Call to Order: Welcome to this Regular Session of the Island County Board of Health.

Additions or Changes to the Agenda:

Approval of the Minutes: June 20th, 2017 Regular Session
Attachment: Minutes
July 18th, 2017 Regular Session
Attachment: Minutes

Public Input /Comments: The Board values the public’s input. This time is set aside to hear from the public on subjects of a health related nature, not on the scheduled agenda. All information given is taken under advisement. Unless emergent in nature no action is taken. To ensure proper recording of comments, state your name and address clearly into the microphone. Limit your comment to two minutes. The Board may entertain public comment on specific agenda items when discussed.

Letters of Appreciation:
1. David Macys
   Attachment: Thank-you Letter
2. JoAnn Hildred Strong
   Attachment: Thank-you Letter

Presentations:
1. Camano Island Harm Reduction Discussion – Janet McWatt

Contracts: Keith Higman, Public Health Director will present one item as follows:
1. WA State Health Care Authority ABCD Local Activities: Amendment #2: This is an amendment to the contract with the Health Care Authority to operate an ABCD Dental outreach and case management system for income eligible Island County Youth. The Amendment alters the Period of Performance and Maximum Consideration. Contract $ Amount: $86,950
   Prior Contract $ Amount: $77,400
   Amendment $ Amount: $9,550
   Attachment: K761 Amendment #2
2. Inter-local agreement between Skagit/Island Counties and ECEAP: To provide health consultation by a Public Health Nurse, to the staff members and families of Skagit/Island’s Head Start in Island County; @ $70 an hour, not to exceed $1500
   Attachment: HD-11-2017

Legislative Update: None.

Report from Public Health: Keith Higman/Brad Thomas

Board Announcements:

Adjourn: The next Regular Session of the Island County Board of Health will be held at 1:00pm on October 17th, 2017 at 1:00pm in the Commissioners’ Hearing Room (B-102) in the Coupeville Annex Building.
Members Present: Commissioner Helen Price Johnson, Chair; Commissioner Jill Johnson; Commissioner Richard M. Hannold; Dr. Grethe Cammermeyer; Capt. Martha Cutshall sitting in on behalf of Capt. Fredrick J. McDonald (Ex-officio member); and Dr. Brad Thomas, Executive Secretary to the Board.

Members Absent: Mayor Bob Severns (excused).

Audio Recording: https://www.islandcountywa.gov/Commissioners/boh/2017/062017Audio.mp3

Call to Order: Commissioner Helen Price Johnson, Chair, called to order this Regular Session of the Island County Board of Health at 1:05 p.m.

Additions or Changes to the Agenda: None.

Approval of Minutes: Commissioner Richard M. Hannold moved to approve the meeting minutes of May 16, 2017 as presented. Commissioner Jill Johnson seconded the motion. Minutes of June 20, 2017 approved, as presented. Minutes of the special session from the Linda Lee Martins Award on May 24, 2017 will be brought to the July 18, 2017 BOH meeting for review and approval.

Public Input or Comment: None.

Presentations: Kellie Tormey and Heidi Saunders presented on the Community Health Improvement Plan (CHIP). The focus of the presentation was on the Access to Care work group. The presentation included information on data, goals and objectives. Q&A during the presentation. Attachment: Access to Care Presentation

Contracts: Keith Higman, Health Services Director presented one contract amendment as follows:

1. WA State Department of Health – Consolidated Contract Amendment #12 to Contract #C17111 Amendment Amount: <$7,452>; Office of Drinking Water: <$8750> decrease; WIC: $598 increase and Immunizations: $700 increase. Attachment: Amendment No. 12 Commissioner Jill Johnson moved to approve Amendment No. 3; Commissioner Richard M. Hannold seconded the motion. Amendment No. 3 to Contract No. L1100002 approved as presented.

2. Dr. J. Bradley Thomas – Health Officer Agreement # HD-08-17 for June 2017 – June 2019; Contract Amount: $109.095 (not to exceed). Attachment: HD-08-17 It was noted that on page 2 of the contract, the contract start date needs to be modified from June 17, 2016 to June 17, 2017. Following brief comments, Commissioner Jill Johnson moved to approve HD-08-17 with changes; Commissioner Richard M. Hannold seconded the motion. HD-08-17 approved with changes noted.

Legislative Update: No state budget has been passed. If the legislature does not pass a budget by July 1, 2017 multiple grants from the state will impact local Public Health programs.

Report from Public Health: None.

Board Announcement/Comments: None.

Adjourn: There being no further business before the Island County Board of Health, meeting adjourned at 2:03 p.m.
The next Regular Session of the Island County Board of Health will be held Tuesday, July 18, 2017 at 1:00 pm in the Commissioners’ Hearing Room (B-102) in the Coupeville Annex Building.

Submitted: __________________________
Brad Thomas, MD

Minutes approved this _____ day of _____ 2017

ISLAND COUNTY BOARD OF HEALTH

______________________________
Commissioner Helen Price Johnson, Chair

Brad Thomas, M.D., Executive Secretary to the Board of Health (360) 240-5575
Members Present: Commissioner Helen Price Johnson, Chair; Commissioner Jill Johnson; Commissioner Richard M. Hannold; Dr. Grethe Cammermeyer; Capt. Christine Sears (Ex-officio member); and Dr. Brad Thomas, Executive Secretary to the Board.

Members Absent: Mayor Bob Severns (excused)

Call to Order: Commissioner Helen Price Johnson, Chair, called to order this Regular Session of the Island County Board of Health at 1:00 p.m.

Additions or Changes to the Agenda: Keith Higman, Health Services Director, provided proposed minutes for the May 24 2017 Special Session Board of Health. Commissioner Helen Price Johnson recommended pulling the minutes for the June 20 2017 Regular Session for corrections, to be placed on the August 15 2017 agenda. Dr. Grethe Cammermeyer moved to approve the agenda as amended. Commissioner Richard M. Hannold seconded the motion. The agenda was approved unanimously.

Approval of the Minutes: May 24 2017 Special Session. Dr. Grethe Cammermeyer noted that “Denman” was incorrectly repeated under the Adjourn section. Minutes were approved unanimously with changes as described. Attachment: Draft Minutes

Public Input /Comments: Joe Kunzler addressed the Board, commenting on potential future actions by the Washington State Board of Health.

Presentations: None.

Contracts: Keith Higman, Health Services Director, presented one contract amendment as follows: WA State Department of Ecology – Local Toxics Control Account Contract #TCPRA-2016-IsCoPH-00001 Amendment #1, extending the expiration date from June 30, 2017 to August 31, 2017. Attachment: Amendment No. 1

Commissioner Richard M. Hannold moved to approve Contract #TCPRA-2016-IsCoPH-00001 Amendment No. 1; Commissioner Jill Johnson seconded the motion. Amendment No. 1 to Contract No. TCPRA-2016-IsCoPH-0001 was approved unanimously as presented.

Legislative Update: Keith Higman, Health Services Director, presented on the topics as follows:

The Washington State Legislature has adopted a budget, which includes $12 million for Foundational Public Health Services. This is a model adopted by the State of Washington to identify which Public Health support services should be in place regardless of which county in which you reside. A brief discussion ensued among Board Members regarding allocation of these funds and state per capita investment in Island County. Commissioner Helen Price Johnson recommended bringing this topic to a Work Session for further discussion.

Report from Public Health: Dr. Brad Thomas, Health Officer, presented on the topics as follows:
1. Vaping among teens has declined according to a latest survey.
2. Lone Lake has a reportable level of Anatoxin A. He recommends not allowing dogs to enter.

**Board Announcements:**

1. Commissioner Jill Johnson encouraged outreach to the Washington State Board of Health regarding comments made by Mr. Kunzler. Keith Higman agreed to follow-up with his contacts at the State Board of Health. Commissioner Helen Price Johnson requested the issue be added to the Work Session.
2. Dr. Grethe Cammermeyer encouraged all to attend and support the Island County Fair, starting Thursday, July 20 2017.
3. Commissioner Helen Price Johnson welcomed Captain Christine Sears. Captain Sears thanked members for the opportunity to participate on the Board of Health.
4. Commissioner Helen Price Johnson recommended two topics for future Board of Health discussion: potential health impacts on county residents should total repeal of the Affordable Care Act occur; and the mid-adopter vote for integration of primary and behavioral health care that the Board of County Commissioners must make in September 2017. Commissioner Jill Johnson expressed the importance of Whidbey Health in this conversation. Commissioner Helen Price Johnson will forward to Dr. Cammermeyer the letter received by the Board of County Commissioners regarding this decision. Commissioner Helen Price Johnson recommended bringing this discussion to a Special Session workshop with all partners at the table, including the North Sound Behavioral Health Organization, Island County Human Services, Whidbey Health leadership, and the Board of Health. Commissioner Jill Johnson expressed her frustration at the last minute decision-making, and stated she had tried to initiate this discussion last year.

**Adjourn:** Commissioner Helen Price Johnson adjourned the meeting at 1:35 p.m.

Submitted: Brad Thomas, MD

Minutes approved this day of 2017

The next Regular Session will be held Tuesday, August 15, 2017 at 1:00pm in the Commissioner’s Hearing Room (B-102) in the Annex Building.
May 16, 2017

Mr. David Macys
235 S.W. Judson Drive
Oak Harbor, Washington 98277

Re: Thank-you for Serving on the Community Health Advisory Board

Dear Mr. Macys:

The Island County Board of Health wishes to express our sincere appreciation for the time and effort you gave as a member of the Island County Community Health Advisory Board. We thank you for being dedicated to the CHAB and for sharing your knowledge and skills to promote a healthy Island County. Your commitment to the Advisory Board as a member contributing outstanding service is to be commended.

Your contributions and efforts were invaluable to the work of CHAB. Such efforts do make a positive difference in the health and well-being of our communities. We wish you the best in all your future endeavors and hope you remain engaged in community work as Island County certainly benefits from your involvement.

Thank you again for your service on the Island County Community Health Advisory Board.

Sincerely,

Commissioner Helen Price Johnson
Chair
May 16, 2017

Ms. JoAnn Hildred Strong  
1367 Bonnie Lane  
Camano Island, W 98282

Re: Thank-you for Serving on the Community Health Advisory Board

Dear Ms. Strong:

The Island County Board of Health wishes to express our sincere appreciation for the time and effort you gave as a member of the Island County Community Health Advisory Board. We thank you for being dedicated to the CHAB and for sharing your knowledge and skills to promote a healthy Island County. Your commitment to the Advisory Board as a member contributing outstanding service is to be commended.

Your contributions and efforts were invaluable to the work of CHAB. Such efforts do make a positive difference in the health and well-being of our communities. We wish you the best in all your future endeavors and hope you remain engaged in community work as Island County certainly benefits from your involvement.

Thank you again for your service on the Island County Community Health Advisory Board.

Sincerely,

Commissioner Helen Price Johnson  
Chair
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<th>CONTRACT AMENDMENT</th>
<th>HCA Contract No.: K761 Rev</th>
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<tr>
<td>ABCD Dental Services</td>
<td>Amendment No.: 02</td>
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<td>Island County</td>
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**THIS AMENDMENT TO THE CONTRACT** is between the Washington State Health Care Authority and the party whose name appears below, and is effective as of the date set forth below.

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<th><strong>CONTRACTOR NAME</strong></th>
<th><strong>CONTRACTOR doing business as (DBA)</strong></th>
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<tr>
<td>Island County Health Department</td>
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<tr>
<th><strong>CONTRACTOR ADDRESS</strong></th>
<th><strong>WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)</strong></th>
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<tr>
<td>P O Box 5000, Soupeville, WA 98239</td>
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WHEREAS, HCA and Contractor previously entered into a Contract for increased utilization of dental services early in life, improved oral health, and Apple Health/Medicaid cost savings and;

WHEREAS, HCA and Contractor wish to amend the Contract pursuant to Section titled Period of Performance, and;

NOW THEREFORE, the parties agree that the Contract is amended as follows.

1. **Section 3. Special Terms and Conditions. ** **Statement of Work.**
   
   Changes to Section 3 Statement of work is hereby replaced in its entirety with Attachment 1.

2. **Section 4. Special Terms and Conditions. ** **Consideration.**
   
   The maximum consideration is hereby increased by $9,550

3. **Section 5. Special Terms and Conditions. ** **Term.**
   
   The period of performance is hereby extended from July 1, 2017 through December 31, 2017.

4. **Section 6. Special Terms and Conditions. ** **Billing and Payment (a) and (b).**
   
   Contractor must submit accurate invoices to the following address for all amounts to be paid by HCA via e-mail to: Acctspay@hca.wa.gov. Include the HCA Contract number in the subject line of the email.

   Invoices must describe and document to HCA’s satisfaction a description of the work performed, the progress of the project, and fees. If expenses are invoiced, invoices must provide a detailed breakdown of each type. Any single expense in the amount of $50.00 or more must be accompanied by a receipt in order to receive reimbursement. All invoices will be reviewed and must be approved by the Contract Manager or his/her designee prior to payment.
Contractor must submit properly itemized invoices to include the following information, as applicable:

- HCA Contract number; K761-02 Rev
- Contractor name, address, phone number;
- Description of Services;
- Date(s) of delivery;
- Net invoice price for each item;
- Applicable taxes;
- Total invoice price; and
- Payment terms and any available prompt payment discount.

HCA will return incorrect or incomplete invoices to the Contractor for correction and reissue. The Contract Number must appear on all invoices, bills of lading, packages, and correspondence relating to this Contract.

5. Exhibit A, A1, and A2. ABCD Quarterly Outreach & Case Management Report, is hereby replaced in its entirety with Exhibit A3.

6. Exhibit B, B1, and B2. Community Outreach and Coordination of Care Report, is hereby replaced in its entirety with Exhibit B3.

7. Exhibit D, D1, and D2. Budget Tool, is hereby replaced in its entirety with Exhibit D3.

8. HCA contact is Janice Tadeo, Dental Program Administrator at Janice.tadeo@hca.wa.gov

9. This Amendment shall be effective July 1, 2017 ("Effective Date").

10. All capitalized terms not otherwise defined herein have the meaning ascribed to them in the Contract.

11. All other terms and conditions of the Contract remain unchanged and in full force and effect.

The parties signing below warrant that they have read and understand this Amendment and have authority to execute the Amendment. This Amendment will be binding on HCA only upon signature by HCA.

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<tr>
<th>CONTRACTOR SIGNATURE</th>
<th>PRINTED NAME AND TITLE</th>
<th>DATE SIGNED</th>
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<td>Board of Health, Chair</td>
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<td>HCA SIGNATURE</td>
<td>9/5/17</td>
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<td>Julie Johnson, Chair BOC</td>
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<td>Melanie Anderson</td>
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<td>Contracts Administrator</td>
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1. Statement of Work

The Contractor shall provide the services and staff, and otherwise do all things necessary for or incidental to the performance of work, as set forth below:

a. In accordance with deadlines in Exhibit A3, ABCD Outreach and Case Management Report, develop and implement an ABCD action plan in accordance with the ABCD program principles and submit corresponding budget, using Exhibit D3, Budget Tool. The ABCD program principles are outlined below.

1) Provide outreach and recruitment of Apple Health/Medicaid-eligible children age’s birth to six (6), in collaboration with other organizations, including, but not limited to:

(a) Contact no less than ten (10%) of client list provided by HCA to the Contractor;

(i) HCA shall email the Contractor’s contact name identified on page 1. A list that shall include the following data elements: Client ID, name, address and telephone number of clients who have not gone to the dentist, as well the caregiver’s name and preferred spoken language. HCA shall securely transmit client information and the Contractor shall be responsible to notify the Dental Program Manager within five (5) business days prior to the beginning of the quarter if they have not received this information.

Provide outreach by attending county health fairs, working with the smile mobile, visiting WIC offices, Headstart facilities, work with early learning coalition and visit day cares.

2) Convene Heath Coalition/ABCD Steering committee or participate in a Coalition or Steering Committee focused on health care, access or early learning with ABCD as a quarterly agenda item. Provide care coordination, including:

(a) Providing family orientation; including but not limited to sharing information about the value of a child going to the dentist, what activities will occur in the dentist’s office;

(b) Connecting families with an ABCD certified dentist who accepts Apple Health/Medicaid, and providing information including, but not limited to, names and referrals to dentists, sharing information about interpreters and transportation benefits, and following up after an appointment, if appropriate;

(c) Assisting in scheduling dental appointments for eligible children and council on the importance of keeping the appointment;

(d) Identify and address family barriers to accessing oral health care; and

(e) Invite the ABCD program manager with Washington Dental Service Foundation and the Health Care Authority, Dental program administrator.

3) Coordinate with the local ABCD Dental Champion(s) to:
(a) Identify and recruit dental providers who will take Apple Health/Medicaid clients through the ABCD Program;

(b) Maintain a list of active ABCD providers who accept Apple Health/Medicaid clients birth to six (6) years and monitor provider availability to accept new clients birth to six (6) years into their practice;

(c) Verify that the dental provider information contained in the HCA website is accurate for those providers working in the county or counties in which the Contractor provides services;

   Contractor shall review provider information available on the HCA "Find a Provider" website which shall be accessed to identify the ABCD provider names in the counties where the Contractor provides services. The Find a Provider website address is: https://fortress.wa.gov/hca/p1findaprovider/

(A) Contractor shall generate a list(s) of ABCD providers in their county(ies) from the aforementioned website.

(B) Contractor shall confirm that providers on the list generated from the HCA website are accepting new Apple Health/Medicaid clients.

(C) Contractor shall use Exhibit B3, List of ABCD Dental Providers, to provide the HCA Dental Program Manager a list of providers who should be added as a dental provider for Apple Health/Medicaid eligible children.

(D) Contractor shall use Exhibit C1 to provide the HCA Provider Enrollment Unit the names of providers who should be removed or added to the "Find a Provider" list each quarter.

(d) Support current ABCD providers by communicating program changes and policy updates through in-person meetings and written communication;

(e) Provide or assist in providing new ABCD provider trainings as needed;

(f) Assure certification process is completed;

(g) Provide Apple Health/Medicaid billing training assistance to ABCD offices/or arrange for billing assistance;

(h) Update dental society (or local dentists/study clubs in counties without a society) on the ABCD Program and encourage their continued recruitment of new Apple Health/Medicaid providers;

(i) Support the Dental Champion(s) participation in meetings and activities necessary to effectively conduct Apple Health/Medicaid provider outreach, recruitment and training, including financial support of attendance in development day.

(4) As appropriate, identify and recruit primary care medical providers to participate in Apple Health/Medicaid, secure their training in preventive oral health techniques and build their role in referring Apple Health/Medicaid-eligible children to the ABCD Program. This may include oral health education, fluoride treatments, etc.
(5) Participate in statewide ABCD Coordinators group meetings to remain current with ABCD policies, practices and opportunities.

(6) Identify an ABCD coordinator within the contracting organization who will develop and maintain a desk manual that outlines the expected ABCD contractual deliverables and how the contractor meets each deliverable. The coordinator will utilize this manual to fulfill the contractual requirements. If the contractor's coordinator leaves the contractor is responsible to notify the Health Care Authority within two weeks, of the coordinators departure or as soon as possible and share the contractor's developed work plan that outlines how the expected contractual deliverables will be met. The contractor will share with HCA the contact information of the newly hired or appointed coordinator and coordinate with HCA to assure a smooth transition of the expected contracted work deliverables.

b. Each quarter complete and submit via email;

(1) Community Outreach and Coordination of Care summary, which shall include

   (a) Exhibit A3, ABCD Quarterly Outreach & Case Management Report for the specific quarter

   (b) Exhibit B3, Community Outreach and Coordination of Care Report

   (c) Exhibit C1, List of ABCD Dental Providers

   (d) Exhibit D3, Budget Tool, as applicable to the requirements contained in Exhibit A3

   (e) Exhibit E, End of Year Summary Report, as applicable to the requirements contained in Exhibit A3.

(2) Reports and billing must be submitted no later than January 31, 2018, unless otherwise mutually agreed by both parties.
Exhibit A3 – ABCD Quarterly Outreach & Case Management Report
ABCD Outreach & Case Management Contract Reporting
Contract Period: July 1, 2017 through December 31, 2017 • 1st Quarter Report

Please complete and submit report electronically to:
Janice Tadeo, Dental Program Administrator
Division of Health Care Services, Washington State Health Care Authority
PO Box 45506, Olympia, WA 98504-5506
Phone: (360) 725-1583 Email: Janice.Tadeo@HCA.WA.GOV

| Organization: Island County Health Department | Email Address: v.brown@co.island.wa.us |
| ABCD Contact Person: Vanya Brown               |
| Phone: 360-678-7889                            |

| Report Due: 10/31/2017  | 1st Quarter 7/1/2017 - 9/30/2017 | Maximum $$ available for this deliverable | Brief description (for events, provide date held/attended/ for staff assignments, provide name and title) - no more than 100 words (complete Exhibit A1 and attach supporting document if providing additional detail) |

| Performance Category                                                                 | Yes/No | $1300 | Include attached budget (Exhibit D3) and copy of your plan. |
| Allocate staff and review contract to plan and create the year 1 action plan.       |
| Attend and participate in ABCD Coordinator/Program Meeting                           | $500   |
| Community Outreach                                                                  | $1890  | Complete Exhibit B3 |
| Coordinate Care                                                                     | $585   | Complete Exhibit B3 |
| Convene Health Coalition/ABCD Steering committee or participate in a Coalition or Steering Committee Focused on Health Care, Access or Early Learning with ABCD as a Quarterly Agenda Item. | $500   | Provide outcome information such as minutes, copies of information provided or list of items provided, examples of type of Organizations attended, what were outcomes or next steps for ABCD. *Send invitation and report back any concerns/issues to HCA Dental Program Administrator & ABCD Administrator |

HCA Contract No.K761-02 Rev Page 6 of 12
Please complete and submit report electronically to:
Janice Tadeo, Dental Program Administrator
Division of Health Care Services, Washington State Health Care Authority
PO Box 45506, Olympia, WA 98504-5506
Phone: (360) 725-1583 Email: Janice.Tadeo@HCA.WA.GOV

<table>
<thead>
<tr>
<th>Organization: Island County Health Department</th>
<th>Email Address: <a href="mailto:v.brown@co.island.wa.us">v.brown@co.island.wa.us</a></th>
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<tr>
<td>ABCD Contact Person: Vanya Brown</td>
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<td>Phone: 360-678-7889</td>
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<tr>
<th>Report Due: 1/31/2018</th>
<th>2nd Quarter 10/1/2017 - 12/31/2017</th>
<th>Maximum $$ available for this deliverable</th>
<th>Brief description (for events, provide date held/attended/ for staff assignments, provide name and title) - no more than 100 words (complete Exhibit A1 and attach supporting document if providing additional detail)</th>
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<td>Performance Category</td>
<td>Yes/No</td>
<td>Maximum $$ available for this deliverable</td>
<td>Brief description (for events, provide date held/attended/ for staff assignments, provide name and title) - no more than 100 words (complete Exhibit A1 and attach supporting document if providing additional detail)</td>
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<td>Contact at least 10% of client list</td>
<td>$1025</td>
<td>Complete Exhibit B3</td>
<td>Complete Exhibit B3</td>
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<td>Review &quot;find a provider&quot; list on the HCA website</td>
<td>$450</td>
<td>Complete Exhibit C1</td>
<td>Complete Exhibit B3</td>
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<td>Community Outreach</td>
<td>$2140</td>
<td>Complete Exhibit B3</td>
<td>Complete Exhibit B3</td>
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<td>Coordinate Care</td>
<td>$660</td>
<td>Provide outcome information such as minutes, copies of information provided or list of items provided, examples of type of Organizations attended, what were outcomes or next steps for ABCD. *Send invitation and report back any concerns/issues to HCA Dental Program Administrator or ABCD Administrator</td>
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<td>$500</td>
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### COORDINATE CARE

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<thead>
<tr>
<th>Family Orientation (indicate how provided, in-person, phone, mail, etc.)</th>
<th>How Many</th>
<th>How</th>
<th>Location &amp; Date</th>
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<th>Clients contacted from List (10%) (indicate how provided, mail, phone, call email, etc.)</th>
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<th>Assisted with client with initial Dental Appointments and provide follow-up (if applicable)</th>
<th>How Many</th>
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<th>Referrals To Dental Home</th>
<th>How Many</th>
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<tr>
<th>Barriers to Care Identified (interpreter services, transportation, etc)</th>
<th>How Many</th>
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## COMMUNITY OUTREACH

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<th>Date</th>
<th>How many reached</th>
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*Examples – County health fairs, coordination with Smile Mobile, WIC offices, Headstart, Early Learning Centers, Day Cares.*

## WORK WITH CHAMPION/RECRUIT PROVIDERS

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<tr>
<th>Activity</th>
<th>How Many</th>
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<tr>
<td>New Provider's Certified</td>
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<tr>
<td>Provider Trainings Held</td>
<td>Date</td>
</tr>
<tr>
<td>Provider Recruitment</td>
<td>Place and Date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How many in attendance</th>
<th>How many in Attendance</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Provider One Find a Provider Modification Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Name: ______________________________</td>
</tr>
<tr>
<td>NPI: ____________________ ____________________</td>
</tr>
</tbody>
</table>

Would you like to be listed in our ProviderOne Find a Provider site as a provider accepting new patients?

Yes ☐ No ☐

Signature: ______________________________

Date: ______________________________

Print Name Here: ______________________________

*This form is to comply with Washington Administrative Code (WAC) 182-502-0016 and the Core Provider Agreement which requires providers to notify the agency of any changes to the provider's application or contract. For any additional changes please contact provider enrollment at 1-800-562-3022 Ext 18137 or providerenrollment@hca.wa.gov.

Please email this form to providerenrollment@hca.wa.gov
### Exhibit D3, Budget Tool
ABCD Outreach & Case Management Contract Reporting
Contract Expenses (estimated)
Contract Period: July 1, 2017 through December 31, 2017

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>1st Quarter July 1, 2017-September 30, 2017</th>
<th>2nd Quarter October 1, 2017-December 31, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staffing/Salary &amp; Benefits</strong>— add a column to identify % and hours per week for each year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Coordinator (x hrs/week = .X FTE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outreach Staff (x hrs/week = .X FTE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Manager (x hrs/week = .X FTE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support Staff (clerical, IT, finance, communications/pr staff, other x hrs/week = .X FTE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration (x hrs/ week (X FTE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Salary &amp; Benefits Subtotal</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Operating Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advertising/Marketing (print, broadcast ads; cable TV time, movie ads, weekly newspaper, billboards, social media)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Equipment (Copier, Fax)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meeting Expenses (steering committee room, food, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Printing (Outside Vendors)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABCD Certification Training/dentists and staff (room, audiovisuals, food, thank you to participating families, promotion, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel (Per Diem, Transportation, Mileage/airfare, accommodations as required) for 3x annual ABCD Coordinators meeting – 2 Seattle, 1 Central WA; and for 1x annual Dental Champion(s) travel/expenses to Development Day, Seattle (Coordinator participation in this meeting optional but recommended)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer Support/Tech Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent/insurance/Janitorial/Maintenance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilities</td>
<td>Operating Expenses Subtotal</td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>-----------------------------</td>
<td></td>
</tr>
<tr>
<td>Indirect Costs</td>
<td>TOTAL EXPENSES</td>
<td></td>
</tr>
<tr>
<td>FUNDING SOURCES</td>
<td>Year One</td>
<td>Year Two</td>
</tr>
<tr>
<td>WDS Foundation Grant (if still within funding period)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Funding (United Way, Foundations, Community Development Block Grant, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency Funds and/or In-Kind</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Care Authority Contract (7/2013-on)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL FUNDING</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
INTERLOCAL AGREEMENT
BETWEEN
SKAGIT/ISLANDS HEAD START & ECEAP OF
SKAGIT VALLEY COLLEGE
AND
Island County, by and through
The Island County Health Department

PARTIES TO THE AGREEMENT

THIS AGREEMENT is made and entered into by and between Skagit/Islands Head Start & ECEAP of Skagit Valley College, hereinafter referred to as "SVC" and the Island County Health Department hereinafter referred to as "Provider" pursuant to the authority granted by Chapter 39.34 RCW.

IT IS THE PURPOSE OF THIS AGREEMENT to provide: health consultation by a Public Health Nurse, to the staff members and families of Skagit/Islands Head Start in Island County.

THEREFORE, IT IS MUTUALLY AGREED THAT: The provider will perform the following services to Skagit/Islands Head Start. Specific outcomes and time allocations will be determined at the time of the request by the Director, Program Manager, or Center Manager making the request. Services include, but are not limited to the following:

1. Advise the Program about health issues, as needed.
2. Assist in the development of health policies and procedures for the Head Start program, as needed.
3. Provide training to Infant/Toddler and Family Service Specialists in Island County on infant/toddler and health issues.
4. Participate on the Skagit/Islands Health Advisory Committee.
5. Participate in center staffing upon request.
6. Home visit, mothers enrolled in Early Head Start who have had a baby, within two weeks of the birth.
7. Assist in lead screening of enrolled Head Start Children.

STATEMENT OF WORK
The Provider shall furnish the necessary personnel, equipment, material and/or service(s) and otherwise do all things necessary for or incidental to the performance of the work set forth above.

PERIOD OF PERFORMANCE
Subject to its other provisions, the period of performance of this Agreement shall commence on September 1, 2017, and be completed on August 31, 2018, unless terminated sooner or extended, as provided herein.
PAYMENT
Compensation for the work provided in accordance with this Agreement has been established under the terms of RCW 39.34.130. The parties have determined that the cost of accomplishing the work herein will not exceed $70.00 per hour, up to a total for the period not to exceed $1,500.00. Payment for satisfactory performance of the work shall not exceed this amount unless the parties mutually agree to a higher amount. Compensation for services shall be based on the above rates. Services must be pre-approved by a Head Start Program Manager.

BILLING PROCEDURE
The provider shall submit invoices following the end of each calendar month for services provided during that month. Payment to the provider for approved and completed work will be made by warrant or account transfer by the SVC within 30-days of receipt of the invoice. Upon expiration of the Agreement, any claim for payment not already made shall be submitted within 30-days after the expiration date or the end of the fiscal year, whichever is earlier.

AGREEMENT CHANGES, MODIFICATIONS AND AMENDMENTS
This Agreement may be changed, modified or amended by written agreement executed by both parties.

ASSIGNMENT
The work to be provided under this Agreement, and any claim arising thereunder, is not assignable or delegable by either party in whole or in part, without the express prior written consent of the other party, which consent shall not be unreasonably withheld.

CONTRACT MANAGEMENT
The program manager for each of the parties shall be responsible for and shall be the contact person for all communications and billings regarding the performance of this Agreement.

The Program Manager for SVC is: Mary Ellen Lykins, Director, Skagit/Islands Head Start, 2405 East College Way, Mount Vernon, WA 98273. Phone (360) 416-7590, Email: Maryellen.lykins@skagit.edu.

The Program Manager for Provider is Island County Health Department, P.O. Box 5000 Coupeville, WA. 98239-5000. Phone (360)-679-7350

DISALLOWED COSTS
The Contractor is responsible for any audit exceptions or disallowed costs incurred by its own organization or that of its Subcontractors.

DISPUTES
In the event that a dispute arises under this Agreement, it shall be determined by a Dispute Board in the following manner: Each party to this Agreement shall appoint one member to the Dispute Board. The members so appointed shall jointly appoint an additional member to the Dispute Board. The Dispute Board shall review the facts, agreement terms and applicable statutes and rules and make a determination of the dispute. The Dispute Board shall thereafter decide the dispute with the majority prevailing. The determination of the Dispute Board shall be final and binding on the parties hereto. As an alternative to this

Interagency Agreement
Approved 1/15/10
process, either of the parties may request intervention by the Governor, as provided by RCW 43.17.330, in which event the Governor's process will control.

**NEGLIGENCE**
Each party to this Agreement will be responsible for its own negligent acts and/or omissions and the negligent acts/omissions of its own employees, officers or agents. No party will be considered an agent of the other and no party assumes any responsibility to the other for the consequences of any act or omission of any person, firm, or corporation not a party to this Agreement.

**GOVERNANCE**
This Agreement is entered into pursuant to and under the authority granted by the laws of the state of Washington and any applicable federal laws. The provisions of this Agreement shall be construed to conform to those laws.

In the event of an inconsistency in the terms of this Agreement, or between its terms and any applicable statute or rule, the inconsistency shall be resolved by giving precedence in the following order:

a. Applicable state and federal statutes and rules;
b. Statement of work; and
c. Any other provisions of the agreement, including materials incorporated by reference.

**INDEPENDENT CAPACITY**
The employees or agents of each party who are engaged in the performance of this Agreement shall continue to be employees or agents of that party and shall not be considered for any purpose to be employees or agents of the other party.

**RECORDS MAINTENANCE**
The parties to this Agreement shall each maintain books, records, documents and other evidence which sufficiently and properly reflect all direct and indirect costs expended by either party in the performance of the services described herein. These records shall be subject to inspection, review or audit by personnel of both parties, other personnel duly authorized by either party, the Office of the State Auditor, and federal officials so authorized by law. All books, records, documents, and other material relevant to this Agreement will be retained for six years after expiration and the Office of the State Auditor, federal auditors, and any persons duly authorized by the parties shall have full access and the right to examine any of these materials during this period.

Records and other documents, in any medium, furnished by one party to this agreement to the other party, will remain the property of the furnishing party, unless otherwise agreed. The receiving party will not disclose or make available this material to any third parties without first giving notice to the furnishing party and giving it a reasonable opportunity to respond. Each party will utilize reasonable security procedures and protections to assure that records and documents provided by the other party are not erroneously disclosed to third parties.

**RIGHTS IN DATA**
Unless otherwise provided, data which originates from this Agreement shall be "works for hire" as defined by the U.S. Copyright Act of 1976 and shall be owned by the SVC. Data shall include, but not be limited to, reports, documents, pamphlets, advertisements, books.
magazines, surveys, studies, computer programs, films, tapes and/or sound reproductions. Ownership includes the right to copyright, patent, register and the ability to transfer these rights.

SEVERABILITY
If any provision of this Agreement or any provision of any document incorporated by reference shall be held invalid, such invalidity shall not affect the other provisions of this Agreement, which can be given effect without the invalid provision if such remainder conforms to the requirements of applicable law and the fundamental purpose of this agreement, and to this end the provisions of this Agreement are declared to be severable.

TERMINATION
Either party may terminate this Agreement upon 30-days' prior written notification to the other party. If this Agreement is so terminated, the parties shall be liable only for performance rendered or costs incurred in accordance with the terms of this Agreement prior to the effective date of termination.

TERMINATION FOR CAUSE
If for any cause, either party does not fulfill in a timely and proper manner its obligations under this Agreement, or if either party violates any of these terms and conditions, the aggrieved party will give the other party written notice of such failure or violation. The responsible party will be given the opportunity to correct the violation or failure within 15-working days. If failure or violation is not corrected, this Agreement may be terminated immediately by written notice of the aggrieved party to the other.

WAIVER
A failure by either party to exercise its rights under this Agreement shall not preclude that party from subsequent exercise of such rights and shall not constitute a waiver of any other rights under this Agreement unless stated to be such in a writing signed by an authorized representative of the party and attached to the original Agreement.
ALL WRITINGS CONTAINED HEREIN
This Agreement contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind any of the parties hereto.

IN WITNESS WHEREOF, the parties have executed this Agreement.

__________________________  Jill Johnson       Chair
SVC Authorized Signer (printed name)

__________________________
Signature

__________________________  Board of County Commissioners
Title                                     Date

Helen Price Johnson       Chair

__________________________
Signature

__________________________  Board of Health
Title                                     Date

Island County
P.O. Box 5000 Coupeville, WA 98239

BUDGET ACCOUNT (required)  145-161-3451

APPROVED AS TO FORM:

__________________________
Signature on file
Assistant Attorney General

Interagency Agreement
Approved 1/15/10