



*The Rural Health Care Outreach Services Sustainability Plan is a deliverable for your 2012 Rural Health Care Outreach Services grant. Submit your Sustainability Plan via the Electronic Hand Book (EHB) not later than February 14, 2015. Use of the following template is required for completing your Sustainability Plan.*

**RURAL HEALTH CARE OUTREACH SERVICES  
SUSTAINABILITY PLAN**

**For**

**Samaritan North Lincoln Hospital**

**(January 30, 2015)**

Grant Number	D04RH23613
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## **Part I: History/Background (4 pages maximum)**

### **A. Environmental Context**

**The need the Consortium was designed to address and how Consortium was positioned to address the need.** The need for obesity prevention efforts, particularly among children, had been identified through an extensive planning and community needs assessment process. Local health providers, educators, community leaders and area residents had worked independently for several years to address the childhood obesity crisis. Then, in response to research that demonstrated the most effective efforts to combat this complex issue resulted from coordinated, community-wide efforts, an ad hoc group of health professionals met in early 2009. Working together, this ad hoc group hosted the *Coast to the Cascades Childhood Obesity Key Leaders Summit* on June 5, 2009 at the Samaritan Lebanon Community Hospital in Lebanon, Oregon.

The 55 participants at this first regional summit on childhood obesity worked together to explore gaps and resources in the local area, build partnerships and discuss solutions. From this initial meeting, an informal community health network was formed and with support from the Health Resources and Services Administration (HSRA) Rural Health Network Development Planning Program (HRSA-10-020) the informal network was re-configured in early 2010 as a formal network, the Coast to the Cascades Community Wellness Network (CCCWN). The CCCWN (hereafter referred to as the Consortium) is comprised of executive leaders from health, education, non-profit organizations, local and state governments, faith-based communities, ethnic and racial groups, and the Siletz Tribe. The regional health priorities to be addressed by the Consortium were selected through a needs assessment process. These priority areas are: childhood obesity, oral health, pregnancy/prenatal care, chronic care, behavior health, access to care, and tobacco prevention.

Childhood obesity was selected as focus for the first outreach activity. To address childhood obesity at the community level, local Childhood Obesity Partnerships (COP), subgroups of the Consortium were formed in Lincoln and Linn counties in 2010. With input from Consortium members and the COPS, a Rural Health Care Services Outreach Grant Program (HRSA-12-083) proposal was developed, submitted and funded; this is the program for which this Sustainability Plan was developed.

**Changes that could impact sustainability of the Consortium.** There has not been any notable changes in the service area that could impact the sustainability of the Consortium.

#### **New opportunities that have emerged.**

The Consortium continues to experience many new opportunities to address health disparities throughout the region. For example, in September of 2014 the Consortium was awarded a 3-year Rural Health Network Development grant from

HRSA (HRSA-14-044) to improve oral health in the region. The Consortium with leadership from our community action agency, Community Services Consortium, is examining ways to improve asthma related illness due to housing conditions in the region. Various members of the Consortium have been successful in receiving grants and other funds as a result of our memorandum of understanding and the strong collaborative efforts. The Consortium along with our Regional Oral Health Coalition(a sub-group of the Consortium) is in the process of developing an Oral Health strategic plan that will be used in the region to address oral health needs of children and adults.

**Process for engaging partners in development of sustainability plan.**

Sustainability along with areas for new growth is discussed at quarterly Consortium meetings; partners work together to ensure that existing activities receiving ongoing support and develop new ideas and strategies to address other community health issues. Meeting minutes are developed as documentation of Consortium member involved and participation.

A subgroup of Consortium partners was involved in the writing of this sustainability plan. Their names are listed at the end of this plan.

**B. Program Description and Summary of Outcomes**

Below is a summary of the Consortium's Outreach to date. Activities and accomplishments fall under three major categories: CATCH program, culture of health, and increased physical activity.

**CATCH program.** The CATCH program has been the Consortium's most significant outreach activity over the past three years. Consistent with the project work plan, the number of CATCH sites increased over the course of the grant. During the first two years of the grant, CATCH was implemented in 11 elementary schools in east Linn County, and one elementary school in Lincoln County. During that same time period, CATCH was delivered in 5 before and after-school programs in Lincoln and east Linn Counties. CATCH was also implemented in 3 preschools in Lincoln County.

With the addition of Kids Club in Lebanon, Siletz Tribal Head Start, and Taft Elementary School along with four 21<sup>st</sup> Century Community Learning Center afterschool sites in Lincoln County during the third year of the grant, there are currently 27 CATCH programs in Lincoln and east Linn counties. More than 5,250 children will have been reached by the end of the grant cycle.

**Culture of health:** Perhaps one of the greatest accomplishments has been the degree to which CATCH has been embraced by local communities and has shaped local health-oriented cultures. CATCH has become a recognized program across the participating communities. Teachers report that parents now ask about CATCH activities and seek guidance about what to send in school lunches. School cultures

have evolved to embrace healthy eating and living. Although most schools are not able to readily change their lunch offerings because of restrictions set by contracted food vendors, preschool and afterschool programs have made major changes in the foods that are served.

**Increased physical activity.** Our evaluation results from years one and two showed what Physical Education teachers already knew: Following implementation of CATCH, there were statistically significant increases in the time children spent in moderate to vigorous physical activity levels.

### **C. Sustained Impacts**

Two levels of sustained impacts are described below. First, impacts related to the Consortium itself are described, followed by impacts related to the Consortium's outreach program, CATCH.

#### **Sustained Impacts Related to the Consortium**

- New and stronger bonds have developed between Consortium partners. The Consortium has remained strong and its partners are committed to working together to promote community health. The Consortium will continue to meet quarterly to identify and collaboratively address community health priorities.
- Oral health was identified by the Consortium as the new community health priority area. The Consortium developed and submitted a proposal related to oral health to the Rural Health Network Development Program (HRSA-14-044). Nearly \$1 million was awarded to support the Consortium's efforts to improve oral health in the local region, from 2014 through 2017.
- Strong collaborative relationships have been established that will contribute to improved community health. As one example, through participation in the Consortium, the connection between Oregon State University (OSU) Extension Services and other Consortium partners developed and matured. Extension adopted the CATCH nutrition curriculum for the Supplemental Nutrition Assistance Program-Education (SNAP-Ed) with the result that the community message of healthy eating will intensify locally and spread statewide. The CATCH nutrition education resources and onsite services provided by OSU Extension will continue to support healthy eating and activity locally and statewide.
- The Consortium structure and program management process used to support local activities was successful. The Consortium and the COPs will continue to provide guidance at the local level.

## **Sustained impacts related to CATCH**

Sustained impacts include, but are not limited to, the following:

- Implementing schools will continue to deliver CATCH physical activities and nutrition education in future years. Each year new cohorts of children will benefit from CATCH physical activity and nutrition education.
- Local CATCH Champions will continue to serve as advocates within their own schools and programs and will continue to meet monthly to sustain and grow the program.
- Turnover in staffing should have minimal disruption on CATCH's sustainability. Strategies for dealing with school-staff turnover were tested and found effective in reducing gaps in service and exchange of knowledge. For example, when two school-based CATCH Champions were transferred in east Linn County, CATCH Champions at other schools in the county met with the new Champions to share CATCH materials and provide an informal orientation on the program.
- Teachers and administrators have been trained in CATCH and will carry that knowledge into their work, regardless of the site where they are employed.
- Children have become accustomed to engaging in moderate to vigorous activity during physical education classes. They have come to enjoy vigorous physical activity and frequently request CATCH activities on "free days" when the choice of activity is theirs to make.
- CATCH nutrition education lessons and the concepts of Go, Slow, Whoa have given teachers, children – and to some degree – their families a new lens through which to view healthy food choices.
- Tasting Tables have become institutionalized in virtually all participating sites, sustained through school budgets, PTA and other parent organizations, and volunteers. Pick of the Month Flyers will continue to be provided by Samaritan Health Services and distributed at local CATCH sites.
- Local partnerships around healthy eating and active living have been newly established or strengthened. CATCH sites are working together with other community organizations to promote nutrition around community gardens where children and families can learn about fresh fruits and vegetables.

## Part II. Moving Forward (2 pages maximum)

### A. Current Program Activities to be Continued

**Outreach activities that the Consortium will continue and their justification.** Obesity as a health issue and its prevention will continue to be priority areas for the Consortium for many years. These are health issues that are not quickly resolved. Accordingly, the Consortium recently developed and submitted a new proposal (HRSA-15-039) related to prevention of obesity in rural communities. This new proposal aims to build in children and families the ability to cook at home low-cost and healthy meals. Consumption of local fruits and vegetables is encouraged and cooking classes are taught by professional chefs. Cooking classes will be offered at CATCH sites and in community settings.

The Consortium will also continue to sustain and expand the current CATCH program in local communities. The main components of CATCH, as it has been implemented here, are physical activity and nutrition education. Other successful components of CATCH that the Consortium will continue to promote include the monthly Tasting Table and corresponding Pick Of the Month, an annual outreach event and/or activity hosted by each partnering site, and community collaboration and partnerships around nutrition and activity.

Consortium members strongly favor continuing to support these activities for four key reasons: First, the evaluation of CATCH has provided evidence of effectiveness and success in reaching the program's objectives and goals. Second, Consortium members have seen firsthand that CATCH is having a positive effect on their communities. Third, analysis of the cost per student on an annual basis proves a very cost effective program. And finally, Consortium members believe that CATCH is having a positive impact on the health of the participants.

The Consortium has set the following overarching vision for future CATCH activities:

- Have a positive impact on schools and their delivery of education
- Be instrumental in the community cultural shift towards wellness
- Sustain the documented increase in the level of children's physical activity
- Support and encourage policy changes within schools to include additional PE activity
- Demonstrate the impact of nutrition education and healthy eating habits.
- Influence community health initiatives for obesity prevention by being a source of health education
- Build and support opportunities for family involvement

The Consortium will be successful in sustaining CATCH because of the buy-in by implementation sites. In fact, current sites seek to expand their CATCH activities further to sustain the culture of health.

## **B. Potential New Program Activities**

The Consortium will continue to assess and evaluate different programs that will have a positive impact in the service area. Listed below are key program activities that are anticipated along with a description of the criteria used by the Consortium for selecting the area, plans to implement the activities and potential risks.

**Childhood obesity activities.** Two new program areas specifically related to childhood obesity are currently being considered by the Consortium. In Linn County the proposed efforts are in the arenas of farm to school programs, school gardens, and school wellness policies. In Lincoln County, strategic planning is under way to develop Tasting Tables along with a recipe and corresponding ingredients bag at each of the Food Bank outlets. These efforts will capitalize on available resources and work forces, yet the extent to which the food exposure and convenience factor of planned recipes to reach into the home and impact children is yet to be determined.

The second new area is expansion of current CATCH program activities in Monroe and Alsea School Districts. These schools are located in rural communities in Benton County. Through various local small grant opportunities CATCH equipment can be funded. OSU Extension will provide CATCH nutrition education training free of charge to the new schools. Potential risks include inability to locate funding for equipment purchases, insufficient leadership support from Monroe and Alsea schools, and coordination with OSU Extension.

**Encouraging next steps for the Childhood Obesity Partnerships.** Informing and supporting the Consortium is the Childhood Obesity Partnerships (COP) in each respective county. Going forward the focus of these groups can now shift from implementation of programs to development of new grassroots efforts in each county.

**Increased engagement of selected Consortium partners.** The third new area is increased engagement of Consortium partners who are particularly well positioned to aggressively address community health promotion and disease prevention.

**Oral health activities.** To enhance an exciting oral health program that co-locates medical and dental services in rural clinics throughout Lincoln and east Linn County, an extensive needs assessment that identified Lincoln and east Linn county as Dental Health Professional Shortage Areas and in great need of dental care for children and adults. An innovative program that places Expanded Practice Dental Hygienists in primary care settings, has been launched prior to receiving federal funding as a collaboration of the Consortium. There are no anticipated risks or obstacles that would impede its implementation.

### Part III: Organizational Structure (3 pages maximum)

#### A. Consortium Partners

**Current Consortium partners.** The Consortium (Coast to Cascades Community Wellness Network) is comprised of the following partners. The members serve at the executive level in their organization and all partners have agreed to continue with the Consortium.

Name	Organization
Mitch Anderson	Benton County Health Department
Dr. David Bigelow	Samaritan Pacific Communities Hospital
Dr. Tammy Bray	Oregon State University
Scott Bond	Oregon Council of Governments
Marty Cahill	Samaritan Lebanon Hospital
Rebecca Austen	Lincoln County Health department
Sherlyn Dahl	East Linn/Benton County FQHC
Dr. Kevin Ewanchyna	Samaritan Health Services
Dr. Rob Hess	Lebanon School District
Kelley Kaiser	InterCommunity Health Network
Martha Lyon	Community Services Consortium
Julie Manning	Samaritan Health Services
Clay Martin	Work Force Development
Frank Moore	Linn County Health Department
Dr. Louise Muscato	COMP NW Medical School
Dr. Lesley Ogden	Samaritan North Lincoln Hospital
Becky Pape	Good Samaritan Regional Medical Center
Dr. Janet Peterson	Private Resident – Dentist
Don Schrader	Sweet Home School District
Dr. Jana Kay Slater	Contractor/Evaluator
Vacant	Confederated Tribes of Siletz Indians
Maeve McClellan Trick	Oregon Office of Rural Health
David Triebes	Samaritan Albany General Hospital
Kari Whitacre	Community Outreach Inc.
Dr. Rick Wopat	Samaritan Health Services
Debra Loy	Capitol Dental

Each of these members serves at an executive level within their organization, an intentional structural construct so as to have a membership comprised of decision makers as opposed to managers.



## **New partners.**

With the onset of the Oral Health Development Grant, Debra Loy with Capitol Dental has recently been brought on to help advance these activities.

Dr. Louise Muscato has been taking on more of a leadership role within the group brings an alignment of priorities with the Consortium and the initiatives within the College of Osteopathic Medicine of the Pacific-Northwest.

On a practical note, since members of the Consortium consist of high-level executives and directors, they are occasionally are unable to attend meetings. In the future, partners will set dates well in advance to improve attendance and continue to offer conference calling capabilities. The steering committee will meet on a regular basis to ensure information is distributed and shared to the Consortium and actions that require the full Consortium input will be communicated via email or other electronic services. The immediate benefit of this strategy would allow for consistent communication within and between all members, and increased feedback to the outreach program. Also planned, given the larger size of the Consortium, is formation of special sub-committees to specifically address particular Outreach projects. Project-specific sub-committees will provide expanded support for projects and increased access for insight, collaboration, and strategic planning.

### **B. Management Structure**

Staffing and management structure for the Consortium will remain intact, insuring that the Consortium is sustained beyond the grant period.

Samaritan North Lincoln Hospital (SNLH) founded the Consortium and Chief Executive Officer Marty Cahill serves as its Chair. SNLH has agreed to continue to support the Consortium through in-kind contributions in the form of staffing time, physical space and other resources. JoAnn Miller, Director of the Center for Health Promotion, will continue to serve as the Director of the Consortium. She will continue to report to the chair, Marty Cahill and work directly with the leaders of the subcommittees and the steering committee. Samaritan Health Services (SHS) has agreed to allow Ms. Miller to dedicate her time, office space and other resources to support the Consortium. The Center for Health Promotion Department Assistant will provide the clerical support to the Consortium by scheduling meeting rooms, taking and preparing meeting summaries, assisting in organizing events and providing direct support to the chairs and subcommittee leaders. The Department Assistant reports to the Consortium Director. SNLH serves as the fiscal agent, when one is needed. Consortium partners are generous, as well, with in-kind contributions as is evidenced in the budget below. Partners contribute expertise, time and resources on projects and activities.

The CATCH activities will continue to be managed within each of the current 27 sites. Schools that are implementing CATCH will continue to be supervised by their building Principals or assigned managers. Executive Directors in the non-profit organizations participating in CATCH will continue to manage and supervise staff for

the project. The leadership and staff of organizations implementing CATCH will continue to participate in the Childhood Obesity Partnership monthly meetings to provide an update on CATCH as well identify additional resources to support the project. In the past, the Consortium engaged an Intern for specific activities to support the CATCH project. The Consortium will continue to recruit interns to also support CATCH.

## **Part IV: Three-Year Expense Budget Projections (3 pages maximum)**

### **A. Budget Narrative**

[Write a narrative explaining the key assumptions used in developing your projected three-year expense budget for sustaining your Consortium, such as number of students in rotations, staff positions, etc.]

The 'Current Year Expenses' column serves as a baseline for the Consortium activities and the CATCH program during the year. The structure of the Consortium is set up in such a way that the funding needs are kept at a minimum by integrating cost into respective organizations largely through in-kind participation. The CATCH program activities include in-kind support from local schools and non-profit organizations along with local grants funds and community donations.

- Wages and benefits are based on in-kind contributions of 22 Consortium members in year 2 of the grant period. New activity expenses are projections for three years based on time commitments requested of the members going forward. Figures shown below are based on an average of \$125/hour for wages and benefits. Members attend quarterly meetings lasting three to four hours, with an estimated one hour of travel. Outside of meetings, an additional 12 hours of time is estimated for other efforts and communications. The in-kind contribution also includes Samaritan Health Services staff from various departments that support the CATCH program and the Consortium. The wages and benefits for the new activity expense includes 27 CATCH site staff member from 9 after school sites, 5 early childhood sites, and 13 in-school sites.

Office space and overhead is intangible since each member has dramatically different cost per square foot, utilize their facility space differently, and are not required to maintain office space as a part of membership to the Consortium. The space used at the local schools and community organizations to implement CATCH are also very different. Figures shown below reflect the cost of facility space for the quarterly Consortium meetings and CATCH daily activities. Meeting space is calculated at \$100 per hour rental fee for quarterly three to four hour meetings.

- Travel consists of mileage reimbursement for Consortium members and CATCH leaders to attend meetings that are held in a variety of locations so as to keep the average distance traveled for each member somewhat similar. Consortium members are then reimbursed in-kind by their respective organizations while CATCH representatives are reimbursed by

the grant. Reimbursement figures based on an average 100 mile round trip per each member, four times annually, at a rate of \$.575 per mile.

- Supplies for general printing and office supplies includes SHS and CATCH site printing expenses in year two for supplying general handouts, agendas, and minutes at each meeting.
- Food service accounts for the cost of meals provided at each Consortium meeting. Figure below was taken from CATCH Year Two final budget, and includes both in kind and actual costs from Pick of the Month tasting tables as well as community outreach events.

**B. Three-Year Expense Budget**

[Use the table below to present your three-year expense budget projections. Add columns and change the expense categories as needed.]

<b>Coast to Cascades Community Wellness Network Projected Expense Budget 2015 – 2018</b>			
<b>Expense</b>	<b>Current Activity Expenses (Based on Year 2)</b>	<b>New Activity Expenses (Based on 3 years)</b>	<b>Total Expenses</b>
Wages & Benefits	\$357,373	\$380,00	\$737,373
Office Space & Overhead	\$226,833	100,000	326,833
Travel – Conferences & Conventions	\$3,838	2,000	5,838
Travel – local mileage, hotel, per diem	\$6,926	5,000	11,926
Equipment – kits	\$11,126	0	11,126
Supplies – Print, general, office	\$7,392	200	7,592
Wages & Benefits – Sub Award: Linn	\$27,131	0	27,131
Wages & Benefits – Sub Award: Lincoln	\$10,322	0	10,322
Food & Food Service	\$6,390	5000	11,390
<b>Total Expenses</b>	<b>\$657,331</b>	<b>\$492,200</b>	<b>\$1,149,351</b>

## **Part V: Three-Year Funding Strategies (3 pages maximum)**

### **A. Narrative**

[Write a narrative description of your overall funding strategies for sustaining your Consortium's Outreach activities as well as the funding strategies you have identified to support potential new Outreach activities to be undertaken by your Consortium.]

**Funding to sustain CATCH.** Within local sites, CATCH implementation has been largely based on 'In-kind' contributions of services, space, and salaries. Teachers were never compensated for carrying out CATCH activities and therefore no teacher compensation will be needed to sustain implementation after the grant period ends. The CATCH model is completely sustainable, without funding, once equipment and curricula have been purchased and teachers have been trained. Grant-funded positions, the Program Director and both County Coordinator positions will be eliminated without grant funding. From hereon, the Consortium will provide leadership and guidance related to CATCH implementation.

If additional funding is needed by CATCH sites in the future, there are several potential funding opportunities. Additional funds will most likely be needed to replace equipment and/or purchase additional curricula. Some of the sources for small amount of funding include Parent-Teacher Organizations, public school foundations, local businesses such as grocery stores and local credit unions.

**Funding to support new outreach activities.** Consortium partners are very aware of federal, state and local funding opportunities. A portion of each Consortium meeting is devoted to discussions about potential funding sources. In addition to large-scale federal grants submitted to support Consortium Outreach activities, multiple grants have been submitted by sub-groups of Consortium partners and awarded to support targeted health promotion activities. Funding on behalf of the Consortium and/or for specific Consortium partner collaborative projects have been sought from the following entities:

- Samaritan Health Services Social Accountability funds
- Samaritan Health Services Community Benefit
- Oregon State University Extension Services
- Northwest Health Foundation
- Oregon Community Foundation
- Ford Family Foundation
- Benton County Foundation
- Others

**B. Funding Strategies**

[Use the table below to identify your Consortium’s funding strategies and funding goals for each strategy. Change the categories to reflect your Consortium’s specific strategies. Your projected income should be greater than or equal to your projected budget expenses. ]

The majority of income to support the Consortium will continue to come from in-kind contributions as outlined below.

- Wages and benefits will continue to be funded by the organization of each respective partner.
- Support for the continued used of facility space for quarterly Consortium meetings will be provided by the Samaritan Health Services.
- As with Wages and Benefits, travel and local mileage will continue on as in-kind reimbursement by each partner’s organization.
- Supplies for printing will be provided in-kind by the Samaritan Health Services Community Relations Department.
- Food service for quarterly Consortium meetings will be supported through funds from the Consortium members.
- The Pick Of the Month flyer will continue as it currently exists, provided in-kind by Samaritan Health Services in a collaboration with Marketing and a staff Dietitian.
- Training for new CATCH sites will be donated by current local certified trainers
- CATCH equipment will be purchased through grants written by CATCH sites.

<b>Coast to Cascade Community Wellness Network Funding Strategies 2015 - 2018</b>			
<b>Funding Source</b>	<b>Continuing Activities Income</b>	<b>Potential New Activities Income</b>	<b>Total Income</b>
Wages & benefits (in-kind)	\$194,400	\$204,400	\$398,800
Office Space & Overhead	\$2,400	\$2,400	\$4,800
Travel - Conference &			

Conventions			
Travel – Local mileage, hotel, per diem	\$9,315	\$9,315	\$18,630
Equipment - kits			
Supplies – print, general, office	\$150	\$150	\$300
Wages & Benefits – Sub Award: Linn			
Wages & Benefits – Sub Award: Lincoln			
Food & Food Service	\$3,027	\$3,050	\$6,077
<b>Total Projected Revenue</b>	<b>\$209,292</b>	<b>\$219,315</b>	<b>\$428,607</b>

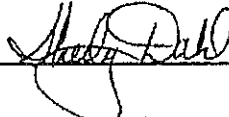
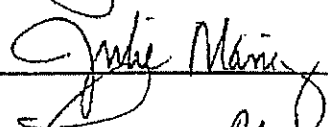
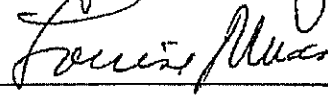

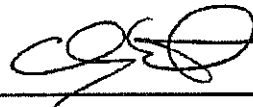
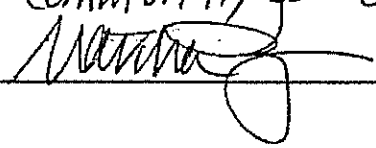
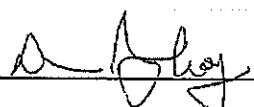
**Part VI: Next Steps (1 page maximum)**

The Consortium developed a strategic plan in February 2013 that focused on sustaining the CATCH outreach activities in Lincoln and east Linn Counties. Included in the strategic plan is the mission, vision, goals and objectives of the overall CATCH program. The strategic plan also includes ways to address the current outreach activities. We concluded that the outreach activities help to cement regional partnerships and help us build on what is working in each county with less funding. As we continue to assess our needs to address obesity in the region, we also recognize it requires not only in-kind support but financial contributions. The next step for our Consortium is to develop a fundraising plan to support all of the initiatives and activities we have prioritized. The fund raising plan will also recommend contributions from the 27 organizations serving on the consortium. Members will be asked to contribute whatever amount they are able in order to provide support for prioritize initiatives. The funding raising plan should include submitting proposals to local, state and national foundations that target our focus areas. The Consortium director will develop and update funders information such as granting requirements, granting dates, lead agency within the Consortium, funding limits, etc. The Consortium chair and steering committee will oversee all funding requests.



**Part VII: Partner Signatures**

Your partners are required to review and approve your Outreach Sustainability Plan by signing below:

Partner Name	Partner Organization	Signature	Date
Sherlyn Dahl	Community Health Center		3-10-15
Julie Manning	Samaritan Health Serv.		3-10-15
Louise Muscato	COMP-NW Samaritan Health Services		3-11-15
	III Samaritan Health Services	Marty Cahill	3-11-15
CLAY MARTIN COMMUNITY SERVICES CONSORTIUM	Linn, Benton, Lincoln WFB and CSC		3/11/15
	MARTHA LYON		3/12/15
Deborah Loy	Capital Dental Care		3/10/15