



County Administration
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Crook County Board of County Commissioners

Wednesday, December 10, 2025 at 9:00 AM

Crook County Administration Conference Room | 203 NE Court St. | Prineville OR

Members of the public and media are welcome to attend in person or via Zoom: 1-253-215-8782; Meeting ID: 962 4214 4333; Passcode: 970900

Commissioners: Brian Barney, Chair; Susan Hermreck; Seth Crawford

Work Session Agenda

Public Comment

Please note that each speaker is limited to a maximum of 5 minutes. This guideline helps ensure that everyone has an equal opportunity to speak.

Discussion

1. Treasurer's Report for November 2025

Requester:

Christina Haron, Finance Director

2. Calendar for FY27 Budget Process

Requester:

Jamie Berger, Budget Manager

Presenter(s):

Will Van Vactor, County Manager/ Budget Officer

Jamie Berger, Budget Manager

3. Easement for Parks and Recreation Dept. Irrigation Water Line on County Property

Requester:

Bryan Libel, Assistant County Counsel

4. Public Health Modernization Draft Plan Overview

Requester:

Katie Plumb, Health & Human Services Director

Presenter(s):

Katie Plumb, Health & Human Services Director
Stephanie O'Neal, Modernization Manager

5. 2025-2027 IGA for the Financing of Local Public Health Services in Crook County Agreement #185807-4 corrected

Requester:

Katie Plumb, Health and Human Services Director

6. Opting out of new Eastern Oregon Solar Siting Rules

Requester:

John Eisler, Community Development Director

7. Community Development Monthly Update

Requester:

John Eisler, Community Development Director

Presenter(s):

John Eisler, Community Development Director

Randy Davis, Building Official

Manager Report

Commissioner Updates

Executive Session

8. None scheduled.

Notice and Disclaimer

The Crook County Board of Commissioners is the governing body of Crook County, Oregon, and holds public meetings (generally on the first and third Wednesday of each month) to deliberate upon matters of County concern. As part of its efforts to keep the public apprised of its activities, the Crook County Board of County Commissioners has published this PDF file. This file contains the material to be presented before the Board of County Commissioners for its next scheduled regular meeting.

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Additional Items

Additional items may be discussed that arise too late to be included as a part of this notice. For information about adding agenda items, please contact the County Administration office at 541-447-6555. Crook County encourages persons with disabilities to participate in all programs and activities. This event/location is accessible to people with disabilities. If you need accommodation to make participation possible, please call (541) 447-6555.

Contact: Brian Barney (brian.barney@crookcountyor.gov) (541) 447-6555 | Agenda published on December 4, 2025.



Agenda Item Request

Date of Meeting: December 10, 2025

Subject:

Treasurer's Report for November 2025

Background and Policy Implications:

The attached report provides the following information for the month of November 2025: The amount of cash on hand in the custody of the county treasurer; the banks in which such funds are deposited, with the amounts so deposited in each bank; The security furnished the county by each bank to cover such deposits, and the interest rates paid on such deposits; and A statement of the amount of outstanding warrant indebtedness of the county and the date up to which the county's warrant indebtedness has been redeemed.

Budget/Fiscal Impacts:

Requester:

Christina Haron, Finance Director

Legal Review (only if requested):

Elected official sponsor (if applicable):

CROOK COUNTY TREASURER REPORT
POOLED CASH AND INVESTMENTS
all balances as of November 30, 2025

BANK & INVESTMENT ACCOUNT BALANCES

FIRST INTERSTATE OPERATING CHECKING	8,955,251.28
FIRST INTERSTATE ELECTRONIC TRANS	69,908.06
FIRST INTERSTATE JAIL COMMISSARY	102,820.99
FIRST INTERSTATE SHERIFF SALE	1,668.14
FIRST INTERSTATE BOND PROCEEDS SAVINGS	-
FIRST INTERSTATE ACH PAYMENTS	67,084.20
FIRST INTERSTATE CC ROAD AGENCY	8,921.16
FIRST INTERSTATE SOLAR MITIGATION FUND	632,840.20
LGIP COUNTY	28,069,931.17
LGIP JUSTICE CENTER	3,591,577.77
LGIP PRC	550,508.47
LGIP PRC#2	670,650.13
ZIONS BANK	194.46
ZIONS - CORE INVESTMENTS	52,219,909.11
ZIONS - JC BOND INVEST.	-
FIRST INTERSTATE POOLED	-
 TOTAL BANK & INVESTMENT ACCOUNTS	 94,941,265.14
TOTAL COMBINED CASH PER GL	93,675,083.71
 TOTAL BANK & INVESTMENT ACCOUNTS VARIANCE*	 (1,266,181.43)

Variance is due to Operating "Deposits in Transit" that amount to \$13,744.40, outstanding Operating checks totalling -\$953,351.02. GL Misc Reconciling items of -\$89,331.27 due to tax payments and returned check coming into the bank on 11/28 (office closed). We can't post back payments into Helion. LGIP variance is due to the tax turnover of -\$237,243.54.

Bank Code	POOLED CASH ACCOUNTS IN GENERAL LEDGER	
10	FIRST INTERSTATE OPERATING CHECKING	7,926,313.39
12	FIRST INTERSTATE ELECTRONIC TRANS	69,908.06
13	FIRST INTERSTATE JAIL COMMISSARY	102,820.99
14	FIRST INTERSTATE SHERIFF SALE	1,668.14
16	FIRST INTERSTATE BOND PROCEEDS SAVINGS	-
17	FIRST INTERSTATE ACH PAYMENTS	67,084.20
25	FIRST INTERSTATE CC ROAD AGENCY	8,921.16
26	FIRST INTERSTATE SOLAR MITIGATION FUND	632,840.20
60	LGIP COUNTY	27,832,687.63
61	LGIP JUSTICE CENTER	3,591,577.77
66	LGIP PRC	550,508.47

CROOK COUNTY TREASURER REPORT
POOLED CASH AND INVESTMENTS
all balances as of November 30, 2025

67	LGIP PRC #2	670,650.13
72	ZIONS BANK	194.46
73	ZIONS - CORE INVESTMENTS	52,219,909.11
74	ZIONS - JC BOND INVEST.	-
80	FIRST INTERSTATE POOLED	-
	TOTAL POOLED CASH	93,675,083.71
	CASH ALLOCATED TO FUNDS	<u>(93,675,083.71)</u>
	TOTAL UNALLOCATED CASH	<u><u>-</u></u>

CASH ALLOCATION BY FUND RECONCILIATION

101	ALLOCATION TO GENERAL FUND	13,126,264.78
202	ALLOCATION TO ROAD FUND	16,348,654.16
212	ALLOCATION TO COMMUNITY DEVELOPMENT FUND	10,360,085.86
221	ALLOCATION TO COUNTY CLERK FUND	234,293.23
231	ALLOCATION TO CC ED CENTER FUND	399,816.85
251	ALLOCATION TO SHERIFF'S OFFICE FUND	10,866,882.37
281	ALLOCATION TO NATURAL RESOURCES FUND	51,727.48
301	ALLOCATION TO HEALTH & HUMAN SERVICES FUND	2,847,155.15
302	ALLOCATION TO VIDEO LOTTERY FUND	84,688.02
312	ALLOCATION TO SPECIAL TRANSPORTATION FUND	1,297,689.01
313	ALLOCATION TO SPECIAL PROJECTS ON FEDERAL LAND FUND	175,148.62
325	ALLOCATION TO VETERANS SERVICES FUND	333,863.30
330	ALLOCATION TO LIBRARY FUND	1,965,897.46
380	ALLOCATION TO COUNTY SURVEYOR FUND	211,442.72
388	ALLOCATION TO COUNTY SCHOOL FUND FUND	(0.01)
390	ALLOCATION TO TOURISM DISCRETIONARY FUND	157,209.38
392	ALLOCATION TO JUSTICE CENTER FUND	10,238,308.54
398	ALLOCATION TO RISK MANAGEMENT FUND	460,799.99
401	ALLOCATION TO RESERVE FUND FUND	8,246,640.81
501	ALLOCATION TO DEBT SERVICE FUND FUND	634,378.27
602	ALLOCATION TO ALFALFA FIRE DISTRICT FUND	244.19
605	ALLOCATION TO COUNTY SCHOOLS/BONDS FUND	-
606	ALLOCATION TO CC JAIL INMATE FUND	124,596.44
607	ALLOCATION TO SHERIFF FEE ACCT FUND	1,668.14
608	ALLOCATION TO PLA Unit I SRD 2022 LEVY FUND	190.55
610	ALLOCATION TO EXTENSION SERVICE FUND	624,177.72
614	ALLOCATION TO MH PARK OMBUDSMAN FUND	-
616	ALLOCATION TO HISTORICAL FUND FUND	517,908.84
622	ALLOCATION TO CROOK/DESCHUTES ED SERV FUND	-

The financial information included in report is preliminary, unaudited and subject to revision upon completion of Crook County's closing and audit processes.

CROOK COUNTY TREASURER REPORT
POOLED CASH AND INVESTMENTS
all balances as of November 30, 2025

623 ALLOCATION TO FLAT ROCK ROAD DISTRICT FUND	42.89
624 ALLOCATION TO CC ROAD AGENCY FUND	8,921.16
630 ALLOCATION TO DESCHUTES CO RFPD #1 FUND	7.99
631 ALLOCATION TO CROOK CO RFPD #1 FUND	-
635 ALLOCATION TO HAHLEN ROAD DISTRICT FUND	193.08
636 ALLOCATION TO REDMOND F&R 2020LOL FUND	3.36
651 ALLOCATION TO OCH WEST W & S AUTHORITY FUND	818.95
664 ALLOCATION TO PARKS & RECREATION DIST FUND	10,259.49
665 ALLOCATION TO CEMETERY DISTRICT FUND	2,685.17
666 ALLOCATION TO VECTOR CONTROL DIST FUND	1,479.75
668 ALLOCATION TO JUNIPER CANYON WATER CONT FUND	115.54
676 ALLOCATION TO OR LAND INFORMATION SYSTE FUND	1,236.30
679 ALLOCATION TO PLA UNIT I SPEC ROAD DIST FUND	373.42
680 ALLOCATION TO COUNTY UNIT SCHOOL FUND	-
681 ALLOCATION TO COUNTY UNIT SCH/BOND 2013 FUND	-
682 ALLOCATION TO UNSEGREGATED TAXES FUND	1,225,012.12
684 ALLOCATION TO ADVANCE PMT ON TAXES FUND	40,424.87
686 ALLOCATION TO SOLAR MITIGATION FUND	632,840.20
687 ALLOCATION TO SALE OF COUNTY LANDS	32,518.66
688 ALLOCATION TO CATF/STATE HOUSING FEES FUND	65,371.03
689 ALLOCATION TO COUNTY ASSESS/TAXATION FUND	23,049.07
690 ALLOCATION TO CENTRAL OR COMM COLLEGE FUND	-
691 ALLOCATION TO CEN OR COMM COLL/B & I FUND	-
692 ALLOCATION TO CITY OF PRINEVILLE FUND	-
693 ALLOCATION TO CITY OF PVILLE/DEL SEWER FUND	-
694 ALLOCATION TO STATE FIRE PATROL - REG FUND	-
695 ALLOCATION TO STATE FIRE PATROL - IMP FUND	-
701 ALLOCATION TO FAIRGROUNDS FUND FUND	926,950.01
702 ALLOCATION TO LANDFILL FUND FUND	8,537,804.35
705 ALLOCATION TO AIRPORT/OPERATING FUND	1,141,694.60
708 ALLOCATION TO CROOK COUNTY WEED CONTROL FUND	260,848.07
709 ALLOCATION TO FACILITIES FUND	1,452,701.76
 TOTAL ALLOCATIONS TO FUNDS	 93,675,083.71
TOTAL POOLED CASH FUND	<u>(93,675,083.71)</u>
 ZERO PROOF IF ALLOCATIONS BALANCE	 <u><u>-</u></u>

**CROOK COUNTY TREASURER REPORT
POOLED CASH AND INVESTMENTS
all balances as of November 30, 2025**

INVESTMENT ALLOCATION BY TYPE RECONCILIATION

US TREASURIES	37,417,317.61
CORPORATE BONDS	2,959,065.00
GOVERNMENT AGENCY SECURITIES	725,913.00
US OBLIGATIONS	9,251,930.00
INTERNATIONAL BONDS	-
MUNICIPAL BONDS	1,865,683.50
 TOTAL INVESTMENTS	 52,219,909.11
CORE INVESTMENTS ACCOUNT AT ZIONS	(52,219,909.11)
 ZERO PROOF IF ALLOCATIONS BALANCE	 -

INVESTMENT VALUES

TOTAL BOOK VALUE OF INVESTMENTS	52,219,909.11
TOTAL MARKET VALUE OF INVESTMENTS	53,677,270.95
UNREALIZED GAIN/(LOSS) ON INVESTMENTS*	1,457,361.84

*Investments are guided by the Crook County Investment Policy pursuant to ORS 294. Investments are typically held to maturity, resulting in lower risk and more predictable returns.

CROOK COUNTY TREASURER REPORT
POOLED CASH AND INVESTMENTS
all balances as of November 30, 2025
SECURITY AND INTEREST RATES PAID BY BANKS

FIRST INTERSTATE BANK

SECURITY ON DEPOSITS

First Interstate Bank is a qualified depository that participates in the Oregon Public Funds Collateralization Program (PFCP) which covers funds over and above the amount insured by the FDIC.

INTEREST RATE - SAVINGS ACCOUNTS

Current Month	2.03%
Prior Month	2.15%
Change	-0.12%

ZIONS BANCORPORATION

SECURITY ON DEPOSITS

Zions Bancorporation (Commerce Bank of Oregon) is a qualified depository that participates in the Oregon Public Funds Collateralization Program (PFCP) which covers funds over and above the amount insured by the FDIC. Investments and securities are not bank deposits and are not covered by FDIC or the Oregon Public Funds Collateralization

INTEREST RATE - CHECKING ACCOUNTS

Current Month	0.40%
Prior Month	0.40%
Change	0.00%

LOCAL GOVERNMENT INVESTMENT POOL

SECURITY ON DEPOSITS

Investments and securities are not bank deposits and are not covered by FDIC or the Oregon Public Funds Collateralization Program (PFCP)

INTEREST RATES

Current Month	4.43%
Prior Month	4.57%
Change	-0.14%

Crook County has no outstanding warrant indebtedness as of the date of this document.

Prepared by: Christina Haron

12/5/2025

Signature

Date

Christina Haron, CPA

Crook County Finance Director

Printed Name

Title



Agenda Item Request

Date of Meeting: December 10, 2025

Subject:

Calendar for FY27 Budget Process

Background and Policy Implications:

Official kick off for the FY27 budget process

Budget/Fiscal Impacts:

None directly. However, this sets the schedule for Crook County's annual budget process.

Requester:

Jamie Berger, Budget Manager

Presenter(s):

Will Van Vactor, County Manager/ Budget Officer

Jamie Berger, Budget Manager

Legal Review (only if requested):

Elected official sponsor (if applicable):

Description	Parties	Dates
DECEMBER		
Budget kick-off at BOC meeting, approve Budget Calendar	BOC, Budget Officer	17-Dec
Appoint budget committee members, as needed	BOC	17-Dec
Finance Committee review Fiscal Policies	Finance Committee - County Manager, Finance Director, Treasurer	by 31-Dec
JANUARY		
Approve changes to Fiscal Policies	BOC	7-Jan
Department mid-year presentations		week of Jan 12
Governing Body goal setting	BOC, Dept Heads, Budget Officer, Budget Committee, Budget Manager	week of Jan 12
Budget Committee Special Work Session - Review fiscal policies, forecasts and significant budget issues, establish assumptions		week of Jan 12
Management team budget training: Preliminary revenue forecasts, review goal setting issues and budget priorities, distribute budget preparation instructions, forecast template, and workforce plan	Budget Officer, Dept Heads, Budget Manager and senior staff	29-Jan
FEBRUARY		
Compensation Committee provides recommendations for compensation for Elected Positions	Compensation Committee	by 12-Feb
Department position requests/changes due	Dept Heads	12-Feb
Department 5-Year forecast updates due	Dept Heads	12-Feb
Department requested budgets due	Dept Heads	24-Feb
Finalize position changes/approvals	Budget Officer	24-Feb
Aggregate budgets	Budget Manager	25-Feb to 27-Feb
MARCH		
Department meetings to review requested budgets with updated workforce plans, identify issues and alternatives to address	Dept Heads, Finance Director, Budget Officer, Budget Manager	2-Mar to 13-Mar
Complete Internal Service Fund budgets	Internal Service dept heads, Budget Officer, Budget Manager	17-Mar
Prepare 5-year financial forecasts - all major funds	Budget Manager	30-Mar
Department narratives due	Dept Heads	31-Mar
APRIL		
Department year end revenue and expenditure estimates due	Dept Heads	2-Apr to 7-Apr
Budget Officer review year end estimates and resolve items with management team	Budget Officer and Budget Manager, Dept Heads as needed	7-Apr
Aggregate budget document	Budget Manager	8-Apr to 10-Apr
Provide "Notice of Budget Committee Meeting" (ORS 294.426) to Central Oregonian Newspaper	Budget Manager	9-Apr
Distribute draft document to management team for review and edits	Budget Manager	13-Apr
Publish "Notice of Budget Committee Meeting" (ORS 294.426) in publication (5 - 30 days before) and on website (10+ days before)	Budget Manager	14-Apr
Management team provides edits and comments to finance	Dept Heads	by 20-Apr
Resolve any discrepancies	Budget Manager and Dept Heads	20-Apr to 24-Apr
MAY		
Proposed budget document complete	Budget Manager	1-May
Distribute budget document to Budget Committee	Budget Manager	1-May
Budget Committee meeting(s); Budget Committee approves budget (ORS 294.428)	Budget Committee, Budget Officer, Dept Heads, Budget Manager	week of May 11
Update budget for Budget Committee changes	Budget Manager	15-May
Provide "Hearing Notice and Financial Summary" (ORS 294.438) to newspaper	Budget Manager	19-May
Publish "Hearing Notice and Financial Summary" (ORS 294.438)	Budget Manager	26-May
JUNE		
Public Hearing, adopt budget, make appropriations, levy taxes (ORS 294.456)	BOC	3-Jun
JULY AND BEYOND		
Adopted Budget goes into effect	County-wide	1-Jul
Adopted Budget, LB-50 submitted to County Assessor and Department of Revenue (ORS 294.558)	Budget Manager	15-Jul
GFOA Budget Award Application Submitted	Budget Manager	28-Aug
Adopted Budget document submitted to County Clerk	Budget Manager	30-Sep



Agenda Item Request

Date of Meeting: December 10, 2025

Subject:

Easement for Parks and Recreation Dept. Irrigation Water Line on County Property

Background and Policy Implications:

Crook County Parks and Recreation Dept. installed an underground irrigation water line some time ago on County property south of the fairgrounds and along Crook River Highway (a.k.a. Kennedy property). It recently expressed interest in obtaining an easement for the underground irrigation water line. According to Parks and Rec, the water line is a 6" main that starts at a Crooked River Park pumphouse and crosses the highway and Kennedy property. It then crosses the pedestrian bridge and fairground property to the RV Park.

Budget/Fiscal Impacts:

N/A

Requester:

Bryan Libel, Assistant County Counsel

Legal Review (only if requested):

Elected official sponsor (if applicable):



Agenda Item Request

Date of Meeting: December 10, 2025

Subject:

Public Health Modernization Draft Plan Overview

Background and Policy Implications:

ORS 431.413(1)(c) requires each Local Public Health Authority (LPHA) to submit a local public health modernization plan. ORS 431.115(g) states that the Oregon Health Authority shall "Approve local plans for applying the foundational capabilities established under ORS 431.131 and implementing foundational programs established under ORS 431.141 as required by ORS 431.417. Katie Plumb submitted a memo to each of the Commissioners and the County Manager via email on November 4, 2025, providing contextual information regarding the Crook County Public Health Modernization Implementation Plan and requesting input. Public Health Modernization in Crook County aligns with Core Services as presented to the Board of Commissioners in October 2025.

Budget/Fiscal Impacts:

There are no immediate fiscal impacts, however, County investment in Public Health Modernization work will be used to provide a fiscal match as described in ORS 431.380

Requester:

Katie Plumb, Health & Human Services Director

Presenter(s):

Katie Plumb, Health & Human Services Director
Stephanie O'Neal, Modernization Manager

Legal Review (only if requested):

Elected official sponsor (if applicable):



Crook County Public Health Modernization Plan (2025–2030)

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Introduction

The purpose of this Modernization Plan is to outline the strategies and actions that Crook County Health and Human Services (CCHHS) will undertake to achieve modernization goals outlined by Program Element 51 initiated by Oregon Health Authority (OHA) - Public Health

Division. This plan aims to enhance public health services, improve health outcomes, and ensure compliance with the Oregon Health Authority (OHA) requirements while aligning with Crook County Health and Human Service's strategic, operational, and equity plans.

Plan Development and Adoption

Plan Development

CCHHS developed this plan in alignment with the department's Strategic Plan and Fair Access to Health (Equity) Plan, and to serve as a crosswalk with the core services we provide to the county. The development of this plan involved considerable collaboration and transparency with Crook County Commissioners and key stakeholders. Community partners directly involved in the creation of the plan include: BestCare Treatment Services, Crook County Juvenile Department, Deschutes County Health Department, National Alliance on Mental Illness (NAMI), and Mosaic Community Health. The process included conducting and participating in partner meetings, workgroups, and listening sessions, reviewing assessment data from the 2016 and 2024 Cost and Capacity Assessments, and identifying gaps and areas for improvement.

Modernization efforts are coordinated by Crook County Health and Human Services staff in partnership with Deschutes and Jefferson counties, along with cross-sector and cross-jurisdictional collaborations and additional contracted services.

Plan Adoption

The plan was adopted following a thorough review by Crook County Health and Human Service's partners and governing body. Opportunities were provided for the governing body to review and provide input in early November 2025. A memo was sent to each of our three Crook County Commissioners, Brian Barney, Seth Crawford, and Susan Hermreck, and our county Manager, Will Van Vactor, requesting their comments, questions, or feedback as we were developing this plan. The goal was to give each of them ample opportunity to engage in the process of building and finalizing the plan prior to the review of the final draft. The plan draft was presented in the December 2, 2025 Community Health Advisory Council (CHAC) meeting with a request for feedback from the members of the council, attendees, and any other community members or partners in attendance.

On December 10th, 2025 a draft of this plan was presented to Crook County's governing body in a Commissioner work session.

Feedback provided by..... The feedback resulted in....

How The Plan Will Be Used

This Modernization implementation plan serves as a practical framework to guide alignment, coordination, and consistent decision-making throughout the entire Crook County Health and Human Services department. It is designed to be a living document – one that staff will refer to regularly in the prioritization of activities, to track progress, and to ensure that health equity and modernization principals are a part of everyday work.

As part of this process, department leadership will review and update the cost and capacity numbers annually to give staff a clear visual representation of where advancement has been made and/or where needs remain. The plan also provides a shared foundation for collaboration with partners while supporting transparency, consistency, and accountability. By revisiting and refining it over time, CCHHS will have an improved ability to remain responsive to emerging needs while also maintaining a unified direction for long-term advancement.

Who The Plan Will Inform

The plan provides clarity on department priorities, roles, and expectations, helping ensure that everyone involved in public health planning and service delivery for Crook County has a shared understanding of goals and responsibilities. It is intended to guide and inform CCHHS staff, county leadership, community partners, and regional collaborators. The plan also supports communication with the public by outlining how CCHHS approaches modernization, equity, and system improvement. Through this shared understanding, the plan strengthens coordination and accountability across all groups connected to the public health work being provided to the community of Crook County.

Assessment and Baseline Data

Assessment Results

The results from the 2016 and 2024 Cost and Capacity Assessments (*Appendix A*) indicate significant progress in communicable disease control and health promotion. However, gaps remain in environmental health and access to clinical preventive services.

Beyond the assessments, notable advancements have been made toward modernizing systems that strengthen local public health agency (LPHA) efficiency and sustainability; for example, the

transition to more electronic systems and streamlined workflows as well as communication to the public.

Progress: Improved surveillance and response to communicable diseases, enhanced, updated, and innovative health promotion activities, modernized electronic systems for workflow efficiency.

Gaps: Limited capacity in environmental health, insufficient access to clinical preventive services for priority populations. Staffing and County Administration turnover and decreased institutional knowledge.

Foundational Capabilities

Leadership and Organizational Competencies

Staffing Capacity: *(Current staffing levels and future needs)*
(see table)

CCHHS maintains a small but efficient and dedicated team working across multiple programs and often balancing a wide range of responsibilities in order to meet community needs. Staff collaborate effectively and adapt as priorities shift, however, current capacity limits the ability to take on expanded initiatives or respond to emerging challenges at the level desired. Staffing for leadership and organizational competencies has increased in the last few years to meet increased needs of the department, community, and staff. However, to fully meet expectations and support sustainable growth, even more additional staffing (including program specific and administrative support) will be necessary. Investing in additional positions would strengthen leadership capacity, reduce strain on existing staff, and allow the department to better plan, coordinate, and deliver services across all programs.

Joint Agreements and Contracted Services:

Several joint agreements and contracted services are relied upon to support the implementation of leadership and organizational competencies for CCHHS. The Crook County Human Resources department provides essential support for recruitment, management of personnel, and training working closely with CityCounty Insurance Services (CIS) to ensure compliance, staff safety and risk management practices. Crook County Legal department offers guidance on leadership, governance and policy related matters, helping all departments operate with statutory and regulatory standards. In addition, contracted communications services, funded by Program Element (PE) 51-01, help manage public messaging and supplement information-technology capacity throughout all programs of the department. Partnerships through joint agreements and

contracted services strengthen the operations of CCHHS and ensure essential functions are supported.

Implementation to Date: *(Achievements and ongoing initiatives)*

From the 2016 CCA through the 2024 CCA, Crook County Health and Human Services has maintained a strong and stable leadership foundation while continuing to enhance its organizational structure. Most recently, the department shifted from a model of three supervisors and one director to a structure that includes two supervisors, a deputy director, and a director. This change has clarified responsibilities, strengthened oversight, and improved support for both staff and programs. Ongoing practices, such as regular leadership meetings, coordinated workflows, and focused staff development, help ensure alignment and consistency across the department. These efforts have created a more efficient, responsive, and resilient leadership framework despite limited capacity and the small size of the organization.

Plans for Full Implementation: *(Strategies to achieve full implementation)*

To fully implement Leadership and Organizational competencies, CCHHS will continue strengthening leadership roles, refining internal structures, and building consistent administrative systems that support everyday operations and long-term planning. Priorities include expanding supervisory and administrative capacity by formalizing communication and decision-making processes and improving onboarding, training, and workforce development practices. Additional staffing and operational resources will be necessary to sustain these efforts and to ensure leadership can support growing program needs. As funding becomes available, the department will phase in these enhancements to create a more fully supported, efficient, and resilient organizational structure.

Barriers and Challenges: *(Identified obstacles and mitigation strategies)*

CCHHS faces several barriers to fully implementing this capability. Limited staffing capacity remains the most significant challenge, making it difficult to expand leadership functions or take on additional administrative responsibilities. Another barrier is the broader county administration's limited understanding of the department's operational and modernization needs, which can slow decision-making or limit support for necessary changes. In addition, ongoing precautions around hiring—driven by funding uncertainty—make it challenging to bring on the additional staff needed to stabilize and strengthen the organizational structure.

To mitigate these challenges, CCHHS will continue communicating needs clearly to county leadership, using data and workload examples to illustrate gaps; prioritize essential functions to

maximize existing capacity; and pursue funding opportunities that support sustained staffing and operational growth.

Leadership and Organizational Competencies – Funding & Capacity						
This capability is/will be implemented:		What percentage of this capability is provided by your LPHA? (CCA: 12. Summary, Row 20, Column N)		Self-assessed expertise (CCA: 12. Summary, Row 20, Column F)	Self-assessed capacity (CCA: 12. Summary, Row 20, Column H)	
Through LPHA staff, contracted services, cross-sector sharing, and cross-jurisdictional sharing				Proficient	Minimal	
		2024	95%			
		2016				
Current FTE supporting this capability (CCA: 12. Summary, Row 20, Column P)	FTE needed for full implementation (CCA: 12. Summary, Row 20, Column AD)	Current contract expenditures to support this capability (CCA: 12. Summary, Row 20, [Column T + Column X])			Estimated contract expenditures to support full implementation of this capability (CCA: 12. Summary, Row 20, [Column AH + Column AL])	
3.21	4.11	\$4,050			\$38,500	
Funding sources supporting this capability		Current total expenditures supporting this capability (CCA: 12. Summary, Row 20, Column AB)			Estimated total expenditures to support full implementation of this capability (CCA: 12. Summary, Row 20, Column AP)	
PE51-01, County General Fund,		\$384,797			\$563,260	

Health Equity and Cultural Responsiveness

Internal Assessments: (Recent assessments of capacity to apply a health equity lens)

In 2025, CCHHS completed an internal assessment to evaluate the department's capacity to apply a health equity lens across planning, service delivery, and decision-making. The results of this assessment were instrumental in shaping the Crook County Fair Access to Health (Equity) Plan for 2025–2030. In addition to this formal assessment, CCHHS has conducted several department satisfaction surveys in the most recent two years to better understand staff

experiences, needs, and areas for improvement. Crook County Administration also completed “stay interviews” with Health and Human Services staff in 2025 to identify what supports would enhance employee satisfaction and retention. Together, these assessments provide a comprehensive picture of organizational strengths and challenges, helping guide efforts to strengthen cultural responsiveness, support staff, and improve equitable service delivery.

Action Plans: *(Plans to address key findings and promote health equity)*

CCHHS is working to align its Equity, Strategic, and Modernization Plans to ensure that health equity is embedded across all programs and operations. To support consistent implementation, daily, weekly, monthly, and quarterly tasks will be assigned to individual staff, program coordinators, and service groups through the department’s project management software. This structured approach will help translate key findings into actionable steps, maintain accountability, and ensure progress is tracked in real time. By bringing the plans together and making roles clear, CCHHS will improve equity-based decisions and encourage more cohesive work throughout the department.

Training Plans: *(Documentation of training provided to staff)*

Annually, required trainings are distributed or presented to staff to ensure everyone remains up to date with initiatives, programs, and best practices. Staff are also encouraged to participate in conferences and trainings related to their program areas or other public health interests that will help in service to the community. Professional development activities are tracked to ensure all staff have equitable access to learning and skill-building opportunities. The Fair Access to Health (Equity) Plan was presented at a staff meeting on August 2, 2025. After all staff had time to review and understand the plan, assignments for all program areas were created in the department’s project planning system. These assignments help monitor progress on equity goals, and leadership regularly reviews them to ensure that tasks are completed, and equity remains embedded throughout CCHHS operations.

Staffing Capacity: *(Current staffing levels and future needs)*

(see table)

Implementation to Date: *(Achievements and ongoing initiatives)*

Change in Annual training schedule and process to make it more accessible to staff who have capacity strains

Plans for Full Implementation: *(Strategies to achieve full implementation)*

Fully implemented. Sustainability strategies include projects in Quality Improvement and Leadership to assess and update materials at least once yearly

Barriers and Challenges: *(Identified obstacles and mitigation strategies)*

Barriers are capacity and availability of staff to work on projects and activities.

Funding: *(Current funding and estimated full funding amounts)*

(see table)

Health Equity and Cultural Responsiveness – Funding & Capacity			
This capability is/will be implemented:	What percentage of this capability is provided by your LPHA? (CCA: 12. Summary, Row 17, Column N)	Self-assessed expertise (CCA: 12. Summary, Row 17, Column F)	Self-assessed capacity (CCA: 12. Summary, Row 17, Column H)
Through LPHA staff, contracted services, cross-sector sharing, and cross-jurisdictional sharing	100%	Basic	Minimal
Current FTE supporting this capability (CCA: 12. Summary, Row 17, Column P)	FTE needed for full implementation (CCA: 12. Summary, Row 17, Column AD)	Current contract expenditures to support this capability (CCA: 12. Summary, Row 17, [Column T + Column X])	Estimated contract expenditures to support full implementation of this capability (CCA: 12. Summary, Row 17, [Column AH + Column AL])
0.52	1.02	\$2,500	\$15,000
Funding sources supporting this capability		Current total expenditures supporting this capability (CCA: 12. Summary, Row 17, Column AB)	Estimated total expenditures to support full implementation of this capability (CCA: 12. Summary, Row 17, Column AP)
		\$59,765	\$127,988

Community Partnership Development

Partnership Portfolio: *(Description of cross-sector partnerships)*

Crook County Health and Human Services maintains a broad portfolio of cross-sector partnerships that enhance the capacity, coordination, and effectiveness of public health efforts across the county. These collaborations extend across multiple sectors, including healthcare, education, emergency services, local government, and community-based organizations.

Key partners include St. Charles Health System, Mosaic Community Health, BestCare Treatment Centers, RimRock Trails, Crook County School District, Crook County Fire & Rescue, Crook County Sheriff's Department, and various nonprofit and community service organizations. Through these partnerships, CCHHS supports unified approaches to communicable disease prevention, emergency preparedness, health promotion, and equitable access to essential services.

These cross-sector relationships enable the alignment of resources, data sharing, and joint initiatives that advance population health outcomes and contribute to a more resilient and connected community infrastructure.

Community Engagement: *(Documentation of community engagement efforts)*

CCHHS actively engages community members and partners through ongoing collaboration, outreach, and participation in local and regional initiatives. Staff routinely participate in local and regional exercises, collaboration meetings, and planning sessions to strengthen coordination, improve preparedness, and ensure alignment with community health priorities.

Recent collaboration or meeting engagements CCHHS was involved in include:

- Regional Health Improvement Plan (RHIP) building workshops
- Regional Health Improvement Plan implementation workshops
- Community Health Advisory Council (CHAC) meetings

Recent local or regional training exercises CCHHS was involved in include:

- Regional Airport MCI drill
- Family Assistance Center and School Reunification Tabletop Exercise
- Bureau of Reclamation Ochoco Dam Interim Risk Reduction Measure and Emergency Action Plan Tabletop Exercise

These engagement efforts foster transparent communication, build trust, and encourage shared ownership of public health goals. Through participation in community coalitions, advisory groups, and emergency preparedness activities, CCHHS ensures that diverse perspectives are represented in planning and decision-making processes that impact the well-being of residents across the county.

- **Staffing Capacity:** Current staffing levels and future needs
(see table)
- **Implementation to Date:** Achievements and ongoing initiatives
- **Plans for Full Implementation:** Strategies to achieve full implementation
- **Barriers and Challenges:** Identified obstacles and mitigation strategies
- **Funding:** Current funding and estimated full funding amounts
(see table)

Community Partnership Development - Funding & Capacity			
This capability is/will be implemented:	What percentage of this capability is provided by your LPHA? (CCA: 12, Summary, Row 14, Column N)	Self-assessed expertise (CCA: 12, Summary, Row 14, Column F)	Self-assessed capacity (CCA: 12, Summary, Row 14, Column H)
	100%	Basic	Moderate
Current FTE supporting this capability (CCA: 12, Summary, Row 14, Column P)	FTE needed for full implementation (CCA: 12, Summary, Row 14, Column AD)	Current contract expenditures to support this capability (CCA: 12, Summary, Row 14, [Column T + Column X])	Estimated contract expenditures to support full implementation of this capability (CCA: 12, Summary, Row 14, [Column AH + Column AL])
0.17	1.45	\$5,000	\$16,500
Funding sources supporting this capability		Current total expenditures supporting this capability (CCA: 12, Summary, Row 14, Column AB)	Estimated total expenditures to support full implementation of this capability (CCA: 12, Summary, Row 14, Column AP)

	\$40,526	\$155,718
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Assessment and Epidemiology

Data Collection and Analysis: *(Methods and tools used for data collection)*

CCHHS collects and analyze data to understand community health trends, identify emerging issues, and guide program planning. Our Epidemiology team, supported by regional and state epidemiologists, uses a variety of tools and methods to gather timely and reliable information. Quantitative data is collected from local and statewide communicable disease reporting and surveillance systems (Orpheus, ESSENCE), clinic and electronic health record data (EPIC, OCHIN), environmental health inspections, and program-specific databases. We also incorporate information from regional health assessments, surveys, school-based programs, and youth engagement activities. Qualitative feedback from partners and community members are also drawn from.

Community Health Assessments: *(Recent assessments and updates)*

A Central Oregon Regional Health Assessment (RHA) is researched, written, and published by Central Oregon Health Council (COHC) every five years (*Appendix D*). The most recent RHA was published in 2024 and includes data from Crook, Deschutes, Jefferson, and Northern Klamath counties. The Sovern nations including the Confederated Tribes of Warm Springs, Cow Creek Band of Umpqua Tribe of Indians, and Klamath Tribes have their own processes in place and are therefore not required to be included in the RHA.

Infectious Disease Assessments: *(Capacity to respond to infectious diseases)*

CCHHS has a strong ability to identify and respond to infectious diseases through experienced staff, standardized practices, and coordination with regional and state epidemiologists. Our Disease Investigation Specialist (DIS) leads case investigations, contact tracing, and case follow-up using surveillance data to detect cases and outbreaks quickly.

Because of the small size of our department and the county we serve, an identified outbreak quickly becomes an all-hands-on-deck response. Staff across programs step in to support notifications, interviews, education, mitigation strategies, and coordination with partners. This

flexibility and collaboration allows CCHHS to respond efficiently to protect vulnerable populations and reduce the spread of illness in Crook County and regionally.

Staffing Capacity: *(Current staffing levels and future needs)*

(see table)

Implementation to Date: *(Achievements and ongoing initiatives)*

CCHHS has significantly improved data collection since the 2016 CCA, but also in more recent years through strengthened coordination with both regional and state epidemiologists. The creation and use of surveillance tools has increased and allows better tracking of community health trends. Staff are now able to share and apply data more consistently across programs. Ongoing work focuses on enhancing, upgrading, and expanding local data systems and their use and continued training to ensure a strong and equity focused assessment process.

Plans for Full Implementation: *(Strategies to achieve full implementation)*

To fully implement a robust epidemiology program, CCHHS will continue to collaborate in strengthening and standardizing data and analysis systems and reporting across programs. We will continue to deepen and reinforce partnerships with our regional and state epidemiologists. Expanding local data sources and maintaining routine, equity-focused data reviews will guide responsive public health action. Achieving this level of capacity will require additional funding to support full-time epidemiology staff designated to Crook County to enable an expansion of services.

Barriers and Challenges: *(Identified obstacles and mitigation strategies)*

Key obstacles include limited staff capacity, which can slow data collection and analysis, and funding constraints that limit the ability to hire additional epidemiology staff or expand services. Another barrier faced by CCHHS is inconsistent access to timely data from external partners and small population size, making statistical analysis more arduous.

To address these challenges, CCHHS implements targeted strategies: staff are cross-trained to cover critical tasks during high-demand periods; partnerships with regional and state epidemiologists are leveraged for technical expertise and additional capacity; workflow processes are streamlined to prioritize essential data collection and reporting; and the department actively pursues funding opportunities to support staff expansion and enhanced analytic tools. These strategies ensure continued timely, accurate, and equity-focused assessment work despite resource limitations.

Funding: Current funding and estimated full funding amounts
(see table)

Assessment and Epidemiology - Funding & Capacity				
This capability is/will be implemented:		What percentage of this capability is provided by your LPHA? (CCA: 12. Summary, Row 8, Column N)	Self-assessed expertise (CCA: 12. Summary, Row 8, Column F)	Self-assessed capacity (CCA: 12. Summary, Row 8, Column H)
		75%	Proficient	Moderate
Current FTE supporting this capability (CCA: 12. Summary, Row 8, Column P)	FTE needed for full implementation (CCA: 12. Summary, Row 8, Column AD)	Current contract expenditures to support this capability (CCA: 12. Summary, Row 8, [Column T + Column X])		Estimated contract expenditures to support full implementation of this capability (CCA: 12. Summary, Row 8, [Column AH + Column AL])
1.57	1.42	\$14,567		\$27,000
Funding sources supporting this capability		Current total expenditures supporting this capability (CCA: 12. Summary, Row 8, Column AB)		Estimated total expenditures to support full implementation of this capability (CCA: 12. Summary, Row 8, Column AP)
		\$167,533		\$196,014

Policy and Planning

- **Community Health Improvement Plans:** Current plans and updates
- **Strategic Policy Plans:** Development and implementation of policy plans

- **Staffing Capacity:** Current staffing levels and future needs
(see table)
- **Implementation to Date:** Achievements and ongoing initiatives
- **Plans for Full Implementation:** Strategies to achieve full implementation
- **Barriers and Challenges:** Identified obstacles and mitigation strategies
- **Funding:** Current funding and estimated full funding amounts
(see table)

Policy and Planning - Funding & Capacity				
This capability is/will be implemented:		What percentage of this capability is provided by your LPHA? (CCA: 12. Summary, Row 26, Column N)	Self-assessed expertise (CCA: 12. Summary, Row 26, Column F)	Self-assessed capacity (CCA: 12. Summary, Row 26, Column H)
		95%	Basic	Minimal
Current FTE supporting this capability (CCA: 12. Summary, Row 26, Column P)	FTE needed for full implementation (CCA: 12. Summary, Row 26, Column AD)	Current contract expenditures to support this capability (CCA: 12. Summary, Row 26, [Column T + Column X])		Estimated contract expenditures to support full implementation of this capability (CCA: 12. Summary, Row 26, [Column AH + Column AL])
0.30	0.90	\$13,697		\$36,000
Funding sources supporting this capability		Current total expenditures supporting this capability (CCA: 12. Summary, Row 26, Column AB)		Estimated total expenditures to support full implementation of this capability (CCA: 12. Summary, Row 26, Column AP)
		\$54,358		\$148,209

Communications

- **Strategic Communications Plans:** Plans to communicate the LPHA's mission and priorities
- **Emergency Communications:** Preparedness and response communication strategies
- **Evaluation of Communications:** Methods for evaluating communication effectiveness
- **Staffing Capacity:** Current staffing levels and future needs
- **Implementation to Date:** Achievements and ongoing initiatives
- **Plans for Full Implementation:** Strategies to achieve full implementation
- **Barriers and Challenges:** Identified obstacles and mitigation strategies
- **Funding:** Current funding and estimated full funding amounts

Communications - Funding & Capacity			
This capability is/will be implemented:	What percentage of this capability is provided by your LPHA? (CCA: 12. Summary, Row 34, Column N)	Self-assessed expertise (CCA: 12. Summary, Row 34, Column F)	Self-assessed capacity (CCA: 12. Summary, Row 34, Column H)
	100%	Proficient	Moderate
Current FTE supporting this capability (CCA: 12. Summary, Row 34, Column P)	FTE needed for full implementation (CCA: 12. Summary, Row 34, Column AD)	Current contract expenditures to support this capability (CCA: 12. Summary, Row 34, [Column T + Column X])	Estimated contract expenditures to support full implementation of this capability (CCA: 12. Summary, Row 34, [Column AH + Column AL])
0.00	0.40	0.00	\$43,500
Funding sources supporting this capability		Current total expenditures supporting this capability (CCA: 12. Summary, Row 34, Column AB)	Estimated total expenditures to support full implementation of this capability (CCA: 12. Summary, Row 34, Column AP)
		\$15,736	\$101,542

Emergency Preparedness and Response

- **Continuity of Operations Plans:** Plans to ensure continuity during emergencies
- **Preparedness Documentation:** Evidence of planning and execution of preparedness exercises
- **Community Partnerships:** Partnerships to support preparedness and recovery efforts
- **Staffing Capacity:** Current staffing levels and future needs
- **Implementation to Date:** Achievements and ongoing initiatives
- **Plans for Full Implementation:** Strategies to achieve full implementation
- **Barriers and Challenges:** Identified obstacles and mitigation strategies
- **Funding:** Current funding and estimated full funding amounts

Emergency Preparedness and Response - Funding & Capacity				
This capability is/will be implemented:	What percentage of this capability is provided by your LPHA? (CCA: 12. Summary, Row 30, Column N)		Self-assessed expertise (CCA: 12. Summary, Row 30, Column F)	Self-assessed capacity (CCA: 12. Summary, Row 30, Column H)
	100%		Proficient	Moderate
Current FTE supporting this capability (CCA: 12. Summary, Row 30, Column P)	FTE needed for full implementation (CCA: 12. Summary, Row 30, Column AD)	Current contract expenditures to support this capability (CCA: 12. Summary, Row 30, [Column T + Column X])		Estimated contract expenditures to support full implementation of this capability (CCA: 12. Summary, Row 30, [Column AH + Column AL])
1.26	0.40	0.00		\$2,500
Funding sources supporting this capability		Current total expenditures supporting this capability (CCA: 12. Summary, Row 30, Column AB)		Estimated total expenditures to support full implementation of this capability (CCA: 12. Summary, Row 30, Column AP)

	\$91,005	\$80,938
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Foundational Programs

Communicable Disease Control

- **Surveillance and Investigation:** Current capabilities and future plans
- **Intervention and Control:** Strategies for disease control and prevention
- **Emerging Infectious Diseases:** Response plans for emerging diseases
- **Staffing Capacity:** Current staffing levels and future needs
- **Implementation to Date:** Achievements and ongoing initiatives
- **Plans for Full Implementation:** Strategies to achieve full implementation
- **Barriers and Challenges:** Identified obstacles and mitigation strategies
- **Funding:** Current funding and estimated full funding amounts

Communicable Disease Control - Funding & Capacity				
This program is/will be implemented:		What percentage of this program is provided by your LPHA? (CCA: 12. Summary, Row 37, Column N)	Self-assessed expertise (CCA: 12. Summary, Row 37, Column F)	Self-assessed capacity (CCA: 12. Summary, Row 37, Column H)
		100%	Proficient	Moderate
Current FTE supporting this program (CCA: 12. Summary, Row 37, Column P)	FTE needed for full implementation (CCA: 12. Summary, Row 37, Column AD)	Current contract expenditures to support this program (CCA: 12. Summary, Row 37, [Column T + Column X])		Estimated contract expenditures to support full implementation of this program (CCA: 12. Summary, Row 37, [Column AH + Column AL])
1.00	1.25	0.00		\$5,500
Funding sources supporting this program		Current total expenditures supporting this program (CCA: 12. Summary, Row 37, Column AB)		Estimated total expenditures to support full implementation of this program (CCA: 12. Summary, Row 37, Column AP)

	\$122,528	\$170,367
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Prevention and Health Promotion

- **Data Collection and Dissemination:** Methods for collecting and sharing health data
- **Stakeholder Engagement:** Strategies for engaging stakeholders and partners
- **Local Policies and Programs:** Implementation of health promotion policies and programs
- **Staffing Capacity:** Current staffing levels and future needs
(see table)
- **Implementation to Date:** Achievements and ongoing initiatives
- **Plans for Full Implementation:** Strategies to achieve full implementation
- **Barriers and Challenges:** Identified obstacles and mitigation strategies
- **Funding:** Current funding and estimated full funding amounts

Prevention and Health Promotion - Funding & Capacity				
This program is/will be implemented:		What percentage of this program is provided by your LPHA? (CCA: 12. Summary, Row 42, Column N)	Self-assessed expertise (CCA: 12. Summary, Row 42, Column F)	Self-assessed capacity (CCA: 12. Summary, Row 42, Column H)
		95%	Basic	Moderate
Current FTE supporting this program (CCA: 12. Summary, Row 42, Column P)	FTE needed for full implementation (CCA: 12. Summary, Row 42, Column AD)	Current contract expenditures to support this program (CCA: 12. Summary, Row 42, [Column T + Column X])		Estimated contract expenditures to support full implementation of this program (CCA: 12. Summary, Row 42, [Column AH + Column AL])
3.75	3.95	\$1,000		\$57,000
Funding sources supporting this program		Current total expenditures supporting this program (CCA: 12. Summary, Row 42, Column AB)		Estimated total expenditures to support full implementation of this program (CCA: 12. Summary, Row 42, Column AP)

	\$268,586	\$392,387
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Environmental Health

- **Identification and Prevention:** Strategies for identifying and preventing environmental hazards
- **Mandated Inspections:** Processes for conducting inspections and ensuring compliance
- **Land Use Planning:** Promotion of healthy and sustainable environments
- **Staffing Capacity:** Current staffing levels and future needs
- **Implementation to Date:** Achievements and ongoing initiatives
- **Plans for Full Implementation:** Strategies to achieve full implementation
- **Barriers and Challenges:** Identified obstacles and mitigation strategies
- **Funding:** Current funding and estimated full funding amounts

This program is/will be implemented:		What percentage of this program is provided by your LPHA? (CCA: 12. Summary, Row 48, Column N)	Self-assessed expertise (CCA: 12. Summary, Row 48, Column F)	Self-assessed capacity (CCA: 12. Summary, Row 48, Column H)
		100%	Proficient	Moderate
Current FTE supporting this program (CCA: 12. Summary, Row 48, Column P)	FTE needed for full implementation (CCA: 12. Summary, Row 48, Column AD)	Current contract expenditures to support this program (CCA: 12. Summary, Row 48, [Column T + Column X])		Estimated contract expenditures to support full implementation of this program (CCA: 12. Summary, Row 48, [Column AH + Column AL])
0.70	2.10	0.00		\$25,000
Funding sources supporting this program		Current total expenditures supporting this program (CCA: 12. Summary, Row 48, Column AB)		Estimated total expenditures to support full implementation of this program (CCA: 12. Summary, Row 48, Column AP)
		\$103,750		\$281,239

Access to Clinical Preventive Services

- **Ensuring Access:** Strategies to improve access to clinical preventive services
- **Improvement Plans:** Development and implementation of plans to enhance access
Immunization Accountability metrics
- **Staffing Capacity:** Current staffing levels and future needs
- **Implementation to Date:** Achievements and ongoing initiatives
- **Plans for Full Implementation:** Strategies to achieve full implementation
- **Barriers and Challenges:** Identified obstacles and mitigation strategies
- **Funding:** Current funding and estimated full funding amounts

This program is/will be implemented:		What percentage of this program is provided by your LPHA? (CCA: 12. Summary, Row 52, Column N)	Self-assessed expertise (CCA: 12. Summary, Row 52, Column F)	Self-assessed capacity (CCA: 12. Summary, Row 52, Column H)
		60%	Proficient	Moderate
Current FTE supporting this program (CCA: 12. Summary, Row 52, Column P)	FTE needed for full implementation (CCA: 12. Summary, Row 52, Column AD)	Current contract expenditures to support this program (CCA: 12. Summary, Row 52, [Column T + Column X])		Estimated contract expenditures to support full implementation of this program (CCA: 12. Summary, Row 52, [Column AH + Column AL])
3.82	1.98	\$86,505		\$81,500
Funding sources supporting this program		Current total expenditures supporting this program (CCA: 12. Summary, Row 52, Column AB)		Estimated total expenditures to support full implementation of this program (CCA: 12. Summary, Row 52, Column AP)
		\$778,664		\$556,333

Additional Activities to Protect Public Health and Safety

This section describes additional local public health programs or activities that are necessary to protect public health and safety in Crook County. These activities include:

- **Home Visiting Programs:** Nurse Home Visiting provides services by Registered Nurses that support parent health and the health and development of newborns and infants.
implementation plans, and funding sources

- **Universal Newborn Home Visiting:** *Description, implementation plans, and funding sources*
- **Harm Reduction Services:** *Description, implementation plans, and funding sources*
- **STD Services:** *Description, implementation plans, and funding sources*
- **Immunizations:** *Description, implementation plans, and funding sources*
- **Reproductive Health:** *Description, implementation plans, and funding sources*
- **Women, Infants, and Children (WIC):** Provides nutrition support (free healthy foods & breastfeeding assistance), education, and resource referrals from pregnancy until the child turns 5 years old. *implementation plans, and funding sources*

This program is/will be implemented:		What percentage of this program is provided by your LPHA?	Current FTE supporting this program (CCA: 11. Additional Programs; Row 9)	FTE needed for full implementation of this program (CCA: 11. Additional Programs; Row 23)
Through LPHA staff Through cross-sector sharing Through cross-jurisdictional sharing			5.47	10.21
Current FTE supporting this program (CCA: 12. Summary, Row 26, Column P)	FTE needed for full implementation (CCA: 12. Summary, Row 26, Column AD)	Current contract expenditures to support this program (CCA: 11. Additional Programs; [Row 11 + Row 13])		Estimated contract expenditures to support full implementation of this program (CCA: 11. Additional Programs; [Row 25 + Row 27])
\$59,857				
Funding sources supporting this program		Current total expenditures for this program (CCA: 11. Additional Programs; Sum Rows 10-14)		Estimated total expenditures to support full implementation of this program (CCA: 11. Additional Programs; Sum Rows 24-28)

Partnering with Coordinated Care Organizations and Early Learning Hubs (Optional)

This section outlines the LPHA's partnerships with Coordinated Care Organizations (CCOs) and Early Learning Hubs to support the implementation of foundational capabilities and programs. Key collaboration efforts include:

- Joint development of strategies and plans
- Policy development and advocacy
- Monitoring and evaluation of implementation efforts

Monitoring and Evaluation

Monitoring Progress

The LPHA will monitor progress through a performance management system that tracks the implementation of capabilities and programs. This includes:

- Regular progress reports
- Performance metrics and indicators
- Feedback from stakeholders and partners

Measuring Impact

- How the LPHA is/will monitor progress and/or describe its performance management system
 - This can include progress on the plan (implementation of the capabilities and programs) and/or how the LPHA is measuring and monitoring impact
- Cadence for plan review and updates
- How the LPHA has incorporated statewide accountability metrics into their plan

The impact of the Modernization Plan will be measured using statewide accountability metrics. The LPHA will conduct regular reviews and updates to ensure continuous improvement.

Conclusion

This Modernization Plan outlines Crook County Health and Human Services commitment to enhancing public health services and achieving modernization goals. The next steps include presenting the finalized plan to stakeholders, securing necessary feedback for implementation, and

operationalizing the outlined strategies. CCHHS plans to update this plan annually to ensure integration and sustainability of Modernization work within all programs.

Appendices

- Appendix A: 2016 and/or 2024 CCA Summary
- Appendix B: CCHHS Organizational Chart
- Appendix C: Funding Tables
- Appendix D: Regional Health Assessment (RHA)
- Appendix E: 2025 Regional Health Improvement Plan (RHIP)
- Appendix F: CCHHS Strategic Plan
- Appendix G: CCHHS Fair Access to Health (Equity) Plan

Acronyms within this document

CCHHS

COHC

RHA

RHIP

DIS

CHAC

CIS

LPHA

OHA

ODHS

CCA

DRAFT

Local Public Health Modernization Plan Approval Criteria and Submission Form (Updated 2/4/2025)

Local Public Health Authority (LPHA):

Person submitting plan:

Title:

Email:

Title of document submitted:

Date submitted:

Background and Instructions

By December 31, 2025, each LPHA must submit a local public health modernization plan as required by ORS 431.413(1)(c). Please complete and send this form along with your LPHA's modernization plan to lpha.tribes@oha.oregon.gov. Guidance and an optional template developed by the CLHO Systems & Innovation Committee is available on OHA's [PH Modernization for LPHAs and Tribes webpage](#).

ORS 431.115(g) states that OHA shall "Approve local plans for applying the foundational capabilities established under ORS 431.131 and implementing the foundational programs established under ORS 431.141 as required by ORS 431.417." Listed below are the approval criteria that OHA developed collaboratively with the CLHO Systems & Innovation Committee.

As long as all required elements are addressed, this may be a stand-alone LPHA modernization plan, or it may be incorporated into a broader document such as an LPHA strategic plan or a plan completed in conjunction with other efforts such as those pertaining to accreditation or a community health improvement plan.

On the following pages, please check the box next to each item to confirm it is included in the plan the LPHA is submitting. All items listed below are required unless specifically noted as optional or recommended.

1. Plan development and partner engagement.

- ☐ **(Required)** Describes how the plan was developed, including any collaboration with partners, such as CBOs, CCOs and Early Learning Hubs. (Note: ORS 431.413(1)(d) requires LPHA coordination with coordinated care organizations as defined in ORS 414.025 and Early Learning Hubs as defined in ORS 417.827.)

2. Plan adoption and LPHA governing body involvement

- ☐ **(Required)** Describes how LPHA leadership, including the LPHA governing body, was involved in plan development, review, and approval. (Note: ORS 431.415(d) states that the LPHA governing body, as defined in ORS 431.003(3), shall review and make recommendations on the local public health modernization plan adopted under ORS 431.413.)

3. Plan is based on assessment

- ☐ **(Required)** Demonstrates the plan is based on assessment data from 2016 and/or 2024 capacity and cost assessments and is based on gaps identified in the assessment.

4. For each Foundational Program and Foundational Capability, include: (all of the following items are required)

- ☐ Information on staffing capacity for the capability or program.
- ☐ How the capability or program has been implemented to date.
- ☐ How the LPHA will continue to work towards full implementation.
- ☐ Barriers or challenges to full implementation.
- ☐ Current funding and estimated full funding amounts, and any additional funding sources being used to support implementation.

5. Additional Programs

- ☐ **(Optional)** Include the types of information listed in item #4 above in the additional programs section of the modernization plan.

6. How LPHA will use the plan and keep it updated

☐ **(Required)** Describes how the LPHA will use the plan.

☐ **(Required)** Includes frequency of plan review/update.

7. Plan monitoring and measuring impact

☐ **(Required)** Describes how the LPHA will monitor progress on plan implementation.

☐ **(Required)** Describes how the LPHA will measure and monitor impact.

☐ **(Recommended)** Includes measurable, high-level strategies and SMART (specific, measurable, achievable, relevant and time-bound) goals and/or objectives.

8. Alignment with accountability metrics

☐ **(Required)** Describes how the LPHA is incorporating statewide public health accountability metrics into their modernization implementation plan.

9. If any of the plan elements listed above were not included in the LPHA's submission, please explain:

10. OHA would like to showcase LPHAs' modernization planning efforts. Please select one of the following:

☒ LPHA intends to post its modernization plan to the LPHA's website and will provide link to OHA when available.

☐ LPHA is not intending to post the plan on the LPHA's website, and is ok with OHA posting the LPHA's approved plan on OHA's website.

☐ If there are concerns about publicly posting the LPHA's modernization plan, please describe:

You can get this document in other languages, large print, braille or a format you prefer. Contact OHA Public Health Division lpha.tribes@oha.oregon.gov or 971-673-1222 (voice/text). We accept all relay calls.



Agenda Item Request

Date of Meeting: December 10, 2025

Subject:

2025-2027 IGA for the Financing of Local Public Health Services in Crook County Agreement #185807-4 corrected

Background and Policy Implications:

Fourth amendment to Oregon Health Authority IGA with Crook County for the funding of local public health.

Corrections were made to agreement after being presented in Work Session, so the incorrect document version was signed on 12/3. Correction described below:

Please accept this correction and my apology for the inconvenience. We have found an error on Page 10 which has been corrected as follows:

(5) Investigation of Water Quality Alerts: LPHAs must investigate all Water Quality Alerts for detections of Regulated Contaminants at ~~e~~Community, NTNC, and TNC, ~~and~~ QVS Systems.

Budget/Fiscal Impacts:

Corrected document did not effect funding as presented in work session (see below)
PE01-01: awarded remaining portion as anticipated and budgeted for (increase of \$27,034.25 for total FY26 award of \$33,991)

PE01-09: issued award as anticipated at a slightly high amount than budgeted for, due to fewer expenditures than anticipated in FY25. Total award issued \$79,568.17 (budgeted \$75,000). These funds must be spent by June 30, 2026 and will not be renewed (final spend down of COVID response funds)

PE1-01: awarded remaining portion as anticipated and budgeted for (increase \$19,661 for total FY26 award of \$69,594)

PE44-02: award increase by \$16,264

Requester:

Katie Plumb, Health and Human Services Director

Legal Review (only if requested):

Elected official sponsor (if applicable):

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Agreement #185807

**AMENDMENT TO OREGON HEALTH AUTHORITY
2025-2027 INTERGOVERNMENTAL AGREEMENT FOR THE
FINANCING OF PUBLIC HEALTH SERVICES**

This Fourth Amendment to Oregon Health Authority 2025-2027 Intergovernmental Agreement for the Financing of Public Health Services, effective July 1, 2025, (as amended the "Agreement"), is between the State of Oregon acting by and through its Oregon Health Authority ("OHA") and Crook County, ("LPHA"), the entity designated, pursuant to ORS 431.003, as the Local Public Health Authority for Crook County. OHA and LPHA are each a "Party" and together the "Parties" to the Agreement.

RECITALS

WHEREAS, OHA and LPHA wish to modify the set of Program Element Description(s) set forth in Exhibit B of the Agreement

WHEREAS, OHA and LPHA wish to modify the Financial Assistance Award set forth in Exhibit C of the Agreement.

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

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

AGREEMENT

1. This Amendment is effective on **October 1, 2025**, regardless of the date this amendment has been fully executed with signatures by every Party and when required, approved by the Department of Justice. However, payments may not be disbursed until the Amendment is fully executed.
2. The Agreement is hereby amended as follows:
 - a. Exhibit A "Definitions", Section 18 "Program Element" is amended to replace the Program Element titles and funding source identifiers for Program Element 01 as follows:

PE NUMBER AND TITLE • SUB-ELEMENT(S)	FUND TYPE	FEDERAL AGENCY/ GRANT TITLE	CFDA#	HIPAA RELATED (Y/N)	SUB- RECIPIENT (Y/N)
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PE 01 State Support for Public Health

<u>PE 01-01</u> State Support for Public Health (SSPH)	GF	N/A	N/A	N	N
<u>PE01-07</u> ELC ED Contact Tracing	FF	Oregon 2020 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	93.323	N	Y
<u>PE01-09</u> COVID-19 Active Monitoring	FF	Oregon 2020 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	93.323	N	Y
<u>PE01-12</u> ACDP Infection Prevention Training	FF	Oregon 2020 Epidemiology & Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	93.323	N	Y

- b. Exhibit B, Program Element #50 “Safe Drinking Water Program” is hereby superseded and replaced by Attachment A attached hereto and incorporated herein by this reference.
 - c. Exhibit C, Section 1 of the Agreement, entitled “Financial Assistance Award” is hereby superseded and replaced in its entirety by Attachment B, entitled “Financial Assistance Award”, attached hereto and incorporated herein by this reference. Attachment B must be read in conjunction with Section 2 of Exhibit C.
 - d. Exhibit C, “Financial Assistance Award and Revenue and Expenditure Report” is hereby amended to update the email address to submit the Review and Expenditure Report on the report and in Line Item 2 of the instructions to OHA-PHD.ExpendRevReport@odhsoha.oregon.gov
 - e. Exhibit J of the Agreement entitled “Information required by 2 CFR Subtitle B with guidance at 2 CFR Part 200” is amended to add to the federal award information datasheet as set forth in Attachment C, attached hereto and incorporated herein by this reference.
- 3. LPHA represents and warrants to OHA that the representations and warranties of LPHA set forth in Section 4 of Exhibit F of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.
 - 4. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.
 - 5. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.
 - 6. This Amendment may be executed in any number of counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of this Amendment so executed shall constitute an original.

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

7. Signatures.

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

Approved by: _____

Name: /for/ Nadia A. Davidson

Title: Director of Finance

Date: _____

CROOK COUNTY LOCAL PUBLIC HEALTH AUTHORITY

Approved by: _____

Printed Name: _____

Title: _____

Date: _____

DEPARTMENT OF JUSTICE – APPROVED FOR LEGAL SUFFICIENCY

Agreement form group-approved by Devon Thorson, Senior Assistant Attorney General, Tax and Finance Section, General Counsel Division, Oregon Department of Justice by email on August 11, 2025, copy of email approval in Agreement file.

REVIEWED BY OHA PUBLIC HEALTH ADMINISTRATION

Reviewed by: _____

Name: Rolonda Widenmeyer (or designee)

Title: Program Support Manager

Date: _____

Attachment A
Exhibit B - Program Element Description(s)

Program Element #50: Safe Drinking Water Program

OHA Program Responsible for Program Element:

Public Health Division/Center for Health Protection/Drinking Water Services Section

1. Description.

Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to ensure safe drinking water.

The purpose of the Safe Drinking Water Program is to provide services to public water systems that result in reduced health risk and increased compliance with drinking water monitoring and Maximum Contaminant Level (MCL) requirements. The Safe Drinking Water Program reduces the incidence and risk of waterborne disease and exposure of the public to hazardous substances potentially present in drinking water supplies. Services provided through the Safe Drinking Water Program include investigation of occurrences of waterborne illness, drinking water contamination events, response to emergencies, Water Quality Alerts, technical and regulatory assistance, inspection of water system facilities, and follow up of identified deficiencies. Safe Drinking Water Program requirements also include reporting of data to OHA, Public Health Division, Drinking Water Services (DWS) necessary for program management and to meet federal Environmental Protection Agency (EPA) Safe Drinking Water Act program requirements.

- a. Funds provided under this Program Element are intended to enable LPHAs to assume primary responsibility for the regulatory oversight of designated public water systems located within the Partners' jurisdiction.
- b. The work described herein is designed to meet the following EPA National Drinking Water Objective as follows:

"91% of the population served by Community Water Systems will receive water that meets all applicable health-based drinking water standards during the year; and 90% of the Community Water Systems will provide water that meets all applicable health-based drinking water standards during the year."
- c. Public drinking water systems addressed in this Program Element include Community Water Systems, Non-Transient Non-Community Water System (NTNC), Transient Non-Community Water Systems Water Systems (TNC), and Oregon Very Small (OVS) Systems, serving 3,300 or fewer people and using Groundwater sources or purchased water.

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

otherwise noted in Comments and Footnotes of Exhibit C of the Financial Assistance Award.

2. Definitions Specific to Safe Drinking Water Program

- a. **COMMUNITY WATER SYSTEM:** A public water system that has 15 or more service connections used by year-round residents, or that regularly serves 25 or more year-round residents.
- b. **CONTACT REPORT:** A form provided by DWS to LPHAs to document contact with water systems.
- c. **COLIFORM INVESTIGATION:** An evaluation to identify the possible presence of sanitary defects, defects in distribution system coliform monitoring practices, and the likely reason that the Coliform Investigation was triggered at the public water system.
- d. **DRINKING WATER SERVICES (DWS):** DWS is a program within OHA that administers and enforces state and federal safe drinking water quality standards for public water systems in the state of Oregon. DWS prevents contamination of public drinking water systems by protecting drinking water sources; assuring that public water systems meet standards for design, construction, and operation; inspecting public water systems and assuring that identified deficiencies are corrected; providing technical assistance to public water suppliers; providing financial assistance to construct safe drinking water infrastructure; and certifying and training water system operators.
- e. **GROUNDWATER:** Any water, except capillary moisture, beneath the land surface or beneath the bed of any stream, lake, reservoir or other body of surface water within the boundaries of this state, whatever may be the geologic formation or structure in which such water stands, flows, percolates, or otherwise moves.
- f. **LEVEL 1 COLIFORM INVESTIGATION:** An investigation conducted by the water system or a representative thereof. Minimum elements of the investigation include review and identification of atypical events that could affect distributed water quality or indicate that distributed water quality was impaired; changes in distribution system maintenance and operation that could affect distributed water quality (including water storage); source and treatment considerations that bear on distributed water quality, where appropriate (for example, whether a Groundwater system is disinfected); existing water quality monitoring data; and inadequacies in sample sites, sampling protocol, and sample processing. LPHAs review sanitary defects identified and approves corrective action schedules.
- g. **LEVEL 2 COLIFORM INVESTIGATION:** An investigation conducted by LPHAs and is a more detailed and comprehensive examination of a water system (including the system's monitoring and operational practices) than a Level 1 Coliform Investigation. Minimum elements include those that are part of a Level 1

investigation and additional review of available information, internal and external resources, and other relevant practices. Sanitary defects are identified and a schedule for correction is established.

- h. **MAXIMUM CONTAMINANT LEVEL (MCL) VIOLATION:** MCL violations occur when a public water system's water quality test results demonstrate a level of a contaminant that is greater than the established Maximum Contaminant Level.
- i. **MONITORING OR REPORTING (M/R) VIOLATION:** Monitoring or Reporting violations occur when a public water system fails to take any routine samples for a particular contaminant or report any treatment performance data during a compliance period, or fails to take any repeat samples following a coliform positive routine or where the public water system has failed to report the results of analyses to DWS for a compliance period.
- j. **NON-TRANSIENT NON-COMMUNITY WATER SYSTEM (NTNC):** A public water system that is not a Community Water System and that regularly serves at least 25 of the same persons over 6 months per year.
- k. **OHA:** Oregon Health Authority
- l. **OREGON VERY SMALL (OVS): SYSTEM** A public water system serving 4-14 connections or 10-24 people during at least 60 days per year.
- m. **SIGNIFICANT DEFICIENCIES:** Deficiencies identified during Water System Survey that have a direct threat pathway to contamination or inability to verify adequate treatment.
- n. **PRIORITY NON-COMPLIER (PNC):** Water systems with System Scores of 11 points or more.
- o. **PROFESSIONAL ENGINEER (PE):** A person currently registered as a Professional Engineer by the Oregon State Board of Examiners for Engineering and Land Surveying.
- p. **REGISTERED ENVIRONMENTAL HEALTH SPECIALIST (REHS):** A person currently registered as an Environmental Health Specialist by the Oregon Environmental Health Registration Board.
- q. **REGULATED CONTAMINANTS:** Drinking water contaminants for which Maximum Contaminant Levels, Action Levels, or Water Treatment Performance standards have been established under Oregon Administrative Rule (OAR) Chapter 333, Division 061.
- r. **SAFE DRINKING WATER INFORMATION SYSTEM (SDWIS):** USEPA's computerized safe drinking water information system database used by DWS.
- s. **SYSTEM SCORE:** A point-based value developed by USEPA, based on unaddressed violations for monitoring periods ending within the last five years, for assessing a water system's level of compliance.

- t. **TRANSIENT NON-COMMUNITY WATER SYSTEMS (TNC):** A public water system that serves a transient population of 25 or more persons.
- u. **USEPA or EPA:** United States Environmental Protection Agency.
- v. **WATER QUALITY ALERT:** A report generated by the SDWIS data system containing one or more water quality sample results from a public water system that exceed the MCL for inorganic, disinfection byproducts, or radiological contaminants, detection of any volatile or synthetic organic chemicals, exceeds one-half of the MCL for nitrate, any excursion minimum water quality parameters for corrosion control treatment, any positive detection of a microbiological contaminant, or any exceedance of lead or copper action levels.
- w. **WATER SYSTEM SURVEY:** An on-site review of the water source(s), facilities, equipment, operation, maintenance and monitoring compliance of a public water system to evaluate the adequacy of the water system, its sources and operations in the distribution of safe drinking water. Significant deficiencies are identified and a schedule for correction is established.

3. Alignment with Modernization Foundational Programs and Foundational.

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

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

Program Components	Foundational Program				Foundational Capabilities							
	CD Control	Prevention and health promotion	Environmental health	Population Health Direct	Access to clinical preventive	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
Asterisk (*) = Primary foundational program that aligns with each component						X = Foundational capabilities that align with each component						

Program Components	Foundational Program					Foundational Capabilities						
<i>X = Other applicable foundational programs</i>												
Emergency Response	X		*					X			X	X
Investigation of Water Quality Alerts	X		*						X			
Independent Enforcement Actions	X		*			X						
Technical Regulatory Assistance	X		*				X					X
Water System Surveys	X		*			X						
Resolution of Priority Non-compliers (PNC)	X		*			X						
Water System Survey Significant Deficiency Follow-ups	X		*			X						
Enforcement Action Tracking and Follow-up	X		*			X						
Resolution of Monitoring and Reporting Violations	X		*			X						
Inventory and Documentation of New Water Systems	X		*			X						

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

Not applicable

- c. The work in this Program Element helps Oregon's governmental public health system achieve the following Public Health Accountability Metrics, LPHA Process Measures:

Not applicable

4. **Procedural and Operational Requirements.**

By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, Partner agrees to conduct activities in accordance with the following requirements:

a. General Requirements. LPHAs must prioritize all work according to the relative health risk involved and according to system classification with Community Water Systems receiving the highest priority. All services supported in whole or in part with funds provided to LPHAs under this Program Element must be delivered in accordance with the following procedural and operational requirements:

b. Required Services:

- (1) Emergency Response: LPHAs must develop, maintain, and carry out a response plan for public water system emergencies, including disease outbreaks, spills, operational failures, and water system contamination. LPHAs must notify DWS in a timely manner of emergencies that may affect drinking water supplies.
- (2) Independent Enforcement Actions: LPHAs must take independent enforcement actions against licensed facilities that are also public water systems as covered under the following OAR Chapters and Divisions: 333-029, 333-030, 333-031, 333-039, 333-060, 333-062, 333-150, 333-162, and 333-170. LPHAs must report independent enforcement actions taken and water system status to DWS using the documentation and reporting requirements specified in this Program Element Description.
- (3) Computerized Drinking Water System Data Base: LPHAs must maintain access via computer to DWS's Data On-line website. Access via computer to DWS's Data On-line is considered essential to carry out the program effectively.
- (4) Technical and Regulatory Assistance: LPHAs must provide technical and regulatory assistance in response to requests from water system operators for information on and interpretation of regulatory requirements. LPHAs must respond to water system complaints received as appropriate or as requested by DWS.
- (5) Investigation of Water Quality Alerts: LPHAs must investigate all Water Quality Alerts for detections of Regulated Contaminants at Community, NTNC, and TNC.
 - (a) Immediately following acute MCL alerts (E.coli, Nitrate, and Arsenic), LPHAs must consult with and provide advice to the water system operator on appropriate actions to ensure that follow-up sampling is completed, applicable public notices are distributed, and that

appropriate corrective actions are initiated. LPHAs must submit a Contact Report to DWS within 2 business day of the alert date.

- (b) For all other alerts, LPHAs must promptly consult with and provide advice to the subject water system operator on appropriate actions to ensure that follow-up sampling is completed, applicable public notices are distributed, and that appropriate corrective actions are initiated. LPHAs must submit a Contact Report to DWS within 6 business days of the alert date.

5. Conduct Level 2 Coliform Investigations:

After a Level 2 investigation is triggered by DWS, LPHAs must conduct a water system site visit (or equivalent), complete the Level 2 Coliform Investigation form and must submit to DWS within 30 days of triggered investigation date.

6. Water System Surveys:

LPHAs must conduct a survey of each CWS within LPHA's jurisdiction every three years, or as otherwise scheduled by DWS; and each NTNC and TNC water system within LPHA's jurisdiction every five years or as otherwise scheduled by DWS. Surveys must be completed on forms provided by DWS using the guidance in the Water System Survey Reference Manual and using the cover letter template provided by DWS. Cover letter and survey forms must be submitted to DWS and water systems within 45 days from site visit completion.

7. Resolution of Priority Non-compliers (PNC):

LPHAs must review PNC status of all water systems at least monthly and must contact and provide assistance to community, NTNC, and TNC water systems that are Priority Non-compliers (PNCs) as follows:

- a. LPHAs must review all PNCs at three months after being designated as a PNC to determine if the water system can be returned to compliance within three more months.
- b. If the water system can be returned to compliance within three more months, LPHAs must send a notice letter to the owner/operator (copy to DWS) with a compliance schedule listing corrective actions required and a deadline for each action. LPHAs must follow up to ensure corrective actions are implemented.
- c. If it is determined the water system cannot be returned to compliance within six months or has failed to complete corrective actions in (b) above, LPHAs must prepare and submit to DWS a written request for a formal enforcement action, including Partners' evaluation of the reasons for noncompliance by the water supplier. The request must include the current owner's name and address, a compliance schedule listing corrective actions required, and a deadline for each action. LPHAs must distribute a copy of the enforcement request to the person(s) responsible for the subject water system's operation.

8. Level 1 Coliform Investigation Review:

After a Level 1 Coliform Investigation is triggered by DWS, LPHAs must contact the water system and inform them of the requirements to conduct the investigation. Upon completion of the investigation by the water system, LPHAs must review it for completeness, concur with proposed schedule, and submit the completed form to DWS within 30 days of triggered investigation date.

9. Water System Survey Significant Deficiency Follow-ups:

LPHAs must follow-up on significant deficiencies and rule violations in surveys on community, NTNC, and TNC water systems. Deficiencies include those currently defined in the DWS-Drinking Water Program publication titled Water System Survey Reference Manual.

- a. After deficiencies are corrected, LPHAs must prepare a list of the deficiencies and the dates of correction and submit to DWS within 30 days of correction.
- b. If any deficiencies are not corrected by the specified timeline, LPHAs must follow up with a failure to take corrective action letter.
- c. For Significant Deficiencies, LPHAs must ensure that the deficiencies are corrected by the specified timeline or are on approved corrective action plan. LPHAs must submit the approved corrective action plan to DWS within 30 days of approval. After the deficiencies are corrected LPHAs must prepare a list of the deficiencies and the dates of correction and submit to DWS within 30 days of correction. If Significant Deficiencies are not corrected by specified timeline, LPHAs must ensure the water system carries out public notice.

10. Enforcement Action Tracking and Follow-up:

For community, NTNC and TNC water systems, after DWS issues an enforcement action, LPHAs must monitor the corrective action schedule, and verify completion of each corrective action by the water supplier. LPHAs must document all contacts and verifications and submit documentation to the DWS. LPHAs must document any failure by the water supplier to meet any correction date and notify the DWS within 30 days. LPHAs must notify DWS when all corrections are complete and submit the notice within 30 days.

11. Resolution of Monitoring and Reporting Violations:

- a. LPHAs must contact and provide assistance at community, NTNC, and TNC water systems to resolve (return to compliance) non auto-RTC violations for bacteriological, chemical, and radiological monitoring. Violation responses must be prioritized according to water system's classification, System Score, and violation severity.

- b. Contact the water supplier, determine the reasons for the noncompliance, consult with and provide advice to the subject water system operator on appropriate actions to ensure that violations are corrected in a timely manner.
- c. Submit Contact Reports to DWS regarding follow-up actions to assist system in resolving (returning to compliance) the violations.

12. **Inventory and Documentation of New Water Systems:**

LPHAs must inventory existing water systems that are not in the DWS inventory as they are discovered, including OVS Systems, using the forms designated by DWS. LPHAs must provide the documentation to DWS within 60 days of identification of a new or un-inventoried water system. Alternatively, LPHAs may perform a Water System Survey (for systems other than OVS) to collect the required inventory information, rather than submitting the forms designated by DWS. Additionally, LPHAs must make timely changes to DWS's SDWIS computer database inventory records of public water systems to keep DWS's records current, including OVS systems.

13. **Summary of Required Services Based on Water System Type**

	CWS	NTNC	TNC	OVS
Independent Enforcement Actions	X	X	X	
Computerized Drinking Water System Data Base	X	X	X	X
Technical and Regulatory Assistance	X	X	X	
Investigation of Water Quality Alerts	X	X	X	
Conduct Level 2 Coliform Investigations	X	X	X	
Water System Surveys	X	X	X	
Resolution of Priority Non-compliers (PNC)	X	X	X	
Level 1 Coliform Investigation Review	X	X	X	
Water System Survey Significant Deficiency Follow-ups	X	X	X	
Enforcement Action Tracking and Follow-up	X	X	X	
Resolution of Monitoring and Reporting Violations	X	X	X	
Update and maintain inventory and documentation of new and existing water systems	X	X	X	X

14. **Staffing Requirements and Qualifications.**

- a. LPHAs must develop and maintain staff expertise necessary to carry out the services described herein.
- b. Partners' staff must maintain and assimilate program and technical information provided by DWS, attend drinking water training events provided by DWS, and maintain access to information sources as necessary to maintain and improve staff expertise.
- c. LPHAs must hire or contract with personnel registered as Environmental Health Specialists or Professional Engineers with experience in environmental health to carry out the services described herein.

15. General Revenue and Expense Reporting.

LPHAs must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of this Agreement. A separate report must be filed for each applicable Program Element and any sub-elements. These reports must be submitted to OHA each quarter on the following schedule:

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

16. Program Reporting Requirements.

- a. **Documentation of Field Activities and Water System Contacts.** LPHAs must prepare and maintain adequate documentation written to meet a professional standard of field activities and water system contacts as required to:
 - (1) Maintain accurate and current public water system inventory information.
 - (2) Support formal enforcement actions.
 - (3) Describe current regulatory status of water systems.
 - (4) Guide and plan program activities.
- b. **Minimum Standard for Documentation.** LPHAs must, at a minimum, prepare and maintain the following required documentation on forms supplied by DWS:
 - (1) Water System Surveys, cover letters, and significant deficiencies: must be submitted on DWS forms to DWS and water system within 45 days of site visit completion.
 - (2) Level 1 and Level 2 Coliform Investigation forms: must submit on DWS forms to DWS within 30 days of investigation trigger.
 - (3) Water system Inventory, entry structure diagram, and source information updates: must submit on DWS forms to DWS within 6 business days of completion.
 - (4) Field and office contacts in response to complaints, PNCs, violations, enforcement actions, regulatory assistance, requests for regulatory information: must submit Contact Reports to DWS within 2 business days of alert generation for MCL alerts, and 6 business days for all other alerts and contact made with water systems.
 - (5) Field and office contacts in response to water quality alerts: 1) for acute MCL alerts (E.coli, Nitrate, and Arsenic), must submit Contact Reports to DWS within 2 business days of alert; and 2) for all other alerts, must submit to DWS within 6 business days of alert.

- (6) Waterborne illness reports and investigations: must submit Contact Report to DWS within 2 business day of conclusion of investigation.
- (7) All correspondence with public water systems under Partners' jurisdiction and DWS: submit Contact Reports within 6 business days of correspondence to DWS.
- (8) Documentation regarding reports and investigations of spills and other emergencies affecting or potentially affecting water systems: must submit Contact Reports to DWS within 2 business days.
- (9) Copies of public notices received from water systems: must submit to DWS within 6 business days of receipt.

17. **DWS Audits.**

LPHAs must give DWS free access to all Partner records and documentation pertinent to this Agreement for the purpose of DWS audits.

18. **Performance Measures.**

LPHAs must operate the Safe Drinking Water Program in a manner designed to make progress toward achieving the following measure: Ninety Percent of Community Water Systems that meet health-based standards. DWS will use three performance measures to evaluate Partners' performance as follows:

- a. **Water System Surveys completed.** Calculation: number of surveys completed divided by the number of surveys required per year.
- b. **Water Quality Alert responses.** Calculation: number of alerts responded to divided by the number of alerts generated.
- c. **Resolution of PNCs.** Calculation: number of PNCs resolved divided by the total number of PNCs.

19. **Responsibilities of DWS.**

The intent of this Program Element description and associated funding award is to enable LPHAs to independently conduct an effective local drinking water program. DWS recognizes its role to provide assistance and program support to LPHAs to foster uniformity of statewide services. DWS agrees to provide the following services to Partners. In support of local program services, DWS will:

- a. Distribute drinking water program and technical information on a monthly basis to Partners.
- b. Sponsor at least one annual 8-hour workshop for Partners' drinking water program staff at a central location and date to be determined by DWS. DWS will provide workshop registration, on-site lodging, meals, and arrange for continuing education unit (CEU) credits. LPHAs are responsible for travel expenses for Partner

staff to attend. Alternatively, at the discretion of the DWS, the workshop may be web-based.

- c. Sponsor at least one regional 4-hour workshop to supplement the annual workshop. DWS will provide training materials and meeting rooms. LPHAs are responsible for travel expenses for its staff to attend. Alternatively, at the discretion of the DWS, the workshop may be web-based.
- d. Provide LPHAs with the following information by the listed method:
 - (1) Immediate Email Notification: Water Quality Alert data, plan review correspondence
 - (2) Monthly Email Notification: Violations, System Scores, PNCs Continuously: Via Data On-line listings of PNCs, individual water system inventory and water quality data, compliance schedules, and individual responses for request of technical assistance from Partners.
 - (3) Immediate Phone Communication: In circumstances when the DWS technical contact assigned to a Partner cannot be reached, DWS will provide immediate technical assistance via the Portland phone duty line at 971-673-0405.
- e. Support electronic communications and data transfer between DWS and LPHAs to reduce time delays, mailing costs, and generation of hard copy reports.
- f. Maintain sufficient technical staff capacity to assist Partners' staff with unusual drinking water problems that require either more staff than is available to LPHAs for a short time period, such as a major emergency, or problems whose technical nature or complexity exceed the capability of Partners' staff.
- g. Refer to LPHAs all routine inquiries or requests for assistance received from public water system operators for which LPHAs are responsible.
- h. Prepare formal enforcement actions against public water systems in the subject County, except for licensed facilities, according to the priorities contained in the current State/EPA agreement.
- i. Prepare other actions against water systems as requested by LPHAs in accordance with the Oregon Administrative Rules Oregon Health Authority, Public Health Division Chapter 333, Division 61.

Attachment B
Exhibit C - Financial Assistance Award

State of Oregon Oregon Health Authority Public Health Division		
1) Grantee Name: Crook County Street: 375 NE Beaver St., Suite 100 City: Prineville State: OR Zip: 97754-1802	2) Issue Date Wednesday, October 1, 2025	This Action Amendment
		FY 2026
	3) Award Period From July 1, 2025 through June 30, 2026	

4) OHA Public Health Funds Approved				
Number	Program	Previous Award Balance	Increase / Decrease	Current Award Balance
PE01-01	State Support for Public Health	\$6,956.75	\$27,034.25	\$33,991.00
PE01-09	COVID-19 Active Monitoring - ELC	\$0.00	\$79,568.17	\$79,568.17
PE01-12	ACDP Infection Prevention Training	\$1,517.82	\$0.00	\$1,517.82
PE03	Tuberculosis Case Management	\$3,800.00	\$0.00	\$3,800.00
PE12-01	Public Health Emergency Preparedness and Response (PHEP)	\$49,933.00	\$19,661.00	\$69,594.00
PE13	Tobacco Prevention and Education Program (TPEP)	\$250,000.14	\$0.00	\$250,000.14
PE36	Alcohol & Drug Prevention Education Program (ADPEP)	\$61,250.00	\$0.00	\$61,250.00
PE36-01	OSPTR Board Primary Prevention Funding	\$49,741.00	\$0.00	\$49,741.00
PE40-01	WIC NSA: July - September	\$48,296.00	\$0.00	\$48,296.00
PE40-02	WIC NSA: October - June	\$144,889.00	\$0.00	\$144,889.00
PE40-05	Farmer's Market	\$1,580.00	\$0.00	\$1,580.00
PE42-03	MCAH Perinatal General Funds & Title XIX	\$6,408.00	\$0.00	\$6,408.00
PE42-04	MCAH Babies First! General Funds	\$7,124.00	\$0.00	\$7,124.00
PE42-11	MCAH Title V	\$22,079.00	\$0.00	\$22,079.00
PE42-12	MCAH Oregon Mothers Care Title V	\$8,579.00	\$0.00	\$8,579.00

4) OHA Public Health Funds Approved				
Number	Program	Previous Award Balance	Increase / Decrease	Current Award Balance
PE43-01	Public Health Practice (PHP) - Immunization Services	\$10,817.00	\$0.00	\$10,817.00
PE44-01	SBHC Base	\$65,000.00	\$0.00	\$65,000.00
PE44-02	SBHC - Mental Health Expansion	\$113,236.00	\$16,264.00	\$129,500.00
PE46-05	RH Community Participation & Assurance of Access	\$17,043.00	\$0.00	\$17,043.00
PE50	Safe Drinking Water (SDW) Program (Vendors)	\$40,665.45	\$0.00	\$40,665.45
PE51-01	LPHA Leadership, Governance and Program Implementation	\$307,578.00	\$0.00	\$307,578.00
PE51-05	CDC PH Infrastructure Funding	\$10,530.52	\$0.00	\$10,530.52
PE62	Overdose Prevention-Counties	\$142,076.00	\$0.00	\$142,076.00
PE81-01	HIV/STI Statewide Services (HSSS) Federal Funds	\$9,047.00	\$0.00	\$9,047.00
PE81-02	HIV/STI Statewide Services (HSSS) Program Income	\$43,857.00	\$0.00	\$43,857.00
		\$1,422,003.68	\$142,527.42	\$1,564,531.10

5) Foot Notes:	
PE01-01	07/2025: funding available 7/1/25-9/30/25 only.
PE01-01	10/2025: Prior footnote dated 07/2025 null and void.
PE40-01	07/2025: funds available 7/1/25-9/30/2025 only
PE40-02	07/2025: funds available 10/1/25-6/30/26 only
PE42-11	07/2025: Indirect rate caps at 10%.
PE42-12	07/2025: Indirect rate caps at 10%.

6) Comments:	
PE01-09	10/2025: Rollover unspent SFY25 funds of \$79,568.17
PE36	08/2025: Prior comment null and void 07/2025: \$15,312.50 available 7/1/25 - 9/30/25 only.
PE36-01	08/2025: Increase of SFY26 funds of \$1,329 per grantee request 07/2025: rollover unspent SFY25 funds of \$48,412
PE51-05	09/2025: Rollover unspent SFY25 funds of \$10,530.52.
PE62	07/2025: \$43,297 available 7/1/25-8/31/2025 only (including \$30,000 rollover from SFY25); \$5,382 available 7/1/25-9/30/25 only; \$66,485 available 9/1/2025-6/30/2026 only; \$26,912 available 10/1/2025-6/30/2026 only
PE81-01	07/2025: \$8,293 available 7/1/25-5/31/26 only; \$754 available 6/1/26-6/30/26 only

7) Capital outlay Requested in this action:				
Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.				
Program	Item Description	Cost	PROG APPROV	

Attachment C**Exhibit J - Information required by CFR Subtitle B with guidance at 2 CFR Part 200****PE01-09 COVID-19 Active Monitoring - ELC**

Federal Award Identification Number:	NU50CK000541
Federal Award Date:	10/13/23
Budget Performance Period:	08/01/2023-07/31/2026
Awarding Agency:	CDC
CFDA Number:	93.323
CFDA Name:	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)
Total Federal Award:	2,486,047.00
Project Description:	Oregon 2020 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)
Awarding Official:	Zoe Kaplan
Indirect Cost Rate:	17.64%
Research and Development (T/F):	FALSE
HIPPA	No

Agency	UEI	Amount	Grand Total:
Crook	W2NEWLAM2YM6	\$79,568.17	\$79,568.17

PE12-01 Public Health Emergency Preparedness and Response (PHEP)

Federal Award Identification Number:	NU90TU000054
Federal Award Date:	06/26/25
Budget Performance Period:	07/01/25-06/30/26
Awarding Agency:	CDC
CFDA Number:	93.069
CFDA Name:	PHEP
Total Federal Award:	631,089
Project Description:	PHEP Cooperative Agreement
Awarding Official:	Rachel Forche
Indirect Cost Rate:	16.96
Research and Development (T/F):	FALSE
HIPPA	No

Agency	UEI	Amount	Grand Total:
Crook	W2NEWLAM2YM6	\$69,594.00	\$69,594.00

DOCUMENT RETURN STATEMENT

Please complete the following statement and return with the completed signature page and the Contractor Data and Certification page and/or Contractor Tax Identification Information (CTII) form, if applicable.

If you have any questions or find errors in the above referenced Document, please contact the contract specialist.

Document number: _____, hereinafter referred to as "Document."

I, _____
Name Title

received a copy of the above referenced Document, between the State of Oregon, acting by and through the Department of Human Services, the Oregon Health Authority, and

_____ by email.

Contractor's name

On _____,
Date

I signed the electronically transmitted Document without change. I am returning the completed signature page, Contractor Data and Certification page and/or Contractor Tax Identification Information (CTII) form, if applicable, with this Document Return Statement.

Authorizing signature

Date

Please attach this completed form with your signed document(s) and return to the contract specialist via email.



Agenda Item Request

Date of Meeting: December 10, 2025

Subject:

Opting out of new Eastern Oregon Solar Siting Rules

Background and Policy Implications:

Effective January 1, 2026, the State of Oregon (via DLCD) is implementing new "Section 44" rules for solar siting in Eastern Oregon. If we take no action, these rules become the County's default rules. The new Section 44 allows solar facilities up to 1,280 acres on arable land and 1,920 acres on non-arable land without a Goal 3 exception. Currently, our rules require any solar energy facilities larger than 320 acres to receive a Goal 3 Exception, which gives the County more discretion to deny or condition projects that consume valuable agricultural land.

This simple "opt-out" allows the County to retain its current rules as we explore a Goal 5 update and consider creating our own plan under the new rules. The County can always opt back in at any time.

Budget/Fiscal Impacts:

N/A

Requester:

John Eisler, Community Development Director

Legal Review (only if requested):

Elected official sponsor (if applicable):

BEFORE THE BOARD OF COMMISSIONERS OF THE STATE OF OREGON
FOR THE COUNTY OF CROOK

IN THE MATTER OF OPTING OUT)
OF THE NEW EASTERN OREGON)
SOLAR SITING RULES) ORDER NO. 2025-37
)

WHEREAS, the Land Conservation and Development Commission (LCDC) has adopted new administrative rules regarding the siting of photovoltaic solar power generation facilities on agricultural lands in Eastern Oregon, effective January 1, 2026; and

WHEREAS, these new rules, codified at OAR 660-033-0130(44), would automatically apply to Crook County unless the County takes formal action to opt out; and

WHEREAS, Crook County values the protection of its agricultural land base and maintains that decisions regarding large-scale energy facilities should be subject to rigorous local review and Exception processes consistent with Statewide Planning Goal 3; and

WHEREAS, the Community Development Department is currently seeking grant funding to undertake a comprehensive mapping and planning exercise to determine suitable locations for renewable energy that do not conflict with priority agricultural operations.

NOW, THEREFORE, the Crook County Board of Commissioners adopts the recitals above as its Findings of Fact, and ORDERS and DIRECTS, based upon the above recitals, that:

1. Opt Out: Pursuant to the provisions of the new Eastern Oregon Solar Siting Rules and the standards of OAR 660-033-0130(44), Crook County hereby formally OPTS OUT of the new rules, retaining instead its local authority and code language of Crook County Code 18.16 and 18.161.
2. Effective Date: This Order is effective immediately upon signature.

DATED this _____ day of _____, 2025.

CROOK COUNTY BOARD OF COMMISSIONERS

Commissioner Brian Barney

Commissioner Susan Hermreck

Commissioner Seth Crawford

<u>Vote:</u>	Aye	Nay	Abstain	Excused
Brian Barney	_____	_____	_____	_____
Susan Hermreck	_____	_____	_____	_____
Seth Crawford	_____	_____	_____	_____



Agenda Item Request

Date of Meeting: December 10, 2025

Subject:

Community Development Monthly Update

Background and Policy Implications:

Update on Department services, including permit and application activity.

Budget/Fiscal Impacts:

N/A

Requester:

John Eisler, Community Development Director

Presenter(s):

John Eisler, Community Development Director

Randy Davis, Building Official

Legal Review (only if requested):

Elected official sponsor (if applicable):

Community Development Department

Mailing: 300 NE Third St. RM 12, Prineville, OR 97754

☐ Phone: 541-447-3211



MEMO

TO: Crook County Board of Commissioners

FROM: John Eisler, Community Development Director
Randy Davis, Building Official

DATE: November 5, 2025

SUBJECT: Community Development Activity Update – October 2025

Below is a summary of building, planning, onsite, and code enforcement activity for the last month.

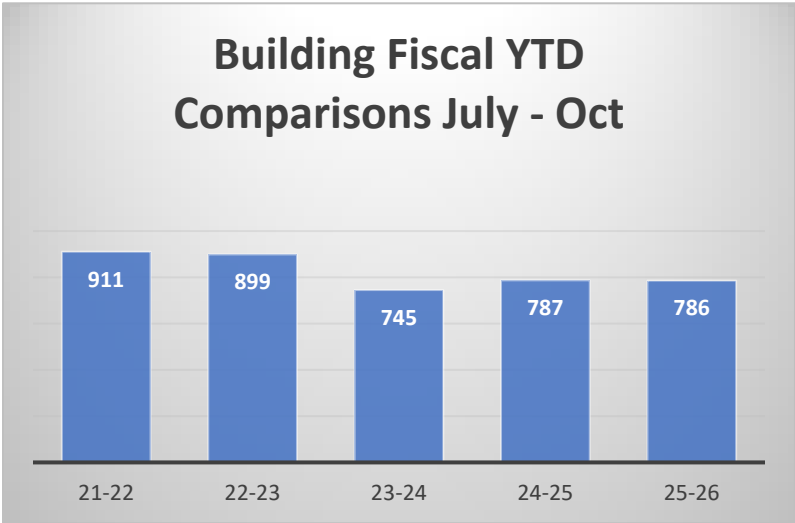
Building:

Permits issued summary (October):

Permit Type	Number of Permits
New Residential Dwellings (Site Built or Manufactured)	13
Commercial (plumbing, electrical, structural, etc.)	44
Residential Permits (plumbing, electrical, mechanical etc.)	118
Residential Structural (shops, etc.)	28
Other (e.g. demo)	1
TOTAL	204

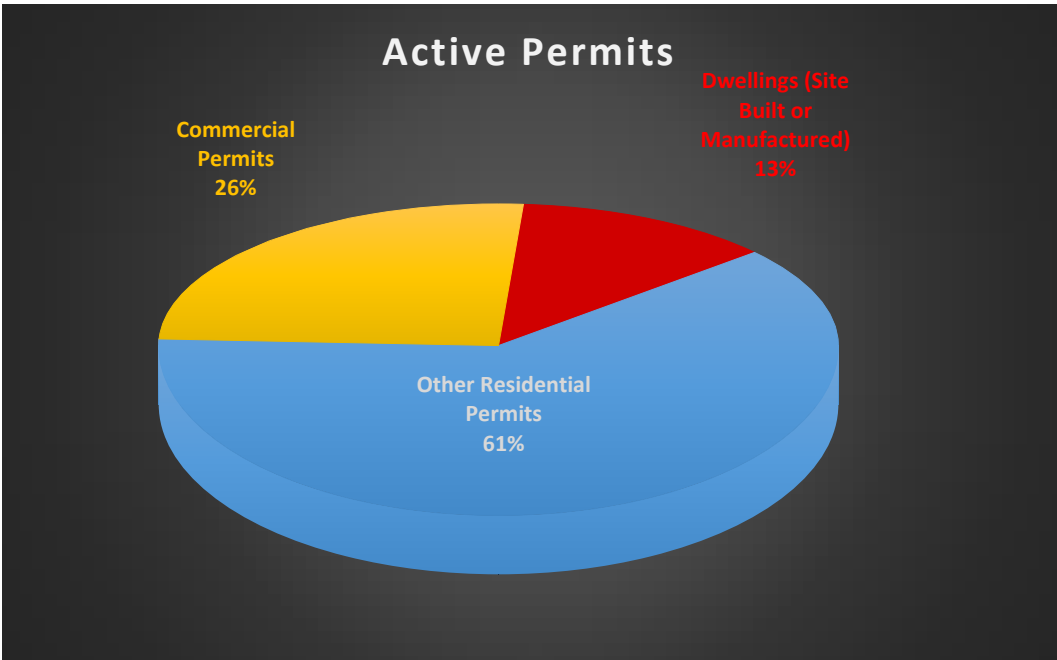
Comparisons:

Time Frame	Permits
October 2025	204
October 2024	208
YTD 2025	1829
YTD 2024	1754
Fiscal YTD 2025-26	786
Fiscal YTD Comparison 2024-25	787



Active Permits:

Permit Type	Amount Still Active as of end of October
Dwellings (Site Built or Manufactured)	175
Other Residential Permits	781
Commercial Permits	332



Daily Inspections:

Inspection Type	Amount this month
Residential	883
Commercial	206
All	1089

Larger Projects Under Construction:

Apple Data Center
PRN1 Retrofit
Rooster Restaurant/Bar
Convenience Store
Church/Community Center – Madras Hwy
Reserve at Ochoco Creek - Apartments
Cabins at Brasada Ranch
9,000 SQ FT Commercial Office & Shop for Auto Detailing
Oppidan Data Center
Forest Service Bldg – Lamonta
Prineville Apartments (Ochoco Lumber)
Crooked Tails Addition
CV International – 72,187 sq ft Manufacturing Facility
River View Court RV Park Expansion

Larger Projects Under Review or Incoming:

58 Unit Storage Complex
Wood Pellet & Brick Mill – Bus Evans Ln
CCMS Addition of Wrestling Room
Central OR Processing Expansion

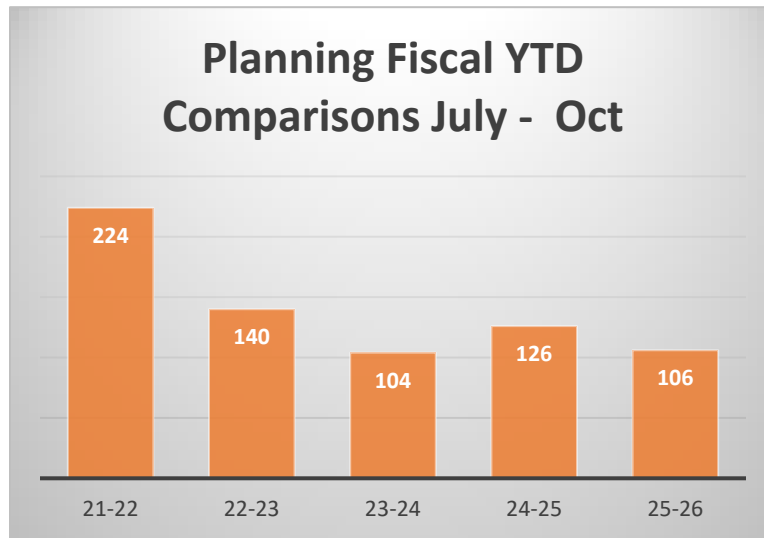
Planning:

Applications received:

Application Type	# of Applications (October)	YTD
Appeals	0	0
Variance	0	1
Site Plan Review	16	190
Agricultural Exempt	0	2
Land Partition	1	7
Combine/Un-Combine Lots	0	1
Road Approach	2	28
Boundary Line Adjustment	0	11
Destination Resort	0	0
Conditional Use	1	5
Miscellaneous	4	28
Sign	0	0
Extension	0	2
Subdivision	0	2
Amendment	0	5
Road Name/Rename	0	1
Lot of Record	0	1
Vested Right	0	0
TOTAL	24	285

Comparisons:

Time Frame	Permits
October 2025	24
October 2024	38
YTD 2025	285
YTD 2024	272
Fiscal YTD 2025-26	106
Fiscal YTD Comparison 2024-25	126



Notable County Land Use Applications:

Request	Status
COLW Appeal of non-farm decision	PC Hearing Nov 12
Verizon Tower	PC Hearing tentatively Dec 10
Code Updates	PC Hearing tentatively Dec 10
Transportation Safety Action Plan	PC Work Session tentatively December 10 – Hearing tentatively January 14
Aggregate Mining Conditional Use – Hegele – O’Neil	PC Hearing tentatively January 28
Hidden Canyon Phase 1	PC Hearing tentatively February 11

Notable City Land Use Applications:

Request	Status
City Grants Housing Analysis & Code Audit	Awarded
Grocery Bandit vacant lot zone change – industrial to commercial	Application
9-unit Multifamily Complex – BestCare	Approved 4-3 at November 4 th Appeal Hearing. Approval was due to State law and concern over attorney fees.
Economic Opportunity Analysis (EOA)	Tentative adoption Jan 2026
New Subdivision in Ironhorse South of BBE	Prelim work awaiting application
Housing Development in NW portion of City	Prelim work/discussions with landowners

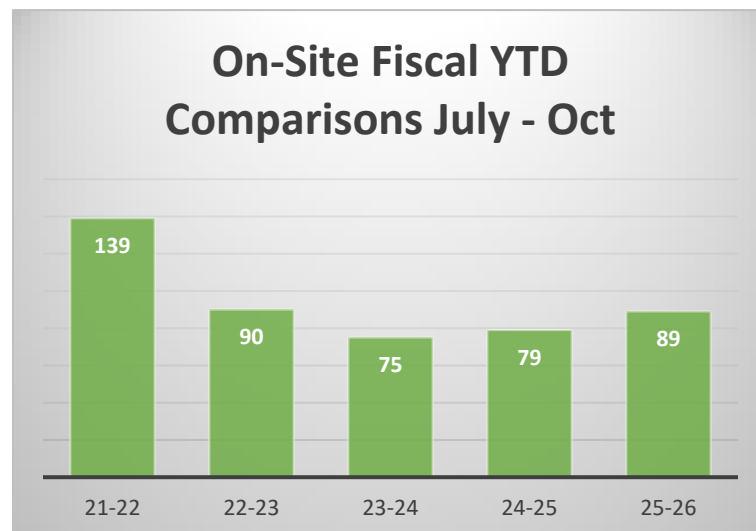
On-Site:

Applications (October):

Application Type	Number of Applications
Residential Authorization	2
Commercial Authorization	0
Construction Permit (Residential)	2
Construction Permit (Commercial)	0
Repair (Major) - Residential	3
Repair (Minor) - Residential	2
Repair (Major) – Commercial	0
Repair (Minor) - Commercial	0
Residential Site Evaluation	4
Commercial Site Evaluation	1
Alteration (Minor) – Residential	0
Alteration (Major) – Residential	0
Alteration (Minor) - Commercial	0
TOTAL	14

Comparisons:

Time Frame	Permits
October 2025	14
October 2024	23
YTD 2025	198
YTD 2024	177
Fiscal YTD 2025-26	89
Fiscal YTD Comparison 2024-25	79



Code Compliance:

Case Activity:

Opened in October: 10
Closed in October: 5

Total Cases:

Opened: 90
Closed: 69

Case Load (Total violations from open cases):

Year	Building	Land Use	Waste	Septic
YTD 2025	51	42	16	19

