases unmanaged, leading to poorer health.