

**Panhandle Public Health District
Board of Health Agenda**

Date: May 8, 2025 Time: 8:00 am – 9:300 am Location: Pioneer Room, Gering Civic Center, 1050 M Street, Gering, NE			
Topic	Exhibit – number indicates electronic copy	Who	Outcome
Call to Order, Open Meeting Act, & Introductions		D. Kling	
Consent Agenda <ul style="list-style-type: none"> • Approval of Agenda • March 2025 Meeting Minutes • Directors Report – May 2025 • Upcoming Training Opportunities 	00 – White 01 – White 02 – Purple 03 – White	D. Kling	Motion
Finance Committee Report January – March 2025 Financial Statements & Program Spreadsheets	04 – Orange 05-08 – Blue	S. Williamson	Vote
Board Terms	09 – white	J. Davies	Status Update
NACO Health Insurance Update	10 – handout	J. Davies	Motion
Switch Carrier for Life/LT Disability Insurance	11 – handout		Motion
Change HRA contribution to cash in lieu for non-participating members		J. Davies	Motion
2025-2026 Cafeteria Plan for Cash in Lieu	12-13 – white	J. Davies	Motion
2025-2026 Salary Schedule	14 – white	J. Davies	Motion
2025-2026 General Insurance Update		J. Davies	Status Update
Legislative Update		J. Davies	Status Update
Executive Session to Discuss Personnel Matters		J. Davies	Status Update
Healthy Families Update		D. Brandt	Status Update
Accreditation Update		S. Williamson	Status Update
Other Business		D. Kling	Status Update
Public Comment			
Meeting Adjourns		D. Kling	Motion

Next Meeting Date: July 10, 2025

Time: 8:00 am – 9:30 am

Place: TBD

See back for a glossary of program, process, and partner names

Program & Processes:	
BT – Bioterrorism	MRC – Medical Reserve Corps
CIA – Clean Indoor Air Act	PPC – Panhandle Prevention Coalition
COP – Children’s Outreach Program	PRMRS – Panhandle Regional Medical Response System
KFND – Kids Fitness and Nutrition Day	PWWC – Panhandle Worksite Wellness Council
HFA or HV – Healthy Families	TFN – Tobacco Free Nebraska
MAPP – Mobilizing for Action through Planning and Partnerships	WNV – West Nile Virus
MHI – Minority Health Initiative	

Partners & Public Health Organizations:	
CAPWN – Community Action Partnership of Western Nebraska	PHAB – Public Health Accreditation Board
DHHS – Nebraska Department of Health and Human Services	PPI – Panhandle Partnership aka “The Partnership”
NACCHO – National Association of City and County Health Officials	SACCHO – State Association of City and County Health Officials
NALBOH – National Association of Local Boards of Health	SALBOH – State Association of Local Boards of Health
NALHD – Nebraska Association of Local Health Directors	UNMC – University of Nebraska Medical Center
PHAN – Public Health Association of Nebraska	WCHR – Western Community Health Resources

**Panhandle Public Health District
Board of Health Meeting Minutes
March 13, 2025
Virtual Meeting**

Members Present		Member Absent	
Bob Gifford	Banner County Spirited Citizen	Brian Brennemann	Grant County Commissioner
Dan Kling	Sheridan County Commissioner	David Cornutt	Board Physician
Dixann Krajewski	Garden County Commissioner	Diana Lecher	Dawes County Spirited Citizen
Don Lease	Banner County Commissioner	Hal Downer	Sioux County Commissioner
Elyse Lukassen	Kimball County Commissioner	Kristin Wiebe	Scotts Bluff County Spirited Citizen
Jackie Delatour	Sioux County Spirited Citizen	Mandi Raffelson	Cheyenne County Spirited Citizen
Jim Reichman	Deuel County Commissioner	Vic Rivera	Dawes County Commissioner
Jon Werth	Grant County Spirited Citizen/ Board Veterinarian		
Joni Jespersen	Box Butte County Spirited Citizen		
Judy Soper	Deuel County Spirited Citizen		
Kay Anderson	Morrill County Spirited Citizen		
Mark Harris	Scotts Bluff County Commissioner		
Mike Sautter	Box Butte County Commissioner		
Pat Wellnitz	Sheridan County Spirited Citizen		
Randy Bohac	Kimball County Spirited Citizen		
Randy Miller	Cheyenne County Commissioner	Vacant	Board Dentist
Susanna Batterman	Morrill County Commissioner		
Sara Quinn	Garden County Spirited Citizen		

Staff Present		Guests Present	
Jessica Davies	PPHD Director	Kiley Wiechman	Auditor, HBE
Sara Williamson	PPHD Dep. Dir. Finance & Accreditation	Lucas Post	Auditor, HBE
Cheri Farris	PPHD Health Educator		
Amanda McClaren	PPHD Finance Coordinator		
Paulette Schnell	PPHD Dep. Dir. Clinical Services		

Key Actions Taken:	
<ul style="list-style-type: none"> • Approved FY 2024 Audit Report • Updated Committee Assignments • Approved HRA to Cash in Lieu 	

Call to Order/Introductions:

President Kling called the meeting to order at 8:01 am Quorum was confirmed. The meeting was publicized in the Star Herald and on the Nebraska Meeting notice repository on March 8 and posted on PPHD's website March 6. The meeting was held virtually in compliance with the Open Meeting Act. Sara Quinn (Garden County Spirited Citizen) and Elyse Lukassen (Kimball County Commissioner) were introduced.

Consent Agenda:

Motion to approve as presented by Batterman and seconded by Krajewski. Voice vote with all in favor, Harris absent, no confirmed vote from Miller.

FY 2024 Audit Report:

Kiley Wichman and Lucas Post from HBC provided a presentation on the FY 2024 audit. PPHD switched from accrual to cash basis starting with this audit. The change in basis removed many items from the balance sheet, including accounts payable and receivable, net pension liability, and fixed assets. HBE's opinion is that the financials are clean and fairly stated in all material respects. There were no findings related to internal controls

or findings related to the single audit. PPHD's net position is similar to FY 2023. The letter to the board was reviewed. There are no anticipated challenges or changes to the audit for FY 2025.

In FY 2023 there was a finding related to the timely filing of the audit to the federal clearinghouse due to changing personnel at the previous audit firm. That issue has been resolved for FY 2024.

There were no questions from the board. Motion to approve the FY 2024 audit report as presented made by Lukassen and seconded by Batterman. Roll call vote with all in favor, Harris absent, no confirmed vote from Miller, none opposed or abstained.

Wiechman and Post left the meeting.

Finance Committee:

Williamson presented on behalf of the finance committee that met on March 5. The committee reviewed program spreadsheets, December financial statements and check details, and accounts receivable. Williamson reviewed the program spreadsheets and October and November financial statements with the board. She noted that all funds related to ARPA had been expended and reimbursed. Williamson confirmed that PPHD has been receiving reimbursements from the State in a timely manner.

Motion from committee to approve. Roll call vote with all in favor, Harris absent, no confirmed vote from Miller.

Cost Allocation Change:

This item was tabled to the May meeting due to the need for time to gather more information.

Committee Assignments:

PPHD has openings in the volunteer policy review committees. Davies requested 3 volunteers for the policy committee. Batterman, Quinn, Gifford and Delatour all volunteered.

Motion to approve committee volunteers by Krajewski and Lease. Roll call vote with all in favor, Harris absent, no confirmed vote from Miller, none opposed or abstained.

HRA to Cash In Lieu:

Davies reviewed the current insurance plan offerings for PPHD staff, including a co-pay/deductible plan and a high-deductible plan with a health reimbursement account (HRA). Those that do not elect PPHD's insurance receive an annual contribution of \$5,000 to an HRA. The previous understanding was that employees could use the HRA funds to pay for Medicare premiums, which is true, but only after retirement, not while actively employed. This does impact at least one employee who made the switch under incorrect guidance.

Discussion ensued regarding what others are doing within their organizations or have experienced personally related to this. Cash in lieu is a taxable benefit to employees. The group suggested making a cash in lieu option available for Medicare eligible employees for 1 year and reassessing the option to offer to all staff at a later time.

Motion to offer a cash in lieu plan for 1 year to Medicare eligible and then open in the next year to all employees not electing PPHD's insurance by Delatour and seconded by Lukassen. Roll call vote with Lease voting no, Krajewski and Harris absent, no confirmed vote from Miller, and all others in favor.

Legislative Update:

- Davies testified on LB 261. Of the initial \$4.5 million cut, \$3 million has been returned. Testified to request the remaining 1.5 million be returned. Davies connected with Strommen after the hearing, expressing appreciation for the time to travel and testify. She also took a letter on behalf of the board approved opposing the bill by the executive committee. Four proponents and 160 opponents to the bill.
- Continuing to monitor the budget shortfall which may still impact this funding.
- Dez Brandt, PPHD Healthy Families Program Manager, testified on behalf LB 104 which provides in statute the definition of home visitation. Also monitoring LB 22 which adds evidence-based nurse home visiting. Both have moved to voice vote and will have final reading in the future.
- LB 203 amends statutes to establish duties of health directors, specific to Lincoln/Lancaster regarding directed health measures. Will not impact other health departments.

Measles and Avian Influenza Presentation:

Paulette Schnell, PPHD Deputy Director for Clinical Services, presented on measles and avian influenza.

Measles is one of the most highly infectious diseases to humans, despite being eradicated in the US in the early 2000s. Some cases do happen annually due to international travel, but not on an outbreak level as the US is currently seeing in west Texas. The incubation period averages 8-12 days, and a person can be contagious 1-2 days before experiencing symptoms. Symptoms such as cough, runny nose, and red/watery eyes often start up to 4 days before the tell-tale rash appears. Measles diagnosis requires a lab confirmed test and contact tracing to identify known exposures since measles can survive in the air up to 2 hours after a contagious person leaves.

The target for limiting transmission in a community is a 95% immunization rate. Nebraska has dropped to 93.9%. The two-dose immunization (MMR) is 97% effective against measles and 88% for mumps. Unvaccinated people, those with compromised immune systems, those with an incomplete series of immunizations, and those under 5 years of age are most at risk. PPHD has sent out a news release and is working with schools and providers to share education.

H5N1, highly pathogenic avian influenza (HPAI), primarily affects birds, and is spread through contact with infected birds, feces, or bodily fluids. Pets such as cats and dairy cattle are being affected by the illness, and there have been human cases but there is no known human to human transmission yet. PPHD continues to monitor this situation.

Mark Harris joined the meeting at 8:50 am.

Colon Cancer Presentation:

Cheri Farris, PPHD Health Educator, presented on colon cancer because March is Colon Cancer Awareness Month. Colon cancer is the 3rd most common cancer for men and women in the US and is very treatable when found early. Screening should start at age 45. Increased risk includes those with personal or family history, those with inflammatory bowel diseases, inherited gene changes, those with type 2 diabetes, American Indian/Alaska Native, black and those in the southeast (WV, KY, AR, MS, LA). Improved nutrition, increasing physical activity, maintaining a healthy weight, limiting tobacco and alcohol can help reduce risk factors for colorectal cancer.

Symptoms of colon cancer can include change in bowel habits, weakness or fatigue, blood in the stool, unintended weight loss, or cramping/belly pain. Some patients have no symptoms, and testing is the only way to identify colon cancer. PPHD offers a home-based stool test called a FIT test (fecal immunochemical test). This test is recommended every year. Visual exams such as colonoscopy, CT colonography, or flexible sigmoidoscopy should be conducted every 5-10 years based on personal risk factors.

Strategic Plan:

Williamson provided an update on the strategic planning process started in January for the 2025-2028 implementation cycle. Staff and board started the planning on January 30, and staff have been meeting to identify strategic priorities and key actions. A full plan will be submitted for approval at a future meeting.

Accreditation Update:

Williamson noted that PPHD will be submitting the second annual report to PHAB in late summer. Congratulations were extended to Douglas County Health Department for achieving accredited status.

Other Business:

Batterman asked for input on PPHD's role to address pornography specific to youth in the Panhandle. Morrill County Attorney Kirk asking for support from public health to address education. Will be addressed at Prevention Symposium on March 22 and ESU will be doing specific education next year.

Davies encouraged any board members to reach out to her if they are interested in attending the Nebraska Public Health Conference, NACCHO, or NALBOH.

Public Comment:

No members of the public present for comment.

Next Meeting Date:

May 8, 2025, at 8:00 am at the Gering Civic Center.

Adjourn:

Motion to adjourn by Werth and seconded by Gifford. Meeting adjourned at 9:41.

May 2025

Board of Health Report

From the Director

Public Health Planning & Partner Coordination

We have engaged in strategic planning meetings with CAPWN and WCHR, and a meeting with CAPWN and Regional West Health Services, to address current and potential funding cuts and the coordination of services. These discussions are focused on maintaining access to critical services – particularly immunizations and the new Ryan White funds – while also reviewing each service provided to ensure they are well-coordinated across the region and delivered efficiently within the regional public health system.

We have maintained bi-weekly Senior Leadership Finance meetings to monitor and prepare for potential impacts to funding.

New Grant Applications & Contracts

Panhandle Disease Intervention Specialist (DIS)

The funding previously received for Sexually Transmitted Infection (STI) follow-up to prevent future spread or infection and getting people into medical care will be transitioning to HIV Ryan White Part B Funds. The work will be the same in terms of DIS, with a focus on HIV and broader educational outreach for HIV prevention as well. The primary goal is to reach HIV positive Nebraskans, unaware of status or lost to care, particularly in rural Nebraska. We will receive the annual amount of \$57,375.

American Heart Association

We submitted a rural health mini-grant to support the maternal blood pressure initiative. It was confirmed that we are receiving \$1500 from the American Heart Association to purchase blood pressure cuffs and \$12,500 from DHHS to support follow-up, promotion, coordination, and the Social Determinants of Health referral process.

Pregnancy and Postpartum Hypertension Control Initiative

We continue monitoring the Grants.gov website for this opportunity to open. It would exponentially expand on our work with self-monitoring blood pressure for pregnant and new moms with the application intended to fund rural areas. We can apply for up to \$550,000, and the deadline for application submission is July 16, 2025, with the estimated projected start date being September 30, 2025.

Nebraska Total Care

We will receive \$37,000 for Social Determinants of Health referral and follow-up.

Sherwood Foundation

We were excited to receive word that Sherwood Foundation funded us for \$100,000 through the Rural Resilience: Strengthening Health Systems & Community Support grant!

Environmental Justice Thriving Communities Grantmaking Program

Kendra took the lead on this application process. It would provide up to \$75,000 for foundational support! Our goal with this grant will be to expand environmental health capacity in our communities and health district.

Epidemiology and Laboratory Capacity for Infectious Disease (ELC) Program

These funds were abruptly halted on March 24, 2025, and contracts were immediately rescinded. Jess was interviewed by Nebraska Public Media regarding the impact of this unexpected cut.

Legislative

On March 10, 2025, Jess testified before the Nebraska Unicameral Appropriations Committee to highlight the impact of state public health aid cuts on the Panhandle. She also provided insight during an interview with the *Omaha World-Herald* to further raise awareness of the regional effects. Jess has remained in active communication

with Senator Strommen, and as of now, it appears that the budget—set to go before the full legislature in early May—will include a reinstatement of \$1,000,000 of the original \$4.5 million cut. The proposed reinstated funds are expected to be divided equally among the 18 local health departments, which would result in approximately \$55,555.55 in annual general fund support for our district.

Staffing

Marissa Peterson and Paulette Schnell both resigned from their positions.

Cheri Farris' title was updated to Wellbeing Program Coordinator, a change that reflects the range of initiatives she coordinates and supports.

Promotional Campaigns

Jessica Rocha has taken on a coordination role to increase our reach through promotional campaigns and streamline the process.

Community Health Assessment and Community Health Improvement Plan

The CHIP annual report is complete and is included in your packet. The next MAPP steering committee meeting is scheduled for June 27, from 10 am to 2 pm, at the Prairie Winds Community Center in Bridgeport. The Behavioral Health Workgroup met on April 3 to discuss updates. Partners shared that crisis stabilization is moving forward.

Lead– Megan Barhafer

Minority Health Initiative

The planning meeting held on March 22, 2025, resulted in a completed work plan and the establishment of new partnerships. Social determinants of health resource forms have been created for all Northern counties. Garden County is in progress. We have also started a travel voucher program which has reimbursed medical travel expenses in the Northern Panhandle so far.

Lead– Kelsy Sasse

Performance Management and Quality Improvement

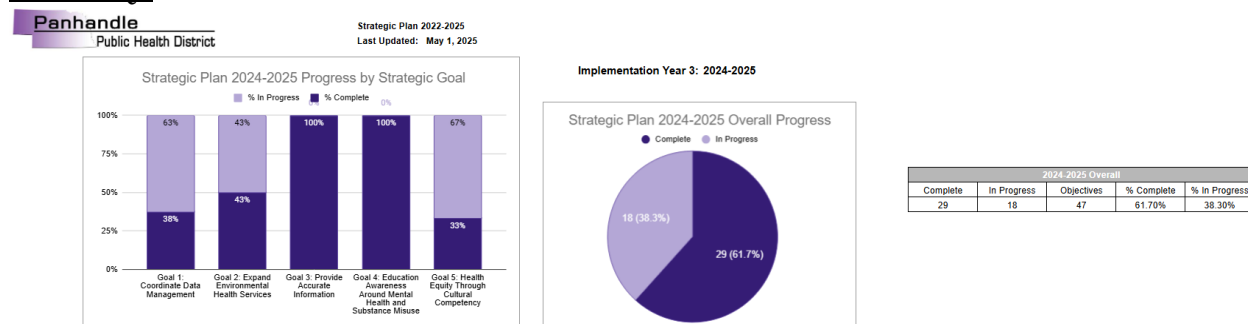
Metrics are available on the website here: http://www.pphd.org/performance_management.htm

Lead – Megan Barhafer

Strategic Plan

Staff have been meeting in groups with our facilitators to fine-tune strategic priority areas and key actions. A full version of the strategic plan will be included for approval in July.

Year 3 – Q3



Lead - Leadership Team

Clinical Services

Vaccinations

In March and April, we continued providing vaccinations at our walk-in clinic. We also administered vaccines at two long-term care facilities. We attended Bluffs Middle School to provide vaccinations during parent-teacher

conferences and Mitchell Elementary for a 7th-grade vaccination event. We participated in the KNEB Home and Garden show to promote vaccinations. We hosted the Panhandle Immunization Coalition, where we provided education about measles and talked about billing related to immunizations.

Lead – Tina Cook and Allyson De Los Santos

NACCHO Adolescent Immunization Program

Allyson has been actively participating in the NACCHO Adolescent Immunization Program's virtual meetings. This funding has been rescinded

Lead – Allyson De Los Santos

HPV

HPV promotion included a page in the annual report to promote the Why 9 HPV project. We launched a YouTube and Spotify ad promoting the HPV vaccine. We were also able to obtain specific data about HPV completion rates by county from the state and will be working with local providers to increase the completion rate for the HPV series.

Nebraska Comp Cancer was selected to participate in the Tri-Networks Cancer Prevention Community of Practice. This initiative is designed to build the capacity of National Comprehensive Cancer Control Programs, cancer coalitions, and other partners to implement policy, systems, and environmental (PSE) change. Allyson has taken on the role as part of the leadership team for the state HPV work group. The state launched the Nebraska Cancer Strategy Plan in January. The workgroup that Ally is the chair for, is a statewide effort to increase HPV vaccination. The local HPV campaign that was put into place last year by PPHD is being used as a template across Nebraska for HPV promotion.

Lead – Allyson De Los Santos

Munroe-Meyer Institute Clinics

We continue to coordinate the Medical Handicapped Children's Clinics and the Genetic Clinic. Sandy Preston has been hosting the clinics scheduled at St. Mary's in Scottsbluff. In January, we moved the clinic site from St. Marys to our PPHD office in Scottsbluff. This should provide a more coordinated effort with our staffing. Ally De Los Santos is now the lead for this clinic and will train for scheduling the genetic clinic.

Lead – Allyson De Los Santos Staff-Sandy Preston

Healthy Brain Initiative

PPHD is committed to enhancing education and early detection of dementia and Alzheimer's disease. Nicole, Janelle, and Jessica, our health strategists leading this initiative, will present across the panhandle. The first dementia coalition will take place, May 13th at Regional West. The state Alzheimer's Association Rep will come for the meeting and will then hold a forum that will be open to the community about how they can better serve our community.

Lead – Janelle Visser, Jessica Rocha, Nicole Berosek and Jessica Davies

Fit Testing

January=11 February=11 March= 4 April= 8

Staffing – Myrranda Kelley, Allyson De Los Santos

CPR

January= 0 February= 1 BLS class to 3 medical professionals at Outpatient Radiology in Scottsbluff. March= 0 April= 1 HeartSavers course, trained 7 participants at Capstone in Scottsbluff.

We are planning a CPR class for all of our new staff in May.

Staffing – Myrranda, Allyson

Worksite Wellness

PWWC

The Panhandle Worksite Wellness Council continues to bring education and training to the Panhandle. Below is a list of trainings recently offered & upcoming opportunities:

Training and Meetings:

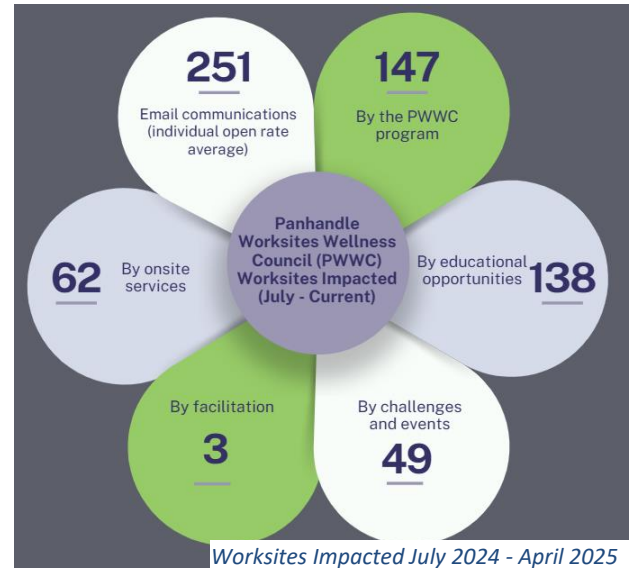
- Walk at Lunch Day is Wednesday, April 30th with 47 organizations register
- We had 61 participants registered for the Motion and Mindfulness challenge
- Offered a training preview for Cheyenne County Chamber in March.

Staffing – Nicole Berosek

Snow-Redfern Foundation Project

The youth advisory council met in April for data review and discussion to help Box Butte County identify strategies for the County Comprehensive Plan. The council will meet again in May.

Lead- Kelsy Sasse



Preparedness

PRMRS – Panhandle Regional Medical Response System

PRMRS continues to provide situational awareness to our partners regarding cybersecurity breaches, infectious disease outbreaks, and reported shortages. Information regarding upcoming trainings and education are provided as they become available.

The PRMRS Readiness Plan was created, updated with feedback, and submitted to ASPR to meet the March 30th deadline, as well as the IPP (Integrated Preparedness Plan.) Our March meeting was moved to a virtual platform due to winter weather conditions. The May PRMRS meeting is planned for May 16th; plans to play a cybersecurity tabletop game are included in the agenda.

Emily plans to attend the HCC Workshop with DHHS in Kearney the first week of May. This workshop will provide HCC and DHHS feedback on goals, alignment of work, and upcoming trainings.

Lead – Emily Timm

Public Health Emergency Preparedness

We continue to strengthen regional response capabilities through training, exercises, and collaboration with local emergency management, healthcare partners, and first responders. Ongoing efforts include updating emergency response plans, enhancing communication systems, and ensuring readiness for emerging threats. With the recent rise in measles cases nationally, the team has been working to support healthcare providers, schools, and the general population through surveillance efforts, vaccination guidance, and rapid response planning to mitigate potential outbreaks in our region.

In addition to communicable disease preparedness, PPHD continued steady progress on key preparedness objectives outlined in the BP1 workplan. Planning documents, including the Continuity of Operations Plan and Risk Communication Plan, were reviewed and updated as part of our ongoing commitment to readiness and alignment with state and federal expectations. Staff engagement remained strong through participation in regional exercises, symposia, and collaborative planning efforts. Communication and coordination with healthcare partners were prioritized, with outreach conducted across the district to reinforce disease reporting processes and distribute educational materials. Volunteer capacity was supported through a NACCHO MRC grant, and internal staffing and structure updates were reflected in revised documentation.

Lead - Tabi Prochazka

Disease Investigation

PPHD continues to review and/or investigate infectious disease cases. In March and April, the disease investigation team worked to provide education to providers, schools, and the general public about measles with the goal of ensuring everyone is prepared in the instance that we get a measles case in the Panhandle. PPHD hosted zoom calls for area providers and schools on this topic. Ally and Paulette traveled to all area hospitals and clinics to bring information about measles, chickenpox, and all reportable diseases. The QI project for rabies has continued. We have developed an algorithm that has gone live at RWMC ER and Urgent Care and will soon be expanded to the rest of the Panhandle. Reportable diseases in Nebraska are listed at: [Nebraska Reportable Diseases](#)

Staffing – Allyson De Los Santos, Emily Timm, Kendra Lauruhn

STI (Sexually Transmitted Infections) tracking

Allyson and Emily continue to work on HIV, syphilis, gonorrhea, and chlamydia STI cases. Ally promoted prevention of sexually transmitted diseases at a booth at family fun day put on by the Healthy Families.

Staffing – Allyson De Los Santos, Emily Timm

School Surveillance

Nebraska DHHS continues to implement the 2024/2025 School Absenteeism Reporting Project. PPHD is following the same infectious control measures as we did pre-COVID. PPHD will reach out to a school when over 10% of the student body is absent to discuss the situation and if there are concerns and possible solutions/suggestions. We are here to support the school in making their decisions and assist as needed. Only one school reported high absenteeism rates in March.

Lead – Emily Timm

Cancer Prevention

Colorectal Cancer Awareness and Screening Updates

We continue to distribute one-sample FIT test kits and promote the March awareness campaign materials developed in partnership with NC2. Panhandle residents ages 45–74 are eligible for a free at-home test kit by calling or registering online here: <https://tinyurl.com/ysb448cf>. As of April 30, 73 FIT kits have been distributed in 2025, with a return rate of 74%. Of those, 19 were distributed at the Red Dress Event and 15 at Farm & Ranch Days.

Lead – Cheri Farris

Chronic Disease Prevention & Management

National Diabetes Prevention Program Lifestyle Coach Training and Technical Assistance

Cheri continues to collaborate with the state to provide ongoing training and support for lifestyle coaches across Nebraska. The current grant cycle began July 1, 2024. Activities for quarters one through three are complete. Cheri recently launched monthly office hours to support lifestyle coaches and program coordinators. A spring Lifestyle Coach Training was held in late January with five participants. She has also conducted follow-up sessions with newly trained coaches to provide guidance on promotion, sustainability, CDC recognition, and other implementation topics.

Regional National DPP Updates

Cheri serves as coordinator, data preparer, and coach for the National DPP in the Panhandle. The Healthy for Life virtual DPP program continues in 2025 with seven active participants. In-person cohorts are currently being held in Chadron (two cohorts) and Sidney (one cohort).

The 2024 Diabetes Prevention Recognition Standards are now in effect, and Cheri is submitting data for all three sites in the Panhandle. She also provides technical assistance to regional lifestyle coaches with DPRP data collection and submission.

Lead – Cheri Farris

Living Well

Cheri and Janelle co-facilitated a virtual Leader Training in February, certifying 13 new leaders. In March, they facilitated a cross-training focused on Living Well with Diabetes for existing Nebraska Living Well leaders.

Cheri maintains monthly outreach to healthcare providers to increase awareness of available healthy living programs. Some providers have expressed interest. Our goal is to reach more residents who can benefit from these workshops.

A Living Well with Diabetes workshop was held in Hemingford from March 17 to April 28 with 10 participants. A new cohort begins May 1 in Gering at the Northfield Apartments. This workshop is funded through a diabetes contract with DHHS.

Lead – Cheri Farris and Janelle Visser

Living Well with High Blood Pressure

Cheri recently completed leader training for the Health Coaches for Hypertension Program, branded in Nebraska as Living Well with Hypertension. A virtual workshop is being planned to serve residents across the Panhandle. Registration is open to all residents with high blood pressure and includes a free home blood pressure monitor for those who need one: https://nalhd.sjc1.qualtrics.com/jfe/form/SV_3qty2eAj8yGD04e?Q_CHL=qr

Lead – Cheri Farris

Aging Office of Western Nebraska Partnership

Title IIID funds from the Area Office on Aging (AOWN) support evidence-based programs like Living Well and the National DPP for Panhandle residents over age 60. The virtual worksite Living Well workshop and Healthy for Life National DPP have expanded our reach in this population. These funds have been renewed for the 2025 fiscal year, and implementation will continue. We are exploring creative ways to engage and serve older adults in the region.

Lead – Cheri Farris

Health & Wellness Coaching

Cheri continues to offer individual health coaching to residents and Panhandle Worksite Wellness Council members. We are also exploring new opportunities to expand healthy living programs and make coaching available to more community members.

Lead – Cheri Farris

Falls Prevention Programs

New DHHS funding allowed PPHD to partner to offer Tai Chi, Stepping On, and Bingocize. Currently, Tai Chi and Bingocize classes are being held at Regional West. Cheri was recently trained in Bingocize and will be offering a nearby workshop.

Lead – Cheri Farris

Motivational Interviewing Trainings

Cheri partnered with Dr. Kate Speck to host an Advanced MI training on March 31, funded by the State SOR grant. The session had 23 attendees and received positive feedback. Additional trainings are being planned.

Lead – Cheri Farris

Bridges Out of Poverty

Cheri will complete recertification in June and is planning to facilitate a Bridges Out of Poverty training at the September Wellness Conference.

Lead – Cheri Farris & Nicole Berosek

Healthy Families – Nebraska Panhandle

Program Highlights

The expansion is progressing smoothly! We are on track to begin accepting referrals from the northern counties in mid-May. Our team is excited to offer home visiting services in these new areas and begin developing strong community partnerships.

Our referral stream has remained steady each month, and we are incredibly grateful for the continued collaboration and support from our partners. We are currently serving 107 families and continue to see strong engagement and retention.

In April, the entire Healthy Families team attended the Nebraska Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Summit in Nebraska City. This was a valuable opportunity for team building, networking, and professional growth. Staff returned energized with new knowledge and strategies to strengthen our work with families.

Staffing and Training Updates

In April, several staff members completed an intensive lactation counselor training to deepen their knowledge of breastfeeding support. This training will enhance our ability to serve new moms who wish to breastfeed and aligns with our commitment to maternal and child health.

Our two newest team members in the Hemingford office have been actively engaged in onboarding and training. They bring great energy and passion to their roles, and we're excited to see them begin taking on families soon.

Community Outreach and Engagement

On April 22nd, we hosted a successful Family Fun Day focused on health and wellness. With the help of many PPHD staff, families enjoyed a variety of educational and interactive stations, including dental health, lead awareness, air quality, car seat safety, sun safety, medication safety, CredibleMind mental wellness tools, vaccines, family planning, and basic first aid. The event was well-received and offered families valuable resources in a fun and accessible way.

Lead – Dez Brandt

Panhandle Prevention Coalition

The Panhandle Prevention Coalition (PPC) is excited to highlight the successful Building Resilience: Tackling Mental Health and Emerging Behavioral Trends Symposium, held on March 22nd at the Gering Civic Center. The symposium provided valuable education, resources, and networking opportunities.

In preparation for May's Mental Health Awareness Month, the PPC team has been working on a Green Light Bulb Campaign to promote mental health awareness and reduce stigma. Materials were developed, including a news release, updated flyers, a new QR code for community engagement, and green light bulb distribution plans across the Panhandle region. Social media posts and promotional graphics were also created to support campaign outreach throughout May.

Looking ahead, prevention-focused social media campaigns have been developed for June, addressing topics such as Men's Mental Health Month, underage drinking prevention, medication safety, and the importance of early mental health support.

Suzanne has continued to expand training and education efforts by promoting a virtual *Common Sense Parenting* class beginning on May 22nd and supporting medication safety education activities for Healthy Families America parents on April 22nd. These efforts included developing a "Medicine or Candy?" game for the youth and giving medication lock boxes and education to parents.

Suzanne also completed assignments for the 8 to Great Train the Trainer course, further enhancing PPC's focus on resilience-building strategies and youth empowerment initiatives.

The next PPC meeting is scheduled for May 22nd on Zoom, we will have presentations from Lisa Peden with DOVES on Intersections of Trauma: Substance Use, Mental Health, and Domestic Violence, and The Impact of Brain Injury within High-Risk Populations with Teresa Larsen from Nebraska Brain Injury Alliance. We will continue strengthening prevention collaborations and community outreach efforts.

Lead – Nicole Berosek, Suzanne Crane, Tabi Prochazka



Suicide Prevention

Suicide Prevention is such an important intervention piece in our very rural area, and we braid multiple sources of funding to implement the work.

Title V MCH Block Grant - Reducing Youth Suicide by Increasing Access to Tools and Mental Health Resources

The 2025–2026 Title V MCH Block Grant work continues to focus on reducing youth suicide by increasing access to tools, resources, and education across the Panhandle. One major priority is expanding mental health education in schools through the BASE Education program.

Another key focus is sustaining and enhancing peer-led suicide prevention through active Hope Squads. Ten schools currently have Hope Squads in place, with PPHD providing ongoing support, including QPR (Question, Persuade, Refer) trainings, advisor collaboration, and technical assistance. A research component, in partnership with UNMC and Kristine Benda, will gather feedback to ensure the program reflects student needs and strengthens its impact. Additionally, schools will be supported in organizing student-led suicide awareness walks and expanding peer-to-peer programming to new sites.

PPHD will also offer at least three CALM (Counseling on Access to Lethal Means) trainings to promote firearm safety and suicide prevention, especially in rural areas. These trainings will be promoted through local media, school channels, and partner networks. A regional media campaign will continue promoting CredibleMind, a digital resource for mental wellness, with additional youth-focused messaging vetted by PPHD's Youth Advisory Council. Finally, the work plan includes hosting at least one Youth Mental Health First Aid and one Adult Mental Health First Aid training to build capacity across schools and community settings to recognize and respond to mental health concerns.

This integrated approach reflects PPHD's ongoing commitment to supporting youth mental health, reducing suicide risk, and empowering schools and communities across the Panhandle with the tools they need.

Lead - Tabi Prochazka, Cheri Farris, Janelle Visser, Kelsy Sasse, Nicole Berosek, Suzanne Crane

QPR – Question, Persuade, Refer Suicide Prevention Training

Suicide prevention continues to be a priority for the team at PPHD. The next QPR Webinar will be May 14 at noon. PPHD recommends that all adults take the QPR training to know how to help someone who is struggling. Register here for an upcoming webinar <https://tinyurl.com/2p8kb837>

We are available to offer in-person or virtual QPR training to individual organizations as requested. We are always looking for new funding opportunities to enable us to continue this important work. Additionally, the team has been involved in other mental and behavioral health trainings that strengthen our suicide prevention efforts, including partnering with the Suicide Prevention Community Engagement and Partnership Coordinator (CEPC) for veterans across most of the Panhandle.

The 2025 Mini grant funding should be announced soon. We look forward to these funds to support our suicide prevention efforts.

PFS grant funds will also support QPR training for young adults ages 18 - 24.

Lead - Cheri Farris, Janelle Visser, Kelsy Sasse, Tabi Prochazka, Nicole Berosek, Suzanne Crane, Jessica Rocha

PFS - Performance for Success

Region 1 Behavioral Health offered us an opportunity to help fulfill a Five (5) year contract. This grant focuses on education for students and young adults over 18 in the following areas: vaping, suicide, alcohol, and diversity in the high risk counties. Monument Prevention will provide vaping and alcohol education to Scotts Bluff County. Year 1 went over well and Year 2 is off to a great start with 3rd grade wellness day events and prevention trainings.

Updates:

- Suzanne, Janelle, and Jessica are offering two trainings for parenting vaping education, CALM, and Power of Parents.
- Jessica and Suzanne are now Alcohol Health Literacy train the trainers
- Jessica completed alcohol and tobacco checks in Kimball County
- Suzanne and Cheri presented QPR to first responders in Sidney
- Jessica is teaching a QPR class virtually in May
- We are working with CSC and WNCC on all education.
- Emails have been sent to all schools regarding our PFS offerings.
- Jessica has been distributing the PFS offerings to area businesses, city and village offices, sheriff's offices, pharmacies, transportation services, and libraries.

Staff – Nicole, Janelle, Jessica R, Jess, and Tabi

Tobacco Free

- We are working on Spotify ads for Clean Air Act in May and Outdoors Month in June and choosing to become tobacco-free.
- A TFN/Quitline promotional mailer will be delivered to Panhandle worksites in May.
- A cultural competency training was completed during the March PPC meeting.
- The Scotts Bluff Housing Authority implemented a smoke-free campus in Scotts Bluff County, Chappell, and Gordon. Our final grant application was submitted for FY26-27.
- Janelle has reached out to each county extension office in hopes to be able to reach the Fairboard members to offer assistance with policies and signage at fairgrounds.
- Janelle has been distributing tobacco cessation information to long-term care facilities, pharmacies and businesses. Jessica has also been distributing tobacco cessation information to village and city offices, businesses, hospitals, and pharmacies.

Lead – Janelle Visser, Jessica Rocha, and Nicole Berosek

Opioid Response

PPHD continues to promote and offer prescription drug lockboxes and Deterra pouches to community groups in the Panhandle. Emily provides technical assistance to first responders and individuals seeking free Narcan through the stopodne.com website.

The DEA Drug-Take Back Day was promoted to area law enforcement agencies during March and April. The Take-Back Day was held on Saturday, April 26th. Two agencies in the Panhandle participated in this spring's event.

Nicole and Emily hosted a virtual WRAP (Wellness Recovery Action Plan) Workshop on April 21st. This workshop was originally scheduled for March 31st, but was postponed due to scheduling conflicts. Cheri provided an in-person Motivational Interviewing Workshop in Scottsbluff on March 31st.

Emily continues to provide coordination of monthly regional opioid meetings with Region 1 and CAPWN. Workplan updates are provided, as well as any successes and challenges faced during the month.

Lead – Emily Timm

Situation Table

The Panhandle Situation Table continues to be successful in meeting acutely elevated risk individuals and families where they are.

Meeting weekly via Zoom, the Panhandle Situation Table is comprised of professionals across several service sectors committed to ensuring individuals and families receive the support and services needed in an urgent manner.

(Data from 8/31/22-03/04/25)

113 Situations Presented to Table | 82 Connected to Services (75%) | 22 Informed of Services
6 Refused Services | Not Deemed in Acutely Elevated Risk; connected to services | 6 Unable to Locate | 1 Open

Top Risk Factors, percentage of situations impacted:

Mental Health - 75% | Housing - 74% | Substance misuse - 63% | Basic Needs - 58% | Parenting - 42%

Lead - Tabi Prochazka, Emily Timm, Cheri Farris

Highway Safety Office

The Highway Safety grant, which supports longer-term injury prevention strategies, is going well.

Below are a few updates:

- Monthly social media promotions
- Radio and Spotify ads ran in April for ag-related driving safety and for distracted driving.
- Janelle is reaching out to Insurance agents, Real Estate agents, post offices, pharmacies, and worksites to offer assistance with safe driving tips. Flyers are available for them to share out as well as presentations.
- Jessica has also shared safe driving tips with area worksites, businesses, and village and city offices.
- Janelle is continuing to work with her Activate groups to keep our communities active and safe.
- Activate Kimball will be painting crosswalks at the high school and elementary school in May and at the hospital and downtown soon.
- Walk audits will be conducted in Alliance to help the principals and school administrators to determine a school arrival and dismissal plan for kids to safely get to school. Walking, biking and rolling will be suggested.
- Jessica is working on social media requests.
- Ag-related billboards have been placed in Chadron, Scottsbluff, Bridgeport, and Gordon.



Janelle is reaching out to schools **regarding** their FCCLA involvement with the FACTS (Families Acting for Community Traffic Safety) program, and recently, county extension agents have been contacted in regards to their 4-H groups too.

Lead – Janelle Visser, Jessica Rocha, and Nicole Berosek

Children's Health

3rd Grade Wellness Day(formerly referred to as 3rd Grade Kids Fitness and Nutrition Day)

2025 3rd Grade Wellness Days are getting scheduled. This event is a great opportunity for students to explore overall well-being. This fun-filled day focuses on promoting non-competitive physical activities, prevention activities, and hands-on nutritional education among 3rd-grade students. While at the events, students and teachers are invited to participate in physical activities conducted by area health and fitness educators. Children are able to step, jump, and learn new skills as they enjoy fun, interactive physical activity stations. Participants can also visit various education stations, including those on basic nutrition, energy balance, yoga, walking, boot camp, anti-bullying, and healthy choices/just say no.

The sites and dates include:

Scottsbluff September 16 | Alliance -September 25 | Sidney-September 17 |Chadron-September 23 or 24

Lead – Janelle Visser

Pool Cool

Sunscreen has been ordered. This along with sun safety tips will be delivered to all outdoor public pools in the panhandle.

Sun safety was also presented at the Healthy Families Family Fun Days on April 22 in Scottsbluff. Little tubes of sunscreen was given to each family.

Lead – Janelle Visser

Active Living

Community Walkability/Bikeability

The Kimball, Gordon, Alliance, Tri-City, and Bridgeport Active Living Advisory Committees have been meeting regularly in person and/or virtually.

- There are active living meetings coming up in
 - Activate Gordon will have an in-person meeting in Gordon at the Cowboy Museum at 9:00 am on May 9
 - Activate Alliance will have a virtual meeting on June 26 at 10
 - Activate Kimball will have a virtual meeting on April 29 at 9:00 am
 - Tri-City Active Living Advisory Committee(Gering, Scottsbluff and Terrytown) will be meeting virtually on July 15 at noon.
 - Walk and Bike to School Day is May 7
 - May 31 is the Bike Rally at Box Butte General Hospital from 9-11 am
- Janelle attended the Lifesavers Conference in Long Beach, California March 9-11. The airfare, conference registration and hotel room was covered by a mini grant from the Highway Safety Office. It was a great conference.

Lead – Nicole Berosek & Janelle Visser

Environmental Health

Radon

Radon kits continue to be sent out as requested to Panhandle residents. Radon information was offered at the Healthy Families Spring Family Fun Day and kits were offered to families. From October of 2024 to April 28, 2025, a total of 302 test kits have been sent out with 277 short-term kits sent out and 25 long-term kits sent out.

Lead – Melissa Haas

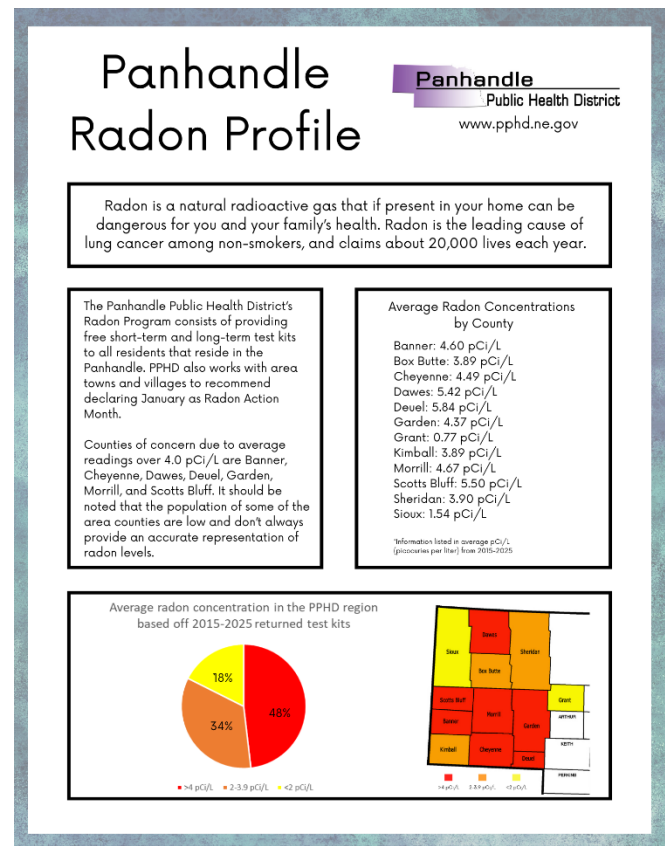
West Nile Virus

The workplan and budget for the 2025 season was submitted and trapping for mosquitoes will begin on May 27, 2025 in Scotts Bluff and Box Butte County. One session of tick trapping will happen in June of 2025 potentially in Dawes County at Chadron State Park.

Lead – Melissa Haas

LEPH- Increase local capacity for lead remediation, promote safe drinking water, increase communication awareness to the public on air quality

PPHD continues to hold quarterly meetings of the Environmental Health Coalition to discuss partnerships and opportunities for the expansion of air, water, and lead safety. PPHD purchased items to make cleaning kits for families in homes that have identified lead paint or lead dust. Thirty-eight were purchased, and 3 have been handed out to lead poisoning cases. PPHD offered information on lead testing to the Gordon and Chappell Housing Authorities, to families at the Healthy Families Spring Family Fund Day, and the KNEB Home & Garden Show. There are several Head Starts that will need their locations tested for lead, which are currently being scheduled for the upcoming month. A news release on air quality and wildfire smoke was sent out in March that also discussed the expansion of the PurpleAir monitors that PPHD is currently trying to offer to all villages/cities in the Panhandle. If your community is listed below and you know an organization or business that would want to house the Purple Air machine, let us know! Megan continues to offer the air quality school presentation to area high schools.



WE'RE LOOKING FOR

BUSINESS/ORGANIZATION LOCATIONS TO PUT UP A PURPLE AIR SENSOR TO MONITOR AIR QUALITY

LOCATIONS WANTED

Rushville	Harrison
Hay Springs	Alliance
Lyman	Bayard
Bridgeport	Potter
Dix	Sidney
Big Springs	Hyannis

REQUIREMENTS

- Needs access to electricity
- Needs access to Wifi

IF INTERESTED EMAIL

✉ mbarhafer@pphd.ne.gov and/or klauruhn@pphd.ne.gov

PurpleAir

US EPA PM2.5 Air Quality Standards Interactive Map by PurpleAir

There was information on lead testing for HUD at the car seat checks that were offered in Alliance and to the Scottsbluff Housing Authority at one of their regular meetings. PPHD has established new partnership outreach partners in ESU 13, Northwest Community Action Partnership, and Community Action Health Services. An Understanding Lead Course will be offered with WNCC on June 10th. A marketing campaign through Spotify on proper lead cleaning and remediation was run from March to April. Melissa got her Lead Refresher course completed in Denver and is completing the paperwork to renew her Lead Abatement Risk Assessor license.

We have scheduled a training for contractors/carpenters to take the lead remediation training. This training is 3 days for workers and 5 days for supervisors. All contractors are invited to attend for free (to them) if they want to bid on HUD projects.

Lead – Melissa Haas, Megan Barhafer, Kendra Lauruhn

Dental Health

Dental Health Program-Keeping Teeth Strong

PPHD's Dental Health Program provides dental screenings to detect early signs of dental disease, fluoride treatments to prevent dental decay, dental sealants to prevent dental decay on molars, silver diamine fluoride to stop the progression of decay, education to teach lifelong lessons to keep teeth clean, and dental referrals.

- We are finishing up the final 6 spring dental visits at each school and Head Start. We have begun a new program with Healthy Families to offer preventive dental care in the PPHD office. It has been very successful in participation.

Lead – Kendra Lauruhn

Dental Day

There will not be a Dental Day for 2025. UNMC-COD was not successful in having interest from the dental students. The college is also going through a transition period with staff.

Lead – Janelle Visser

Administrative

Human Resources

Annual performance reviews are currently being conducted.

Work anniversaries for January - April:

Kendra Lauruhn 11 years

Ashleigh Rada

4 years

Lead – Erin Sorensen

Finance

We continue to monitor the changing landscape regarding federal and state funding. Staff are identifying and applying for additional funding opportunities. We are completing budgets and workplans for many programs from the state that have July 1 start dates and will be working on the overall agency budget in the coming weeks.

Accreditation

Staff continue to work to implement Version 2022 standards and measures. Williamson participates in monthly statewide accreditation readiness meetings and bi-monthly statewide reaccreditation meetings.

Lead – Sara Williamson

National Association of County and City Health Officials (NACCHO)

July 14-18, 2025

Anaheim, CA

Bright Lights, Bold Ideas: Shaping the Future of Public Health Practice

National Association of Local Boards of Health (NALBOH)

October 6-8, 2025

Savannah, GA

Historic Roots, Healthy Futures: Cultivating the Growth of Board of Health Leaders

PPHD Finance Committee
Conference Call Minutes
May 1, 2025 10:00 am

Present on the call were Kay Anderson, Pat Wellnitz, Susanna Batterman, Diana Lecher, Jessica Davies, and Sara Williamson.

Williamson reviewed program spreadsheets, accounts receivable, and check detail and financial statements for January-March. Davies noted that the LB 585 and 1008 funds will be significantly reduced to \$1 million split between 18 health departments, equaling \$55,555.55, down from the \$231,495 previously received.

A motion was made by Lecher to approve the financial statements and spreadsheets and seconded by Wellnitz.

Jessica updated that PPHD will receive \$100,000 in a grant from the Sherwood foundation to address several health strategies including hypertension, car seat safety, aging system of care, and social determinants of health. Staff submitted an application this week for an environmental justice grant to assess and address environmental health concerns in each of our communities and will hear back in the coming months.

The meeting adjourned at 10:24 am.

PANHANDLE PUBLIC HEALTH DISTRICT

FINANCIAL STATEMENTS

JANUARY 31, 2025

Panhandle Public Health District Balance Sheet

Cash Basis

As of January 31, 2025

	Jan 31, 25
ASSETS	
Current Assets	
Checking/Savings	
1000 · Platte Valley National Bank	297,765.30
1005 · NPAIT (Nebraska Public Agency Investment Trust)	75,790.08
Total Checking/Savings	373,555.38
Total Current Assets	373,555.38
TOTAL ASSETS	373,555.38
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
2010 · State Withholding Payable	7,039.43
2015 · Retirement Payable	10.53
2020 · Health Insurance Payable	25,140.90
2021 · FSA Payable - Health	3,196.84
2022 · FSA Payable - Dep Care	-1,037.46
2024 · HRA Payable	2,833.39
2025 · FICA Withholding Payable	62.02
2026 · Garnishment	184.68
2027 · State Unemployment Payable	1,772.15
2028 · Dental Insurance Payable	1,010.31
2029 · Vision Insurance Payable	901.94
2035 · Life Insurance Payable	172.50
2036 · Supp Accident Ins Payable	166.48
2037 · Supp Cancer Ins Payable	136.03
2038 · Supplemental Illness Payable	57.32
2039 · Supplemental ST Disab Payable	44.20
2040 · LT Disability Company	210.00
2047 · SD Unemployment Payable	87.98
Total Other Current Liabilities	41,989.24
Total Current Liabilities	41,989.24
Long Term Liabilities	
2500 · Scottsbluff Building Loan	152,212.03
Total Long Term Liabilities	152,212.03
Total Liabilities	194,201.27
Equity	
3000 · Opening Balance Equity	-39,764.62
3050 · Fund Balance	510,009.89
3060 · Board Designated Funds - Autos	33,525.52
3061 · Board Designated Funds - Copier	67,259.26
Net Income	-391,675.94
Total Equity	179,354.11
TOTAL LIABILITIES & EQUITY	373,555.38

Panhandle Public Health District

Profit & Loss

January 2025

Cash Basis

	Jan 25	Jul '24 - Jan 25
Ordinary Income/Expense		
Income		
4000 · General Funds	11,102.99	77,720.92
4010 · Infrastructure Funds	11,342.59	79,398.14
4015 · Per Capita Funds	11,505.05	80,535.35
4016 · LB1008 Funds	6,944.46	48,611.22
4017 · LB 585	12,287.33	86,011.31
4020 · Revenue	13,554.94	341,696.54
4021 · Revenue (Fed Pass-Through)	157,429.99	1,353,830.99
4035 · Health Screening Supplies	-496.71	3.29
4045 · Other Income	700.00	7,481.50
4050 · Interest Income	282.91	7,869.17
4055 · Travel Reimbursement	0.00	2,691.81
4070 · Program Donations	0.00	6,473.87
4072 · Program Fees (Fee for service revenues)	45,582.03	233,077.50
4073 · Product Fees	79,963.08	320,279.48
4074 · Admin Fees	0.00	2,057.03
4075 · Copy Reimbursement	0.00	597.34
4080 · Office Expense Reimbursement	0.00	2,589.02
4090 · Fall Conference Sponsorships	0.00	600.00
4092 · Fall Conference Registrations	0.00	6,322.91
Total Income	350,198.66	2,657,847.39
Gross Profit	350,198.66	2,657,847.39
Expense		
6010 · Advertising and PR	2,526.00	61,503.99
6020 · Auditing	6,000.00	25,000.00
6030 · Bank Service Charges	172.35	1,312.63
6035 · Board Member Travel	0.00	3,530.24
6075 · Communication	6,855.99	41,384.98
6080 · Contracts	109,696.12	517,314.63
6090 · Depreciation Expense	0.00	0.00
6091 · Depreciation Expense - Building	0.00	0.00
6095 · Dues and Subscriptions	2,607.00	19,866.49
6120 · Incentives	440.24	2,607.75
6125 · Insurance	1,793.31	27,557.21
6126 · Insurance - General	923.36	13,447.62
6128 · Interest Expense	471.38	3,230.72
6135 · Legal Fees	0.00	340.00
6145 · Meeting	1,790.40	12,859.04
6150 · Office Expense	3,497.14	21,488.84
6154 · Vaccinations	13,554.47	379,973.81
6155 · Office Supplies	29,826.67	101,195.45
6156 · Medical Supplies	0.00	4,926.29
6157 · Printing Supplies	1,001.84	10,825.41
6160 · Payroll Tax Expense	17,655.72	86,219.67
6175 · Postage	172.14	8,042.75
6180 · Printing and Publication	149.75	8,678.70
6190 · Radon Supplies	3,341.00	3,341.00
6200 · Repairs and Maintenance	3,998.15	24,818.93
6202 · Server Backup	966.00	6,278.98
6205 · Training/Education	2,975.00	39,003.11
6210 · Travel	7,435.21	64,190.89
6215 · Utilities	1,628.25	8,361.48
6220 · Wages	218,323.12	1,155,835.77
6225 · Retirement Expense	14,661.42	75,873.88
6230 · Health Insurance	81,430.66	369,066.76
6231 · Dental Insurance	2,890.46	13,134.51
6232 · Vision Insurance	807.48	3,632.55
6240 · Life Insurance	540.50	2,546.00
6245 · LT Disability	658.00	3,115.00
6246 · FSA Expense - Health	0.00	-53.00

Panhandle Public Health District Profit & Loss

Cash Basis

January 2025

	Jan 25	Jul '24 - Jan 25
6247 · FSA Expense - Dep	-0.25	-0.25
6819 · Program Expense Offset	-11,068.29	-71,557.39
Total Expense	527,720.59	3,048,894.44
Net Ordinary Income	-177,521.93	-391,047.05
Other Income/Expense		
Other Expense		
6815 · Other Expense	0.00	628.89
Total Other Expense	0.00	628.89
Net Other Income	0.00	-628.89
Net Income	-177,521.93	-391,675.94

PANHANDLE PUBLIC HEALTH DISTRICT

FINANCIAL STATEMENTS

FEBRUARY 28, 2025

Panhandle Public Health District Balance Sheet

Cash Basis

As of February 28, 2025

	Feb 28, 25
ASSETS	
Current Assets	
Checking/Savings	
1000 · Platte Valley National Bank	568,615.40
1005 · NPAIT (Nebraska Public Agency Investment Trust)	76,042.65
Total Checking/Savings	644,658.05
Total Current Assets	644,658.05
TOTAL ASSETS	644,658.05
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
2010 · State Withholding Payable	4,418.20
2015 · Retirement Payable	10.53
2020 · Health Insurance Payable	25,141.13
2021 · FSA Payable - Health	2,676.16
2022 · FSA Payable - Dep Care	-854.72
2024 · HRA Payable	2,833.39
2025 · FICA Withholding Payable	96.13
2026 · Garnishment	184.68
2027 · State Unemployment Payable	2,476.81
2028 · Dental Insurance Payable	1,032.61
2029 · Vision Insurance Payable	287.57
2035 · Life Insurance Payable	172.50
2036 · Supp Accident Ins Payable	166.48
2037 · Supp Cancer Ins Payable	136.03
2038 · Supplemental Illness Payable	57.32
2039 · Supplemental ST Disab Payable	44.20
2040 · LT Disability Company	210.00
2047 · SD Unemployment Payable	150.00
Total Other Current Liabilities	39,239.02
Total Current Liabilities	39,239.02
Long Term Liabilities	
2500 · Scottsbluff Building Loan	151,162.10
Total Long Term Liabilities	151,162.10
Total Liabilities	190,401.12
Equity	
3000 · Opening Balance Equity	-39,764.62
3050 · Fund Balance	510,009.89
3060 · Board Designated Funds - Autos	33,525.52
3061 · Board Designated Funds - Copier	67,259.26
Net Income	-116,773.12
Total Equity	454,256.93
TOTAL LIABILITIES & EQUITY	644,658.05

Panhandle Public Health District

Profit & Loss

February 2025

Cash Basis

	Feb 25	Jul '24 - Feb 25
Ordinary Income/Expense		
Income		
4000 · General Funds	11,102.99	88,823.91
4010 · Infrastructure Funds	11,342.59	90,740.73
4015 · Per Capita Funds	11,505.05	92,040.40
4016 · LB1008 Funds	6,944.46	55,555.68
4017 · LB 585	12,287.33	98,298.64
4020 · Revenue	140,005.60	481,702.14
4021 · Revenue (Fed Pass-Through)	390,284.88	1,744,115.87
4035 · Health Screening Supplies	0.00	3.29
4045 · Other Income	138.00	7,619.50
4050 · Interest Income	252.57	8,121.74
4055 · Travel Reimbursement	0.00	2,691.81
4070 · Program Donations	0.00	6,473.87
4072 · Program Fees (Fee for service revenues)	39,851.10	272,928.60
4073 · Product Fees	96,175.53	416,455.01
4074 · Admin Fees	0.00	2,057.03
4075 · Copy Reimbursement	0.00	597.34
4080 · Office Expense Reimbursement	0.00	2,589.02
4090 · Fall Conference Sponsorships	0.00	600.00
4092 · Fall Conference Registrations	0.00	6,322.91
4093 · Conference Registration Fees	31.00	31.00
Total Income	719,921.10	3,377,768.49
Gross Profit	719,921.10	3,377,768.49
Expense		
6010 · Advertising and PR	7,438.00	68,941.99
6020 · Auditing	0.00	25,000.00
6030 · Bank Service Charges	484.63	1,797.26
6035 · Board Member Travel	816.90	4,347.14
6075 · Communication	6,939.34	48,324.32
6080 · Contracts	62,850.37	580,165.00
6090 · Depreciation Expense	0.00	0.00
6091 · Depreciation Expense - Building	0.00	0.00
6095 · Dues and Subscriptions	374.00	20,240.49
6110 · Equipment	30,475.00	30,475.00
6120 · Incentives	382.83	2,990.58
6125 · Insurance	1,785.31	29,342.52
6126 · Insurance - General	449.36	13,896.98
6128 · Interest Expense	438.99	3,669.71
6135 · Legal Fees	60.00	400.00
6145 · Meeting	2,330.00	15,189.04
6150 · Office Expense	3,666.65	25,155.49
6154 · Vaccinations	56,594.38	436,568.19
6155 · Office Supplies	10,799.39	111,994.84
6156 · Medical Supplies	867.10	5,793.39
6157 · Printing Supplies	2,293.36	13,118.77
6160 · Payroll Tax Expense	10,844.43	97,064.10
6175 · Postage	9,521.80	17,564.55
6180 · Printing and Publication	15,122.93	23,801.63
6190 · Radon Supplies	0.00	3,341.00
6200 · Repairs and Maintenance	7,498.51	32,317.44
6202 · Server Backup	966.00	7,244.98
6205 · Training/Education	13,664.74	52,667.85
6210 · Travel	4,749.21	68,940.10
6215 · Utilities	1,654.15	10,015.63
6220 · Wages	139,318.06	1,295,153.83
6225 · Retirement Expense	9,367.43	85,241.31
6230 · Health Insurance	50,754.68	419,821.44
6231 · Dental Insurance	1,773.22	14,907.73
6232 · Vision Insurance	509.79	4,142.34
6240 · Life Insurance	345.00	2,891.00
6245 · LT Disability	420.00	3,535.00
6246 · FSA Expense - Health	-174.63	-227.63

Panhandle Public Health District Profit & Loss

Cash Basis

February 2025

	Feb 25	Jul '24 - Feb 25
6247 · FSA Expense - Dep	0.00	-0.25
6819 · Program Expense Offset	-10,362.65	-81,920.04
Total Expense	445,018.28	3,493,912.72
Net Ordinary Income	274,902.82	-116,144.23
Other Income/Expense		
Other Expense		
6815 · Other Expense	0.00	628.89
Total Other Expense	0.00	628.89
Net Other Income	0.00	-628.89
Net Income	274,902.82	-116,773.12

PANHANDLE PUBLIC HEALTH DISTRICT
FINANCIAL STATEMENTS
MARCH 31, 2025

Panhandle Public Health District

Balance Sheet

As of March 31, 2025

Cash Basis

	Mar 31, 25
ASSETS	
Current Assets	
Checking/Savings	
1000 · Platte Valley National Bank	283,601.45
1005 · NPAIT (Nebraska Public Agency Investment Trust)	327,173.34
Total Checking/Savings	610,774.79
Total Current Assets	610,774.79
TOTAL ASSETS	610,774.79
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
2010 · State Withholding Payable	4,551.81
2015 · Retirement Payable	10.53
2020 · Health Insurance Payable	23,824.20
2021 · FSA Payable - Health	-255.50
2022 · FSA Payable - Dep Care	-1,227.98
2024 · HRA Payable	2,708.26
2025 · FICA Withholding Payable	96.13
2026 · Garnishment	184.68
2027 · State Unemployment Payable	2,700.21
2028 · Dental Insurance Payable	1,007.63
2029 · Vision Insurance Payable	284.75
2035 · Life Insurance Payable	172.50
2036 · Supp Accident Ins Payable	166.47
2037 · Supp Cancer Ins Payable	135.99
2038 · Supplemental Illness Payable	57.32
2039 · Supplemental ST Disab Payable	44.20
2040 · LT Disability Company	210.00
2047 · SD Unemployment Payable	150.00
Total Other Current Liabilities	34,821.20
Total Current Liabilities	34,821.20
Long Term Liabilities	
2500 · Scottsbluff Building Loan	150,082.53
Total Long Term Liabilities	150,082.53
Total Liabilities	184,903.73
Equity	
3000 · Opening Balance Equity	-39,764.62
3050 · Fund Balance	510,009.89
3060 · Board Designated Funds - Autos	33,525.52
3061 · Board Designated Funds - Copier	67,259.26
Net Income	-145,158.99
Total Equity	425,871.06
TOTAL LIABILITIES & EQUITY	610,774.79

Panhandle Public Health District **Profit & Loss**

Cash Basis

March 2025

	Mar 25	Jul '24 - Mar 25
Ordinary Income/Expense		
Income		
4000 · General Funds	11,102.99	99,926.90
4010 · Infrastructure Funds	11,342.59	102,083.32
4015 · Per Capita Funds	11,505.05	103,545.45
4016 · LB1008 Funds	6,944.46	62,500.14
4017 · LB 585	12,287.33	110,585.97
4020 · Revenue	18,514.27	500,216.41
4021 · Revenue (Fed Pass-Through)	161,574.91	1,905,690.78
4035 · Health Screening Supplies	0.00	3.29
4045 · Other Income	1,344.00	8,963.50
4050 · Interest Income	1,130.69	9,252.43
4055 · Travel Reimbursement	0.00	2,691.81
4070 · Program Donations	0.00	6,473.87
4072 · Program Fees (Fee for service revenues)	26,839.15	299,767.75
4073 · Product Fees	52,779.51	469,234.52
4074 · Admin Fees	0.00	2,057.03
4075 · Copy Reimbursement	0.00	597.34
4080 · Office Expense Reimbursement	0.00	2,589.02
4090 · Fall Conference Sponsorships	0.00	600.00
4092 · Fall Conference Registrations	0.00	6,322.91
4093 · Conference Registration Fees	0.00	31.00
Total Income	315,364.95	3,693,133.44
Gross Profit	315,364.95	3,693,133.44
Expense		
6010 · Advertising and PR	8,633.12	77,575.11
6020 · Auditing	10,200.00	35,200.00
6030 · Bank Service Charges	288.59	2,085.85
6035 · Board Member Travel	0.00	4,347.14
6075 · Communication	7,075.02	55,399.34
6080 · Contracts	19,087.00	599,252.00
6090 · Depreciation Expense	0.00	0.00
6091 · Depreciation Expense - Building	0.00	0.00
6095 · Dues and Subscriptions	700.00	20,940.49
6110 · Equipment	12,981.30	43,456.30
6120 · Incentives	3,380.78	6,371.36
6125 · Insurance	1,785.32	31,127.84
6126 · Insurance - General	449.36	14,346.34
6128 · Interest Expense	406.40	4,076.11
6135 · Legal Fees	80.00	480.00
6145 · Meeting	348.00	15,537.04
6150 · Office Expense	4,314.40	29,469.89
6154 · Vaccinations	15,107.53	451,675.72
6155 · Office Supplies	19,934.88	131,929.72
6156 · Medical Supplies	21.75	5,815.14
6157 · Printing Supplies	1,593.98	14,712.75
6160 · Payroll Tax Expense	10,624.90	107,689.00
6175 · Postage	580.78	18,145.33
6180 · Printing and Publication	26,355.30	50,156.93
6190 · Radon Supplies	0.00	3,341.00
6200 · Repairs and Maintenance	11,948.78	44,266.22
6202 · Server Backup	966.00	8,210.98
6205 · Training/Education	6,414.11	59,081.96
6210 · Travel	8,233.38	77,173.48
6215 · Utilities	1,420.48	11,436.11
6220 · Wages	143,869.27	1,439,023.10
6225 · Retirement Expense	9,655.64	94,896.95
6230 · Health Insurance	51,080.78	470,902.22
6231 · Dental Insurance	1,815.58	16,723.31
6232 · Vision Insurance	534.37	4,676.71
6240 · Life Insurance	368.00	3,259.00
6245 · LT Disability	448.00	3,983.00
6246 · FSA Expense - Health	0.00	-227.63
6247 · FSA Expense - Dep	0.00	-0.25
6819 · Program Expense Offset	-36,951.98	-118,872.02
Total Expense	343,750.82	3,837,663.54
Net Ordinary Income	-28,385.87	-144,530.10
Other Income/Expense		
Other Expense		
6815 · Other Expense	0.00	628.89
Total Other Expense	0.00	628.89
Net Other Income	0.00	-628.89
Net Income	-28,385.87	-145,158.99

Program updates through **4/29/2025**

Award Name/ Program Name	Total Award	Expenses to Date	% of Total	% of Performance Period	Program End Date
State Appropriated Funds					
Admin 2025 (LB 692)	\$276,788.15	\$225,539.65	81%	83%	6/30/2025
Surveillance 2025 (LB 1060)	\$105,458.11	\$88,970.71	84%	83%	6/30/2025
LB 1008 2025	\$83,333.55	\$75,590.25	91%	83%	6/30/2025
LB 585 2025	\$148,161.56	\$140,625.54	95%	83%	6/30/2025
MHI 2024 (Minority Health Initiative)	\$166,067.44	\$132,571.04	80%	89%	6/30/2025
Opioid General Funds	\$27,777.77	\$0.00	0%	83%	6/30/2025
Data, Performance, and Health Improvement Planning					
MAPP 2025 (CHA/CHIP Work)	\$18,000.00	\$10,454.22	58%	33%	12/31/2025
WFD 2025 (Accreditation Readiness)	\$25,500.00	\$11,959.51	47%	58%	9/30/2025

Program updates through

4/29/2025


 Panhandle
Public Health District

Award Name/ Program Name	Total Award	Expenses to Date	% of Total	% of Performance Period	Program End Date
Chronic Disease Prevention Funds					
AOWN 2025 (Diabetes Prevention)	\$9,830.00	\$8,439.20	86%	83%	6/30/2025
LCTA 2025 (DPP Coaches Training)	\$11,322.50	\$7,943.45	70%	83%	6/29/2025
Governor's Award 2025 (Worksite Wellness)	\$10,000.00	\$1,467.80	15%	33%	12/31/2025
Hub 2024 (EWM/Colon Cancer)	\$12,737.27	\$7,174.07	56%	92%	6/29/2025
TFN 2025 (Tobacco Free NE)	\$80,989.00	\$38,878.95	48%	83%	6/30/2025
Injury Prevention Funds					
HSO 2025 (Highway/Driver Safety)	\$125,240.00	\$52,798.52	42%	58%	9/30/2025

Program updates through

4/29/2025


 Panhandle
Public Health Distr

Award Name/ Program Name	Total Award	Expenses to Date	% of Total	% of Performance Period	Program End Date
Preparedness Funds					
BT 2025 (Emergency Preparedness/Disease Investigation)	\$150,242.75	\$122,115.04	81%	83%	6/30/2025
PRMRS 2025 (Hospital Preparedness Planning)	\$125,000.00	\$65,349.39	52%	83%	6/30/2025
CDC MHI (COVID Health Disparities) - ENDED	\$7,877.49	\$5,524.34	70%	92%	5/31/2025
ELC (Infectious DiseaseReadiness) - ENDED	\$401,275.92	\$17,895.44	4%	22%	6/30/2026
Clinical Services					
Vaccination 2025 (COVID & Flu) - ENDED	\$207,456.10	\$193,320.46	93%	83%	6/30/2025
Vaccination AOWN	\$157,000.00	\$124,497.97	79%	91%	6/30/2025
NACCHO Vaccination (school based program) - ENDED	\$75,000.00	\$46,124.32	61%	90%	5/31/2025
VFC 2025 (Vaccinations for Children)	\$30,000.00	\$17,567.05	59%	83%	6/30/2025
Immunization Billing	\$597,200.00	\$513,961.30	86%	183%	6/30/2024
Vacc Cap 2025	\$199,937.33	\$157,237.88	79%	83%	6/30/2025
STI 2024 (Case Investigation)	\$57,374.99	\$22,987.01	40%	89%	6/30/2025
HPV 2025 (media campaign)	\$15,000.00	\$9,934.85	66%	83%	6/29/2025

Program updates through

4/29/2025

Panhandle
Public Health District

Award Name/ Program Name	Total Award	Expenses to Date	% of Total	% of Performance Period	Program End Date
Home Visitation Funds					
HV 2025 (Healthy Families America)	\$819,092.00	\$415,127.88	51%	58%	9/30/2025
HV CWP 2025 (DHHS Referred Cases)	\$345,000.00	\$123,232.14	36%	58%	9/30/2025

Program updates through

4/29/2025


 Panhandle
Public Health District

Award Name/ Program Name	Total Award	Expenses to Date	% of Total	% of Performance Period	Program End Date
Environmental Health Funds					
LEPH 2025 (Local Environmental Public Health)	\$66,075.34	\$45,754.13	69%	42%	11/30/2025
Radon 2025 (\$5,000 award, \$5388.32 PPHD Match)	\$10,388.32	\$11,402.54	110%	88%	5/31/2025
WNV 2025 (WNV Mosquito Trapping)	\$10,000.00	\$9.68	0%	33%	12/31/2025
Lead Epi 2025 (Childhood Lead Case Investigation)	\$25,354.20	\$12,369.02	49%	58%	9/29/2025
Hud (Lead Based Paint Remediation)	\$148,763.03	\$48,703.60	33%	69%	8/15/2025

Program updates through

4/29/2025



Award Name/ Program Name	Total Award	Expenses to Date	% of Total	% of Performance Period	Program End Date
Behavioral Health/Substance Misuse Prevention					
OD2A 2025 (Statewide Opioid Prevention)	\$50,000.00	\$36,678.13	73%	67%	8/31/2025
R1SOR 2025 (Region I Opioid Response)	\$43,713.00	\$10,303.25	24%	58%	9/29/2025
State SOR 2025 (State Opioid Response)	\$40,000.00	\$19,202.89	48%	58%	9/29/2025
R1BG 2025 (Panhandle Prevention Coalition)	\$159,500.00	\$95,148.61	60%	83%	6/30/2025
PFS 2025 (Partner for Success)	\$94,621.61	\$50,085.91	53%	58%	9/30/2025
MCH 2025 (BaseEd) (57395.39 Grant, 16703.65 Match)	\$57,000.00	\$2,150.87	4%	8%	3/31/2026

Program updates through

4/29/2025



Award Name/ Program Name	Total Award	Expenses to Date	% of Total	% of Performance Period	Program End Date
Oral Health					
DHP 2025 (Dental Health Program NCF Grant)	\$64,438.81	\$9,458.73	15%	33%	12/31/2025
DHP HRSA 2025 (Dental Health Program)	\$78,000.00	\$34,499.23	44%	75%	7/31/2025

Program updates through

4/29/2025

Panhandle
Public Health District

Award Name/ Program Name	Total Award	Expenses to Date	% of Total	% of Performance Period	Program End Date
Other Funds					
MCO (United Health Care)	\$66,550.00	\$6,596.34	10%	56%	12/31/2025
NTC (NE Total Care)	\$55,125.00	\$59.70	0%	77%	6/30/2025

Board Terms
May 2025

COUNTY	NAME	TERM
Banner	Bob Gifford	Expires June 30, 2028
Box Butte	Joni Jespersen	Expires June 30, 2027
Cheyenne	Mandi Raffelson	Expires June 30, 2026
Dawes	Diana Lecher	Expires June 30, 2026
Deuel	Judy Soper	Expires June 30, 2028
Garden	Sara Quinn	Expired June 30, 2026
Grant	John Werth	Expires June 30, 2025
Kimball	Randy Bohac	Expires June 30, 2027
Morrill	Kay Anderson	Expires June 30, 2025
Scotts Bluff	Kristin Wiebe	Expires June 30, 2025
Sheridan	Pat Wellnitz	Expires June 30, 2027
Sioux	Jackie Delatour	Expires June 30, 2027



PANHANDLE PUBLIC HEALTH DISTRICT CAFETERIA PLAN ELIGIBLE OPT-OUT ARRANGEMENT

Description of Eligible Opt-Out Arrangement. Effective _____, the **PANHANDLE PUBLIC HEALTH DISTRICT Cafeteria Plan** (the "Plan") has adopted this Eligible Opt-Out Arrangement as a Benefit Option under the Plan. The Eligible Opt-Out Arrangement allows eligible Participants to decline the Plan's Health Insurance Benefit and coverage under the group medical plan(s) for employees of **PANHANDLE PUBLIC HEALTH DISTRICT** for a specified Plan Year and receive cash payments in lieu of such coverage.

The Eligible Opt-Out Arrangement requires that the cash in lieu of group medical plan coverage be available only if the Participant provides reasonable evidence of enrollment in other employer-sponsored group health coverage (such as a spouse's plan), or "minimum essential coverage" from some other source during the Plan Year, for the Participant and the Participant's expected tax dependents. Individual coverage, including insurance purchased on the ACA Exchange, will not qualify under the Eligible Opt-Out Arrangement. Coverage under government programs, such as Medicare Part A, most Medicaid, CHIP and TRICARE, can qualify if minimum essential coverage is provided to the Participant and/or expected tax dependents by the program.

The Plan's Eligible Opt-Out Arrangement is not an "employer payment plan" as such term is generally defined by the Internal Revenue Service. Any cash payments made under the Eligible Opt-Out Arrangement are not intended to provide for the direct or indirect purchase or reimbursement of any type of medical coverage, whether such coverage is provided under a group or individual policy or plan and shall be treated as payment of unrestricted and taxable cash compensation to the Participant.

Eligibility to Participate. This Eligible Opt-Out Arrangement is available to Participants who are eligible to participate in the group medical plan(s) sponsored by **PANHANDLE PUBLIC HEALTH DISTRICT** for its eligible employees and dependents, but only to the extent the Participant and his or her dependents (for federal income tax purposes) have minimum essential coverage under another employer-sponsored group health plan or qualifying government program. A Participant who elects to opt-out of group medical plan coverage will be required to certify that the Participant has (or will have) other minimum essential coverage from a qualifying group health plan or government program at the time the Participant elects to participate in the Eligible Opt-Out Arrangement. To the extent the Participant elects and qualifies under the Eligible Opt-Out Arrangement, a cash payment in lieu of coverage under the group medical plan(s) will be added to the Participant's compensation, in equal payments throughout the Plan Year.

Any cash payments made to a Participant under the Eligible Opt-Out

Arrangement will be considered taxable income and subject to all applicable income tax withholding and employment taxes. The amount of any payments under the Eligible Opt-Out Arrangement will be determined each year at the sole discretion of **PANHANDLE PUBLIC HEALTH DISTRICT** and announced during the open enrollment period for the Plan.

Election and Enrollment. Eligible Participants may elect and enroll in the Eligible Opt- Out Arrangement for a Plan Year by completing and executing the Eligible Opt-out Arrangement Election Form (attached hereto) and filing the completed Form with the Plan Administrator of the Plan on or before the Plan Year for which the opt-out election is to be effective. In addition to the Participant's certification (in the enrollment and Election Form) that the Participant and expected tax dependents are (or will) receive minimum essential coverage from another source, the Plan Administrator may, at any time, require the Participant to submit documentary evidence of such minimum essential coverage as a condition to qualifying for the opt-out payments.

A Participant's election to participate in the Eligible Opt-Out Arrangement is irrevocable until the end of the applicable Plan Year unless the Participant is entitled to change his or her Benefit elections under the Plan ("Change in Status"). Accordingly, a Participant who has elected to participate in the Eligible Opt- Out Arrangement for a Plan Year must generally wait until the beginning of the next Plan Year to enroll in the group medical plan(s) sponsored for employees of **PANHANDLE PUBLIC HEALTH DISTRICT**. Declining coverage under the **PANHANDLE PUBLIC HEALTH DISTRICT** group medical plan(s) does not preclude the Participant from electing other Benefit Options offered under the Plan.

A Participant will no longer be eligible to receive cash payments under the Eligible Opt- Out Arrangement to the extent the Participant: 1) has terminated employment with **PANHANDLE PUBLIC HEALTH DISTRICT**; 2) is no longer eligible to participate in the Plan (or no longer eligible to participate in the **PANHANDLE PUBLIC HEALTH DISTRICT** group medical plan(s)); 3) enrolls in the **PANHANDLE PUBLIC HEALTH DISTRICT** group medical plan(s); or 4) ceases to maintain eligible group health plan coverage or qualifying minimum essential coverage from another source. A Participant who loses coverage under the other group health plan or government program at any time during the period that the Participant has elected to receive payments under the Eligible Opt-Out Arrangement, must notify the Plan Administrator immediately. If the Participant is at any time unable to certify or provide proof to the Plan Administrator of minimum essential coverage for the Participant or his or her tax dependents, the Participant will be ineligible for continued payments under the Eligible Opt-Out Arrangement and liable to repay **PANHANDLE PUBLIC HEALTH DISTRICT** any amounts that had been received for any period following the Participant's loss of eligibility under the Eligible Opt-Out Arrangement.

Administration. The Plan Administrator of the Plan shall administer and supervise the operation of the Eligible Opt-Out Arrangement and have all powers and duties as provided under the Plan as necessary or appropriate for the general administration and compliance with all requirements of the Eligible Opt-Out Arrangement.



**PANHANDLE PUBLIC HEALTH DISTRICT
Cafeteria Plan
Eligible Opt-Out Arrangement Election
Form**

In accordance with the terms of the **PANHANDLE PUBLIC HEALTH DISTRICT Cafeteria Plan** (the "Plan"), Participants in the Plan who elect not to participate in the group medical plan(s) for employees of **PANHANDLE PUBLIC HEALTH DISTRICT**, and who qualify under the Plan's Eligible Opt-out Arrangement, will be entitled to receive cash payments in lieu of group medical plan coverage.

By completing this Election Form, I hereby affirm my declination of coverage under the **PANHANDLE PUBLIC HEALTH DISTRICT** group medical plan(s) for myself, my spouse, and my dependents (as applicable) and instead elect to receive cash payments in lieu of coverage under the group medical plan(s) pursuant to the Eligible Opt-Out Arrangement.

Pursuant to my election, I fully understand, certify, and attest to the following:

1. I have and will maintain coverage under another group health plan or other program providing "minimal essential coverage" for the Plan Year in which this election applies for myself and my federal income tax dependents, not including coverage obtained in the individual marketplace. I agree to provide documentary evidence of such coverage immediately upon request of the Plan Administrator.
2. My election to decline coverage under the **PANHANDLE PUBLIC HEALTH DISTRICT** group medical plan(s) is entirely voluntary. Neither **PANHANDLE PUBLIC HEALTH DISTRICT** nor the Plan Administrator is responsible for any medical expenses of me or my dependents incurred after the termination of my participation in the **PANHANDLE PUBLIC HEALTH DISTRICT** group medical plan(s). Furthermore, I understand that my covered dependents and I will not be eligible for COBRA continuation coverage under the **PANHANDLE PUBLIC HEALTH DISTRICT** group medical plan(s) by reason of this election.
3. This election is effective only for the Plan Year as indicated below. If I intend to decline coverage under the **PANHANDLE PUBLIC HEALTH DISTRICT** group medical plan(s) and participate in the Plan's Eligible Opt-Out Arrangement in future Plan Years, I will need to make a new election for each future Plan Year.
4. To the extent I remain eligible for participation in the **PANHANDLE PUBLIC HEALTH DISTRICT** group medical plan(s) but have instead elected to participate in the Plan's Eligible Opt-Out Arrangement, I will receive equal periodic cash payments in an amount determined at the sole discretion of **PANHANDLE PUBLIC HEALTH DISTRICT** and which is affirmatively

communicated to the employees of **PANHANDLE PUBLIC HEALTH DISTRICT** during open enrollment periods for the Plan.

5. Any cash payments I receive as a result of my election to participate in the Eligible Opt-Out Arrangement shall be taxable income to me and subject to applicable tax withholdings and employment taxes. I have fully considered, and am solely responsible for, any adverse tax consequences that may occur as a result of my election to participate in the Eligible Opt-Out Arrangement.
6. My election to decline coverage under the **PANHANDLE PUBLIC HEALTH DISTRICT** group medical plan(s) and to instead elect the Eligible Opt-Out Arrangement will not preclude me from electing any other Benefit Options offered under the Plan; provided, however, the Eligible Opt-Out Arrangement is only available with respect to the **PANHANDLE PUBLIC HEALTH DISTRICT** group medical plan(s) and will not provide cash in lieu of any other Benefit available under the Plan.
7. If I terminate employment with **PANHANDLE PUBLIC HEALTH DISTRICT**, enroll in any group medical plan available to employees of **PANHANDLE PUBLIC HEALTH DISTRICT**, lose coverage under a qualifying group health plan, or am otherwise unable to certify or provide proof of minimum essential coverage under a qualifying group health plan or government program, I will no longer be eligible to receive payments in lieu of coverage under the Eligible Opt-Out Arrangement. If I lose coverage under the qualifying group health plan or government program, I must notify the Plan Administrator immediately. Failure to do so could result in liability to my employer for any payments made under the Eligible Opt-Out Arrangement after the loss of such coverage.
8. I agree to return all payments made to me and for which I was not eligible, including, but not limited to, payments received pursuant to my (a) failure to report a change or loss of minimal essential coverage from another source in a timely manner, or (b) falsifying information in order to receive opt-out payments. By signing this Election Form, I hereby authorize my employer, **PANHANDLE PUBLIC HEALTH DISTRICT**, at its discretion, to deduct any such amounts from my pay to the extent allowable under applicable state and federal law.
9. By declining coverage under the **PANHANDLE PUBLIC HEALTH DISTRICT** group medical plan(s), I am generally unable to elect to participate in the group medical plan until the next Plan Year, except in limited circumstance as set forth in the Plan. Any qualifying mid-year election under the Plan to participate in the **PANHANDLE PUBLIC HEALTH DISTRICT** group medical plan(s) shall make this election null and void for the remainder of the year, and all payments to me under the Eligible Opt-Out Arrangement shall cease as of the date of coverage under such group medical plan.
10. I understand that the payments made to me pursuant to my election to participate in the Eligible Opt-Out Arrangement is unrestricted compensation to me and such payments are not intended for the reimbursement or purchase of medical coverage, whether such coverage is provided under an individual or group plan or policy.
11. I have been provided a copy of, read, and understand the Plan, the Eligible

Opt-Out Arrangement and any summaries which explain the Plan and the Eligible Opt-Out Arrangement.

Plan Year of the Opt-Out Election: _____

Information about the minimal essential coverage for Participant and expected tax family*:

*The expected tax family consists of all individuals for whom the Participant reasonably expects to claim a personal exemption deduction for with respect to the applicable tax year of the opt-out election.

Name(s) of covered person(s): _____

Name of covered person's employer(s): _____

Insurer or program providing medical coverage: _____

I hereby certify that I and all members of my expected tax family are covered under another group medical plan or program providing minimum essential coverage for the Plan Year indicated above, and that I hereby decline all coverage under the **PANHANDLE PUBLIC HEALTH DISTRICT** group medical plan(s), and elect to participate in the Eligible Opt-Out Arrangement for such Plan Year.

Participant's Signature: _____ Date: _____

Coverage Reinstatement Attestation

I previously waived coverage because I had other minimum essential coverage under a group health plan or program for myself and all my federal income tax dependents. As of ____ I am no longer covered by such group health plan or program and request to enroll in the **PANHANDLE PUBLIC HEALTH DISTRICT** group medical plan. I understand that my eligibility to enroll in the **PANHANDLE PUBLIC HEALTH DISTRICT** group medical plan at this time is dependent on whether I have satisfied the Plan's special conditions for midyear enrollment.

Employee Signature: _____ Date: _____

Return completed form to the Plan Administrator of the **PANHANDLE PUBLIC HEALTH DISTRICT** Cafeteria Plan.

PANHANDLE PUBLIC HEALTH DISTRICT BOARD RESOLUTION

Panhandle Public Health District consents and agrees that the following resolution was presented and passed on _____.

WHEREAS the PANHANDLE PUBLIC HEALTH DISTRICT consents to adoption of Cash-In-Lieu as an option to our group medical insurance available to the full-time employees of PANHANDLE PUBLIC HEALTH DISTRICT, and

WHEREAS those full-time employees of PANHANDLE PUBLIC HEALTH DISTRICT, electing to participate in the Cash-In-Lieu option, after presenting notice of Proof of Coverage and submitting a signed Affidavit of Other Coverage to the PANHANDLE PUBLIC HEALTH DISTRICT, be eligible for said Cash-In-Lieu benefits in the amount of \$_____ per employee monthly.

THEREFORE, BE IT RESOLVED by the PANHANDLE PUBLIC HEALTH DISTRICT Commissioners that the Cash-In-Lieu Option offered by First Concord Benefits Group be offered to those full time PANHANDLE PUBLIC HEALTH DISTRICT employees wishing to participate according to the above requirements. Said Cash-In-Lieu payment shall be addressed as a monthly income and all withholding requirements will be administered accordingly.

This policy will go into effect on _____

Dated this _____ day of _____

Panhandle Public Health District
Salary Schedule
2025/2026

Position	Entry Level	Mid-Level	High-Level
	(little or no work experience in field of assignment, minimal education levels; will need additional on-the-job training)	(work experience and educational background appropriate for position; professional licensure/certification, or other required credentials)	(highly qualified and successful work experience and high level of educational attainment in field of assignment; professional licensure/certification, or other required credentials)
Health Director	N/A	N/A	\$97,000 - \$112,000 (\$46.63 - \$53.85)
Senior Management <i>Assistant Director, CFO, Deputy Director</i>	N/A	N/A	\$63,564.80-\$78,561.60 \$65,124.80 - \$80,121.60 (\$30.56-\$37.77) (\$31.31 - \$38.52)
Supervisors <i>higher level of administrative responsibilities, grant reporting & compliance, oversees staff, staff development, and provides program oversight</i>	N/A	\$49,316.80 - \$64,313.60 (\$23.71 - \$30.92) \$50,876.80 - \$65,873.60 (\$24.46 - \$31.67)	\$55,556.80 - \$70,553.60 (\$26.71 - \$33.92) \$57,116.80 - \$72,113.60 (\$27.46 - \$34.67)
Program Coordinators <i>programmatic responsibilities, including reporting, contracts, grant requirements, etc</i>	N/A	\$41,558.40 - \$56,555.20 (\$19.98 - \$27.19) \$43,118.40 - \$58,115.20 (\$20.73 - \$27.94)	\$48,568.00 - \$63,564.80 (\$23.35 - \$30.56) \$50,128.00 - \$65,124.80 (\$24.10 - \$31.31)
Licensed Professionals <i>LPN, RN, Dietician, LIMHP/LMHP, etc</i>	N/A	\$40,996.80 - \$55,993.60 (\$19.71 - \$26.92) \$42,556.80-\$57,553.60 (\$20.46 - \$27.67)	\$53,560.00 - \$78,561.60 (\$25.75 - \$37.77) \$55,120.00 - \$80,121.60 (\$26.50 - \$38.52)
Program Staff <i>under the supervision of a Coordinator or Supervisor, i.e., community health workers, home visitors, program assistants, etc</i>	\$34,756.80 - \$40,996.80 (\$16.71 - \$19.71) \$36,316.80 - \$42,556.80 (\$17.46 - \$20.46)	\$38,916.80 - \$51,396.80 (\$18.71 - \$24.71) \$40,476.80 - \$52,956.80 (\$19.46 - \$25.46)	N/A

Comparisons				
NE Assoc. of Local Health Directors (NALHD) Survey 2025 Survey Report (Based on 2024 Data)	Northwest Community Action Partnership NCAP (2020, annual assessment)	State of Nebraska Salary Survey (2023, biannual survey)	Nonprofit Assoc. of the Midlands (NAM) (2024, annual survey)	
75,000-100,000 Population	Budget \$4.7 m - 6.0 m	N/A	N/A	Overall
Range: \$90,000 - \$161,970 Median: \$111,000	Range: \$97,000 - \$161,970 Median: \$133,432			Comparable position: CEO Mean \$117,252 50%: \$100,000
Range: \$63,565 - \$109,554 Median: \$90,000	Range: \$63,565 - \$109,554 Median: \$86,954	Comparable positions: \$73,425 - \$77,677		Comparable positions: Chief Program Officer,CFO Mean range: \$102,177 - \$137,582 50%: \$99,780 - \$117,000
Range: \$49,317 - \$93,000 Median: \$76,385	Range: \$49,317 - \$87,651 Median: \$70,304			Comparable positions: Program Manager, Program Director Mean range: \$60,199 - \$69,350 50%: \$55,814 - \$68,596
Range: \$41,558 - \$83,678 Median: \$58,687	Range: \$41,558 - \$83,678 Median: \$58,687	Comparable positions: \$54,579 - \$63,835		Comparable position: Program Coordinator Mean: \$46,084 50%: \$46,800
LPN Range: \$38,501 - \$78,000 BSNRN Range: \$47,466-\$99,840 RDH Range: \$72,218 - \$90,917 LPN Median: \$48,495 BSNRN Median: \$70,470 RDH Range: \$81,578	LPN Range: \$40,997 - \$55,994 BSNRN Range: \$47,466-\$78,562 RDH Range: \$72,218 - \$124,800 LPN Median: \$48,495 BSNRN Median: \$63,107 RDH Range \$95,389	Comparable Position LPN, RN (Non-Metro NE Data) Range LPN: \$20.74 - \$31.02 Average - \$26.60 Range RN: \$28.37-\$43.29 Average: \$36.17		Comparable Position: RN Mean: \$61,989 50%: \$62,240
Range: \$32,469 - \$43,846 Median: \$38,022	Range: \$32,469 - \$43,846 Median: \$38,022			Comparable positions: Case Management Associate, Executive Assistant Mean range: \$42,280 - \$49,906 50%: \$42,574 - \$50,000

Other sources used for comparison:

- Northwest Community Action Partnership (NCAP) 2020 Wage Comparability Survey, which also considers NAM Wage Survey and State of NE Survey data for certain positions <https://govdocs.nebraska.gov/epubs/P2000/B002-2023.pdf>
- NCAP - Sr. Management Comparable positions: CFO, ESU 13 HS Director; NCAP Licensed Professionals: Comparable positions: ESU 13 Coordinator, Community Services Coordinator