

# JEFFERSON COUNTY

## PUBLIC HEALTH DEPARTMENT

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Date: February 28, 2014

To: Jan Kaplan, MSW, Section Manager – Office of Community Liaison  
Public Health Division-Director's Office  
Oregon Health Authority  
800 N.E. Oregon Street, Suite 930  
Portland, OR 97232

From: Thomas M. Machala, MPH, RN – Director, JCPHD

CC: JC Commissioners -Wayne Fording, John Hatfield, Mike Ahern-Chair

Re: 2014-15 Annual Assurance of Required Elements for Local Public Health Authority

Enclosed please find Jefferson County's Commissioners and Public Health Director Annual Assurances that the Required Elements for a Local Public Health Authority are being provided as required in statute (ORS 431.375–431.385 and ORS 431.416) and rule (OAR Chapter 333, Division 14).

1. **Community Health Assessment** The Behavioral Health and Public Health Authorities for Crook, Deschutes and Jefferson Counties submitted a combined Central Oregon Community Health Assessment (CHA) and Regional Health Improvement Plan(RHIP) in 2012 in conjunction with the Coordinated Care Organization and St. Charles Health System for this same region. These CHA and RHIP were determined to be compliant with this LPHA standard. Updates related to JCPHD will be included in this document for Central Oregon.
2. **Assurance that Essential Public Health services will be provided or are available per OAR 333-014-0050.** Found in the Minimum Standards section, pages 4-12.
3. **Assurance that the LPHA meets the current Standards for Local Health Departments (ORS 431.345).** Found in Minimum Standards section, pages 4-12
4. **Current Organizational Chart** – Attached, page 13
5. **Budget Information** – To be submitted by Barbara Mammen, JCPHD Business Manager ([Barbara.Mammen@co.jefferson.or.us](mailto:Barbara.Mammen@co.jefferson.or.us)), 541-475-4456.

If you have any questions or need further information, please contact me,  
[Tom.Machala@co.jefferson.or.us](mailto:Tom.Machala@co.jefferson.or.us), 541-325-6095.

This plan has been prepared in accordance with recently agreed upon elements from OHA/PHD and the Conference of Local Health Officials to assure Local Health Authorities are compliant with requirements as defined in ORS 431.375- 431.385 and ORS 431.416 and described in the following Background section.

## **Background**

The requirement for a Local Public Health Plan (LPHP) is in statute (ORS 431.375–431.385 and ORS 431.416) and rule (OAR Chapter 333, Division 14). OAR 333-014-0060(2) (a) refers to CLHO Standards program indicators as part of the AP. ORS 431.385 was amended during the 2012 legislative session to read (1) the local public health authority shall submit **a local** plan to the Oregon Health Authority for performing services pursuant to ORS 431.375 to 431.385 and 431.416. The **local** plan shall be **updated periodically** on a date established by the Oregon Health Authority by rule or on a date mutually agreeable to the (Oregon Health) Authority and the Local Public Health Authority.

For 2014-15, the Oregon Health Authority/Public Health Division and the Conference of Local Health Officials (CLHO) have agreed on March 1, 2014 as the due date to submit the required elements of the Local Public Health Plan. Subsequently LPHAs will only update their Community Health Assessment when it is revised. Assurances will be updated annually. The required elements submitted will be posted under each county on the Office of Community Liaison website at: <http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd-annual-plan.aspx>

LPHAs are encouraged to post additional optional elements to their Plan as described further below.

The agreement between OHA/PHD and CLHO recognizes that Public Health planning now takes place within, and informs the context of health care transformation taking place in Oregon. Coordinated Care Organizations (CCOs), local non-profit hospitals and Local Mental Health Authorities are all required to conduct planning processes and to adopt Comprehensive Community Health Assessments and Community Health Improvement Plans. LPHAs are generally working in partnership, collaboration and/or coordination with these organizations. The Local Public Health Plan currently required by statute therefore is intended to:

- Assure that the LPHA has knowledge of the health issues and trends affecting its jurisdiction.
- Assure that the LPHA is meeting its statutory obligations to provide or assure essential public health services and additional funded services.
- Assure that the LPHA meets standards for Local Health Departments
- Reflect the organizational capacity of the LPHA, and
- Reflect the funding received by the LPHA from the Oregon Health Authority

This agreement specifies the **required elements** to be submitted as:

- Community Health Assessment (required by Minimum Standards for LHDs)
- Assurance that Essential Public Health services will be provided or are available per OAR 333-014-0050.
- Assurance that the LPHA meets the current Standards for Local Health Departments (ORS 431.345).
- Current Organizational Chart
- Budget Information:
  - Provide name, address, phone number, and if it exists, web address, where we can obtain a copy of the LPHA's public health budget.
  - We will post the most recent Financial Assistance Contract to indicate funding that LPHA receives from OHA.

- In early July of each year we will send you Projected Revenue sheets to be filled out for each program area.

**Optional Elements-** LPHAs are encouraged, but not required, to submit additional information to inform OHA and their citizens of health system planning in their jurisdictions and of the programming and services of the LPHA. These optional elements will be posted with the required elements for each LPHA. They do not have a “due date” and can be posted at any time by the LPHA submitting them to the Office of Community Liaison. Optional elements include:

- Executive Summary
- Narrative description of LPHA services
- Community Health Improvement Plan(s)
- Local Health Department Strategic Plan
- Local Mental Health Authority Biennial Implementation Plan
- Annual Report
- CCO plans
- Early Learning Council Plans
- Community Hospital Plans
- Public Health Program Implementation Plans- These are plans which are required by certain State Programs (WIC, Reproductive Health, Emergency Preparedness, etc.). In addition to submitting these directly to the program, the LPHA has the option of also posting with the local plan.
- Additional information that the LPHA desires to include.

### Minimum Standards

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

#### I. 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.

## II. 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.

### III. 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.

#### **IV. 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.

## V. 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.

## VI. 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.

## **VII 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.

## **VIII. 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.  No \_\_\_ The local health department assures that advisory groups reflect the population to be served.

102.  No \_\_\_ The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

### IX. Health Department Personnel Qualifications

**Local health department Health Administrator minimum qualifications:** The Administrator must have a Bachelor degree plus graduate courses (or equivalents) that align with those recommended by the Council on Education for Public Health. These are: Biostatistics, Epidemiology, Environmental health sciences, Health services administration, and Social and behavioral sciences relevant to public health problems. The Administrator must demonstrate at least 3 years of increasing responsibility and experience in public health or a related field.

Answer the following questions:

103. Administrator name: Thomas M. Machala

104. Does the Administrator have a Bachelor degree?

No\_

105. Does the Administrator have at least 3 years experience in public health or a related field?

No\_

106. Has the Administrator taken a graduate level course in biostatistics?

No\_

107. Has the Administrator taken a graduate level course in epidemiology?

No\_

108. Has the Administrator taken a graduate level course in environmental health?

No\_

109. Has the Administrator taken a graduate level course in health services administration?

No\_

110. Has the Administrator taken a graduate level course in social and behavioral sciences relevant to public health problems?

No\_

a.  No \_\_\_ **The local health department Health Administrator meets minimum qualifications:**

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

b.  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.**

c.  Yes  No \_\_\_ **The local health department Environmental Health Supervisor meets minimum qualifications:** Registration as an environmental health specialist 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.**

d.  Yes  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.**

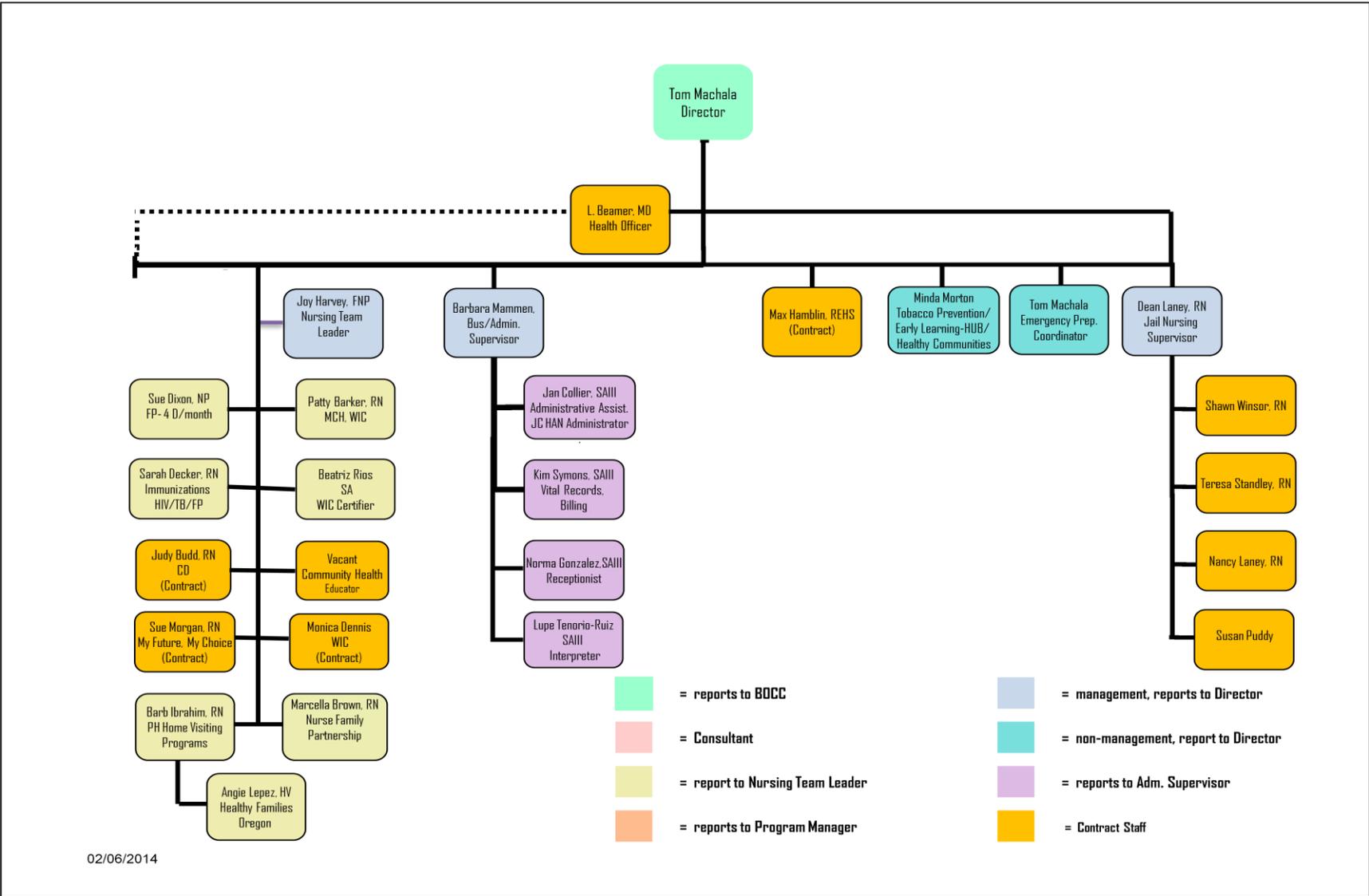
Agencies are **required** to include with the submitted Annual Plan:  
**The local public health authority is submitting the Annual Plan pursuant to ORS 431.385, and assures that the activities defined in ORS 431.375–431.385 and ORS 431.416, are performed.**

Thomas M. Machala  
Local Public Health Authority

Jefferson  
County

February 28, 2014  
Date

Jefferson County Public Health Organizational Chart, 2013 - 2015



## Regional Health Improvement Plan: Public Health Update –Jefferson2014

### **TRI-COUNTY COLLABORATION UPDATES 2014**

Crook-Deschutes & Jefferson Public Health Home Visiting Nurses continue to implement and expand Nurse Family Partnership, CaCoon and Maternal Case Management with a grant from the Central Oregon Health Council Board for the Region's Coordinated Care Organization.

Crook-Deschutes & Jefferson Public Health Preparedness Programs are exploring communication coordinating efforts across jurisdictions during PH emergencies through a grant from the Robert Wood Johnson Foundation, as well as ways to expand the Medical Reserve Corps outside of Deschutes County.

Crook-Deschutes & Jefferson Public Health Home Visiting and Early Education Staff have continued contracting services for each county previously processed by the Commission on Children and Families as well as spearheaded the coordination and development of the Tri-County Early Learn HUB under the Wellness and Education Board of Central Oregon (WEBCO-comprised a commissioner from each county and the director of High Desert ESD).

Crook-Deschutes & Jefferson Public Health applied collectively to the OHA/PHD for grants related to smoking cessation and living well with chronic diseases, that were not funded by the state, but Pacific Source Community Solutions Foundation (Central Oregon CCO member) did fund the Living Well with Chronic Diseases program for the three counties.

### **Jefferson County Public Health Department updates for 2014**

JCPHD implemented the OCHIN Electronic Health Record system that will now link the three CO Public Health Department's immunization and family planning clinics with Mosaic Medical FQHC primary care clinic providers.

JCPHD became a Cover Oregon Assister for Pregnant Women as previously provided through the closed out Oregon Mother's Care program. It took three months and became final at the end of January, 2013.

JCPHD combined with JC Best Care Treatment Services(BCTS), JC Juvenile Justice Program and the Confederated Tribes of Warm Springs continues the Let' Talk Diversity Coalition efforts towards understanding the cultural influence on the areas health, education and economy.

The JC Local Public Safety Coordinating Council approved a policy for county justice system professionals to encourage requiring Ethics training and Cultural Competency Training for their staff.

JCPHD, Mountain View Hospital District/St. Charles Health System-Madras CHIP and JC- BCTS to use a Northwest Health Foundation grant to develop an outreach program to Hispanic families aimed at decreasing childhood obesity rates through nutrition and food preparation adaptations and coalition developed strategies for engagement.

JCPHD was able to continue the JC Early Childhood Committee meetings after dissolution of the Commission on Children and Families, to provide focus and input on Early Learning changes at the state and regional level especially in the area of home visiting.

Jefferson County experienced a change in hospital management with Mt. View Hospital District selling the hospital to St. Charles Healthy System to improve the facility and maintain its solvency. SCHS now owns three of the four hospitals in the Tri-county area and manages the one in Prineville, where it soon will construct its own facility. Adjustments have had to be made as most staff involved in community projects are not longer local residents, but based out of the Bend area.

JCPHD has met with the two local Primary Health Care providers (Madras Medical Group and Mosaic Medical) regarding the home visiting programs in Jefferson County and how the JCPHD nurses can help them sort through the best programs for their client to participate in and how the provider can encourage participation. JC has all the home visiting and early learning programs currently under state reorganization, Multnomah county is the only other one with the same variety, but Jefferson also has parallel services provided through Community Health Programs by the Confederated Tribes of Warm Springs. Additionally, MMG lost a Physician who was doing deliveries, but Mosaic Medical, an FQHC, was able to get an additional Family Practice Physician doing deliveries plus a physician and NP to expand clinical services

The JC Addictions and Mental Health Advisory Committee was expanded and renamed JC Health and Services Advisory Committee to include Public Health, Education, CCO Community Advisory Committee and other Health and Human Service organizations of the county to have one voice for Regional and Statewide input into the wide variety of changes occurring in all areas.

JCPHD continues to contract with Crook County PHD for all Environmental Health Services. This allows a Full-Time EHS available to each county, with county specific needs allowing for flexibility in time spent in each county.

JCPHD along with Crook supported a Deschutes combined application to obtain a Robert Wood Johnson Grant focuses on Cross Jurisdictional Sharing regarding Public Health Preparedness combined communication strategies.

JCPHD Director was re-elected CLHO vice-chair; appointed to the OHA/DHS Stakeholders Committee providing input on OHA/DHS transition; Chair of the WEBCO-Administrative Committee during its first year in existence.

JCHDHD successfully updated the county Ambulance Service Area Plan and reauthorized two of the four ASA Franchises; Crooked River Fire and Rescue plus Jefferson County Emergency Medical Services. The Government Camp ASA Franchise is covered by an agreement with the Sisters ASA in Deschutes County. The Warm Springs ASA within Jefferson County is under the direction of the Confederated Tribes of Warm Springs.

JCPHD Preparedness staff participated in a county wide exercise involving a fire at the county jail after a plane crash that forced evacuation of inmates, decontamination at the hospital and Warm Springs Clinic and included some with an active infectious disease.

JCPHD Preparedness participated in a Pelton Round Butte Dam functional exercise pertaining to the Emergency Action Plan.

JCPHD acknowledged the annual Robert Wood Johnson County Health Rankings report where Jefferson County had moved for last to second to last as the least healthy county in Oregon, in spite of high rating is healthy environment and water. Other more current data point to increases in social determinates of health such as high school graduation rates, lowering unemployment rates and highlight how a break in the waterline for the Crooked River Ranch system placed the county low in terms of water quality.

JCPHD continues to be the lowest of the three counties in School exclusion rates for students not up to date on their immunizations as well as the percentage of students whose families seek exemptions.

Jefferson County completed the September 2012 Triennial Review follow-up clarifications in 2013 and appreciated the assistance provided by the OHA/PHD Community Liaison Staff.

**TITLE X PROGRAM SERVICES AND OPERATIONS**

**Agency: Jefferson County Public Health    Completed by: Joy Harvey FNP**  
**Please complete for program services supported by your Title X grant award.**

If your agency sites provide the same services, one form is sufficient. If different services are provided at different sites, please copy this form and fill out one per site.

**1. THE FOLLOWING SERVICES ARE REQUIRED TO BE PROVIDED BY YOUR TITLE X PROJECT, PER THE “PROGRAM GUIDELINES FOR PROJECT GRANTS FOR FAMILY PLANNING SERVICES.”**

Service	On-Site	By Referral	Not At All
Client Education	x		
Counseling	x		
History, Physical Assessment, & Lab Testing	x		
Fertility Regulation	x		
Infertility Services (Level 1)	x		
Pregnancy Diagnosis & Counseling	x		
Adolescent Services	x		
Identification of Estrogen-Exposed Offspring	x		

**2. WHICH OF THE FOLLOWING RELATED SERVICES ARE PROVIDED AT YOUR CLINIC SITE(S)?**

Service	On-Site	By Referral	Not At All
STD Examination and Treatment	x		
HIV Counseling & Testing	x		
Preconception Counseling	x		
Postpartum Examinations	x		
Female Sterilization		x	
Vasectomy		x	
Colposcopy		x	
Endometrial Biopsy		x	
Cryotherapy		x	
Minor Gynecological Problems	x	x	
Primary Care		x	
Genetic Information and Referral		x	
Cervical Biopsy		x	

**3. PLEASE INDICATE WHICH OF THE FOLLOWING BIRTH CONTROL METHODS ARE PROVIDED AT YOUR**

**CLINIC SITE(S).**

<b>Method</b>	<b>On-Site</b>	<b>By Referral</b>	<b>Not At All</b>
Oral Contraceptives	x		
Progestin-only Pill	x		
Emergency Contraception (immediate need)	x		
Emergency Contraception (future need)	x		
Depo Provera	x		
IUD Insertion (Paragard)	x		
IUS Insertion (Mirena)	x		
IUD Removal	x		
IUS Removal	x		
NFP/Fertility Awareness	x		
Diaphragm	x		
Cervical Cap			x
Male Condom	x		
Female Condom	x		
Transdermal Patch	x		
Vaginal Ring	x		
Nexplanon	x		
Abstinence Counseling	x		

**4. INFORMATION & EDUCATION (I&E) ADVISORY COMMITTEE**

Does your family planning agency have an I & E Advisory Committee of 5 to 9 members that reviews and approves materials? Yes / No Are the reviews documented in writing? Yes / No

**5. CERVICAL CYTOLOGY / PAP SMEAR INFORMATION**

Name of cervical cytology lab: Peace Health Cost per test: \$27.23  
 Current cervical cytology turn-around time: 2-4 days

The annual number of cervical cytology tests with results of: (1) ASC or higher and (2) HSIL or higher, currently must be collected for FPAR. Please provide the following:

**INSTRUCTIONS:**

1. Record totals for the time period of **12/01/2012 - 11/30/2013**.
2. Totals should reflect cervical Pap tests conducted at your **Title X clinic sites only**. Do not count cervical cytology tests performed at CCare-only sites.

**Number of cervical cytology tests with a result of ASC or higher: 10**  
**Number of cervical cytology tests with a result of HSIL or higher: 1**

**6. PLEASE IDENTIFY THE LEVEL OF AGENCY STAFF RESOURCES DEDICATED TO THE FAMILY PLANNING PROGRAM (BY FTE)**

<b>Medical Care Services Staff</b>	<b>Total</b>	<b>Bilingual</b>	<b>Language</b>
Physicians	_____ FTE	_____ FTE	_____
PAs/NPs/CNMs	.39 _____ FTE	_____ FTE	_____
RNs	.51 _____ FTE	_____ FTE	_____
Clinic Assistants	_____ FTE	.3 _____ FTE	English/Spanish _____

**Management/Admin. Staff**

Management Staff	_____ FTE	_____ FTE	_____
Administrative Support	_____ FTE	.85 _____ FTE	English/Spanish _____
Fiscal Staff	.4 _____ FTE	_____ FTE	_____

**Other Professional Staff**

Health Educator	_____ FTE	_____ FTE	_____
Other _____	_____ FTE	_____ FTE	_____

**7. COMMUNITY PARTICIPATION**

Please indicate which of the following activities your program has participated within the last year:

<b>Community Participation</b>	<b>Community Outreach and Education</b>	<b>Project Promotion</b>
<input checked="" type="checkbox"/> Community participation committee meeting  _____ Community: <input type="checkbox"/> Forum <input type="checkbox"/> Survey <input type="checkbox"/> Round tables <input checked="" type="checkbox"/> Task Forces <input type="checkbox"/> Review  _____ Suggestion Box  Other: _____	<input checked="" type="checkbox"/> Health fair _____ Rodeo _____ Teen events _____ Community presentations <input checked="" type="checkbox"/> County fair _____ Community education <input checked="" type="checkbox"/> School education _____ Neighborhood meeting _____ Homeless shelter _____ Drug and alcohol programs <input checked="" type="checkbox"/> Domestic violence programs  Other: _____	<input checked="" type="checkbox"/> Phone book <input checked="" type="checkbox"/> Newspaper _____ Web _____ Theater <input checked="" type="checkbox"/> Brochures <input checked="" type="checkbox"/> Flyers/posters _____ TV ads _____ Outdoor advertising <input checked="" type="checkbox"/> Facebook <input checked="" type="checkbox"/> Texting _____ Clinic open house <input checked="" type="checkbox"/> Annual FP Report/data  Other: _____

Thank you for providing us with this information!



**REQUIRED REPRODUCTIVE HEALTH ANNUAL PLAN  
FY 2015**

**July 1, 2014 to June 30, 2015**

Objective	Current Status	Activities	Evaluation timeframe
<p><b>Goal # 1 A.</b> Assure that the delivery of quality family planning and related preventive health services is in accordance with Title X requirements and nationally recognized standards of care</p> <p>A4. By June 30, 2015, pelvic exams for women &lt; 21 yrs of age will DECREASE by <u>10</u> %</p>	<p align="center"><u>32.7</u> %</p>	<p>1. Provide RH staff training and reminders on the nations standards (JCHD currently follow ACOG screening guidelines).</p> <p>2 .QA by chart reviews Q2 months to monitor progress</p>	
<p><b>Goal # 2 B.</b> Assure that the delivery of RH services to adolescents is in accordance with Title X Program requirements and nationally recognized standards of care (where they exist)</p> <p><b>Objective</b></p>	<p><b>Current Status</b></p>	<p><b>Activities</b></p>	<p><b>Evaluation timeframe</b></p>
<p>B2. By June 30, 2015, increase by <u>10</u> % the proportion of NEW ADOLESCENT (18 yrs and under) clients who receive abstinence, STD/HIV prevention and relationship safety counseling at their first visit</p>	<p>28.6 abstinence 71.4% std 46.4% rel safety</p>	<p>1 .Review Title X guideline with RH staff 2. Build template for EC to include this counseling 3. QA by chart reviews Q2 months</p>	
<p><b>Goal # 3 N/A</b></p>			
<p><b>Objective</b></p>	<p><b>Current Status</b></p>	<p><b>Activities</b></p>	<p><b>Evaluation timeframe</b></p>



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<p><b>Goal # 2 B.</b> Assure that the delivery of RH services to adolescents is in accordance with Title X Program requirements and nationally recognized standards of care (where they exist)</p>			
<p><b>Objective</b></p> <p>B2. By June 30, 2015, increase by <u>  10  </u> % the proportion of NEW ADOLESCENT (18 yrs and under) clients who receive abstinence, STD/HIV prevention and relationship safety counseling at their first visit</p>	<p>28.6 abstinence 71.4% std 46.4% rel safety</p>	<p>1 .Review Title X guideline with RH staff</p> <p>2. Build template for EC to include this counseling</p> <p>3. QA by chart reviews Q2 months</p>	
<p><b>Goal # 3 N/A</b></p>			
<p><b>Objective</b></p>	<p><b>Current Status</b></p>	<p><b>Activities</b></p>	<p><b>Evaluation timeframe</b></p>