



# **CROOK COUNTY WORK SESSION AGENDA**

**Wednesday, September 24, 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: Phone:  
1-253-215-8782; Meeting ID: 962 4214 4333; Passcode: 970900

## **PUBLIC COMMENT**

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

## **DISCUSSION**

- 1. Request for Limited OHV Access from Brasada Ranch Resort to BLM Road System**  
Requester: Mathew Miller  
Owner of Octane Adventures
- 2. Crook County Community Corrections Biennial plan for the 25-27 Budget Cycle**  
Requester: Aaron Boyce  
Lieutenant Crook County Sheriff's Office
- 3. Acknowledgment to the Crook County Sheriff's Office**  
Requester: Kari Hathorn  
District Attorney
- 4. OHA 2025-2027 Intergovernmental Agreement Amendment 2**  
Requester: Katie Plumb  
Health and Human Services Director
- 5. Proposed Community Health Advisory Council (CHAC) Bylaws Update**  
Requester: Katie Plumb  
Health and Human Services Director
- 6. FEMA Floodplain Draft EIS Update**  
Requester: John Eisler  
Community Development Director

## **7. Community Development Monthly Report**

Requester: John Eisler

Community Development Director

### **MANAGER REPORT**

### **COMMISSIONER UPDATES**

### **EXECUTIVE SESSION**

\*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 Commissioners has published this PDF file. This file contains the material to be presented before the Board of Commissioners for its next scheduled regular meeting.

Please note that while County staff members make a dedicated effort to keep this file up to date, documents and content may be added, removed, or changed between when this file is posted online and when the Board of Commissioner meeting is held. The material contained herein may be changed at any time, with or without notice.

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Please also note that this file does not contain any material scheduled to be discussed at an executive session, or material the access to which may be restricted under the terms of Oregon law.

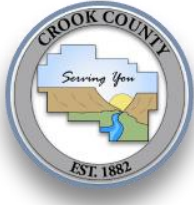
If you are interested in obtaining additional copies of any of the documents contained herein, they may be obtained by completing a Crook County Public Records Request form. Request forms are available on the County's website or at the County Administration office.

### **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 447-6555. Assistance to handicapped individuals is provided with advance notice.



## AGENDA ITEM REQUEST



**Date:**

**Meeting date desired:**

**Subject:**

**Background and policy implications:**

**Budget/fiscal impacts:**

**Requested by:**

**Presenters:**

**Legal review (only if requested):**

**Elected official sponsor (if applicable):**



# MEMORANDUM

**TO:** Crook County Board of Commissioners  
**FROM:** Will Van Vactor, County Manager  
**DATE:** September 18, 2025  
**RE:** Limited ATV/UTV Use on County Road

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## 1) BACKGROUND

Matt Miller, owner of Octane Adventures, has requested authorization to use a 1.2-mile stretch of county road to connect guided ATV/UTV tours from Brasada Ranch to adjacent BLM lands. The request emphasizes that tours would be guided only, vehicles are new and easily identifiable, and the operator carries commercial liability insurance that can name the County as an additional insured.

I have reviewed feedback from County Counsel, CIS (our insurance pool), and general concerns from ODOT regarding a recent ATV-related bill. While there are legitimate concerns with allowing ATV use on public roads, this specific request warrants consideration of whether narrowly tailored use of ATVs on public roads might be permissible in limited circumstances.

## 2) KEY CONSIDERATIONS

### A. County Counsel

- Suggests that any County assumption of risk requires a formal framework (ordinance or permit).
- Raises potential issues related to noise, neighbor impacts, and precedent.
- Recommends that the County adopt an ordinance with clear enforcement mechanisms. A permitting system could include an enforcement fee similar to code enforcement fees in Community Development.

### B. CIS / Risk Management

- CIS confirmed that the County's current coverage provides protection for the County's own negligence, but it does not broadly extend to commercial ATV/UTV activities on public roads.
- CIS recommends:
  - A strong agreement with the operator that includes indemnity and insurance language protecting the County from liability.
  - Proof of liability insurance, naming the County as an additional insured, with adequate limits.

- Clarity in the ordinance and agreements about whether these roads are “use at your own risk” (unmaintained) or maintained by the County, as this distinction affects the protections available under Oregon’s recreational immunity statute.
- While the operator proposes to indemnify the County, gaps remain if the agreement fails. This makes strong contractual protections and clarity in County responsibilities essential.

### *C. ODOT*

- Cautions that ATVs are not designed for highway use (speed differentials, tires, crash safety).
- Distinction: this request involves a short, rural segment rather than a high-speed highway. Tours would be guided and supervised, which reduces unpredictability.

## **3) PRECEDENT**

A key concern is precedent. Approval of this request could invite similar applications, some of which may pose greater risk or lead to wider use on county roads leading to conflict with other motor vehicles.

This risk could be managed through a narrowly tailored ordinance establishing strict eligibility criteria, such as:

- Operator must carry commercial liability insurance naming the County as an additional insured.
- Use must be guided and permitted (not individual riders).
- The road segment must provide a direct connection to public lands, perhaps with a requirement that the segment of road be less than, for example, two miles.
- The activity must demonstrate a public or economic/tourism benefit.

Such an ordinance would provide discretion to deny future requests that do not meet the same standards, limiting the risk of broad ATV/UTV access on County roads.

## **4) STAFF RECOMMENDATION**

Based on County Counsel’s advice and CIS’s recommendations, staff believes the most appropriate path forward is adoption of a narrowly tailored ordinance establishing a permitting process for ATV/UTV use of County roads under limited circumstances.

If the Board wishes to proceed with this request, the ordinance should include:

- A permitting mechanism with clear eligibility criteria and enforcement provisions.
- Proof of liability insurance (with the County named as additional insured) and a strong indemnity agreement.

- Consistency with Oregon’s recreational use immunity framework, clarifying maintenance obligations and whether the roads are “use at your own risk.”
- Safety requirements (helmets/seatbelts, speed compliance, reflectors/flags while on the road).
- Noise and neighbor protections (daylight hours only, muffler compliance).
- A review or sunset provision to reassess impacts after an initial period.

In addition, staff should carefully evaluate how Oregon’s recreational immunity statute (ORS 105.668–105.700) applies in this context. Aligning ordinance language with recreational immunity principles—such as clarifying that the County does not charge fees for this use, providing the road on an “as is” basis, and placing responsibility for safety on the operator and participants—will help ensure that the County maintains the statutory protections available under state law.

## 5) CONCLUSION

Concerns raised by Counsel, CIS, and ODOT are important but generally apply to broad ATV use on public roads. This proposal is more limited in scale and structure.

If the Board wishes to allow such use, staff recommends that the Board direct preparation of a narrowly tailored ordinance creating a permitting process for guided commercial ATV/UTV operations on County roads under limited circumstances.

Such an approach would allow the County to accommodate the request while protecting County interests, aligning with legal and risk management guidance, and avoiding unwanted precedent that may allow for conflict or create safety risks.

# Octane Adventures – Limited OHV Road Access Request

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Presented to Crook County Board of Commissioners – September 24, 2025

## Background

- Octane Adventures is a permitted outfitter and Polaris Adventures Elite Outfitter providing guided ATV/UTV and Snowmobile tours across Central Oregon.
- Partnered with Brasada Ranch Resort to expand guest offerings and holding all required BLM permits.
- Requesting limited use of 1.2 miles of County roadway to connect Brasada Ranch's Equestrian Center to the BLM trail system.

## Safety & Liability

- Highway Access Safety SOP governs all operations (speed  $\leq$  35 mph, guide-led formations).
- Vehicles are Polaris side-by-sides with roll cages, seatbelts, lights, and mirrors – more comparable to cars than traditional ATVs.
- All guides are CPR/First Aid certified.
- Octane Adventures carries full liability insurance; Crook County can be named as an additional insured.

## Policy & Oversight

- County may authorize access via a special use permit or a narrowly tailored ordinance.
- Operation limited to outfitter-guided tours only.
- Open to a County-issued decal/permit system to aid Sheriff's deputies in enforcement.

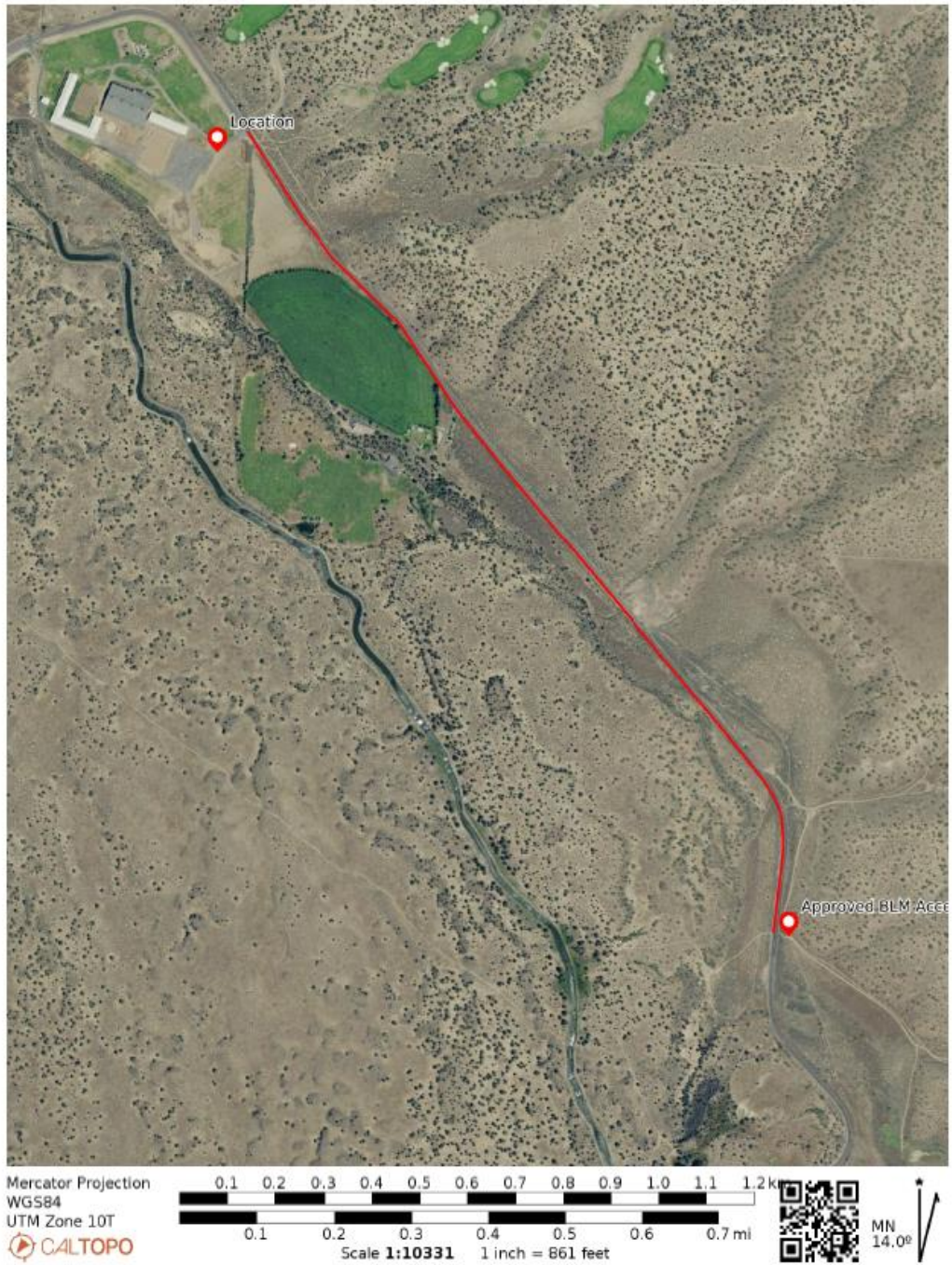
## Economic & Tourism Benefits

- Enhances Brasada Ranch's recreation offerings and visitor appeal.
- Increases tourism revenue in Crook County (lodging, dining, fuel, recreation).
- Supports responsible outdoor recreation and professional land stewardship.

## Action Requested

- Authorize limited OHV access on 1.2 miles of County roadway connecting Brasada Ranch Resort's Equestrian Center to the approved BLM trail system.
- Approval may be granted via special use permit or County ordinance, with conditions ensuring safety, liability coverage, and clear enforcement.

## Map Of Access Request

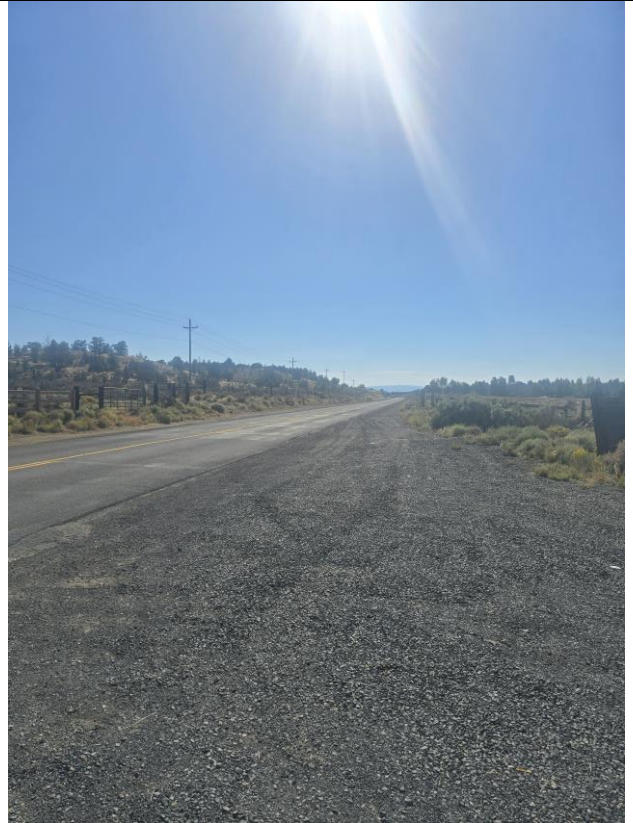




## Ingress and Egress Visibility



Exiting Brasada - Looking Left



Exiting Brasada - Looking Right



Exiting BLM - Looking Left



Exiting BLM - Looking Right

## Vehicle Images



## AGENDA ITEM REQUEST



**Date:**

**Meeting date desired:**

**Subject:**

**Background and policy implications:**

**Budget/fiscal impacts:**

**Requested by:**

**Presenters:**

**Legal review (only if requested):**

**Elected official sponsor (if applicable):**



# CROOK COUNTY SHERIFF'S OFFICE

## COMMUNITY CORRECTIONS DIVISION PLAN

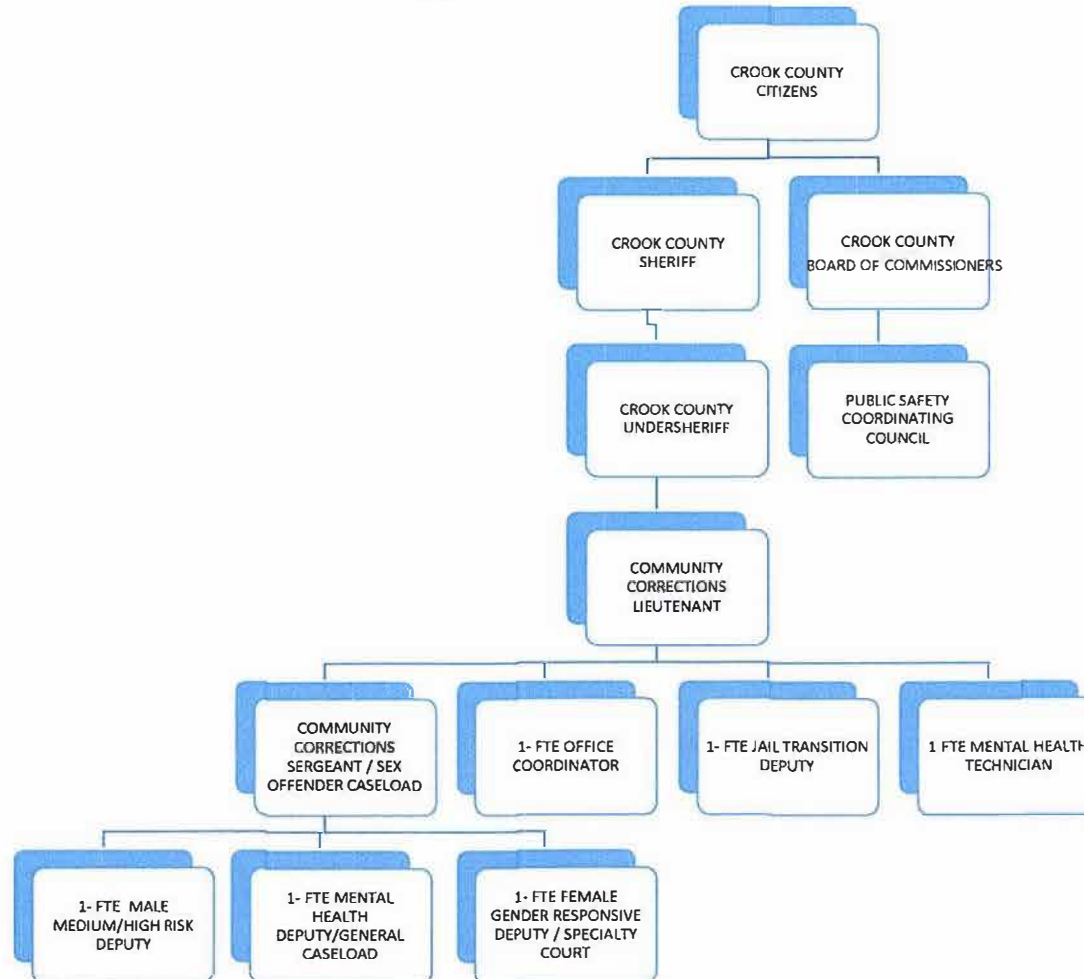
JULY 1, 2025 – JUNE 30, 2027

SUBMITTED BY:

JOHN GAUTNEY – SHERIFF

AARON BOYCE – DIRECTOR

**CROOK COUNTY SHERIFF'S OFFICE  
2025-2027 COMMUNITY CORRECTIONS DIVISION  
Organizational Chart**



# Crook County 2025-2027 Community Corrections Biennial Plan

Department of Corrections 3723 Fairview Industrial Drive SE Salem, Oregon 97310	<i>For Office Use Only</i>  Date Received:
Address: 308 NE Second Street, Prineville, OR 97754 Phone: 541-447-3315      Fax: 541-447-4921	
Community Corrections Director/Manager: Aaron Boyce Address: 308 NE Second Street, Prineville, OR 97754 Phone: 541-416-3928      Fax: 541-447-4921      Email: Aaron.Boyce@crookcountysheriff.org	
Sheriff: John Gautney Address: 260 NW Second Street, Prineville, OR 97754 Phone: 541-447-6398      Fax: 541-416-0353      Email: john.gautney@crookcountysheriff.org	
Jail Manager: Andrew Rasmussen Address: 308 NE Second Street, Prineville, OR 97754 Phone: 541-416-6398      Fax: 541-416-0353      Email: Andrew.Rasmussen@crookcountysheriff.org	
Supervisory Authority: Sheriff John Gautney, Jail Commander Andrew Rasmussen, Community Corrections Director Aaron Boyce Address: 308 NE Second Street, Prineville, OR 97754 Phone: 541-447-3315      Fax: 541-447-4921      Email: Aaron.Boyce@crookcountysheriff.org	
Supervisory Authority: Address: Phone:                      Fax:                      Email:	
LPSCC Contact: Kari Hathorn Address: 260 NW Second Street, Prineville, OR 97754 Phone: 541-447-4158      Fax: 541-447-6978      Email: Kari.Hathorn@crookcountyor.gov	
<b><u>Biennial Budget</u></b>	
State Grant-in-Aid Fund:	2,124,133.00
DOC M57 Supplemental Fund:	109,700.00
CJC Justice Reinvestment Grant:	333,793.00
Family Sentencing Alternative Program	
Transitional Funds	7,620.00
CJC Treatment Court Grant:	397,711.90
County General Fund:	
Supervision Fees:	
Biennial Carryover (GIA, M57, FSAP):	515,150.83
Other Fees:	
Other State or Federal Grant:	
Other:	
<b><u>Total:</u></b>	<b>3,488,108.73</b>

**Crook County**  
**2025-2027 Community Corrections Budget Summary**

Program Name	Grant in Aid Fund	All Other Funds and Fees	Total
Supervision	1,571,633.00	584,850.83	2,156,483.83
Courage to Change Program	2, 500.00		2,500.00
Drug Court CJC Grant		179,253.90	179,253.90
Mental Health Court CJC Grant		218,458.00	218,458.00
Justice Reinvestment Grant	.	333,793.00	333,793.00
Sanction Beds	400,000.00		400,000.00
Local Control Beds	150,000.00		150,000.00
Transition Services		7,620.00	7,620.00
GPS/Continuous Alcohol Monitoring		40,000.00	40,000.00
<b>Fund Total</b>	2,124,133.00	1,363,975.73	3,488,108.73



**EXECUTIVE SUMMARY**  
**CROOK COUNTY COMMUNITY CORRECTIONS DIVISION PLAN**  
**July 1, 2025 through June 30, 2027**

Crook County continues to be one of the fastest-growing in the state. This is expected to continue into the 25-27 biennium. The leadership within the community has remained the same over the last 2 years. John Gautney continues to lead us as our Sheriff with the assistance of Bill Elliott as our Undersheriff. Crook County Community Corrections remains a division within the Sheriff's Office with Lieutenant Aaron Boyce as the Division Director. Lieutenant Andrew Rasmussen continues to be the Jail Commander.

During the last two years, the County has had a change of governance from a County Judge with two commissioners. Crook County now has three commissioners and a full-time non-elected county manager. The Commissioners are Seth Crawford, Brian Barney, and Susan Hermreck.

Crook County Community Corrections works closely with the Crook County District Attorney's Office. Kari Hathorn continues to be the elected District Attorney for Crook County. DA Hathorn also continues to serve as the Chair for the Crook County LPSCC.

Crook County Community Corrections continues to provide the best services possible to the justice-involved individuals (JII) in Crook County. However, due to uncertainty in the grant and aid budget, Crook County has elected not to fill a vacant Parole and Probation deputy position. We have kept caseloads manageable with this vacant position; however, with the recent changes to the recriminalization of controlled substances and the continued population growth in the county, the population of JIIs will likely increase, leading to fewer available services for each client. Crook Community Corrections Deputies continue to use fieldwork and office visits to ensure that clients progress appropriately in their behavior change goals and hold them accountable when they have setbacks. Community Corrections Deputies continue to conduct appropriate risk assessments and develop individual case plans for each client, focusing on their highest criminogenic need. Deputies continue to utilize evidence-based practices with clients to help them achieve success.

Crook County Community Corrections also continues adapting to the changing criminal justice system trends. Crook County, like many other counties in Oregon, has seen a dramatic increase in the number of justice-involved individuals presenting with high-level mental health symptoms. Crook County has an in-house mental health professional working for the Community Corrections and Jail division. This mental health technician is able to provide mental health screenings to all JIIs in custody of the Crook County Jail, as well as those JIIs on supervision. These screening tools are able to help better Community Corrections Deputies connect JIIs with the proper services. The mental health technician has also allowed Crook County Community Corrections Office to start providing in-house cognitive behavioral programming. Crook County Community Corrections has implemented the Courage to Change Program, which is a nationally recognized, evidence-based

Program. We have also recently started teaching in-house MRT classes. These programs have been received well by both staff and clients who have found the lessons very valuable.

BestCare Treatment Services continues to be the sole provider for SUD and Mental Health Service in Crook County for the adult JII population. BestCare has recently opened a 10-bed sober living house in Prineville. This is very exciting news, as a lack of sober housing has been a major barrier for clients for many years. Plans for the 2025-2027 biennium include working with the community partners to develop more housing options, including additional Sober-Living and Transitional Housing in the local community. Currently, Crook County has a temporary men's shelter that can house 16 men, along with a temporary women's shelter operated by the church of the Nazarene, which is almost always full.

Crook County Community Corrections continues to hold the Specialty Court Grant for both drug court and mental health court. Both of these programs continue to see very successful outcomes. The Crook County Drug Court program has served over 300 participants over the last 28 years in operation. The Crook County Mental Health court program was started in 2019 and has continued to grow and seen successful outcomes for JII's with Serious and Persistent Mental Illness (SPMI) diagnosis. Crook County Community Corrections has continue to maintain a deputy with specialized mental health training to oversee our mental health specific caseload. Also the new Mental Health Technician has been working closely with this caseload and with the specialty court.

Crook County Community Corrections continues to look for ways to best serve traditionally underserved populations. One of the programs Crook County Community Corrections continues to use is a gender-specific/responsive caseload for our female Justice Involved Individual population. This Deputy has received and continues to seek on-going training for working with this population.

Crook County Community Corrections has again applied for CJC Justice Reinvestment Grant for the 2025-2027 period. With those funds we will continue to fund the Mental Health Technician to provided services to community corrections and jail clients.



## SUMMARY OF CURRENT CORRECTIONS SYSTEM

### **Offender Services & Sanctions:**

Crook County Community Corrections supervises all felony offenders who have been convicted, sentenced, and/or transferred to Crook County. This includes individuals on felony conditional discharge, felony probation, parole, temporary leave, and post-prison supervision. Additionally, we supervise certain misdemeanor offenders, including those convicted of misdemeanor drug offenses, Assault IV (domestic violence), Sex Abuse III, and Menacing constituting domestic violence.

Community Corrections provides a comprehensive range of services, incentives, interventions, and sanctions to these offenders. Sanctions and interventions are administered by Community Corrections Deputies, who apply structured measures as appropriate and necessary.

When ordered by the Circuit Court, Community Corrections staff will complete a presentence investigation report and distribute it to the judge, the district attorney, and defense counsel.

A centralized intake and record-keeping system will manage all felony offenders and designated misdemeanor cases referred to Crook County Community Corrections. We are committed to ongoing education and training for Community Corrections staff to ensure best practices in supervision and offender management.

Community Corrections Deputies collaborate with treatment providers to assist offenders in securing employment resources and training opportunities. Deputies also support offenders in pursuing educational goals, such as obtaining a GED or college degree.

When transferring offenders out of state, Deputies adhere to the rules, policies, and procedures set forth by ICOTS (Interstate Compact). They also ensure that incoming offenders meet Oregon (Crook County) eligibility criteria.

Crook County Community Corrections maintains close collaboration with the District Attorney's Office and the Judicial System, including Circuit Court Judges, when preparing and filing reports. Parole and Probation Deputies represent the community and the office with professionalism during court proceedings.

To support effective supervision, Crook County Community Corrections employs electronic monitoring technology from Vigilnet, including GPS and Continuous Alcohol Monitoring (CAM) bracelets manufactured by SCRAM Systems. These tools enhance our ability to monitor behavior and implement interventions and sanctions, ultimately helping to reduce the use of local jail beds.

### **Mental Health, Alcohol and Drug Services:**

Community Corrections ensures that a certified mental health and chemical dependency treatment program is available to provide group, residential, and individual counseling services for probationers, parolees, and individuals on temporary leave or post-prison supervision. Comprehensive assessments and evaluations are conducted to support the Court and supervising

officers in developing effective case plans. Random urinalysis testing will be administered by both the treatment provider and Community Corrections Deputies to ensure compliance and accountability.

#### **Sex Offender Service:**

Community Corrections continues to provide a sex offender treatment program, both individual and group, for sex offenders. Evaluations and polygraphs will also occur to assist the supervising deputy.

#### **Domestic Violence Services:**

Crook County Community Corrections will provide a true BIP (Batters Intervention Program). Batters Intervention Program will include both individual and group treatment sessions, for offenders convicted of felony and misdemeanor crimes involving domestic violence. This program will be provided by a certified clinician. Clients are expected to pay for these treatment services.

#### **In Custody Treatment Program:**

Crook County Community Corrections operates an in-custody treatment program for both male and female offenders. This program works with individuals as soon as they enter jail. Certified Treatment Providers will complete assessments to determine the proper level of treatment or cognitive behavior classes needed. Our treatment team will work with each individual through their term of incarceration so there is a smooth transition from custody to their community treatment program.

#### **Specialty Court:**

Crook County Community Corrections continues to oversee the Specialty Court Grant for both Drug Court and Mental Health Court. The Drug Court has been a very successful program in Crook County since 1997. One of the Community Corrections Deputies will be an active team member and be provided the education and training surrounding the operation of Drug Court. The Mental Health Court in Crook County has been in operation since 2019. This program utilizes the same structure as the Drug Court Program.

#### **Courage to Change Programing:**

Crook County Community Corrections has recently started an in-house program using the Courage to Change Interactive Journaling Curriculum. This program is facilitated by the new Crook County Community Corrections Mental Health Technician. The Courage to Change Interactive Journaling program is an evidence-based supervision/case management model which helps clients address their individual problem areas based on a criminogenic risk and needs assessment.



**A.I.P Services:**

Community Corrections will continue to work within the guidelines of the Intergovernmental Agreement, delivering transitional and support services to offenders who have successfully completed in-prison residential alcohol and drug treatment programs and/ or Alternative Incarceration Programs (AIP).

**M57 Intervention:**

Crook County Community Corrections will continue to provide supervision and services for offenders which fall under the guidelines of Measure 57. Measure 57 crimes are repeat property crimes committed with a nexus to controlled substance use. These JII's will be supervised using a balance of treatment, Cognitive Behavior Therapy, interventions and immediate structured sanctions. The programs will be guided by evidence-based practices and be designed to reduce crime and drug addiction.

**County Structure/Management:**

Community Corrections in Crook County remains a division of the Crook County Sheriff's Office. The Sheriff, Community Corrections Director and the Jail Commander make up the Local Supervisory Authority. There will be continued planning and monitoring of the fiscal and operational responsibilities of Community Corrections Services by the Crook County Board of Commissioners in accordance with SB 1145 administrative design. The Local Public Safety Coordinating Council (LPSCC) will continue to support Community Corrections in planning, advising and reporting of department activities to the Crook County Board of Commissioners to enhance program integrity.

Program Name:	Supervision
Program Description:	Provide effective evidence-based supervision to Justice Involved Individuals referred by the Courts, Board, and the Supervisory Authority. Monitoring conditions of supervision to ensure compliance and holding JII's accountable by responding appropriately to violations. Deputies will continually assess individuals under supervision and develop case plans based on each offender's risks and needs. Deputies will work with each individual to assist them in making their victims whole. During case planning, mental health and alcohol and drug treatment referrals are made as needed and/or mandated. Violations are reported to the releasing or sentencing authorities with appropriate recommendations, interventions, or sanctions imposed. Cases will be continually monitored to see if they meet the qualifications for early discharge, modifications to bench supervision, or placement on a lower level of supervision. Immediate interventions and sanctions will be utilized to address violations. Unannounced home visits and community contacts will be conducted to enhance public safety. Random urinalysis will be conducted to ensure compliance with client sobriety
Program Category:	Supervision
Program Objectives:	Effective supervision programming, coupled with successful treatment, will reduce abscond rates and recidivism. Deputies will assist offenders in changing their lifestyles and behaviors to become more productive community citizens, supporting employment and education, and reducing reincarceration in local and state institutions.
Method(s) of Evaluation:	Data collection and entry in the DOC system will include employment and treatment programming. We will be diligent in collecting all financial obligations. We will work closely with our law enforcement partners to ensure community safety.

Monthly Average to be Served: 150

Type of Offender(s) Served:

- ☒ Probation  
☒ Parole/Post-Prison  
☒ Local Control

Crime Category:

- ☒ Felony  
☒ Misdemeanor

Gender:

- ☒ Male  
☒ Female

Risk Level:

- ☒ High  
☒ Medium  
☒ Low

Which Treatment Provider(s) Will You Use Within This Program?

Provider Name	Treatment Type (ie., Anger Management, Cognitive, DV, Dual Diagnosis, Sex Offender, Inpatient Substance Abuse, or Outpatient Substance Abuse)	What, if any, state dollars are budgeted to the program and how much to each fund? (ie., GIA-\$25,000; M57-\$5000)

Funding Sources

- |  |              |
|--|--------------|
| <input checked="" type="checkbox"/> State Grant-In-Aid Fund    | 1,571,633.00 |
| <input checked="" type="checkbox"/> DOC M57 Supplemental Fund  | 69,700.00    |
| <input type="checkbox"/> Family Sentencing Alternative Program | _____        |
| <input type="checkbox"/> Transitional Fund                     | _____        |
| <input type="checkbox"/> CJC Justice Reinvestment Grant        | _____        |
| <input type="checkbox"/> CJC Treatment Court Grant             | _____        |
| <input type="checkbox"/> County General Fund                   | _____        |

<input type="checkbox"/> Supervision Fees	<hr/>
<input type="checkbox"/> Biennial Carryover (GIA, M57, FSAP)	<hr/> 515,150.83 <hr/>
<input type="checkbox"/> Other Fees (revenue)	<hr/>
<input type="checkbox"/> Other State or Federal Grant	<hr/>
Other: Please Identify	
<input type="checkbox"/>	<hr/>
<input type="checkbox"/>	<hr/>
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Additional Comments: Crook County Community Corrections continues to be proactive, expanding its services to the justice-involved individuals in Crook County. Crook County continues to see an increase in the number of JII's presenting with significant mental health symptoms. Crook County has been able to use JRI funding to hire a full-time in-house mental health technician to provide crisis management and stabilization services to Community Corrections clients, as well JII's housed in the Crook County Jail. Crook County also has a certified parole and probation deputy embedded in the jail to provide services to justice-involved individuals from admission to discharge. This deputy is also responsible for overseeing the available in-custody treatment services and ensuring case planning services for their re-entry into the community. Crook County continues to struggle with its housing crisis, with little to no availability for low-income housing. Crook County has a small 16-bed men's shelter, which is always running at full capacity. Crook County also has a single shelter for females and females with children operated out of a local church. Crook County Community Corrections remains a division under the Sheriff's Office, and we continue to strengthen this partnership along with our partnerships with the Prineville Police Department, the Crook County District Attorney's Office, the Circuit Court, and our local treatment providers.



Program Name:	Sanction Beds
Program Description:	Community Corrections and the County partners are committed to holding offenders accountable for their actions and taking responsibility for their negative behavior. Parole and Probation Deputies make every effort to impose an intervention or sanction on offenders immediately for violating supervision based upon reviewing each individual's specific case and the violation that occurred. Based upon this review, the Deputy will impose an intervention or sanction based upon the State's Structured Sanctioning Grid. In instances where an individual on Post Prison Supervision requests a hearing regarding a violation the case is assigned to a Hearings Officer who has in-depth conversations with both the offender and the Parole and Probation Deputy before making their finding on custody time and submitting their finding to the Supervisory Authority or the Parole Board. During the violation process, in some cases, deputies work with the District Attorney's Office for input before recommending and imposing a sanction. Deputies remain very conscious of jail space, community safety, and the offender's history prior to making any sanction and revocation recommendation.
Program Category:	Custodial/Sanction Beds
Program Objectives:	Jail sanctions in Crook County is mainly used for the highest risk offenders to the community. The use of jail sanctions are carefully evaluated for risk to the community and individual safety. Crook County continues to see high rate of methamphetamine and Fentanyl. The Community Corrections full-time Transition Deputy, who works in the jail, works with offenders immediately upon entry into custody to start getting appropriate services. The goal of the Transition Deputy is provide education and services to facilitate a smooth transition back into the community and reduce violations and reincarceration.
Method(s) of Evaluation:	The Crook County Jail keeps accurate statistics of offenders under the supervision of the Community Corrections population serving a sanction. BestCare Treatment Services, the department's contracted treatment provider, will keep accurate records on individuals who receive treatment and education services while in custody. Parole and Probation Deputies keep records in client files and the State computer system to ensure the accuracy of records and compliance with state structured sanctioning guidelines.

Monthly Average to be Served: 15

Type of Offender(s) Served:

- ☒ Probation  
☒ Parole/Post-Prison  
☐ Local Control

Crime Category:

- ☒ Felony  
☒ Misdemeanor

Gender:

- ☒ Male  
☒ Female

Risk Level:

- ☒ High  
☒ Medium  
☒ Low

Which Treatment Provider(s) Will You Use Within This Program?

Provider Name	Treatment Type (ie., Anger Management, Cognitive, DV, Dual Diagnosis, Sex Offender, Inpatient Substance Abuse, or Outpatient Substance Abuse)	What, if any, state dollars are budgeted to the program and how much to each fund? (ie., GIA-\$25,000; M57-\$5000)

Funding Sources

- ☒ State Grant-In-Aid Fund 400,000.00  
☐ DOC M57 Supplemental Fund                       
☐ Family Sentencing Alternative Program

<input type="checkbox"/> Transitional Fund	_____
<input type="checkbox"/> CJC Justice Reinvestment Grant	_____
<input type="checkbox"/> CJC Treatment Court Grant	_____
<input type="checkbox"/> County General Fund	_____
<input type="checkbox"/> Supervision Fees	_____
<input type="checkbox"/> Biennial Carryover (GIA, M57, FSAP)	_____
<input type="checkbox"/> Other Fees (revenue)	_____
<input type="checkbox"/> Other State or Federal Grant	_____
Other: Please Identify	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Additional Comments: Housing inmates for higher-level supervision violations is an important tool for community corrections. While individuals are housed on sanctions, our Transitional Deputy will engage these individuals in the Jail Treatment and Education Programs. This will allow individuals to start working on treatment and education classes while in jail.

Program Name:	Local Control Incarceration
Program Description:	Community Corrections provides funding to the Crook County Jail for housing of offenders sentenced to Local Control Supervisory Authority (serving 12 months or less)
Program Category:	Custodial/Sanction Beds
Program Objectives:	All SB1145 offenders are incarcerated in the custody of the Crook County Sheriff/Crook County Jail. Release Plans are completed by the Community Corrections Office to best serve the offender and their rehabilitation and integration back into the community. With the opening of the new jail, Community Corrections has a full-time Transition Deputy stationed at the jail who works with offenders as soon as they are booked into custody. This Deputy will screen each individual and update risk/needs assessments, work with our treatment provider to have individuals screened for and begin appropriate treatment and education programs while in custody and develop a Case Plan for a smooth transition back into the community in efforts to reduce violations and reincarceration.
Method(s) of Evaluation:	Crook County Jail keeps accurate daily lodging statistics. The District Attorney's Office keeps 1145 sentencing statistics. BestCare Treatment Services, the department's contracted treatment provider, will keep accurate records on individuals who receive treatment and education services while in custody. Parole and Probation Deputies keep records in clients' files and in the state's computer system to ensure accuracy of records and compliance with state structured sanctioning guidelines.

Monthly Average to be Served: 4

Type of Offender(s) Served:

- ☐ Probation  
☐ Parole/Post-Prison  
☒ Local Control

Crime Category:

- ☒ Felony  
☐ Misdemeanor

Gender:

- ☒ Male  
☒ Female

Risk Level:

- ☒ High  
☒ Medium  
☒ Low

Which Treatment Provider(s) Will You Use Within This Program?

Provider Name	Treatment Type (ie., Anger Management, Cognitive, DV, Dual Diagnosis, Sex Offender, Inpatient Substance Abuse, or Outpatient Substance Abuse)	What, if any, state dollars are budgeted to the program and how much to each fund? (ie., GIA-\$25,000; M57-\$5000)

Funding Sources

- |  |            |
|--|------------|
| <input checked="" type="checkbox"/> State Grant-In-Aid Fund    | 150,000.00 |
| <input type="checkbox"/> DOC M57 Supplemental Fund             | _____      |
| <input type="checkbox"/> Family Sentencing Alternative Program | _____      |
| <input type="checkbox"/> Transitional Fund                     | _____      |
| <input type="checkbox"/> CJC Justice Reinvestment Grant        | _____      |
| <input type="checkbox"/> CJC Treatment Court Grant             | _____      |
| <input type="checkbox"/> County General Fund                   | _____      |
| <input type="checkbox"/> Supervision Fees                      | _____      |
| <input type="checkbox"/> Biennial Carryover (GIA, M57, FSAP)   | _____      |



☐ Other Fees (revenue)

☐ Other State or Federal Grant

Other: Please Identify

☐☐☐

Additional Comments: Housing inmates locally after sentencing for terms of 12 months or less provides substantial savings to the state's prison system. While individuals are housed locally, our Transitional Deputy will engage them in Jail Treatment and Education Programs.

Program Name:	Drug Court CJC Grant
Program Description:	The Drug Court Program started in 1997 and is very well-established, serving over 325 participants. There is a close working relationship between the prosecution and the defense counsel, promoting public safety while protecting participants' due process rights. The program admits participants through conditional discharges, post-pleas, and post-adjudication, including downward dispositional departures. Risk and needs are assessed as part of the screening and referral process for admittance into Drug Court. There is a close collaboration with the Drug Court Team, Community Corrections and the treatment team in developing individual treatment plans. These plans are designed to specifically address the unique needs of each person based on their individual assessed level of care, criminality, and risk of recidivism. This is an 18-month program consisting of 4 phases. Frequent random urinalysis are done; increased Parole and Probation Officer contact; increased Drug Court Coordinator contact, and stabilized treatment are the foundation of this program. The program has sanctions and therapeutic responses on a graduated scale encouraging participant candor. The program also has a system for rewarding participant's positive behaviors that increase in value as the participant moves through the program's four phases.
Program Category:	Other Programs and Services
Program Objectives:	Drug Court ensures implementation of evidence-based treatment services and models the National Drug Court Association's (NADCP) Ten Key Components as well as Oregon Specialty Court Standards being the foundation of the program. The goal is to effectively address our local criminal justice system, by targeting moderate to high risk/need offenders as a cost effective means to reduce recidivism through engagement in treatment. Upon graduation, the goal is to have participants employed and in stable housing situation.
Method(s) of Evaluation:	Drug Court Coordinator will assure achievement of program goals and program accountability and is required to process and analyze relevant data utilizing drug court management software.

Monthly Average to be Served: 15

Type of Offender(s) Served:

- ☒ Probation  
☐ Parole/Post-Prison  
☐ Local Control

Crime Category:

- ☒ Felony  
☒ Misdemeanor

Gender:

- ☒ Male  
☐ Female

Risk Level:

- ☒ High  
☒ Medium  
☐ Low

Which Treatment Provider(s) Will You Use Within This Program?

Provider Name	Treatment Type (ie., Anger Management, Cognitive, DV, Dual Diagnosis, Sex Offender, Inpatient Substance Abuse, or Outpatient Substance Abuse)	What, if any, state dollars are budgeted to the program and how much to each fund? (ie., GIA-\$25,000; M57-\$5000)
BestCare Treatment Services	Outpatient substance abuse; Dual Diagnosis; Gender Specific	CJC Grant- \$13,292.00

Funding Sources

- ☐ State Grant-In-Aid Fund  
☐ DOC M57 Supplemental Fund  
☐ CJC Justice Reinvestment Grant  
☒ CJC Treatment Court Grant

\$179,253.90



<input type="checkbox"/> County General Fund	_____
<input type="checkbox"/> Supervision Fees	_____
<input type="checkbox"/> Biennial Carryover (GIA, M57, FSAPP)	_____
<input type="checkbox"/> Other Fees (revenue)	_____
<input type="checkbox"/> Other State or Federal Grant	_____
Other: Please Identify	
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Additional Comments: The Crook County Drug Court program continues to be very successful and continues to look to expand by accepting more High Risk individuals with all types of crimes that have a nexus to substance abuse. The Crook County Drug Court treatment provider continues to be BestCare Treatment Services. This continues to be a positive collaboration between the treatment provider, the Court system, and Parole and Probation along with the DA's Office and Defense Counsel. The Clients continue to receive an outstanding level of treatment services. Some of the groups that will be available are, but not limited to: Moral Recognition Therapy (MRT); Womens Moving On; Cognitive Behavioral Therapy; Dialectical Behavior Therapy; Substance Abuse Education; and Relapse Prevention. BestCare will also provided frequent & random urinalysis. BestCare Treatment Services also recently opened the first Sober Living house in Prineville which has been a great benefit to the Drug Court Clients.

Program Name:	Mental Health Court CJC Grant
Program Description:	The Mental Health Court Program started in 2019 and is very well-established, serving over 40 participants in the last 6 years of operation. As of the 25-27 CJC grant cycle, the Crook County Mental Health Court is now receiving grant funding. There is a close working relationship between the prosecution and the defense counsel, promoting public safety while protecting participants' due process rights. The program admits participants through conditional discharges, post-pleas, and post-adjudication, including downward dispositional departures. Risk and needs are assessed as part of the screening and referral process for admittance into Mental Health Court. To qualify for entry into the Mental Health Court program, participants must have an SPMI diagnosis. There is a close collaboration with the Mental Health Court Team, Community Corrections, and the treatment team in developing individual treatment plans. These plans are designed to specifically address the unique needs of each person based on their individual assessed level of care, criminality, and risk of recidivism. Frequent random urinalysis are done; increased Parole and Probation Officer contact; increased Mental Health Court Coordinator contact, and stabilized treatment are the foundation of this program. The program has sanctions and therapeutic responses on a graduated scale, encouraging participant candor. The program also has a system for rewarding participants' positive behaviors.
Program Category:	Other Programs and Services
Program Objectives:	Mental Health Court ensures implementation of evidence-based treatment services and follows the RISE Treatment Court Ten Key Components as well as Oregon Specialty Court Standards, being the foundation of the program. The goal is to effectively address our local criminal justice system, by targeting moderate to high-risk/need offenders as a cost effective means to reduce recidivism through engagement in treatment. Upon graduation, the goal is to have participants in stable housing situation, and in compliance with the Mental Health Treatment recommendations.
Method(s) of Evaluation:	Mental Health Court Coordinator will assure achievement of program goals and program accountability and is required to process and analyze relevant data utilizing drug court management software.

Monthly Average to be Served: 8

Type of Offender(s) Served:

- ☒ Probation  
☐ Parole/Post-Prison  
☐ Local Control

Crime Category:

- ☒ Felony  
☒ Misdemeanor

Gender:

- ☒ Male  
☒ Female

Risk Level:

- ☒ High  
☒ Medium  
☐ Low

Which Treatment Provider(s) Will You Use Within This Program?

Provider Name	Treatment Type (ie., Anger Management, Cognitive, DV, Dual Diagnosis, Sex Offender, Inpatient Substance Abuse, or Outpatient Substance Abuse)	What, if any, state dollars are budgeted to the program and how much to each fund? (ie., GIA-\$25,000, M57-\$5000)
BestCare Treatment Services	Outpatient substance abuse; Dual Diagnosis; Gender Specific	CJC Grant- \$77,017.60

Funding Sources

- ☐ State Grant-In-Aid Fund  
☐ DOC M57 Supplemental Fund  
☐ CJC Justice Reinvestment Grant

<input checked="" type="checkbox"/> CJC Treatment Court Grant	\$218,458.00
<input type="checkbox"/> County General Fund	
<input type="checkbox"/> Supervision Fees	
<input type="checkbox"/> Biennial Carryover (GIA, M57, FSAPP)	
<input type="checkbox"/> Other Fees (revenue)	
<input type="checkbox"/> Other State or Federal Grant	
Other: Please Identify	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Additional Comments:



Program Name:	GPS/ Alcohol Monitoring
Program Description:	Crook County Community Corrections is committed to holding offenders accountable for their actions. GPS/ Alcohol Monitoring is a tool that can be used in certain cases as an alternative to jail sanctions balancing the risk to the community with the benefits to the offenders.
Program Category:	Community-Based Custodial Alternatives
Program Objectives:	Provide Parole and Probation Deputies with additional tools to assist in the effective supervision of Justice Involved individuals. GPS monitoring is an effective tool to be used as an alternative sanction to jail. GPS monitoring is also a program that allows Parole and Probation Deputies to monitor compliance with no contact conditions and geographically restricted areas. Continuous Alcohol Monitoring is a tool Parole Probation Deputies can use to assist in compliance with treatment conditions in cases where alcohol is an underlying factor.
Method(s) of Evaluation:	Crook County Community Corrections Deputies keep accurate statistics of all people under their supervision when they are placed on GPS/ Alcohol monitor with dates of when they were placed on the program, as well as when they are removed from the program. Community Corrections Deputies enter this data into both the state DOC computer system as well as into the SCRAMnet database which provides the GPS/ Alcohol Monitoring equipment.

Monthly Average to be Served: 10

Type of Offender(s) Served: ☒ Probation ☒ Parole/Post-Prison ☒ Local Control  
 Crime Category: ☒ Felony ☒ Misdemeanor  
 Gender: ☒ Male ☒ Female  
 Risk Level: ☒ High ☒ Medium ☒ Low

Which Treatment Provider(s) Will You Use Within This Program?

Provider Name	Treatment Type (ie., Anger Management, Cognitive DV, Dual Diagnosis, Sex Offender, Inpatient Substance Abuse, or Outpatient Substance Abuse)	What, if any, state dollars are budgeted to the program and how much to each fund? (ie., GIA-\$25,000; M57-\$5000)

Funding Sources

<input type="checkbox"/> State Grant-In-Aid Fund	_____
<input checked="" type="checkbox"/> DOC M57 Supplemental Fund	\$40,000.00
<input type="checkbox"/> CJC Justice Reinvestment Grant	_____
<input type="checkbox"/> CJC Treatment Court Grant	_____
<input type="checkbox"/> County General Fund	_____
<input type="checkbox"/> Supervision Fees	_____
<input type="checkbox"/> Biennial Carryover (GIA, M57, FSAPP)	_____
<input type="checkbox"/> Other Fees (revenue)	_____
<input type="checkbox"/> Other State or Federal Grant	_____
Other: Please Identify	_____
<input type="checkbox"/>	_____

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Additional Comments: The GPS and Alcohol Monitoring program is an important tool that Crook County Community Corrections Deputies can use to supervise offenders effectively. Crook County is a small county that has limited options when it comes to alternative forms of sanctions. During the CCP review for the 23-25 Biennium, it was discovered that GPS and Alcohol Monitoring sanctions were not being correctly entered into the DOC 400 system. Since the review, the Crook County Community Corrections office has taken steps to remedy this issue. The entire staff has been given updated training on how to correctly enter this data into the DOC 400 system so that it is easily available for review by DOC staff.

Program Name:	Courage to Change Program
Program Description:	The Courage to Change interactive journaling program is an evidence-based supervision model developed for use with Justice involved individuals. Through the use of this cognitive-behavioral interactive journaling system and interaction with the facilitator, participants address their individual problem areas based on a criminogenic risk and needs assessemnt. Implementation is flexible and is customized to the individual. By personalizing the information presented in the journals to their own circumstances, participants will develop a record of their commitments and progress throughout probation so they have a roadmap for future success in making positive behavior change.
Program Category:	Behavioral Health Tx Services - CBT
Program Objectives:	The Courage to Change Program will help in reducing recidivism and the frequency of absconding supervision as offenders identify criminal and addictive thinking patterns and behaviors. They will learn to redirect them to positive engagement in the greneral community. The goal would be for 60% of the referred offenders to successfully complete treatment.
Method(s) of Evaluation:	This program will be run in-house for the Mental Health Technician. Treatment data will be entered and maintained in the DOC system for review and stats.Pre and post-program client surveys are administered and kept for records.

Monthly Average to be Served: 15

Type of Offender(s) Served:

- ☒ Probation  
☒ Parole/Post-Prison  
☐ Local Control

Crime Category:

- ☒ Felony  
☒ Misdemeanor

Gender:

- ☒ Male  
☒ Female

Risk Level:

- ☒ High  
☒ Medium  
☒ Low

Which Treatment Provider(s) Will You Use Within This Program?

Provider Name	Treatment Type (ie., Anger Management, Cognitive, DV, Dual Diagnosis, Sex Offender, Inpatient Substance Abuse, or Outpatient Substance Abuse)	What, if any, state dollars are budgeted to the program and how much to each fund? (ie., GIA-\$25,000, M57-\$5000)

Funding Sources

- ☒ State Grant-In-Aid Fund \$2,500.00  
☐ DOC M57 Supplemental Fund  
☐ CJC Justice Reinvestment Grant  
☐ CJC Treatment Court Grant  
☐ County General Fund  
☐ Supervision Fees  
☐ Biennial Carryover (GIA, M57, FSAPP)  
☐ Other Fees (revenue)  
☐ Other State or Federal Grant

Other: Please Identify

☐☐☐

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Additional Comments: This is an in-house program that Crook County Community Corrections runs. The program is administered by our in-house mental health technician. Crook County Community Corrections has seen successful outcomes from the program. Both pre- and post-surveys are given to clients when entering and exiting the program. The results of these surveys have been overwhelmingly positive with clients.



Program Name:	CJC Reinvestment Grant
Program Description:	<p>The Justice Reinvestment Grant for the 2025-2027 period will be requested to continue to provide current services and programs that have the goal of reducing recidivism and decrease the number of individuals that Crook County incarcerates in the state institutions.</p> <p>This grant will continue to include several different programs that enhance the operations and services of the Community Corrections Division, to enhance offender change and increase public safety. This grant will continue to fund a full time mental health technician position within the Community Corrections Division. This was a position which started in February of 2023. This position has seen very successful outcomes providing stabilization and crisis services to JII's housed in the Crook County Jail as well as JII's on community supervision and enrolled in the Crook County Specialty Courts.</p> <p>The mental health technician has also allowed the Crook County Community Corrections for the first time to start offering in-house cognitive behavior programing. This grant funding has allowed the Courage to Change Curriculum to be brought to the clients of Crook County Community Corrections. This is an evidence base program which has seen positive impacts in reducing recidivism among justice involved individuals.</p> <p>The Justice Reinvestment Grant funding will also be used to partially fund a Probation Deputy assigned to downward departure cases.</p>
Program Category:	Other Programs and Services
Program Objectives:	This program will be able to proactively address all four of the goals of the Justice Reinvestment Grant Program by 1) reducing recidivism, (2) reducing utilization of prison capacity, (3) increasing public safety and (4) holding offenders accountable.
Method(s) of Evaluation:	Community Corrections will additionally keep data current in the DOC system for review and research and to provide information needed to complete the CJC required quarterly reports.

Monthly Average to be Served: 50

Type of Offender(s) Served:

- ☒ Probation  
☒ Parole/Post-Prison  
☒ Local Control

Crime Category:

- ☒ Felony  
☒ Misdemeanor

Gender:

- ☒ Male  
☒ Female

Risk Level:

- ☒ High  
☒ Medium  
☒ Low

Which Treatment Provider(s) Will You Use Within This Program?

Provider Name	Treatment Type (ie., Anger Management, Cognitive, DV, Dual Diagnosis, Sex Offender, Inpatient Substance Abuse, or Outpatient Substance Abuse)	What, if any, state dollars are budgeted to the program and how much to each fund? (ie., GIA-\$25,000; M57-\$5000)

Funding Sources

- |  |              |
|--|--------------|
| <input type="checkbox"/> State Grant-In-Aid Fund                   | _____        |
| <input type="checkbox"/> DOC M57 Supplemental Fund                 | _____        |
| <input checked="" type="checkbox"/> CJC Justice Reinvestment Grant | \$333,793.00 |
| <input type="checkbox"/> CJC Treatment Court Grant                 | _____        |
| <input type="checkbox"/> County General Fund                       | _____        |
| <input type="checkbox"/> Supervision Fees                          | _____        |
| <input type="checkbox"/> Biennial Carryover (GIA, M57, FSAPP)      | _____        |



☐ Other Fees (revenue)

☐ Other State or Federal Grant

Other: Please Identify

☐☐☐

Additional Comments:

## AGENDA ITEM REQUEST



**Date:**

**Meeting date desired:**

**Subject:**

**Background and policy implications:**

**Budget/fiscal impacts:**

**Requested by:**

**Presenters:**

**Legal review (only if requested):**

**Elected official sponsor (if applicable):**



## AGENDA ITEM REQUEST

**Date:**

9/12/2025

**Meeting date desired:**

9/24 and/or 10/1

**Subject:**

OHA 2025-2027 Intergovernmental Agreement Amendment 2

**Background and policy implications:**

This is the second amendment to the OHA-LPHA contract for the FY26-27 Biennium. There are still several funding streams that have been delayed due to staffing shortages at the Federal level, as well as a number of unknown factors, including the possibility of reduced and/or redirected funds.

**Budget/fiscal impacts:**

PE12-01 Public Health Emergency Preparedness \$19,418 decrease due to federal reductions. May receive full amount once federal budget has been approved  
PE13 Tobacco Prevention & Education Program \$250,000 award as anticipated for FY26  
PE36-01 OSPTR Board Primary Prevention Funding increase of \$1,329

**Requested by:**

Katie Plumb, Health & Human Services Director  
kplumb@crookpublichealthor.gov 541-447-5165

**Presenters:**

Katie Plumb, Health & Human Services Director

**Legal review (only if requested):**

**Elected official sponsor (if applicable):**

# INTERGOVERNMENTAL AGREEMENTS FOR FINANCING PUBLIC HEALTH SERVICES

**2025-2027**

## August 2025 Award Summary

Requests to draft the 2025-2027 (SFY26 and SFY27) Intergovernmental Agreements for Financing Public Health Services were submitted to the Office of Contracts and Procurement. Program specific information is listed below.

### **SFY26:**

#### **PE03: Tuberculosis Case Management**

PE Language updated for the following grantees:

Baker County	Benton County	Clackamas County	Clatsop County
Columbia County	Coos County	Crook County	Deschutes County
Douglas County	Gilliam County	Grant County	Harney County
Hood River County	Jackson County	Jefferson County	Josephine County
Klamath County	Lake County	Lane County	Lincoln County
Linn County	Malheur County	Marion County	Morrow County
Multnomah County	North Central Public Health District	Polk County	Tillamook County
Umatilla County	Union County	Washington County	Wheeler County
Yamhill County			

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

Decrease of SFY26 funds for the following grantees:

Baker County	Benton County	Clackamas County	Clatsop County
Columbia County	Coos County	Crook County	Deschutes County
Douglas County	Gilliam County	Grant County	Harney County
Hood River County	Jackson County	Jefferson County	Josephine County
Klamath County	Lake County	Lane County	Lincoln County
Linn County	Malheur County	Marion County	Morrow County
Multnomah County	North Central Public Health District	Polk County	Tillamook County
Umatilla County	Union County	Washington County	Wheeler County
Yamhill County			

SFY26 Hospital Preparedness Program funds for the following Health Care Coalition grantees:

Deschutes County	Grant County	Harney County	Jefferson County
Klamath County	Lake County	Wheeler County	

### **PE13: Tobacco Prevention and Education Program (TPEP)**

SFY26 award for the following grantees:

Crook County	Douglas County	Jefferson County	Lincoln County
Linn County	Umatilla County		

### **PE19-41: PDES - Support to Health Promotion Chronic Disease (HPCDP)**

SFY26 award for the following grantee:

Multnomah County
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### **PE36: Alcohol & Drug Prevention Education Program (ADPEP)**

SFY26 Award funds now available 7/1/25-6/30/26 for the following grantees:

Benton County	Clackamas County	Clatsop County	Columbia County
Coos County	Crook County	Deschutes County	Gilliam County
Grant County	Hood River County	Jackson County	Josephine County
Lake County	Lane County	Lincoln County	Linn County
Marion County	Multnomah County	Polk County	Umatilla County
Union County	Washington County	Wheeler County	Yamhill County

### **PE36-01: OSPTR Board Primary Prevention Funding**

Decrease of SFY26 funds per grantee request, for the following grantees:

Coos County	Umatilla County	Washington County
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Increase of SFY26 funds per grantee request, for the following grantees:

Crook County	Yamhill County
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### **PE40-01: WIC NSA: July – September**

Increase of SFY26 funds for the following grantee:

Baker County
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**PE40-02: WIC NSA: October – June**

Increase of SFY26 funds for the following grantee:

Baker County
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**PE79: MRC-STTRONG**

Rollover of unspent funds from SFY25 to SFY26, funds available 7/1/25-5/31/26 only, for the following grantees:

Coos County	Deschutes County	Washington County
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**Agreement #185807**

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

This Second 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 **August 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 B Program Element #03 “Tuberculosis Services” is hereby superseded and replaced and Program Element #13 “Tobacco Prevention education Program (TPEP) by Attachment A attached hereto and incorporated herein by this reference.
  - b. 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.
  - c. 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 #03: Tuberculosis Services****OHA Program Responsible for Program Element:**

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

**1. Description.**

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

ORS 433.006 and OAR 333-019-0000 assign responsibility to LPHA for Tuberculosis (“TB”) investigations and implementation of TB control measures within LPHA’s service area. The funds provided for TB Case Management Services (including contact investigation) and B-waiver Follow-Up under the Agreement for this Program Element may only be used as supplemental funds to support LPHA’s TB investigation and control efforts and are not intended to be the sole funding for LPHA’s TB investigation and control program.

Pulmonary tuberculosis is an infectious disease that is airborne. Treatment for TB disease must be provided by Directly Observed Therapy to ensure the patient is cured and prevent drug resistant TB. Screening and treating Contacts stops disease transmission. Tuberculosis prevention and control is a priority in order to protect the population from communicable disease and is included in the State Health Improvement Plan (SHIP).

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

**2. Definitions Specific to TB Services**

- a. Active TB Disease:** TB disease in an individual whose immune system has failed to control his or her TB infection and who has become ill with Active TB Disease, as determined in accordance with the Centers for Disease Control and Prevention’s (CDC) laboratory or clinical criteria for Active TB Disease and based on a diagnostic evaluation of the individual.
- b. Appropriate Therapy:** Current TB treatment regimens recommended by the CDC, the American Thoracic Society, the Academy of Pediatrics, and the Infectious Diseases Society of America.
- c. Associated Cases:** Additional Cases of TB disease discovered while performing a Contact investigation.
- d. B-waiver Immigrants:** Immigrants or refugees screened for TB prior to entry to the U.S. and found to have TB disease Latent TB Infection, or an abnormal chest x-ray finding suggestive of TB with negative sputum smears and culture results.
- e. B-waiver Follow-Up:** B-waiver Follow-Up includes initial attempts by the LPHA to locate the B- waiver immigrant. If located, LPHA proceeds to coordinate or provide TB medical evaluation and treatment as needed. Updates on status are submitted regularly by LPHA using Electronic Disease Network (EDN) or the follow-up worksheet.
- f. Case:** A Case is an individual, whose illness is confirmed to be Active TB Disease or, whose illness meets defining criteria published in OHA’s Tuberculosis Investigative Guidelines. This diagnosis may be based on signs, symptoms, and/or laboratory findings.

- g. **Cohort Review:** A systematic review of the management of patients with TB disease and their Contacts. The “cohort” is a group of TB Cases counted (confirmed as Cases) over 3 months. The Cases are reviewed 6-9 months after being counted to ensure they have completed treatment or are nearing the end. Details of the management and outcomes of TB Cases are reviewed in a group with the information presented by the case manager.
- h. **Contact:** An individual who was significantly exposed to an infectious Case of Active TB Disease.
- i. **Directly Observed Therapy (DOT):** LPHA staff (or other person appropriately designated by the LPHA) observes an individual with TB disease swallowing each dose of TB medication to assure adequate treatment and prevent the development of drug resistant TB. May be completed in person or by video (VDOT, eDOT) or other technology deemed appropriate by OHA.
- j. **Evaluated (in context of Contact investigation):** A Contact received a complete TB symptom review and tests as described in the definition of Medical Evaluation, below, or in the OHA Tuberculosis Investigative Guidelines.
- k. **Interjurisdictional Transfer:** A Suspected Case, TB Case or Contact transferred for follow-up evaluation and care from another jurisdiction either within or outside of Oregon.
- l. **Investigative Guidelines:** OHA guidelines, which are incorporated herein by this reference are available for review at:  
<http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/Tuberculosis/Documents/investigativeguide.pdf>.
- m. **Latent TB Infection (LTBI):** TB infection in a person whose immune system is keeping the TB infection under control. LTBI is also referred to as TB in a dormant stage.
- n. **Medical Evaluation:** A complete medical examination of an individual for TB including a medical history, physical examination, TB skin test or interferon gamma release assay, chest x-ray, and any appropriate molecular, bacteriologic, histologic examinations.
- o. **Suspected Case of Active TB Disease:** A Suspected Case of Active TB Disease, is an individual whose illness is thought by a health care provider, to be Active TB Disease or whose illness meets defining criteria published in OHA’s Tuberculosis Investigative Guidelines. This suspicion may be based on signs, symptoms, or laboratory findings.
- p. **TB Case Management Services:** Dynamic and systematic management of a Case of Active TB Disease where a person, known as a TB Case manager, is assigned responsibility for the management of an individual TB Case to ensure completion of treatment. TB Case Management Services requires a collaborative approach to providing and coordinating health care services for the individual. The Case manager is responsible for ensuring adequate TB treatment, coordinating care as needed, providing patient education and counseling, performing Contact investigations and following infected Contacts through completion of treatment, identifying barriers to care and implementing strategies to remove those barriers.

### 3. **Alignment with Modernization Foundational Programs and Foundational Capabilities.**

The activities and services that the LPHA has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see Public Health Modernization Manual at

[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	Access to clinical preventive services Direct services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
<i>Asterisk (*) = Primary foundational program that aligns with each component</i> <i>X = Other applicable foundational programs</i>						<i>X = Foundational capabilities that align with each component</i>						
<b>TB Case Management Services</b>	*					<b>X</b>	<b>X</b>		<b>X</b>			
<b>TB Contact Investigation and Evaluation</b>	*						<b>X</b>		<b>X</b>			
<b>Participation in TB Cohort Review</b>	*						<b>X</b>					
<b>Evaluation of B-waiver Immigrants</b>	*						<b>X</b>		<b>X</b>			

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

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 Measure:**

Not applicable

**4. Procedural and Operational Requirements.**

By accepting fee-for-service (FFS) funds to provide TB Case Management Services or B-waiver Follow-Up, LPHA agrees to conduct activities in accordance with the following requirements:

- a.** LPHA must include the following minimum TB services in its TB investigation and control program if that program is supported in whole or in part with funds provided under this Agreement: TB Case Management Services, as defined above and further described below and in OHA's Investigative Guidelines.
- b.** LPHA will receive \$3500 for each new case of Active TB disease counted in Oregon and documented in Orpheus for which the LPHA provides TB Case Management Services. LPHA will receive \$300 for each new B-waiver Follow-Up.

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- c. TB Case Management Services.** LPHA's TB Case Management Services must include the following minimum components:
- (1) LPHA must investigate and monitor treatment for each Case and Suspected Case of Active TB Disease identified by or reported to LPHA whose residence is in LPHA's jurisdiction, to confirm the diagnosis of TB and ensure completion of adequate therapy.
  - (2) LPHA must require individuals who reside in LPHA's jurisdiction and who LPHA suspects of having Active TB Disease, to receive appropriate Medical Evaluations and laboratory testing to confirm the diagnosis of TB and response to therapy, through the completion of treatment. LPHA must assist in arranging the laboratory testing and Medical Evaluation, as necessary.
  - (3) LPHA must provide medication for the treatment of TB disease to all individuals who reside in LPHA's jurisdiction and who have TB disease but who do not have the means to purchase TB medications or for whom obtaining or using identified means is a barrier to TB treatment compliance. LPHA must monitor, at least monthly and in person, individuals receiving medication(s) for adherence to treatment guidelines, medication side effects, and clinical response to treatment.
  - (4) DOT (including VDOT or eDOT) is the standard of care for the treatment of TB disease. Cases of TB disease should be treated via DOT. If DOT is not utilized, OHA's TB Program must be consulted.
  - (5) OHA's TB Program must be consulted prior to initiation of any TB treatment regimen which is not recommended by the most current CDC, American Thoracic Society and Infectious Diseases Society of America TB treatment guideline.
  - (6) LPHA may assist the patient in completion of treatment for TB disease by utilizing the below methods. Methods to ensure adherence should be documented.
    - (a) Proposed interventions for assisting the individual to overcome obstacles to treatment adherence (e.g. assistance with transportation).
    - (b) Proposed use of incentives and enablers to encourage the individual's compliance with the treatment plan.
  - (7) With respect to each Case of TB disease within LPHA's jurisdiction that is identified by or reported to LPHA, LPHA must perform a Contact investigation to identify Contacts, Associated Cases and source of infection. The LPHA must evaluate all located Contacts or confirm that all located Contacts were advised of their risk for TB infection and disease.
  - (8) LPHA must offer or advise each located Contact identified with TB infection or disease, or confirm that all located Contacts were offered or advised, to take Appropriate Therapy and must monitor each Contact who starts treatment through the completion of treatment (or discontinuation of treatment).
- d.** If LPHA receives in-kind resources under this Agreement in the form of medications for treating TB, LPHA must use those medications to treat individuals for TB. In the event of a non-TB related emergency (i.e. meningococcal contacts), with notification to TB Program, the LPHA may use these medications to address the emergent situation.
- e.** LPHA must present TB Cases through participation in the quarterly Cohort Review. If the LPHA is unable to present the Case at the designated time, other arrangements must be made in collaboration with OHA.

- f. LPHA must accept B-waiver Immigrants and Interjurisdictional Transfers for Medical Evaluation and follow-up, as appropriate for LPHA capabilities.
- g. If LPHA contracts with another person to provide the services required under this Program Element, the in-kind resources in the form of medications received by LPHA from OHA must be provided, free of charge, to the contractor for the purposes set out in this Program Element and the contractor must comply with all requirements related to such medications unless OHA informs LPHA in writing that the medications cannot be provided to the contractor. The LPHA must document the medications provided to a contractor under this Program Element.
- h. OHA, through CDC Tuberculosis Elimination and Laboratory Cooperative Agreement, will provide in-kind services to LPHAs through technical assistance, clinical consultation, and laboratory related to TB disease and latent TB infection
- i. If LPHA self-certifies as a 340B TB clinic site and receives reimbursement for 340B medications from OHA, it is the sole responsibility of LPHA to comply with all [HRSA regulations and requirements for 340B Drug Pricing Program Covered Entities](#).
- j. Any 340B cost savings or program income realized because of funding from this Agreement must be used in a manner consistent with the goals of the grant or program under which it was authorized; i.e., any cost saving resulting from CDC TB funding must be used to increase, enhance, and support TB screening and treatment services.

## 5. General Revenue and Expense Reporting.

In lieu of the LPHA completing an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of this Agreement, OHA-PHD will send a pre-populated invoice to the LPHA for review and signature on or before the 5<sup>th</sup> business day of the month following the end of the first, second, third and fourth fiscal year quarters. The LPHA must submit the signed invoice no later than 30 calendar days after receipt of the invoice from OHA-PHD. The invoice will document the number of new Active TB cases and/or B-waiver Follow-Ups for which the LPHA provided services in the previous quarter. Pending approval of the invoice, OHA- PHD will remit FFS funds to LPHA. Funds under this program element will not be paid in advance or on a 1/12<sup>th</sup> schedule.

## 6. Program Reporting Requirements.

LPHA must prepare and submit the following reports to OHA:

- a. LPHA must notify OHA’s TB Program of each Case or Suspected Case of Active TB Disease identified by or reported to LPHA no later than 5 business days within receipt of the report (OR – within 5 business days of the initial case report), in accordance with the standards established pursuant to OAR 333-018-0020. In addition, LPHA must, within 5 business days of a status change of a Suspected Case of TB disease previously reported to OHA, notify OHA of the change. A change in status occurs when a Suspected Case is either confirmed to have TB disease or determined not to have TB disease. LPHA must utilize OHA’s ORPHEUS TB case module for this purpose using the case reporting instructions located at <https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/COMMUNICABLEDISEASE/TUBERCULOSIS/Pages/tools.aspx> . After a Case of TB disease has concluded treatment, case completion information must be entered into the ORPHEUS TB case module within 5 business days of conclusion of treatment.
- b. LPHA must submit data regarding Contact investigations via ORPHEUS or other mechanism deemed acceptable by OHA. Contact investigations are not required for strictly extrapulmonary cases.

**7. Performance Measures.**

If LPHA uses funds provided under this Agreement to support its TB investigation and control program, LPHA must operate its program in a manner designed to achieve the following national TB performance goals:

- a. For patients with newly diagnosed TB disease for whom 12 months or less of treatment is indicated, **92.0% will complete treatment within 12 months.**
- b. For TB patients with positive acid-fast bacillus (AFB) sputum-smear results, **100.0% (of patients) will be interviewed to elicit Contacts.**
- c. For Contacts of sputum AFB smear-positive TB Cases, **90.0% will be evaluated for infection and disease.**
- d. For Contacts of sputum AFB smear-positive TB Cases with newly diagnosed LTBI, **92.0% will start treatment.**
- e. For Contacts of sputum AFB smear-positive TB Cases that have started treatment for newly diagnosed LTBI, **93.0% will complete treatment.**
- f. For TB Cases in patients ages 12 years or older with a pleural or respiratory site of disease, **98% will have a sputum culture result reported.**



**Program Element #13: Tobacco Prevention Education Program (TPEP)****OHA Program Responsible for Program Element:**

Public Health Division/Center for Health Prevention & Health Promotion/ Health Promotion and Chronic Disease Prevention Section

**1. Description.**

Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver the Tobacco Prevention Education Program (TPEP). As described in the local program plan, permitted activities are in the following areas:

- a. **Facilitation of Community and Statewide Partnerships:** Accomplish movement toward tobacco-free communities through a coalition or other group dedicated to the pursuit of agreed upon local and statewide tobacco control objectives. Community partnerships should include local public health leadership, health system partners, non-governmental entities as well as community leaders.
  - (1) TPEP program should demonstrate ability to mobilize timely community support for local tobacco prevention objectives.
  - (2) TPEP program should be available and ready to respond to statewide policy opportunities and threats.
- b. **Creating Tobacco-Free Environments:** Promote the adoption of tobacco-free policies, including policies in schools, workplaces and public places. Demonstrate community progress towards establishing jurisdiction-wide tobacco-free policies (e.g. local ordinances) for workplaces that still allow indoor smoking or expose employees to secondhand smoke. Establish tobacco-free policies for all county and city properties and government campuses.
- c. **Countering Pro-Tobacco Influences:** Reduce the promotion of tobacco in retail environments by educating and aligning decision-makers about policy options for addressing the time, place and manner tobacco products are sold. Counter tobacco industry advertising and promotion. Reduce youth access to tobacco products, including advancing tobacco retail licensure and other evidence-based point of sale strategies.
- d. **Promoting Quitting Among Adults and Youth:** Promote evidence-based practices for tobacco cessation with health system partners and implementation of Health Evidence Review Commission initiatives, including cross-sector interventions. Integrate the promotion of the Oregon Tobacco Quit Line into other tobacco control activities.
- e. **Enforcement:** Assist OHA with the enforcement of statewide tobacco control laws, including the Oregon Indoor Clean Air Act, minors' access to tobacco and restrictions on smoking through formal agreements with OHA, Public Health Division.
- f. **Reducing the Burden of Tobacco-Related Chronic Disease:** Address tobacco use reduction strategies in the broader context of chronic diseases and other risk factors for tobacco-related chronic diseases including cancer, asthma, cardiovascular disease, diabetes, arthritis, and stroke. Ensure Local Public Health Authority (LPHA) decision-making processes are based on data highlighting local, statewide and national tobacco-related disparities. Ensure processes engage a wide variety of perspectives from those most burdened by tobacco including representatives of racial/ethnic minorities, Medicaid users, LGBTQ community members, and people living with disabilities, including mental health and substance use challenges.

The statewide Tobacco Prevention and Education Program (TPEP) is grounded in evidence-based best practices for tobacco control. The coordinated movement involves state and local programs working together to achieve sustainable policy, systems and environmental change in local communities that mobilize statewide. Tobacco use remains the number one cause of preventable death in Oregon and nationally. It is a major risk factor in developing asthma, arthritis, diabetes, stroke, tuberculosis and ectopic pregnancy, as well as liver, colorectal and other forms of cancer. It also worsens symptoms for people already living with chronic diseases.

Funds provided under this Agreement are to be used to reduce exposure to secondhand smoke, prevent youth from using tobacco, promote evidence-based practices for tobacco cessation, educate decision-makers about the harms of tobacco, and limit the tobacco industry's influence in the retail environment. Funds allocated to Local Public Health Authorities are to complement the statewide movement towards population-level outcomes including reduced tobacco disparities.

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

## 2. Definitions Specific to Tobacco Prevention Education Program (TPEP).

**Oregon Indoor Clean Air Act (ICAA)** (also known as the Smokefree Workplace Law) protects workers and the public from secondhand smoke exposure in public, in the workplace, and within 10 feet of all entrances, exits, accessibility ramps that lead to and from an entrance or exit, windows that open and air-intake vents. The ICAA includes the use of "inhalant delivery systems." Inhalant delivery systems are devices that can be used to deliver nicotine, cannabinoids and other substances, in the form of a vapor or aerosol. These include e-cigarettes, vape pens, e-hookah and other devices. Under the law, people may not use e-cigarettes and other inhalant delivery systems in workplaces, restaurants, bars and other indoor public places in Oregon.

## 3. Alignment with Modernization Foundational Programs and Foundational Capabilities.

The activities and services that the LPHA has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see Public Health Modernization Manual at, [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	Access to clinical preventive services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
				Population Health Direct services							

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Asterisk (*) = Primary foundational program that aligns with each component X = Other applicable foundational programs					X = Foundational capabilities that align with each component						
Facilitation of Community Partnerships		*		X		X	X	X	X	X	X
Creating Tobacco-free Environments		*		X		X	X	X	X	X	X
Countering Pro-Tobacco Influences		*				X	X	X	X	X	X
Promoting Quitting Among Adults and Youth		X		*		X	X	X	X	X	X
Enforcement		*	X			X	X	X	X	X	X
Reducing the Burden of Tobacco-Related Chronic Disease		*		X		X	X	X	X	X	X

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

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, LPHA agrees to conduct activities in accordance with the following requirements:

- a. Submit local program plan and local program budget to OHA for approval at a time determined by OHA. OHA will supply the required format and current service data for use in completing the plans.  
  
Local program budget may include direct, evidence-based or culturally appropriate cessation delivery including the provision of Nicotine Replacement Therapy (NRT), but may not include other treatment services, other disease control programs, or other efforts not devoted to tobacco prevention and education.
- b. Engage in activities as described in its local program plan, which has been approved by OHA and is incorporated herein with this reference. Modifications to the plans may only be made with OHA approval.
- c. Ensure that LPHA leadership is appropriately involved and its local tobacco program is staffed at the appropriate level, depending on its level of funding, as specified in the award of funds for this Program Element.
- d. Use funds for this Program Element in accordance with its local program budget, which has been approved by OHA and incorporated herein with this reference. Modifications to the local program budget may only be made with OHA approval.
- e. Attend all TPEP meetings reasonably required by OHA.

- f. Comply with OHA’s TPEP Guidelines and Policies.
- g. Coordinate its TPEP activities and collaborate with other entities receiving TPEP funds or providing TPEP services.
- h. In the event of any omission from, or conflict or inconsistency between, the provisions of the local program plan and local program budget on file at OHA, and the provisions of the Agreement and this Program Element, the provisions of this Agreement and this Program Element shall control.

## 5. General Revenue and Expense Reporting.

LPHA must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of this Agreement. 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

## 6. Program Reporting Requirements.

LPHA must submit local program plan reports on a semi-annual schedule to be reviewed by OHA. The reports must include, at a minimum, LPHA’s progress during the reporting period towards completing activities described in its local program plan. Upon request by OHA, LPHA must also submit reports that detail quantifiable outcomes of activities and data accumulated from community-based assessments of tobacco use. LPHA leadership and program staff must participate in reporting interviews on a schedule to be determined by OHA and LPHA.

## 7. Performance Measures.

If LPHA completes fewer than 75% of the planned activities in its local program plan for two consecutive reporting periods in one state fiscal year, LPHA will not be eligible to receive funding under this Program Element during the next state fiscal year.



**Attachment B**  
**Exhibit C - Financial Assistance Award**

State of Oregon Oregon Health Authority Public Health Division		
<b>1) Grantee</b> Name: Crook County  Street: 375 NE Beaver St., Suite 100 City: Prineville State: OR    Zip: 97754-1802	<b>2) Issue Date</b> Friday, August 1, 2025	<b>This Action</b> Amendment
		FY 2026
	<b>3) Award Period</b> 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	\$0.00	\$6,956.75
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)	\$69,351.00	(\$19,418.00)	\$49,933.00
PE13	Tobacco Prevention and Education Program (TPEP)	\$0.00	\$250,000.14	\$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	\$48,412.00	\$1,329.00	\$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
PE43-01	Public Health Practice (PHP) - Immunization Services	\$10,817.00	\$0.00	\$10,817.00

4) OHA Public Health Funds Approved				
Number	Program	Previous Award Balance	Increase / Decrease	Current Award Balance
PE44-01	SBHC Base	\$60,000.00	\$0.00	\$60,000.00
PE44-02	SBHC - Mental Health Expansion	\$113,236.00	\$0.00	\$113,236.00
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	\$303,486.00	\$0.00	\$303,486.00
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
		\$1,170,470.02	\$231,911.14	\$1,402,381.16

5) Foot Notes:	
PE01-01	07/2025: funding available 7/1/25-9/30/25 only.
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:	
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
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****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	\$49,933.00	\$49,933.00

## 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:**

9/10/2025

**Meeting date desired:**

9/24 and/or 10/1

**Subject:**

Proposed Community Health Advisory Council (CHAC) Bylaws Update

**Background and policy implications:**

According to current CHAC bylaws,

"The council may recommend to the County Board of Commissioners amendments(s) of these bylaws by a vote of a majority of the Council present at the duly noticed meeting. Any proposed amendment will be made available to the Council at least seven (7) days prior to the Council meeting at which the proposed amendment will be reviewed and a recommendation acted upon. Final approval of any bylaw change rests solely with the Board of County Commissioners."

At the CHAC Regular Meeting on August 4, 2025, Council members reviewed proposed changes brought forth by Crook County Health Department staff. Summary of changes are as follows (full red-line document attached):

- Increased clarity of Council purpose aligned with ORS 430.342 and 430.630(7)
- Alignment with Oregon Public meeting law and related County policy
- Format and redundancy clean-up

Upon review, Council members voted to approve all requested changes and submit to BOC for review and adoption.

**Budget/fiscal impacts:**

None

**Requested by:**

Katie Plumb, Health & Human Services Director  
kplumb@crookpublichealthor.gov 541-447-5165

**Presenters:**

Katie Plumb, Health & Human Services Director

**Legal review (only if requested):****Elected official sponsor (if applicable):**

**BYLAWS OF THE  
CROOK COUNTY  
COMMUNITY HEALTH ADVISORY COUNCIL**

**ARTICLE I – NAME AND DEFINITION**

The Crook County Community Health Advisory Council (~~the “Council”~~) is an advisory body to the Crook County Board of Commissioners (“Board of Commissioners”), a political subdivision of the State of Oregon. ~~(the “Board of Commissioners”)~~ The Council is formed and operates in accordance with ORS 430.342 and 430.630(7) and provides recommendations and guidance to the Board of Commissioners on issues related to ~~regarding~~ Mental Health and Public Health within ~~Crook County~~ issues.

**ARTICLE II – PURPOSE**

The purpose of the Ccouncil is as follows:

- a. Advocate and build consensus for local policies to protect and promote the health (mental and physical health) of all people in Crook County;
- b. Promote and facilitate population health initiatives as well as accessible, affordable, and quality safety net health services including behavioral health, development disabilities, and public health;
- c. Advise the broad community health system on coordination, collaboration and integration of mental health and public health services;
- d. Provide appropriate and timely information to the ~~County~~ Board of Commissioners on mental health, alcohol and drug policy, public health issues, and developmental disability matters;
- e. Review statewide mental health and public health issues and make recommendations;
- f. Monitor health status indicators that will help identify and solve community health problems;
- g. Receive input from community members at regularly scheduled meetings or special meetings s as determined by the Council;

- h. Assist the county in broad community health assessment and planning;
- i. Advise and make recommendations to the ~~Crook County~~ Board of Commissioners on issues related to the needs of the citizens of individuals living, working, learning, and/or recreating in Crook County;
- i.j. Annually determine review, and revise when necessary, the Council's focus, projects, priorities, and progress based on community health issues;
- j.k. The ~~C~~council will develop plans and practices to follow up on recommendations and their implementation;
- ~~Participate in public health policy development;~~
- l. Advocate for the resources necessary to assure the provision of essential mental and public health functions.
- m. Provide summary assessments to the Board of Commissioners on the work of the Council in providing oversight for the mental health and public health systems;
- ~~k. Inform the Board of Commissioners about emerging public health threats, legislation, and health issues in need of attention.~~

~~Advocate for the resources necessary to assure the provision of essential mental and public health functions.~~

### ARTICLE III – MEMBERSHIP

- A. ~~—~~The Council shall consist of 10-15 members.
- B. Membership will be broadly represented of the community by age, gender, and ethnicity.
- C. Membership will consist of advocates, consumers, professionals, and interested citizens of all ages.

- D. Members shall be appointed by the ~~Crook County~~ Board of Commissioners with ~~the~~ assistance and recommendations from the ~~Council~~ whenever an opening is available.
- E. Appointment to the Council is for a two-year term.
- F. A member wishing to resign from the Council shall notify the Chairperson or ~~County~~ Board of Commissioners in writing with the effective date of resignation.
- G. Members are expected to attend all meetings of the Council.
- H. By the affirmative vote of at least a majority of its members, the Council may recommend to the County Board of Commissioners that a member be removed from the Council for continued neglect of duties required by law, for failure to attend Council meetings without just cause, for incompetence, or for unprofessional or dishonorable conduct. Such a recommendation shall be made only after a proposed recommendation to the Council by the Chair and Vice-Chair, or by any three members and after the member being considered for removal has been given the opportunity to appear before the Council regarding that proposed recommendation.
- I. Vacancies on the Council shall be filled viaby appointment by the ~~Crook County~~ Board of Commissioners. The Chairperson will notify the ~~Crook County~~ Board of Commissioners and Crook County Clerks office of any Council vacancies.

#### ARTICLES IV – OFFICERS

- A. The officers shall consist of the Chair – Health & Human Services Director appointed by the ~~Crook County~~ Board of Commissioners and Vice Chair, elected by the Council to serve a two-year term.
- B. Nominations for the Vice-Chair will be made by one or more Council members.
- C. Election of officers shall occur at the final regular Council meeting of every even-numbered year. In the event that the Vice-Chair resigns or is otherwise unable to fulfill their duties before the end of their term, a special election shall be held at the next regular Council meeting at which a quorum is present to elect a replacement for the remainder of the term.
- D. The Vice-Chair shall be a non-county employee.
- E. Duties:
  - 1. The Chair shall preside at meetings of the Council, appoint committees, and perform all additional duties prescribed by these Bylaws.

2. The Vice-Chair shall serve as Chair in the absence or incapacity of the Chair, assist the Chair, see that the Bylaws are followed, and perform additional duties as prescribed by these Bylaws.
3. The Chair or Vice Chair shall provide an annual report/summary of the Board's activities to the Crook County Board of Commissioners. The Chair or Vice Chair may report to the Crook County Board of Commissioners any time an issue arises necessitating the Board's attention.

#### ARTICLE V – MEETINGS

- A. Regular meetings of the Board shall be every other month.
- B. Meetings shall be conducted in accordance with Oregon's public meeting law (ORS 192.610 – 192.710) and Oregon's public records law (ORS 192.001 – 192.505). Notice will be provided to members, the public and media at least 48 hours in advance of each regular meeting, and at least 24 hours in advance of any special meeting.
- C. ~~Regular meetings shall require at least seven (7) days advance written notice to all members. The notice shall include an agenda of all major topics for discussion and all topics for action.~~
- D. Special meetings may be called as determined by the Chair. ~~Special meetings shall require at least seventy-two (72) hours advance written notice to all members and the public. The notice shall include an agenda of all major topics for discussion and all topics for action.~~
- E. A quorum of any regular or special meetings shall consist of not less than a majority of the Council members. Action shall be taken by at least a majority of the ~~Council~~Board members present at any regular or special meeting.
- F. ~~Public notice will be provided to the public and media at least seven (7) days in advance of each regular meeting, and at least seventy-two (72) hours in advance of any special meeting. Meeting notice shall include the agenda for the meeting. The discussion of subjects not on the agenda is allowed at any Council meeting.~~
- G. Written minutes will be taken at all regular and special meetings. Minutes will ~~include~~include members ~~present~~s, all motions, proposals, resolutions, orders, ordinances, and measures proposed and the disposition of each; the substance of discussion on any matter; and ~~a~~ reference to any document(s) discussed or distributed at the meeting.



## ARTICLE VI – COMMITTEES

- A. The Council may appoint standing or temporary committees.
- B. The Council shall have the power to create additional committees in number and responsibilities believed by the Council to be necessary to aid in the development and implementation of mental health and public health requirements.
- C. Committees shall be designated ~~temporaryad hoc~~ or standing. ~~TemporaryAd hoc~~ committees shall terminate upon completion of the committee aim and are therefore limited in duration. Standing committees shall remain in existence until such time as specifically terminated by the Council.
- D. Non-Council members may serve on standing or temporary committees, as determined appropriate by the Council.
- D. Each committee shall select ~~ait's~~ lead who shall be an appointed Council member.
- E. All-committee membersparticipants of a committee – whether or not they are members of the Council – shall be entitled to vote on matters under consideration within the committee. However, only appointed members of the Council may vote on committee recommendations when such matters are brought before the full Council for action. will be entitled to vote on matters being considered by the committee, whether member of the Council or not.

## ARTICLE VII – AMENDMENTS

The Ccouncil may recommend to the ~~County~~ Board of Commissioners amendments(s) of these bylaws by a vote of a majority of the Council present at the duly notice meeting. Any proposed amendment will be made available to the Council at least seven (7) days prior to the Council meeting at which the proposed amendment will be reviewed and a recommendation acted upon. Final approval of any bylaw change(s) rests solely with the Board of ~~County~~ Commissioners.

## ARTICLE VIII – PARLIMENTARY AUTHORITY

Roberts Rules of Order govern Council meetings except in instances of conflict between the Rules of Order and the Bylaws of the Council, or provision of law.

Approved by the Crook County Board of Commissioners on \_\_\_\_\_(MM/DD/YYYY)

<u>Signature</u>	<u>Print Name</u>	<u>Title</u>
Signature	Print Name	Title
<u>Signature</u>	<u>Print Name</u>	<u>Title</u>

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Brian Barney, Commissioner

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Seth Crawford, Commissioner

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Susan Hermreck, Commissioner

These bylaws were adopted by the Council on \_\_\_\_\_ (MM/DD/YYYY)

		<u>Chair</u>
Signature	Print Name	Title
		<u>Chair</u>

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Katie Plumb, Chairperson



**BYLAWS OF THE  
CROOK COUNTY COMMUNITY HEALTH ADVISORY COUNCIL**

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- j. Annually review, and revise when necessary, the Council's focus, projects, priorities, and progress based on community health issues;
- k. The Council will develop plans and practices to follow up on recommendations and their implementation;
- l. Advocate for resources necessary to assure the provision of essential mental and public health functions;
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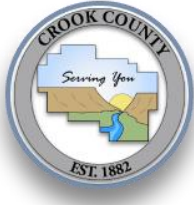
Approved by the Crook County Board of Commissioners on \_\_\_\_\_(MM/DD/YYYY)

Signature	Print Name	Title
Signature	Print Name	Title
Signature	Print Name	Title

These bylaws were adopted by the Council on \_\_\_\_\_ (MM/DD/YYYY)

_____ Signature	_____ Print Name	_____ Chair Title
_____ Signature	_____ Print Name	_____ Co-Chair Title

## AGENDA ITEM REQUEST

**Date:**

*September 17, 2025*

**Meeting date desired:**

*September 24, 2025*

**Subject:**

*FEMA Floodplain Draft EIS Update*

**Background and policy implications:**

*The Federal Emergency Management Agency (FEMA) has published a Draft Environmental Impact Statement (EIS) regarding implementation of the new National Flood Insurance Program, which integrates compliance with the Endangered Species Act. Comment on the draft EIS is due October 6<sup>th</sup>. This is an updated to the Board to consider providing comment to FEMA.*

**Budget/fiscal impacts:**

*N/A*

**Requested by:**

*John Eisler; Community Development  
John.Eisler@CrookCountyOR.gov  
541-447-3211*

**Presenters:**

*Katie McDonald  
John Eisler*



# FEMA IMPLEMENTATION OF OREGON BIOLOGICAL OPINION

UPDATE REPORT TO TILLAMOOK COUNTY BOARD OF COMMISSIONERS

PRESENTED BY:

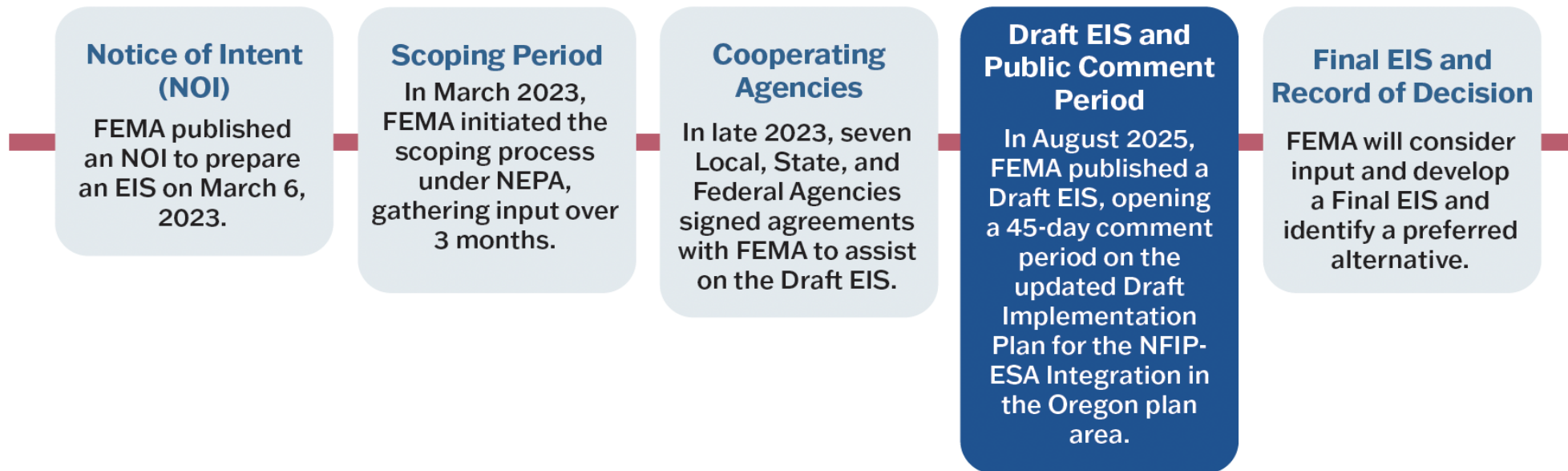
SARAH ABSHER, CFM, DIRECTOR

TILLAMOOK COUNTY DEPARTMENT OF COMMUNITY DEVELOPMENT

- NATIONAL ENVIRONMENTAL POLICY ACT (NEPA)
  - The NEPA process is intended to help agencies make informed decisions that are based on an understanding of environmental consequences and take actions that protect, restore, and enhance the environment
  - **“ESEE” ANALYSIS PART OF NEPA REVIEW PROCESS & PUBLIC COMMENT PERIOD**
    - **Environmental: Natural & Physical Environment (ESA evaluation)**
    - **Social: Human Environment- How Proposal Affects People & Communities**
    - **Economic: Economic Impact Assessment**
    - **Energy: Energy Consumption**
  - COOPERATING AGENCIES 2023
  - ENVIRONMENTAL IMPACT STATEMENT (EIS IS IN DRAFT FORM)
- PUBLIC COMMENT PERIOD
  - Citizen involvement is critical.
- PREPARATION OF FINAL ENVIRONMENTAL IMPACT STATEMENT
- IMPLEMENTATION

## Next Steps

FEMA will consider all input received during the Draft EIS public review and comment period. Following the public review and comment period on the Draft EIS, FEMA will develop a Final EIS, identify a preferred alternative, and publish a Record of Decision to conclude the NEPA process.



## Purpose and Need

---

### Purpose:

Ensure that the implementation of the NFIP in OR is consistent with ESA/MSA requirements.

### Need:

- Avoid jeopardizing the continued existence of listed species.
- Avoid, minimize, or offset potential adverse effects on Essential Fish Habitat (EFH)
- Maintain consistency with FEMA's existing NFIP statutory and regulatory authorities and program objectives.



FEMA



## “No Net Loss” (NNL) Standards & Floodplain Functions

NNL standards would apply to development with a new or increased footprint

Location-specific ratios for each proxy

Floodplain Function	Proxy (No net loss of...)	Loss of
Flood Storage	Flood Storage Capacity	Fish accessible and egress-able habitat
Water Quality	Pervious surfaces	Natural filtration, temperature, flow
Vegetation	Trees 6 inches dbh	Canopy habitat, shade, filtration, wood, stabilization

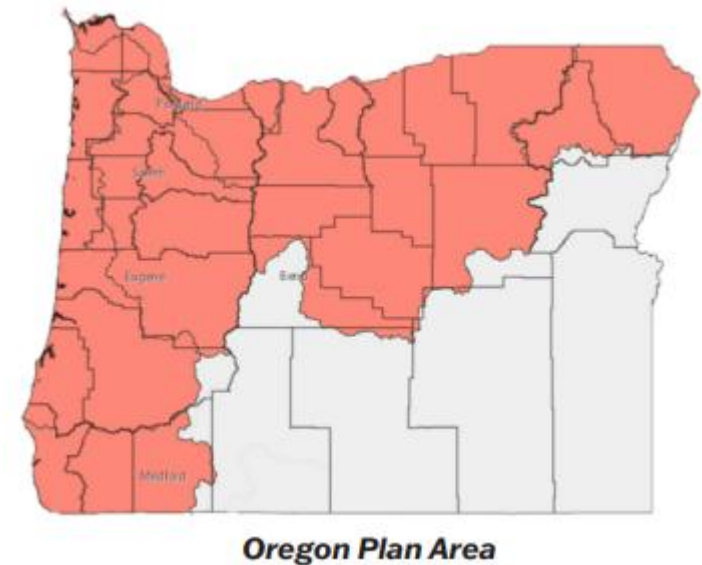


**FEMA**



# Actions Subject to No Net Loss

- Occurring within Oregon NFIP participating community within the “plan area”
- Proposed development located within mapped SFHA on FEMA-approved FIRM
- Activity meets the definition of “development”
  - “Development” defined as any man-made change to improved or unimproved real estate, including but not limited to buildings or other structures, mining, dredging, filling, grading, paving, excavation or drilling operations, and storage of equipment or materials
  - No exception for modifications/additions that are not “Substantial Improvements”



## Four Paths to Compliance

A	B	C	D
Adopt a model ordinance	Complete an ordinance checklist	Develop a customized community plan	Pursue alternative ESA compliance at the community level.
Developed by FEMA.	Demonstrate that new and/or existing local policies address the required elements of the model ordinance.  Includes future State requirements	Customize, mix, and match to implement NNL at community or sub-community level  Can include Parcel-by-Parcel and a future State pathway.	Working directly with NMFS: <b>Habitat Conservation Plan</b> under ESA Section 10(a)(1)(B) or an ESA <b>Section 4(d) Limit</b> authorization, as appropriate.  This path allows for alternatives to no net loss



# FEMA'S EIS ALTERNATIVES (PUBLIC COMMENTS NEEDED)

- **Alternative 1: No Action Alternative (NFIP implementation proceeds in Oregon unmodified and no-net loss standards do not apply.)**
- Alternative 2: One of FEMA's Pathways A-D must be implemented, with exception for projects that have separately achieved ESA compliance through a federal nexus (Section 7 Consultation/Federal Permitting/Permit Requires EIS).
- Alternative 3: One of FEMA's Pathways A-D must be implemented and no exemptions for any project as allowed under Alternative 2.



# When do I need a permit under the NFIP?

Examples of projects that meet the definition of development:

**Buildings** of any size (house, barn, commercial, etc.)

Terracing, fences, and any **structures**

**Mining, dredging, filling, grading, excavation, drilling**

**Paving**, roads, driveways, sidewalks

Bank stabilization, habitat restoration

Piers, marinas, port structures, boat ramps

**Storage of equipment or materials**

Drainage and utility infrastructure

Underground or at grade tanks



FEMA

**AVOID,  
MINIMIZE &  
MITIGATE**

**MITIGATE  
TO ENSURE  
NO NET  
LOSS  
STANDARDS  
ARE MET**

No net loss of flood storage capacity includes removing soil from the SFHA to create replacement flood storage to offset the placement of fill and structures in the SFHA.

For a 1,500-square-foot home and 20-foot by 40-foot driveway would require 3,400 cubic feet of soil (126 cubic yards) to be removed from the SFHA for replacement flood storage if mitigated **on-site**.

If mitigated **off-site**, the project would be subject to larger mitigation ratios and might have to remove up to 6,800 cubic feet of soil (252 cubic yards).

A dump truck carries an average of 10 cubic yards of material. Mitigation would require between 12.6 and 25.2 dump trucks of soil to be removed from the SFHA.

Soils removed to create replacement flood storage would need to be disposed of outside the SFHA, thereby altering topography both at the mitigation site and the soil disposal site.



The average dump truck carries 10 cubic yards of material

**Figure 4-4. Visual Representation of 10 Cubic Yards of Material**



## Model Project: Residential New Build – Single Family Home

Floodplain Function	Impact	Required Mitigation
Flood Storage	House and Driveway: 1,700 cubic feet new fill and structure below the base flood elevation.	6,800 cubic feet of replacement fish accessible and egressible flood storage must be created.
Water Quality	House and Driveway: 2,300 square feet new impervious surface.	4,600 square feet of impervious surface must be mitigated.
Vegetation	Removes 5 trees greater than 6 inches dbh.	30 trees must be planted.
Beneficial Gain	House is a non-water dependent use in the RBZ.	115 square feet of the RBZ must be planted with native riparian herbaceous, shrub, and / or tree vegetation.



### Legend

- Waterway
- Special Flood Hazard Area
- Riparian Buffer Zone
- Removed Trees

# Residential

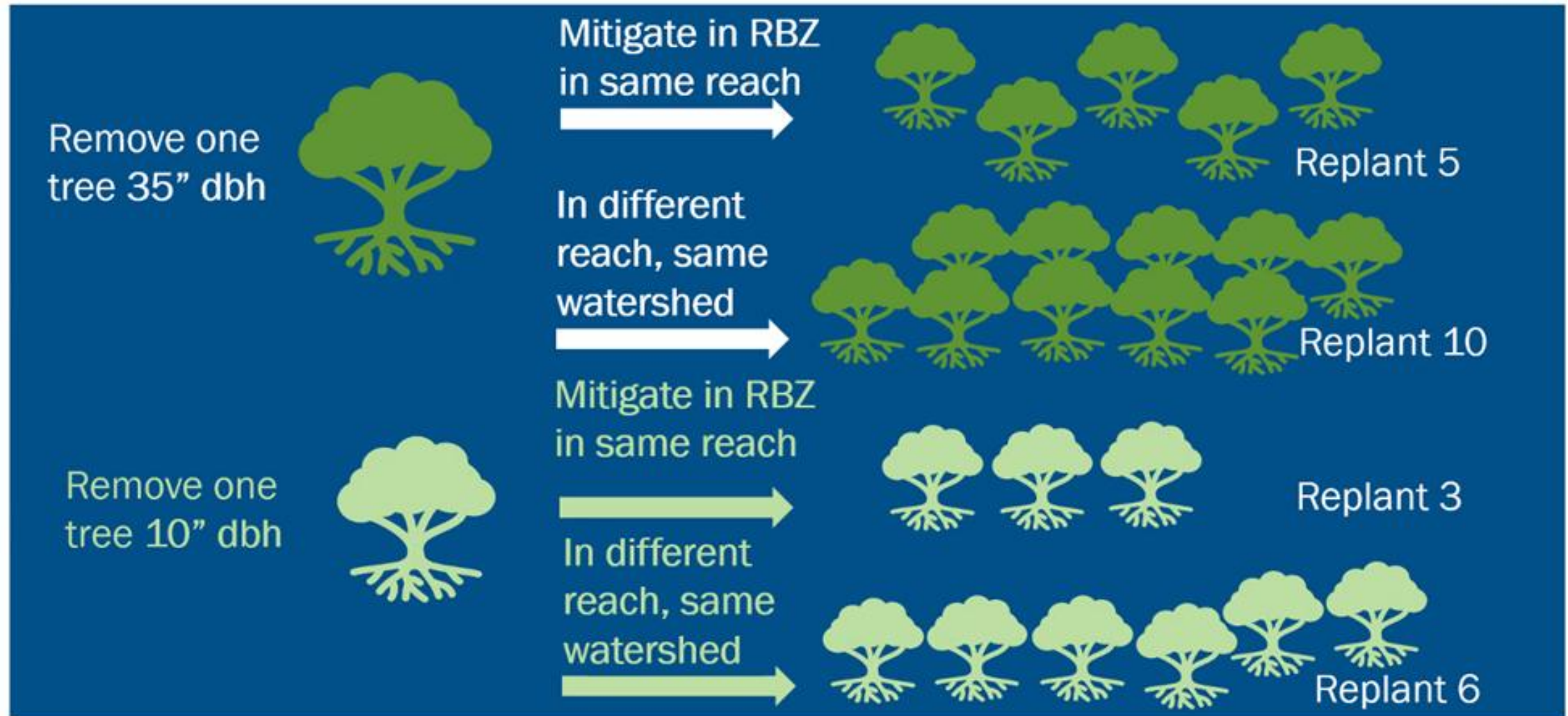
- SFHA = 5.4% of all residential lands in cities, on average.
- For a 1,500-square-foot home and 20-foot by 40-foot driveway:
  - Mitigation area = 0.26 acre;
  - Average residential lot size in urban areas = 0.17 acre;
  - **“... a typical new single-family house could require a second parcel to implement mitigation for no net loss (Oregon Office of Economic Analysis 2018).”**

## Model Project: Port Improvement Project

Floodplain Function	Impact	Required Mitigation
Flood Storage	<ul style="list-style-type: none"> <li>Replacement of existing 5 acres of wharf and construction of an underground vault: No impact.</li> <li>Expanding wharf by 5 acres: volume of piers between high tide line and BFE = 47,624 cubic feet.</li> <li>Dredging: No impact.</li> <li>Parking Pavement improvement (thicker pavement): 54,450 cubic feet in the RBZ and 272,250 cubic feet outside RBZ.</li> <li><b>Total:</b> 102,074-cubic-foot reduction in flood storage capacity within the RBZ and 272,250 cubic-foot reduction outside of the RBZ.</li> </ul>	<ul style="list-style-type: none"> <li><b>Within the RBZ:</b> 204,148 cubic feet replacement flood storage required.</li> <li><b>Outside the RBZ:</b> 408,375 cubic feet replacement flood storage required.</li> </ul>
Water Quality	<ul style="list-style-type: none"> <li>Only new impervious surface is the wharf expansion.</li> <li>No impact because reduction of pervious surface is addressed through the underground vault to manage stormwater and protect water quality.</li> </ul>	No further mitigation required.
Vegetation	<ul style="list-style-type: none"> <li>Removes 5 trees from 6 to 20 inches dbh.</li> <li>Removes 5 trees from 20 to 39 inches dbh.</li> </ul>	40 trees must be planted in the RBZ.
Beneficial Gain	<ul style="list-style-type: none"> <li>Parking pavement improvement is a non-functionally dependent use in the RBZ.</li> <li>Beneficial gain required.</li> </ul>	0.25 acre (10,890 square feet) must be planted with native riparian herbaceous, shrub, and/or tree vegetation in the RBZ.



## Mitigation Ratio Example — NNL depends on conditions



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# Residential

- The **estimated increase in construction costs** to develop SFR would be **28.8 percent for off-site mitigation** and **9.5 percent if mitigation occurred on-site**.
- **Monthly principal and interest payments** would be approximately **\$630 mo/\$7,590 year more to pay for off-site mitigation**, or approximately **\$209 mo/\$2,510 per more if the mitigation occurred on-site**.
- If a homeowner wanted to add a garage, carport, patio, paved driveway, or sidewalk, then **the percentage increase in costs due to mitigation could be higher than the percentage increase calculated for a full single-family home development**.



# Commercial & Industrial

- SFHA = 14.3% of all commercial + industrial lands in cities, average.
- Implementation of No Net Loss standard **would raise the costs of construction by an estimated 9.5 to 28.8 percent** similar to residential.
- Unlike residential property owners, **increased construction costs would increase the costs of doing business, raising the costs of goods or services sold.**
- Remodeling or expanding existing developed commercial and industrial land **could require a different or more expensive design** than required under current regulations to meet the no net loss standards.

# Agriculture

- “If development is required to support agricultural or forestry operations, economic impacts on property owners might be considerable because farmers, ranchers, or woodlot owners generally do not have the ability to raise prices, and profit margins are often slim for agricultural producers.”
- For a new barn project, “the net mitigation costs would **increase the estimated project costs by approximately 12 percent.**”

# Ports

- For projects that do not have an independent federal nexus, **the economic impact would be similar to the impact on the commercial and industrial sector, with the notable exception that ports cannot relocate construction projects outside the port boundaries.** Therefore, options to move out of the SFHA and avoid impacts would be more limited for ports.
- “The **estimated mitigation costs** required to meet the no net loss standards for a model project **would amount to about \$718,235 or an increase of about 2.6 percent.**”

# Cities & Counties

- The majority of jurisdictions would need to supplement or change existing ordinances. Many county and municipal governments would incur additional costs as they implement new or updated ordinances and subsequent reporting requirements.
- “**Larger communities** with extensive undeveloped lands in rapidly growing communities, **might need extensive public process** (including public outreach, meetings, and hearings) **and ordinance drafting sessions.**”
- “To accomplish these tasks, some local governments may need to hire outside consultants or add personnel in-house (or both). **The consultant cost, if this work were performed separately for each local government jurisdiction, might range generally from about \$60,000 to more than \$1 million for an individual jurisdiction.**”

# Cities & Counties

- To help gauge the magnitude of this impact for the entire Oregon plan area, **it is assumed that each of the 233 NFIP participating communities would spend an average of \$100,000 to \$200,000 to achieve initial adoption and implementation.** Therefore, the **total cost might total \$23 million to \$47 million for the full Oregon plan area.**
- **These estimated costs do not include increased staff time or training for permit review,** which might be as much as 1 full-time equivalent position split among two to three people in the first year. **Staff time would be much greater for local jurisdictions that take an active role in implementing the no net loss standards.**

# Land Use (Generally)

**Alternatives 2 and 3 would have a major long-term adverse impact on land development and use from**

- 1) the potential for some development to move outside of the SFHA because of increased costs for mitigation,
- 2) the use of land in the SFHA for mitigation thereby reducing development potential and potential increased need for UGB expansion.



# Land Use (Generally)

- **Impacts would be significant** because of potential changes in development patterns outside the SFHA, use of land for mitigation could conflict with comprehensive plans and zoning, and UGB expansions may be needed based on reduced land availability.”
- “Land used solely for mitigation could conflict with local comprehensive plans and zoning.”
- “If development were influenced to occur outside of the SFHA, it would be unlikely to be sufficient justification for a community to expand their UGB because a small percentage of development occurs in the SFHA compared to the rest of the UGB under existing conditions.”

# DEIS Summary of Impacts (Alt. 2 &3)

- Significant impact on land use based on the potential for some development to move outside of the SFHA due to increased costs for mitigation and the use of land in the SFHA for mitigation thereby reducing development potential and associated potential need for Urban Growth Boundary (UGB) expansion.
- Significant economic impact based on the cost and complexity to implement the no net loss standards.
- Short-term adverse impacts on biological resources related to construction activities to implement the no net loss standards. Soil loss and compaction, vegetation alteration, and pollutants from construction equipment associated with no net loss standards could impair habitat quality, reduce biodiversity, and alter habitat connectivity.
- No net loss standards in the SFHA would result in beneficial effects on fish and aquatic wildlife, including aquatic threatened and endangered species.
- Some adverse impacts on terrestrial habitats and species may still occur due to the potential for development to favor land outside of the SFHA to avoid the cost and complexity of the no net loss standards.
- Compared to existing conditions, reduced impacts on biological resources in the long term by implementing the no net loss standards in the SFHA would result in beneficial effects on aquatic habitats and associated special-status species.

## Potential Impacts and Benefits

All three alternatives would result in adverse impacts on resources to varying degrees. The table below indicates the potential adverse and beneficial effects of each alternative.<sup>1</sup>

(S) Significant adverse   
 (LS) Adverse, less than significant   
 (BE) Beneficial effect   
 (NI) No impact compared to existing conditions



Resource	No Action Alternative	Alternative 2		Alternative 3	
		Short Term	Long Term	Short Term	Long Term
Short term or long term impacts or benefits					
Land Development, Use, and Value	(NI)	(S)		(S)	
Economic Impacts	(NI)	(S)		(S)	
Seismicity, Geology, Topography, Soils	(NI)	(LS)	(BE)	(LS)	(BE)
Water Quality	(LS)	(LS)	(BE)	(LS)	(BE)
Wetlands	(NI)	(S)	(BE)	(S)	(BE)
Floodplains	(LS)	(LS)	(BE)	(LS)	(BE)
Vegetation	(S)	(LS)	(BE)	(LS)	(BE)
Terrestrial Wildlife	(S)	(LS)	(BE)	(LS)	(BE)
Fish and Aquatic Wildlife	(S)	(LS)	(BE)	(LS)	(BE)
Threatened and Endangered Species	(S)	(LS)	(BE)	(LS)	(BE)
Tribal Treaty Rights	(S)	(LS)	(BE)	(LS)	(BE)
Hazardous Materials	(NI)	(LS)	(BE)	(LS)	(BE)
Transportation	(NI)	(S)		(S)	
Public and Critical Infrastructure, Health, and Safety	(NI)	(NI)	(S) (BE)	(NI)	(S) (BE)
<b>Total Significant Adverse</b>	<b>5</b>	<b>5</b>		<b>5</b>	
<b>Total Beneficial Effects</b>	<b>0</b>	<b>11</b>		<b>11</b>	

# FEMA'S EIS ALTERNATIVES (PUBLIC COMMENTS NEEDED)

- **Alternative 1: No Action Alternative (NFIP implementation proceeds in Oregon unmodified and no-net loss standards do not apply.)**
- Alternative 2: One of FEMA's Pathways A-D must be implemented, with exception for projects that have separately achieved ESA compliance through a federal nexus (Section 7 Consultation/Federal Permitting/Permit Requires EIS).
- Alternative 3: One of FEMA's Pathways A-D must be implemented and no exemptions for any project as allowed under Alternative 2.

## Public Comments Requested

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- We want to hear from you about:
  - Does the Draft EIS disclose the potential impacts of the alternatives on you, your community, and the environment?
  - Any new information or data that would substantively change the analysis and conclusions.
  - Which alternative should FEMA select and why.
  - Anything that should be clarified or corrected.
- Helpful comments:
  - Focus on specific issue or problem.
  - Areas of support
  - Issues of concern
  - Potential solutions
  - Opinions supported with details, facts, references, etc.



## How to Comment



- Public Comment Period Open until October 6, 2025



### Public Meeting:

Court Reporter in attendance to capture verbal comments.



### In writing, mail to:

NFIP OR EIS, FEMA, Region 10, 130 – 228<sup>th</sup> Street SW,  
Bothell, WA 98021



Email: [fema-r10-or-nfip-esa-integration@fema.dhs.gov](mailto:fema-r10-or-nfip-esa-integration@fema.dhs.gov)

Online comment form: <https://tinyurl.com/FEMA-OR-EIS-Comment>



Fax: 425-775-7560 Attention: FEMA NFIP OR EIS



FEMA



Visit the virtual  
meeting room!





# **PUBLIC PARTICIPATION AT FEMA VIRTUAL MEETINGS**

September 11, 2025, 6 to 8 pm

September 30, 2025, 6 to 8 pm

**Meeting Links Here:**

<https://floodplainprotection.org>

# PUBLIC COMMENT LETTERS

FEMA looking for:

- *Potential impacts of the alternatives on you, your community, & environment.*
- *Any new information or data that would substantively change the analysis & conclusions.*
- *Which alternative should FEMA select and why.*
- *Anything that should be clarified or corrected?*

# Schedule for Implementation

- The requirement to implement the no net loss standards will be initiated by FEMA providing communities with a formal letter, expressly stating that implementation and annual reporting requirements are going into effect.
- After the formal letter is provided, FEMA and DLCD will provide technical assistance to communities for a 7-to-8-month period.
- Within 18 months after FEMA's initial letter, all NFIP participating communities must have their entire SFHA covered by at least one path and developments must start implementing no net loss.

# More info?

- <https://www.tillamookcounty.gov/commdev/page/fema-biop-information>
- <https://floodplainprotection.org>
- [info@floodplainprotection.org](mailto:info@floodplainprotection.org)

## AGENDA ITEM REQUEST



**Date:**

September 16, 2025

**Meeting date desired:**

September 24, 2025

**Subject:**

CDD Monthly Update

**Background and policy implications:**

Update on Department services, including permit and application activity.

**Budget/fiscal impacts:**

N/A

**Requested by:**

John Eisler

John.eisler@crookcountyor.gov | 541.447.3211

**Presenters:**

John Eisler

Randy Davis

**Legal review (only if requested):**

n/A

**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: September 9, 2025

SUBJECT: Community Development Activity Update – August 2025

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

### **Building:**

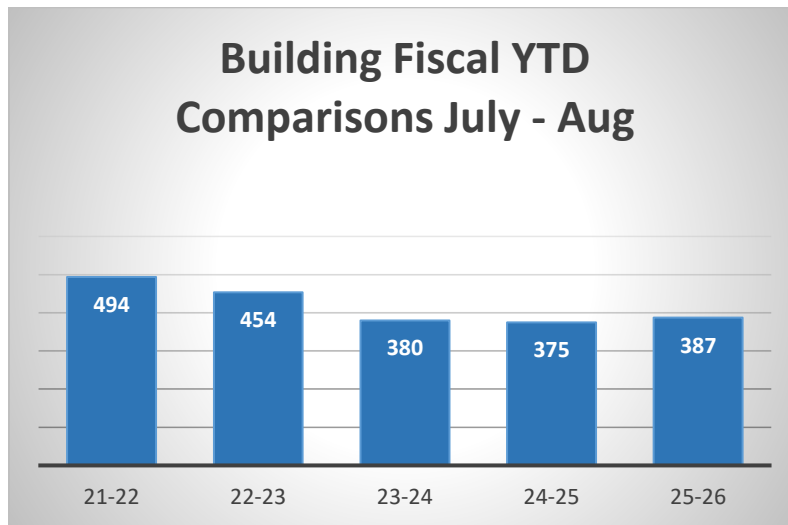
#### Permits issued summary (August):

Permit Type	Number of Permits
New Residential Dwellings (Site Built or Manufactured)	31
Commercial (plumbing, electrical, structural, etc.)	59
Residential Permits (plumbing, electrical, mechanical etc.)	97
Residential Structural (shops, etc.)	38
Other (e.g. demo)	1
<b>TOTAL</b>	<b>226</b>

#### Comparisons:

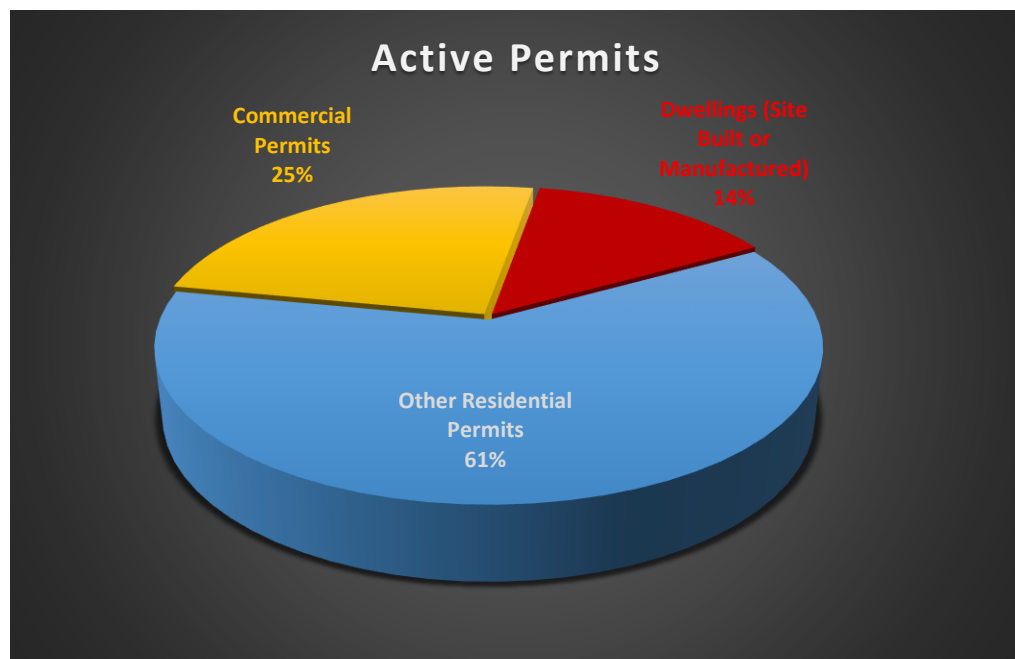
Time Frame	Permits
August 2025	226
August 2024	188
YTD 2025	1429
YTD 2024	1343
Fiscal YTD 2025-26	387
Fiscal YTD Comparison 2024-25	375





Active Permits:

Permit Type	Amount Still Active as of end of August
Dwellings (Site Built or Manufactured)	186
Other Residential Permits	801
Commercial Permits	324



Daily Inspections:

Inspection Type	Amount this month
Residential	626
Commercial	179
All	805

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

Larger Projects Under Review or Incoming:

58 Unit Storage Complex
Wood Pellet & Brick Mill – Bus Evans Ln
CCMS Addition of Wrestling Room
CV International – 72,187 sq ft Manufacturing Facility

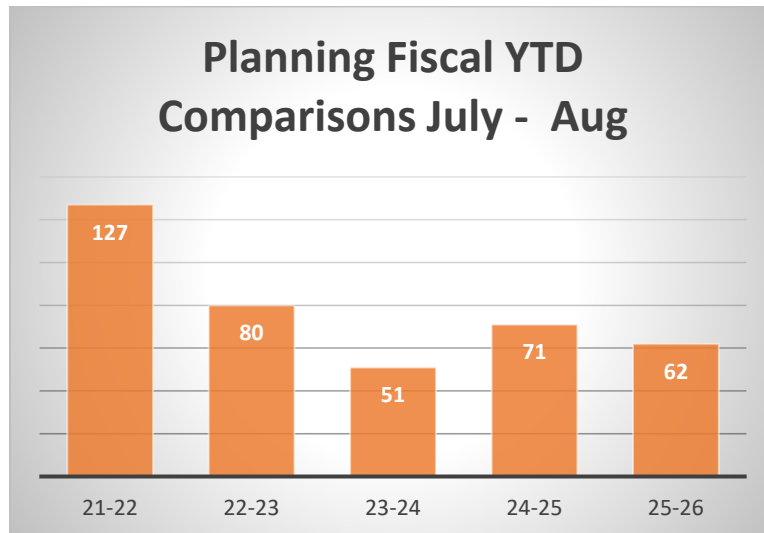
## **Planning:**

### **Applications received:**

<b>Application Type</b>	<b># of Applications (August)</b>	<b>YTD</b>
Appeals	0	0
Variance	0	0
Site Plan Review	16	34
Agricultural Exempt	0	0
Land Partition	2	2
Combine/Un-Combine Lots	0	1
Road Approach	3	5
Boundary Line Adjustment	2	3
Destination Resort	0	0
Conditional Use	1	2
Miscellaneous	4	13
Sign	0	0
Extension	0	0
Subdivision	1	1
Amendment	1	1
Road Name/Rename	0	0
Lot of Record	0	0
Vested Right	0	0
<b>TOTAL</b>	<b>30</b>	<b>62</b>

### **Comparisons:**

<b>Time Frame</b>	<b>Permits</b>
August 2025	30
August 2024	45
YTD 2025	242
YTD 2024	218
Fiscal YTD 2025-26	62
Fiscal YTD Comparison 2024-25	71



Notable Land Use Applications:

Request	Status
Raasch (Moffatt Rd Solar Farm LLC) – Commercial Solar Facility	PC Deliberations Sept 24
Mueller – 7 lot Subdivision on SE Juniper Canyon Rd	PC Approved, signed Aug 27
Powell Butte Community Center – Childcare/Early Education	PC Hearing Cont’d
TSP	Sept 10 work session; Sept 24 PC hearing
Zone Map Change – Bishara – Result of Powell Butte Study	PC Hearing Oct 8
Code Updates	PC Hearing tentatively Oct 22
COLW Appeal of non-farm decision	PC Hearing Nov 12
Verizon Tower	In review

Notable City Land Use Applications:

Request	Status
9-unit Multifamily Complex – BestCare	PC Hearing June 17 – City denied; appeal filed with LUBA
4,415 sq ft Addition to CCMS Gym	Approved 6/16/2025
Calvary Chapel	Approved 8/8/2025
Grace Place RV Park	In progress, Approval imminent

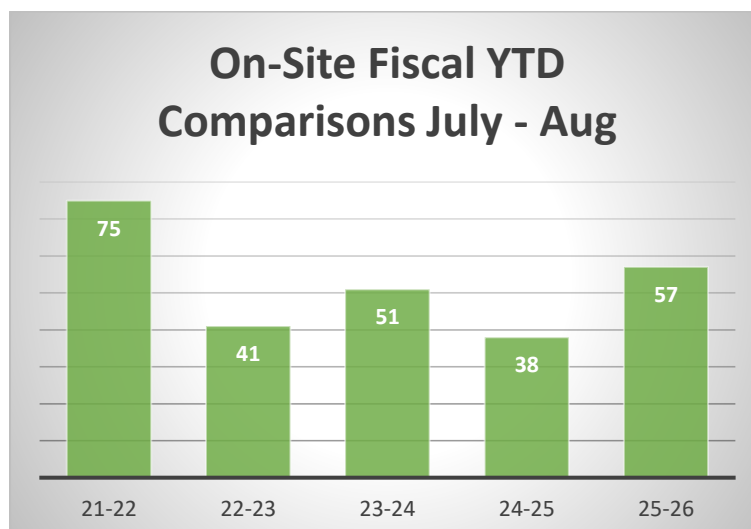
## On-Site:

### Applications (August):

Application Type	Number of Applications
Residential Authorization	7
Commercial Authorization	0
Construction Permit (Residential)	15
Construction Permit (Commercial)	0
Repair (Major) - Residential	2
Repair (Minor) - Residential	5
Repair (Major) – Commercial	0
Repair (Minor) - Commercial	0
Residential Site Evaluation	5
Commercial Site Evaluation	0
Alteration (Minor) – Residential	0
Alteration (Major) – Residential	0
Alteration (Minor) - Commercial	0
<b>TOTAL</b>	<b>34</b>

### Comparisons:

Time Frame	Permits
August 2025	34
August 2024	14
YTD 2025	166
YTD 2024	136
Fiscal YTD 2025-26	57
Fiscal YTD Comparison 2024-25	38



## **Code Compliance:**

### **Case Activity:**

Opened in August: 8  
 Closed in August: 5

### **Total Cases:**

Opened: 74  
 Closed: 59

### **Case Load (Total violations from open cases):**

Year	Building	Land Use	Waste	Septic
YTD 2025	40	35	15	18

