

**JEFFERSON COUNTY PUBLIC HEALTH DEPARTMENT
ANNUAL PLAN 2007-2008
EXECUTIVE SUMMARY**

Jefferson County Department of Health and Human Services is currently responsible for the following services and functions within Jefferson County.

- **Public Health:**

Public Health Surveillance, Assessment, Assurance; Family Planning, Immunization, WIC, and prenatal clinics; Communicable Disease surveillance, tracking and response; Infant and high risk child home visitation, Mothers Care, School Based Health Center (subcontracted to Ochoco Health Systems); Bio-Terrorism planning, infrastructure development and response; Vital statistics; HIV Case Management; STD Clinic.

- **Environmental Health:**

Restaurant inspections; Food Handler training; Food-borne illness investigation; Public Water system inspections; Water-borne illness outbreak investigation; Regulatory action for Significant Non-Complier water systems; Inspection and complaint follow up on mobile home parks, recreational areas, swimming pools and Transit Occupancy facilities.

- **Commission on Children and Families:**

Staff to the Commission; Needs assessment, planning and community mobilization around issues related to children and families; grant administration; advocacy for services for children and families.

- **Jail Medical Services:**

Supervise and maintain jail medical staffing; Develop protocols and procedures to be used by the Jail Medical staff; Coordinate with Jail Management the delivery of services; Promote programs to reduce high risk behaviors and recidivism.

- **Developmental Disability Case Management Services**

Provides case management of people (usually children) with developmental disabilities including guidance, support, and case conferencing. Helps clients get into services and in transitioning from high school to adult services through the State.

FY 2006-2007 has been an active year in which there was staff turnover and the School based Health Center (SBHC) was contracted out to Ochoco Health Systems, an Federally Qualified Health Center (FQHC) which runs the Mt. Jefferson Community Clinic in Madras. Although the permanent SBHC structure is in place and phone and fax lines are going in, Ochoco Health Systems has been unable to hire consistent staff. SBHC hours have varied from 10 hours/week to 18. To be certified, they need to be open 18 hrs/week. Ochoco Health Systems has applied for a waiver for hours from the State.

The local Board of Commissioners and Budget Committee have been very supportive of the need for Community Based Public Health programs and continue to allocate County General Funding for the administration of the Department and for Communicable Disease Support. Costs of Public Health Programs have continued to increase while grant awards are flat lined. FPEP's new rule which clients have to show birth certificates has also had an impact. Those born outside of Oregon, especially teenagers, cannot many times bring in their birth certificate. In those cases, the Health Department loses revenue. In addition the County has begun collecting indirect and computer support from the grant programs, further adding to the strain on the Public Health budget.

VII. Minimum Standards

Agencies are **required** to complete this section.

To the best of your knowledge, are you in compliance with these program indicators from the Minimum Standards for Local Health Departments?

Organization

1. Yes No A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
2. Yes No The Local Health Authority meets at least annually to address public health concerns.
3. Yes No A current organizational chart exists that defines the authority, structure and function of the local health department; and is reviewed at least annually.
4. Yes No Current local health department policies and procedures exist which are reviewed at least annually.
5. Yes No Ongoing community assessment is performed to analyze and evaluate community data.
6. Yes No Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.
7. Yes No Local health officials develop and manage an annual operating budget.
8. Yes No Generally accepted public accounting practices are used for managing funds.
9. Yes No All revenues generated from public health services are allocated to public health programs.
10. Yes No Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes No Personnel policies and procedures are available for all employees.
12. Yes No All positions have written job descriptions, including minimum qualifications.
13. Yes No Written performance evaluations are done annually.
14. Yes No Evidence of staff development activities exists.
15. Yes No Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes No Records include minimum information required by each program.

17. Yes No A records manual of all forms used is reviewed annually.
18. Yes No There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes No Filing and retrieval of health records follow written procedures.
20. Yes No Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes No Local health department telephone numbers and facilities' addresses are publicized.
22. Yes No Health information and referral services are available during regular business hours.
23. Yes No Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.
24. Yes No 100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.
25. Yes No To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes No Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes No Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.
28. Yes No A system to obtain reports of deaths of public health significance is in place.
29. Yes No Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.
30. Yes No Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes No Staff is knowledgeable of and has participated in the development of the county's emergency plan.
32. Yes No Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes No Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.

34. Yes No Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes No Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.
36. Yes No A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

Control of Communicable Diseases

37. Yes No There is a mechanism for reporting communicable disease cases to the health department.
38. Yes No Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.
39. Yes No Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.
40. Yes No Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes No There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
42. Yes No There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes No A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
44. Yes No Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
45. Yes No Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes No Rabies immunizations for animal target populations are available within the local health department jurisdiction.

Environmental Health

47. Yes No Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes No Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes No Training in first aid for choking is available for food service workers.
50. Yes No Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes No Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes No Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
53. Yes No Compliance assistance is provided to public water systems that violate requirements.
54. Yes No All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
55. Yes No A written plan exists for responding to emergencies involving public water systems.
56. Yes No Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes No A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
58. Yes No Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes No School and public facilities food service operations are inspected for health and safety risks.
60. Yes No Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes No A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes No Indoor clean air complaints in licensed facilities are investigated.
63. Yes No Environmental contamination potentially impacting public health or the environment is investigated.

64. Yes ___ No The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes ___ No Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
66. Yes No ___ All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

Health Education and Health Promotion

67. Yes No ___ Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
68. Yes No ___ The health department provides and/or refers to community resources for health education/health promotion.
69. Yes No ___ The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
70. Yes No ___ Local health department supports healthy behaviors among employees.
71. Yes No ___ Local health department supports continued education and training of staff to provide effective health education.
72. Yes No ___ All health department facilities are smoke free.

Nutrition

73. Yes No ___ Local health department reviews population data to promote appropriate nutritional services.
74. The following health department programs include an assessment of nutritional status:
- a. Yes No ___ WIC
 - b. Yes No ___ Family Planning
 - c. Yes No ___ Parent and Child Health
 - d. Yes ___ No Older Adult Health
 - e. Yes No ___ Corrections Health
75. Yes No ___ Clients identified at nutritional risk are provided with or referred for appropriate interventions.
76. Yes No ___ Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
77. Yes No ___ Local health department supports continuing education and training of staff to provide effective nutritional education.

Older Adult Health

78. Yes ___ No Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
79. Yes No ___ A mechanism exists for intervening where there is reported elder abuse or neglect.
80. Yes No ___ Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.
81. Yes ___ No Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education.

Parent and Child Health

82. Yes No ___ Perinatal care is provided directly or by referral.
83. Yes No ___ Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
84. Yes No ___ Comprehensive family planning services are provided directly or by referral.
85. Yes No ___ Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.
86. Yes No ___ Child abuse prevention and treatment services are provided directly or by referral.
87. Yes No ___ There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.
88. Yes No ___ There is a system in place for identifying and following up on high risk infants.
89. Yes ___ No There is a system in place to follow up on all reported SIDS deaths.
90. Yes No ___ Preventive oral health services are provided directly or by referral.
91. Yes No ___ Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
92. Yes No ___ Injury prevention services are provided within the community.

Primary Health Care

93. Yes No The local health department identifies barriers to primary health care services.
94. Yes No The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.
95. Yes No The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
96. Yes No Primary health care services are provided directly or by referral.
97. Yes No The local health department promotes primary health care that is culturally and linguistically appropriate for community members.
98. Yes No The local health department advocates for data collection and analysis for development of population based prevention strategies.

Cultural Competency

99. Yes No The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.
100. Yes No The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.
101. Yes No The local health department assures that advisory groups reflect the population to be served.
102. Yes No The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

Health Department Personnel Qualifications

- 103. Yes No The local health department Health Administrator meets minimum qualifications:**

A Master's degree from an accredited college or university in public health, health administration, public administration, behavioral, social or health science, or related field, plus two years of related experience.

If the answer is "No", submit an attachment that describes your plan to meet the minimum qualifications.

- 104. Yes No The local health department Supervising Public Health Nurse meets minimum qualifications:**

Licensure as a registered nurse in the State of Oregon, progressively responsible experience in a public health agency;

AND

Baccalaureate degree in nursing, with preference for a Master's degree in nursing, public health or public administration or related field, with progressively responsible experience in a public health agency.

If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.

105. Yes x No ___ The local health department Environmental Health Supervisor meets minimum qualifications:

Registration as a sanitarian in the State of Oregon, pursuant to ORS 700.030, with progressively responsible experience in a public health agency

OR

a Master's degree in an environmental science, public health, public administration or related field with two years progressively responsible experience in a public health agency.

If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.

106. Yes x No ___ The local health department Health Officer meets minimum qualifications:

Licensed in the State of Oregon as M.D. or D.O. Two years of practice as licensed physician (two years after internship and/or residency). Training and/or experience in epidemiology and public health.

If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.

Agencies are **required** to include with the submitted Annual Plan:

The local public health authority is submitting the Annual Plan pursuant to ORS 431.385, and assures that the activities defined in ORS 431.375–431.385 and ORS 431.416, are performed.

Diane Seyl, RN, MSN
Local Public Health Authority

Jefferson
County

5/1/07
Date

PERSONNEL QUALIFICATIONS

Nursing Supervisor: Nursing Supervisor has an AA in Nursing, an RN license and BA in Management and Leadership. She will take the Public Health Nursing Leadership class and attends Public Health specific and management inservices. She is as qualified as a BSN Nurse Supervisor to perform her job.

ACTION PLAN

Current Condition or Problem	Goals	Activities	Evaluation
1. MCH-Prenatal	Increase first trimester prenatal care and decrease the risk of premature births and preventable poor birth outcomes	<ol style="list-style-type: none"> 1. Refer to medical provider at pregnancy test and/or first WIC appt. 2. Assess payment options and refer to SBHC or Mt. Jefferson Clinic if necessary. 3. Continue providing services through Oregon's Mothers Care to assist women in accessing early prenatal care. 4. Provide targeted case management for high risk pregnant women 5. Provide WIC for eligible pregnant women. 	1 Through feedback from clients, medical providers, statistical rates of first trimester care, numbers of prenatal patients accessing care through the Oregon's Mother's Care program.
MCH-Child Health	<p>A. To provide assessment and early referral of infants to needed community resources to identify and/or meet unmet needs.</p> <p>B. To refer to accessible medical care for children and infants.</p>	<ol style="list-style-type: none"> 1. PHN home visitation and case management for at risk clients offering regular developmental assessments, referrals to outside agencies including Early Intervention, and Healthy Start. Guidance and education to clients through nurse home visitation. 2. Assist all families to access a medical home for their infants and small children. To assess the ability for payment and insurance options for families and refer to appropriate providers. 	<ol style="list-style-type: none"> 1. Number of clients served, number of health and developmental screenings, chart reviews, participation in Early Childhood Committee for partnering with other agencies, MDT meetings. 2. Number of client served, number of visits made, chart reviews.
MCH-Adolescents	<p>A. To provide reproductive health for adolescents if requested.</p> <p>B. To facilitate STARS training in 509J and Culver School Districts.</p> <p>C. To provide Tobacco Prevention geared toward adolescents.</p>	<ol style="list-style-type: none"> 1. Provided at the Health Department and through a interagency agreement with Ochoco Health Systems, the School Based Health Systems. 2. Coordinating the adult and teen volunteers and trainings and the actual educational sessions. 3. 509 J and Culver School Districts have tobacco Prevention programs in the school. The Tobacco Prevention Program is focusing on Youth Access Law Compliance, community smoke free policies and retailer reduction of tobacco advertising, all of which impact youth tobacco use. The Tobacco Program is also working school districts to insure compliance with Tobacco Free School Law. Quitline information is 	<p>Number of clients served, number of visits made, chart reviews.</p> <p>Number of trainings done, number of 6 graders affected by training.</p> <p>Number of programs done, number of minors smoking or using tobacco.</p>

		available through the Health Department.	
Family Planning	<p>1. To assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health in Jefferson County.</p> <p>2. Reduce risk of unintended pregnancy in Jefferson County</p>	<p>1,2. Provide that ongoing family planning services are available at the health department and, through Ochoco Health Systems, at the School Based Health Center.</p> <p>Provide STARS education and reproductive health education is available to youth. Provide that services are available at both Health Department and SBHC sites. Provide teen friendly birth control methods. Participate in the County Prevention Coalition.</p>	<p>Client numbers, chart reviews, Ahlers, State data collection.</p> <p>Data on presentations</p>