

# Local Public Health Authority Plan

## Annual 08-09

### I. Executive Summary

The fiscal year July 1, 2007 – June 30, 2008 has been to date one of accomplishment for Tillamook County Health Department (TCHD) with the realization of a significant number of key goals and objectives. It has likewise been one of challenge especially as one looks to the near future.

This time period began with a newly installed Health Department administrator following an extended search. Likewise the continuing recruitment of medical providers has been successful to the degree that all mid-level positions (four) are complete and on this upcoming July 1 the final physician position will also be filled. This is the first time since late 2001 that the provider team of six has been complete. The full provider team has opted to come on as County employees rather than as contracted staff. This provides TCHD with a heightened degree of retention security. The financial impact of the near complete provider team on revenues is already being experienced.

With current DHS support and all collected fees and charges for Public Health and Environmental Health services there remains a deficit of \$174,000 (Calendar year 2007). The County contributes \$110,000 toward these mandated services leaving a deficit of \$64,000. This balance is being covered by revenues generated from the FQHC medical clinical services. These are services the County would otherwise be obligated to cover. Currently there are financial pressures upon Tillamook County to the degree that there is talk that the County funding presently provided will be further retracted.

This financial situation results in a strong interdependence between the success of the TCHD FQHC-based clinical services and provision of Public Health services for the communities of Tillamook County. Those clinical services must continue to be able to financially support Public/Environmental Health, thus an update on that capacity is pertinent. As of February 29, 2008 the County Treasurer's Office shows a positive cash flow of \$165,300.37, the highest level for some years. Client generated revenues reached \$177,656 for the month of March 2008 or \$8,460 per work day. This compares to a monthly average for July, August and September 2007 of \$131,709 or \$6,308 per work day. The latter time period precedes the start-up of our new providers. Based on accrued revenue the Health Department was for the time period 7/01/05 – 1/31/06 at a deficit of (\$106,248.01); 7/01/06 – 1/31/07 at a positive \$9,923.69; compared to a 7/01/07 – 1/31/08 level of \$46,578.30. The current status is a direct result of an increase in patient encounters with the newly constituted medical provider team along with Health Department financial team's careful cost and inventory controls and inclusive procurement cost analysis. Amount of un-reimbursed services to the Communities of Tillamook County in past 12 months is \$725,000

Family planning remains a key focus of the clinical services with FPEP services increasing. Flu-mist was added to the immunization package with 466 students receiving dose one and 351 receiving two doses. TCHD's focus and commitment to emergency preparation was evidenced by its response to the December 2007 wind and flooding disaster along with its participation in several practice exercises. During this reporting period WIC has continued a steady support of its numbers through better accessing clients through the local OB/GYN provider's office as well as an increase in the Hispanic WIC population through local *promotora* WIC Clinics.

## **II. Assessment**

**No Changes of Substance.**

## **III. Action Plan**

### **A. Epidemiology and control of preventable diseases and disorders**

**No Changes of Substance.**

### **B. Parent and child health services, including family planning clinics as described in ORS 435.205**

1. **WIC: *Included***
2. **Immunizations: *Attached – APPENDIX I, II, III***

**No Other Changes of Substance.**

### **C. Environmental health**

**No Changes of Substance.**

### **D. Health statistics**

**No Changes of Substance.**

### **E. Information and referral**

**No Changes of Substance.**

### **F. Other Issues**

**No Changes of Substance.**

## **IV. Additional Requirements**

**Organizational Chart of Tillamook County Health Department included.**  
*Attached - APPENDIX IV.*

## V. Unmet needs

Prior to the current and near-future financially austere and insecure environment there was already significant and dramatic unmet need. Public Health services are limited to 1.7 FTE for Environmental Services and 4.0 FTE for the balance of Public Health. The 4.0 represents four Public Health Nurses providing nursing services for the three County school districts; home visitation for special needs children; immunizations; family planning; dental varnish; and referrals to other appropriate services. .5 FTE of the 4.0 is dedicated to Emergency Preparedness. There are no other resources of any kind for preventive education and health promotion interventions in a highly needy geographic and economic environment.

The general healthcare situation of the region is also grim. In recent months two internal medicine physicians have departed the area along with a couple of mid-level providers. There is a single OB/GYN specialist and no pediatrician in the County. The Tillamook County General Hospital is under significant financial duress and is in the process of conversion to the hospitalist model.

Resource options for the uninsured and underinsured are becoming more and more limited with TCHD fast becoming the final resource in the safety net. In that role the TCHD has contributed \$725,000 in un-reimbursed services to the most needy of Tillamook County over the past 12 months. This situation is further complicated by loss of State programs such HIV/AIDS Block grant; BCCP; STARS; Komen; Pandemic Flu (part of Bioterrorism Grant) along with significant reductions in the Bioterrorism Grant itself.

Staffing issues loom on the horizon for TCHD with an aging work force. Two of our four public health nurses are scheduled for retirement over the next 13 months. Other Health Center nurses and support staff are within 3-5 years of retirement. Recovery from these upcoming losses is feasible with competitive industry based salary scales and benefit packages for which there are no current or projected resources.

With an increasing influx of uninsured and underinsured, minorities and retired seniors into Tillamook County there is need of service programs – healthcare, prevention education and general health promotion. Health educators, public health nurses and strong health education curriculums in the schools with trained teachers to teach that curriculum are urgently needed.

## VI. Budget

**Financial Assistance Contract to project funding from the state. Attached – APPENDIX V.**

**Access Tillamook County Health Department’s public health budget from:**

Sharon Williams  
801 Ivy Ave., Tillamook, OR, 97141  
Tel: (503) 842-3920  
Email: [swilliam@co.tillamook.or.us](mailto:swilliam@co.tillamook.or.us)

## VII. Minimum Standards

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 X 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 X No \_\_\_ The local health department assures that advisory groups reflect the population to be served.
102. Yes X 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 X 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 X 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.**

### **VIII. Capacity Assessment**

**Completed and submitted prior to March 21, 2008 deadline.**

**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.**

**Curtis C. Hesse, MD, MPH  
Local Public Health Authority**

**Tillamook  
County**

**April 29, 2008  
Date**

## Appendix E

### WOMEN, INFANTS AND CHILDREN PROGRAM (WIC)

### FY 2008 - 2009 WIC Nutrition Education Plan Form

*County/Agency: Tillamook County WIC*

*Person Completing Form: Dawna Roesener*

*Date: 04/03/02*

*Phone Number: 503-842-3913*

*Email Address: [droesener@co.tillamook.or.us](mailto:droesener@co.tillamook.or.us)*

**Goal 1: Oregon WIC Staff will have the knowledge to provide quality nutrition education.**

**Year 2 Objective:** During plan period, through informal discussions, staff in-services and/or targeted trainings, staff will be able to describe the general content of the new WIC food packages and begin to connect how these changes may influence current nutrition education messages.

**Activity 1:**

By October 31, 2008, staff will review the Oregon WIC Key Nutrition Messages and identify which one's they need additional training on.

**Resources:** American Academy of Pediatrics, MyPyramid.gov, Maternal and Child Health Oral health website – <http://www.mchoralhealth.org/Openwide/> Information from the 2008 WIC Statewide meeting.

**Implementation Plan and Timeline:**

In July 2008 we will have a training on Oral Health and the importance not only in pregnancy but in children. This will be presented by one of our public health nurses who are currently providing fluoride varnishes for infants and children in our community.

### **Activity 2:**

By March 31, 2009, staff will review the proposed food packages changes and:

- Select at least three food packages modifications (for example, addition of new foods, reduction of current foods, elimination of current foods for a specific category),
- Review current nutrition education messages most closely connected to those modifications, and
- Determine which messages will remain the same and which messages may need to be modified to clarify WIC's reasoning for the change and/or reduce client resistance to the change.

**Resources:** WIC Works Website WIC food package materials, Information from the 2008 WIC Statewide meeting, State provided materials.

### **Implementation Plan and Timeline:**

If we have obtained a staff nutritionist by January 2009. We will arrange for a staff meeting in which our WIC Coordinator and Nutritionist will lead out in a discussion of food package adjustments and current staffs counseling techniques. By redefining our educational message we hope to make the transition to the new food packages easy and exciting for our clients.

### **Activity 3:**

Identify your agency training supervisor(s) and projected staff in-service training dates and topics for FY 2008-2009. Complete and return Attachment A by May 1, 2008.

**Goal 2: Nutrition Education offered by the local agency will be appropriate to the clients' needs.**

**Year 2 Objective:** During Plan period, each agency will assess staff knowledge and skill level to identify areas of training needed to provide participant centered services.

**Activity 1:**

By September 30, 2008, staff will review the diet assessment steps from the Dietary Risk Module and identify which ones they need additional training on.

**Implementation Plan and Timeline:** In August 2008, the WIC Coordinator will have a staff meeting to review the dietary risk module. In this meeting all current staff will identify which diet assessment steps that they need further training on.

**Activity 2:**

By November 30, 2008, staff will evaluate how they have modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules.

Resources include: State provided guidance and assessment tools.

**Implementation Plan and Timeline:**

In early November 2008, staff will meet to reevaluate how they have modified their approach to individual counseling. There will be particular focus on the areas identified in the August staff meeting in which the identified particular areas they needed more training in.

**Goal 3: Improve the health outcomes of clients and staff in the local agency service delivery area.**

**Year 2 Objective:** During Plan period, in order to help facilitate healthy behavior change for WIC staff and WIC clients, each local agency will select at least one objective and implement at least one strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.

**Activity 1: Promoting fresh fruits and vegetables**

Identify your setting, objective and strategy to facilitate healthy behavior change for WIC staff.

**Setting:** Health Department staff room

**Objective:** To encourage staff to eat more fruits and vegetables daily.

**Strategy:** 1 time per month fresh fruits or vegetables will be provided to the staff with a newsletter promoting health.

**Implementation Plan and Timeline:** Include why this objective was chosen, what you hope to change, how and when you will implement the strategy, and how you will evaluate its effectiveness. Starting June 2008, we will have fresh fruits or vegetables offered to staff in the break room at no charge one time per month. This is to encourage consumption of healthy foods and snacks daily.

**Activity 2:**

Identify your setting, objective and strategy to facilitate healthy behavior change for WIC clients.

**Setting:** WIC Clinics

**Objective:** To help facilitate physical activity with clients and their families

**Strategy:** Use your YMCA MONTH

**Implementation Plan and Timeline:** Include why this objective was chosen, what you hope to change, how and when you will implement the strategy, and how you will evaluate its effectiveness. November 2008 we will repeat “use your YMCA month to promote physical activity using an indoor facility in our community. This is a no or low cost opportunity for our patients depending where they fall on the sliding fee scale. In January 2009. The WIC Coordinator will meet with the YMCA to evaluate how many clients and their families have taken advantage of the opportunity.

**Goal 4: Improve breastfeeding outcomes of clients and staff in the local agency service delivery area.**

**Year 1 Objective:** During Plan period, in order to help improve breastfeeding outcomes for WIC participants, each local agency will select at least one setting, objective and implement at least one strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.

Activity 1:

**Setting:** Hospital/Health Department

**Objective:** Start a community peer breastfeeding counsel.

**Strategy:** Work a collaborative with the hospital to set up a peer breastfeeding counsel.

**Implementation Plan and Timeline:** Include why this objective was chosen, what you hope to change, how and when you will implement the strategy, and how you will evaluate its effectiveness. Work with local hospital and on staff IBCLC to set up a community peer breastfeeding counsel. A meeting will be set in January 2009 to brainstorm and get the wheels turning in that direction. We hope to reestablish the counsel which was very active 6 years ago. Evaluation will be done in March of 2009 to see how the process is coming along.

**Attachment A**

**FY 2008-2009 WIC Nutrition Education Plan**

**Goal 1, Activity 3**

**WIC Staff Training Plan – 7/1/2008 through 6/30/2009**

Agency:

Training Supervisor(s) and Credentials:

Staff Development Planned

Based on planned new program initiatives (for example Oregon WIC Listens, new WIC food packages), your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-services and an objective for quarterly in-services that you plan for July 1, 2008 – June 30, 2009. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	July 2008	Oral Health	Public health nurse will present fluoride varnish for children.
			To identify which dietary

2	August 2008	Review dietary risk module	assessment steps staff need more training on
3	November 2008	Dietary assessment evaluation	To evaluate how staff is feeling about dietary assessments and how they have modified their counsel sense the August meeting.
4	January 2009	Food packages	To identify food package adjustments and discuss staffs counseling techniques.

## **EVALUATION OF WIC NUTRITION EDUCATION PLAN** **FY 2007-2008**

WIC Agency: Tillamook County Health Department

Person Completing Form: Dawna Roesener

Date: 4/3/2008 Phone: 503-842-3913

Please use the outcome evaluation criteria to assess the activities your agencies did for each Year One Objectives. If your agency was unable to complete an activity please indicate why.

### **Goal 1: Oregon WIC staff will have the knowledge to provide quality nutrition education.**

Year 1 Objective: During plan period, staff will be able to correctly assess nutrition and dietary risks.

*Activity 1: All certifiers will complete the Nutrition Risk Module by December 31, 2007.*

Outcome evaluation: Please address the following questions in your response.

- Did all certifiers successfully complete all the activities of the Nutrition Risk Module by December 31, 2007?
- Were the completion dates entered into TWIST and the competency achievement checklist filed for each certifier?

Response:

Yes, all current staff have completed the Nutrition risk module and outcomes have been entered in TWIST

*Activity 2: All certifiers will complete the revised Dietary Risk Module by March 31, 2008.*

Outcome evaluation: Please address the following questions in your response.

- Did all certifiers successfully complete all the activities of the Dietary Risk Module by March 31, 2008?
- Were the completion dates entered into TWIST and the competency achievement checklist filed for each certifier?

Response:

Yes, all current staff have completed the revised dietary risk module and outcomes have been entered into TWIST.

*Activity 3: Identify your agency training supervisor(s) and staff in-service dates and topics for FY 2007-2008.*

Outcome evaluation: Please address the following questions in your response.

- Did your agency conduct the staff in-services you identified?
- Were the objectives for each in-service met?
- How do your staff in-services address the core areas of the CPA Competency Model?

Response:

Yes, all were conducted. We have had our Nutritionist leave so we continue to try and meet the current nutrition updates in our trainings by using State provided information and materials.

**Goal 2: Nutrition Education offered by the local agency will be appropriate to the clients' needs.**

Year 1 Objective: During plan period, each agency will implement strategies to provide targeted, quality nutrition education.

*Activity1: Using state provided resources, conduct a needs assessment of your community by September 30, 2007 to determine relevant health concerns and assure that your nutrition education activity offerings meet the needs of your WIC population.*

Outcome evaluation: Please address the following questions in your response:

- Was the needs assessment of your community conducted?
- What health concerns did you determine were relevant to your community?
- What did you do with the information you collected?
- Who did you communicate the results of your needs assessment with?

Response: *Activity 2: Complete Activity 2A or 2B depending upon the type of second nutrition education activities your agency offers.*

*Activity 2A: By October 31, submit an Annual Group Nutrition Education schedule for 2008.*

*Activity 2B: If your agency does not offer group nutrition education activities, how do you determine 2<sup>nd</sup> individual nutrition education is appropriate to the clients' needs?*

Outcome Evaluation: Please address the following questions in your response.

- If your agency offers group nutrition education, did you submit your Annual Group Nutrition Schedule for 2008?
- How do you assure that your nutrition education activities meet the needs of your WIC population?

Response:

Because we gear our education to the previous visit with the client, we are confident it is meeting the client's personal needs because they helped set the goals.

### **Goal 3: Improve the health outcomes of WIC clients and WIC staff in the local agency service delivery area.**

Year 1 Objective: During plan period, each local agency will develop at least one specific objective and activity to help facilitate healthy behavior change for WIC staff and at least one specific objective and activity to help facilitate healthy behavior change for WIC clients.

*Activity 1: Local Agency Objective to facilitate healthy behavior change for WIC staff. Local Agency Staff Activity. Walk across the U.S*

Outcome Evaluation: Please address the following questions in your response.

- How did your agency decide on this objective and activity?
- Did the activity help meet your objective?
- What went well and what would you do differently?

Response:

We completed the Walk across the US as a county, and we participated as a group. It was fun. We made it across the U.S. more than once? It was a success and we would do it again if it should be offered.

*Activity 2: Local Agency Objective to facilitate healthy behavior change for WIC clients. Local agency Client Activity.*

Outcome Evaluation: Please address the following questions in your response.

- How did your agency decide on this objective and activity?
- Did the activity help meet your objective?
- What went well and what would you do differently?

Response:

We had a “Use your YMCA” campaign for 1 month to help facilitate our clients and families in using the local YMCA. It went well; many clients have taken advantage of our local Y. We need to do it again so that we can encourage new clients to increase physical activities.

#### **Goal 4: Improve breastfeeding outcomes of clients and staff in the local agency service delivery area.**

Year 1 Objective: During plan period, each local agency will develop at least one objective and activity to help improve breastfeeding outcomes for WIC staff or WIC clients.

*Activity 1: Local Agency Breastfeeding Objective. Local agency Breastfeeding Activity. Going to local OBGYN office weekly to meet with prenatal clients.*

Outcome Evaluation: Please address the following questions in your response.

- How did your agency decide on this objective and activity?
- Did the activity help meet your objective?
- What went well and what would you do differently?

Response: We choose this activity because it was a key way to reach pregnant women for WIC referral as well as another avenue to talk one on one with pregnant and postpartum women about the benefits of breastfeeding.

## APPENDICES

- I. Immunization Rates and Practices - Plan A Continuous Quality Improvement
- II. Immunization Rates and Practices - Plan B Core Public Health Function
- III. Immunization Rates and Practices - Plan C Outreach Activity – Flu-mist in Schools
- IV. Tillamook County Health Department (TCHD) Organizational Chart
- V. DHS/Public Health Services FINANCIAL ASSISTANCE AWARD – 03/20/08
- VI. TCHD 2008-9 Public-Environmental Health Budget 04-14-08
- VII. Family Planning Program Annual Plan for County Health Department FY'09
- VIII. LPH Preparedness Semi-annual Report Work Plan 1-29-08

## APPENDIX

### Local Health Department: Tillamook

### Plan A - Continuous Quality Improvement: Improve % of children aged 24 months fully immunized with 4 doses of DTaP

Years 2008-2010

Year 1: Feb 2007 – Jan 2008				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results <sup>1</sup>	Progress Notes <sup>2</sup>
Increase % of 24 month olds fully covered with 4 doses of DTaP to 80% by Jan 2010.	<p><b>Determine baseline rate</b> of 24 month olds with 4 doses of DTaP (2006 data).</p> <p><b>Implement reminder system</b> for patients at 12 month visit. Parent will self-address a postcard, and clinic staff will file it, to be mailed out at 15-18 months.</p> <p><b>Pull IRIS report quarterly</b> of patients 12-24 months who have not had 4 doses of DTaP.</p> <p><b>Mail reminder/recall postcards</b> to parents of patients who have not had 4 doses of DTaP.</p>	<p>2006 AFIX report</p> <p>Document that system is in place. Track # postcards mailed.</p> <p>IRIS report is pulled quarterly.</p> <p>Maintain log of postcards mailed.</p>		<p>Unable to implement recall postcards due to financial constraints and lack of clerical personnel to administer.</p> <p>We are in the process of readdressing this option.</p>

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

**Year 2: Feb 2008 – Jan 2009**

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results <sup>1</sup>	Progress Notes <sup>2</sup>
<p><b>A.</b> Increase % of 24 month olds fully covered with 4 doses of DTaP to 80% by Jan 2010.</p>	<p><b>Assess percent of 24 month olds with 4 doses of DTaP</b> (2007 data).</p> <p><b>Assess success of reminder system</b> (parents self-addressing postcards at 12 month visit) and decide whether to continue it.</p> <p><b>Continue pulling quarterly IRIS report</b> of patients 12-24 months who have not had 4 doses of DTaP <b>and sending postcards</b> to these patients.</p> <p><b>Provide training</b> to staff on importance of completing DTaP series on time. Include WIC staff and home visit nurses.</p> <p><b>Display immunization schedule and contraindications posters</b> in clinical exam rooms</p>	<p>2007 AFIX report.</p> <p>Compare number of postcards sent and staff time with % increase in coverage rate to determine feasibility.</p> <p>Report is pulled quarterly and log of postcards mailed is maintained.</p> <p>Number of staff trained, number of meetings held</p> <p>Posters displayed in every clinical exam room.</p>	<p>To be completed for the FY 2009 report (Due in Jan '09)</p>	<p>To be completed for the FY 2009 report (Due in Jan '09)</p>

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

**Year 3: Feb 2009 – Jan 2010**

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results <sup>1</sup>	Progress Notes <sup>2</sup>
<p>Increase % of 24 month olds fully covered with 4 doses of DTaP to 80% by Jan 2010.</p>	<p><b>Assess percent of 24 month olds with 4 doses of DTaP (2008 data). Determine if objective has been met.</b></p> <p><b>Provide any additional training</b> needed on 4<sup>th</sup> DtaP.</p> <p><b>If reminder system has been effective</b>, (parents self-addressing postcards at 12 month visit) <b>continue using it.</b></p> <p><b>Continue pulling quarterly IRIS report</b> of patients 12-24 months who have not had 4 doses of DTaP <b>and sending postcards</b> to these patients.</p>	<p>2008 AFIX report</p> <p>Number of staff trained, number of meetings held.</p> <p>If still using, continue to track the number of postcards mailed.</p> <p>Report is pulled quarterly and log of postcards mailed is maintained.</p>	<p>To be completed for the FY 2010 Report (Due in Jan 2010)</p>	<p>To be completed for the FY 2010 Report (Due in Jan 2010)</p>

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

**Local Health Department: Tillamook**

**Plan B – Core Public Health Function: Reduce Missed Shots by Promoting Standards of Pediatric Immunizations in Tillamook LHD- simultaneous administration and screening at every visit.**

**Years 2008-2010**

<b>Year 1: Feb 2007 – Jan 2008</b>				
<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results<sup>1</sup></b>	<b>Progress Notes<sup>2</sup></b>
Reduce missed shots rate to 10% by promoting simultaneous administration and forecasting at every visit, by 2010.	<p><b>Determine baseline data</b> on missed opportunities</p> <p><b>Design and implement plan to ensure that staff use the IRIS or ALERT forecaster</b> at every visit</p> <p><b>Provide staff training</b> on importance of screening/forecasting shots due at every visit (Standards #5&amp;12)</p> <p><b>Monitor reasons for missed opportunities,</b> and follow up as needed</p>	<p>2006 AFIX report</p> <p>Document written protocol for using the IRIS/ALERT forecaster</p> <p>Number of staff trained, number of meetings held</p> <p>Run IRIS report for “shots not given” quarterly. Document significant/unusual reasons for missed opportunities and any follow up that occurs</p>		<p>Each nursing staff have had one-on-one meeting to review use of ALERT and IRIS. New staff are trained as well as new providers.</p> <p>IRIS forecasts are printed and placed in charts for children seen for immunizations, well child exam and WIC.</p>

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

<b>Year 2: Feb 2008 – Jan 2009</b>				
<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results<sup>1</sup></b>	<b>Progress Notes<sup>2</sup></b>
Reduce missed shots rate to 10% by promoting simultaneous administration and forecasting at every visit, by 2010.	<p><b>Assess missed shots rate.</b></p> <p><b>Provide staff training</b> on importance of simultaneous administration and risk communication. (Standards #7&amp;11)</p> <p><b>Monitor reasons for missed opportunities,</b> and follow up as needed</p>	<p>2007 AFIX Report</p> <p>Meeting Minutes.</p> <p>Run IRIS report for “shots not given” quarterly. Document significant/unusual reasons for missed opportunities and any follow up that occurs</p>	To be completed for the FY 2009 Report (Due in Jan '09)	To be completed for the FY 2009 Report (Due in Jan '09)

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

**Year 3: Feb 2009 – Jan 2010**

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results <sup>1</sup>	Progress Notes <sup>2</sup>
<p>Reduce missed shots rate to 10% by promoting simultaneous administration and forecasting at every visit, by 2010.</p>	<p><b>Assess missed shots rate. Assess whether objective was met.</b></p> <p><b>Monitor reasons for missed opportunities,</b> and follow up as needed</p> <p><b>Document that the IRIS or ALERT forecaster is being used</b> at every visit</p> <p><b>Assess need for additional training</b> in standards of child immunization practices and provide any needed training</p>	<p>2008 AFIX Report</p> <p>Reports are run, reasons for missed opportunities are documented</p> <p>Document that protocols/systems are in place.</p> <p>Document any training provided</p>	<p>To be completed for the FY 2010 Report (Due in Jan 2010)</p>	<p>To be completed for the FY 2010 Report (Due in Jan 2010)</p>

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

# APPENDIX

## Local Health Department: Tillamook County Plan C: Outreach Activity: Flumist in Schools Years 2008-2010

Year 1: Feb 2007 – Jan 2008				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results <sup>1</sup>	Progress Notes <sup>2</sup>
<p><b>Hold clinics in 3 elementary schools during the 2007-08 flu season to administer FluMist to students.</b></p> <p>Tillamook County Health Dept will be participating in the Oregon Immunization Program's Flumist in Schools Project.</p>	<p>Protocol for planning and conducting FluMist clinics will be done in conjunction with the Oregon Immunization Program. It will include developing and mailing consent forms, following up with incomplete consent forms, administering vaccine during clinics, submitting doses to the ALERT or IRIS registry.</p>	<p>Number of consent forms sent out and returned.</p> <p>Number of students vaccinated with one and two doses of FluMist</p> <p>Number of staff hours required to plan for and conduct clinics.</p>	<p>Approximately 1250 FluMist consent forms sent to parents.</p> <p>466 students were administered 1 dose of FluMist (351 received 2 doses)</p> <p>Calculate approximately 275 staff hours</p>	<p>To cut down on some of the time writing and documenting, we preprinted sticky labels with the FluMist lot #, exp. date, VIS date and space for provider signature. We did this for dose #2.</p>

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.



**FAMILY PLANNING PROGRAM ANNUAL PLAN FOR  
COUNTY PUBLIC HEALTH DEPARTMENT**

**FY'09**

July 1, 2008 to June 30, 2009

**Agency:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Goal 1: Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.**

<b>Problem Statement</b>	<b>Objective(s)</b>	<b>Planned Activities</b>	<b>Evaluation</b>

**Goal 2: Assure ongoing access to a broad range of effective family planning methods and related preventive health services.**

<b>Problem Statement</b>	<b>Objective(s)</b>	<b>Planned Activities</b>	<b>Evaluation</b>

**Progress on Goals / Activities for FY 08**

(Currently in Progress)

<b>Goal / Objective</b>	<b>Progress on Activities</b>
50% of family planning clients would be scheduled in group family planning clinics	We have not had enough providers to cover all clinics for all schedules so this objective at this point in time has not been met. Over the past 4 months we have added three new mid level providers, the newest joining our clinic Jan. 15, 2008. We still wish to initiate the grouped family planning clinics and are working with providers on scheduling options.
5% increase in the numbers of ECP's dispensed for the period ending Dec. 2008	For July 2007-December 2007 the percentage of visits at which EC was dispensed was 19.9%. With the addition of our three mid level providers, we anticipate the number of FP visits to steadily increase to accomplish our target of 21% ECP dispensed.

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**Tillamook County**  
**Statement of Budget**  
**Fiscal Year July 1, 2008 June 30, 2009**  
**Revenues**

<b>Fund: 170 Health</b>
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FY 05-06	FY 06-07	FY 07-08	Funding		Description	FY 08-09	FY 08-09	FY 08-09	FY 08-09	Department
Actual	Actual	Adopted	Acct No	Source Code		Requested	Proposed	Approved	Adopted	
<b>Revenues</b>										
4225 Federal Grants										
1,367,544	1,351,831	1,356,492		117011131568	Community Health Centers/FYE08	1,356,492	1,370,832	0	0	
14,223	10,318	15,100		117021131548	Breast & Cervical Cancer/Screen/FYE08	15,100	0	0	0	
0	0	0			Breast & Cervical Cancer/Education/FYE03	0	0	0	0	
13,564	10,263	11,000		117021131628	Immunization Spec Payts (formerly Im Action)/FYE08	11,000	5,500	0	0	
21,622	22,469	25,000		117021131478	Child & Adolescent (MCH)/FYE08	25,000	23,000	0	0	
61,763	51,076	50,000		117021131678	Family Planning/FYE08	50,000	50,000	0	0	
93,253	96,862	105,000		117021011668	WIC Grant/FYE08	105,000	105,000	0	0	
21,133	17,360	12,000		117021141638	Water Grant/FYE08	12,000	12,000	0	0	
4,576	10,638	6,438		117021131648	HIV Block Grant-Prevention/FedFYE08	6,438	0	0	0	
0	0	0			Ryan White Fund/FYE08	0	7,500	0	0	
0	0	0			HIV Ryan White	0	0	0	0	
0	0	0			ODOT Grant/Traffic Safety	0	0	0	0	
0	0	0			School Based HC Planning/FYE03	0	0	0	0	
40,440	5,055	0			OR Diabetes Prev/Control Prog/FYE07	0	0	0	0	
93,485	106,911	95,000		117023012418	Bioterrorism Funding - Preparedness/FYE08	95,000	90,000	0	0	
0	0	0			Bioterrorism Epidemiology/FYE04	0	0	0	0	
0	0	0			Bioterrorism Training/FYE04	0	0	0	0	
5,080	1,320	0			Health Alert Network/FYE07	0	0	0	0	
3,357	2,102	2,100		117021132928	Perinatal Maternity Case Mngmnt/FYE08	2,100	0	0	0	
0	0	0			ORHP Special Project	0	0	0	0	
0	731	0		4250	State Grants	0	0	0	0	
0	0	0			Tobacco Grant/FYE09	0	55,347	0	0	
13,728	13,622	15,000		117033011468	State Support/FYE08	15,000	25,000	0	0	
3,240	8,857	6,750		117033011488	Babies 1st Perinatal/FYE08	6,750	7,000	0	0	
0	0	0			Child & Adolescent (MCH)/FYE08	0	4,000	0	0	
0	0	0			HIV Prevention Intervention/FYE04	0	0	0	0	
0	0	0			Tobacco Prevention/FYE04	0	0	0	0	
0	0	0			AFS Grant	0	0	0	0	
10,080	10,265	10,500		117023012308	Ryan White Fund/FYE08	10,500	0	0	0	
0	1,539	2,200		117033011528	STARS Grant-State/FYE08	2,200	0	0	0	
0	0	0			Immunization Spec Payts (formerly Im Action)/FYE08	0	5,500	0	0	
0	0	0			Perinatal Maternity Case Mngmnt/FYE08	0	2,200	0	0	
10,596	13,563	10,500		117097021598	Cacoon Grant/FYE08	10,500	10,500	0	0	
0	3,048	3,025		117033012408	Komen Screening/FYE08	3,025	0	0	0	
0	0	0		4289	Intergovernmental Revenue	0	0	0	0	
0	0	0			CCF Home Visiting Grant/FYE04	0	0	0	0	
2,460	2,080	5,000		4290	Local/Community Funding	5,000	5,000	0	0	
199	0	0			STARS Foundation/FYE06	0	0	0	0	
0	0	0			Healthy Families	0	0	0	0	
3,500	0	0			Community Health Partnerships Foundation/FYE06	0	0	0	0	
0	0	0			Sealant Program	0	0	0	0	
0	0	0			Oregon Diabetes Foundation Grant/FYE06	0	0	0	0	
0	0	0			Diabetes Grant/FYE05	0	0	0	0	
0	0	0			March Of Dimes Grant/FYE06	0	0	0	0	
0	0	0			Komen Foundation Grant/FYE03	0	0	0	0	
49,702	44,619	40,400		4370	Health Dept Fees	40,400	45,000	0	0	
723,666	632,884	725,000		4371	Medicaid (FQHC)	725,000	886,597	0	0	
111,123	108,282	105,000		4372	Environmental Health	105,000	113,000	0	0	
218,016	225,878	155,000		4373	Patient Fees	155,000	255,000	0	0	
284,131	311,102	350,000		4374	Patient Insurance Fees	350,000	686,915	0	0	
139,475	139,025	225,000		4375	Medicare	225,000	271,386	0	0	
8,929	16,629	10,000		4376	Prescription Program/Donations	10,000	10,000	0	0	
0	0	0		4377	Preschool Exams	0	0	0	0	
57,842	58,377	77,000		4378	School Contracts	77,000	80,850	0	0	
0	4,410	0		4379	TYAC Contract	0	18,000	0	0	
11,614	17,247	2,500		4380	Dental Managed Care Fees	2,500	5,000	0	0	
247,566	185,827	275,000		4381	FP Expansion Project Fees	275,000	275,000	0	0	
5,840	760	5,600		4382	Contracted Nursing Services	5,600	5,600	0	0	
106,416	78,399	0		4383	Prior Year Revenue	0	0	0	0	
6,288	11,817	10,000		4384	Uncollectable Accounts	10,000	10,000	0	0	
34	1,491	0		4670	Refunds & Reimbursements	0	0	0	0	
0	0	0		4671	Reimbursement/Health Insurance	0	0	0	0	
9,912	44,473	8,500		4690	Miscellaneous Revenue	8,500	10,000	0	0	
2,965	2,063	3,500		4699	Interest	3,500	3,500	0	0	
0	0	0		4709	Intercounty/Jail Medical Services	0	0	0	0	
<b>3,767,362</b>	<b>3,623,193</b>	<b>3,723,605</b>			<b>Total Operating Revenue</b>	<b>3,723,605</b>	<b>4,454,227</b>	<b>0</b>	<b>0</b>	

**Tillamook County**  
**Statement of Budget**  
**Fiscal Year July 1, 2008 June 30, 2009**  
**Revenues**

<b>Fund: 170 Health</b>
-------------------------

FY 05-06	FY 06-07	FY 07-08	Funding		FY 08-09	FY 08-09	FY 08-09	FY 08-09		
Actual	Actual	Adopted	Acct No	Source Code	Description	Requested	Proposed	Approved	Adopted	Department
<b>Revenues</b>										
42,297	62,030	0	4000		Beginning Balance	0	0	0	0	
72,000	110,000	110,000	4800		Transfer from General Fund/for Public Health Progs	110,000	110,000	0	0	
114,297	172,030	110,000			<b>Total Other Funding Sources</b>	110,000	110,000	0	0	
<u>3,881,659</u>	<u>3,795,223</u>	<u>3,833,605</u>			<b>Total Revenue</b>	<u>3,833,605</u>	<u>4,564,227</u>	<u>0</u>	<u>0</u>	

Fund accounts for operations of the County health department. Includes Federal, State and Local funding.

Note: 03-04 Transfer from General Fund included \$250,000 to cover negative cash flow.  
This amount was transferred back to General Fund in July 2004.

04-05 Transfer from General Fund included \$500,000 to cover negative cash flow.  
This amount is scheduled to be transferred back to General Fund as funds will allow during future fiscal years. 05-06 amount \$55,000

	A	B	C	D	E	F	
1	<b>PE-12 July 1, 2007 to June 30, 2008: Semi Annual Report due January 15, 2008</b>						
2	<b>Local Public Health Preparedness Program</b>			Base \$: 89,392.80		Total: \$112,259.16	
3	<b>Master Work Plan For:</b>			Pan Flu \$: 22,866.36			
4	<b>1. Operational</b>						
5	<b>Objective</b>	<b>Activity or Deliverable</b>	<b>Performance Outcome</b>	<b>Status</b>	<b>Comments</b>		
6	<b>Staffing and designation of roles (PE-12, 3. b. c.)</b>	<b>ID Public Health Emergency Preparedness (PHEP) Coordinator:</b> The Public Health Preparedness Coordinator will be the Department's chief point of contact related to program issues. The Public Health Preparedness Coordinator will attend all monthly preparedness coordination conference calls and statewide preparedness coordination meetings and the LPHA PHP Annual Review.	A PHEP Coordinator is designated or assigned.	Yes	Joellyn English		
7			% FTE	0.6			
8			# of monthly conference calls attended	6 of 6			
9			<b>Jul-07</b>	Yes			
10			<b>Aug-07</b>	Yes			
11			<b>Sep-07</b>	Yes			
12			<b>Oct-07</b>	Yes			
13			<b>Nov-07</b>	Yes			
14			<b>Dec-07</b>	Not Applicable			
15			<b>Jan-08</b>	Yes			
16			<b>Feb-08</b>				
17			<b>Mar-08</b>				
18			<b>Apr-08</b>				
19			<b>May-08</b>				
20			<b>Jun-08</b>				
21			<b>Attended semi-annual PH preparedness meeting/s</b>	<b>Not Applicable</b>	<b>Not Announced</b>		
22			<b>Location: _____</b>		<b>Date: _____</b>		
23			<b>Location: _____</b>		<b>Date: _____</b>		
24			Participated in annual individual and peer assessment	Yes	Make date to meet		
25			<b>Regional Bi-Monthly Mtg.</b>	Yes	REPPG		
26	<b>Antiviral Distribution</b>						
27	<b>Vulnerable Populations</b>						
28	<b>Other??</b>						
29	<b>Other??</b>						
30	(PE-12, 3. o. ii.)	ID Public Health Communication Officer	A Public Health Communication Officer designated or assigned	Yes	Dr. Curtis Hesse		
31			Established user profile for Public Health Communication officer HAN	Yes	<b>Profile Last Updated: 11/6/2007</b>		
32	<b>Reporting (PE-12, 4. a. and e.)</b>	12 Month preparedness budget for time period 7/1/07 - 6/30/08	Projected Budget submitted	Yes			
33			<b>Due: 8/31/07</b>	<b>Date Submitted</b>	9/18/2007		
34			Semi-Annual Budget and Narrative Report	Submitted an expense to budget report for the first six months of the fiscal year	No		
35				<b>Due:01/15/08</b>	<b>Date Submitted</b>		
36			Submitted a narrative report on all activities or deliverables for the first six months of the fiscal year				
37	<b>Due: 01/15/08</b>	<b>Date Submitted</b>					

	A	B	C	D	E	F
5	<b>Objective</b>	<b>Activity or Deliverable</b>	<b>Performance Outcome</b>	<b>Status</b>		<b>Comments</b>
38	and c.)	Annual Budget and Narrative Report	Submitted an expense to budget report for the fiscal year			
39		<b>Due: 08/08/08</b>	<b>Date Submitted</b>			
40			Submitted a narrative report on all activities or deliverables and an explanation for unmet activities and deliverables			
41		<b>Due: 08/08/08</b>	<b>Date Submitted</b>			
42			Participated in annual peer review			
43			<b>Date of Review</b>			
44	(PE-12, 4. d.)	Cities Readiness Initiative	Washington County: Submitted a report detailing CRI expenses and implementation of appropriate fiscal oversight of participating jurisdictions.	Not Applicable		
45		<b>Due: 08/31/06</b>	<b>Date Submitted</b>			
46			Submitted a narrative report on all activities or deliverables and an explanation for unmet activities and deliverables	Not Applicable		
47		<b>Due: 01/15/07</b>	<b>Date Submitted</b>			
48	<b>Database Development and Maintenance</b>	HAN (PE-12, 3. k. ii.)	LHD-- HAN user and alerting profiles for staff with communicable disease or public health x (place holder)	<b>Last Updated: 1/10/2008</b>		13 staff
49		Communities with Special Communication needs database (PE-12, 3. o. iv.)	LHD must establish a database or electronic contact list of identified communities with special information needs, including traditionally underserved, difficult to reach and socially vulnerable populations. The database or electronic contact list shall include mechanisms for distributing information to these populations (e.g., recruiting churches, schools and other organizations with missions to reach these populations). LPHA will engage with such groups and work towards collaborative strategies to disseminate public health messages with appropriate content and in languages appropriate for the LPHA service area.			Database developed; coordinated with 911
50			Formalized/Finalized	<b>Last Updated:</b>		
51						
52				All staff with emergency response roles, including those with responsibility for CD response have user profiles		
53		The Learning Center (PE-12, 3. p. viii.)	All users have current user profiles	<b>Last Updated:</b>		
54	<b>Comments on Operational Objectives:</b> List any additional work done in this area.					
55	<b>Please note any successes:</b>					
56	<b>Please note any unique or innovative experiences or accomplishments:</b>					
57	<b>2. PHEP Planning</b>					
58	<b>Objective</b>	<b>Activity or Deliverable</b>	<b>Performance Outcome</b>	<b>Status</b>	<b>Date</b>	
59	<b>PH Emergency Plan</b>	Plan format	FEMA State and Local Planning Guide or other used in local county EOP	FEMA-SLG		
60			<b>ESF 8 - Health and Medical Annex</b>	Adopted/completed (date?)	June 1, 1995	Revision needed?
61			<b>Emergency Communication Plan</b>	Adopted/completed (date?)	August, 2006	post copy to HAN
62			<b>Strategic National Stockpile, Point of Dispensing Plan</b>	Adopted/completed (date?)	May 5, 2007	On HAN
63			<b>Pandemic Influenza Plan</b>	Initial Draft	May 5, 2007	On HAN

	A	B	C	D	E	F
5	<b>Objective</b>	<b>Activity or Deliverable</b>	<b>Performance Outcome</b>	<b>Status</b>		<b>Comments</b>
64	(PE-12, 3. d. i. [(A, B)])		<b>Chemical Event Response Plan</b>	Internal Review	January 1, 2003	See Annex Q; needs some appendices for specific hazards
65			<b>Natural Disaster Response Plan</b>	Adopted/completed (date?)	January 1, 2005	Earthquake and Tsunami; on HAN
66			<b>Radiation Event Response Plan</b>	Adopted/completed (date?)	May 25, 2007	On HAN
67			<b>Behavioral Health Plan</b>	Adopted/completed (date?)	May 25, 2007	On HAN
68			<b>USPS - Bio Detection System</b>	Not Applicable		
69			<b>CRI - Initiative Strategic Plan</b>	Not Applicable		
70			<b>CRI - SNS plans</b>	Not Applicable		
71	<b>Emergency Public Information</b> (PE-12, 3. j. i.)	Emergency Public Information Phone Line Strategic Plan	The LPHA must develop a strategic plan to provide a Communicable Disease and public health emergency public information telephone line that can receive calls from up to 1% of the population in LPHA's service area in a seventy-two hour period.		LPHA owns a system	For 2008: Create a plan describing how the information line will be set up, staffed and managed. It should be short (one page). Describe where it is located, who is responsible to set it up...Update: 7 calls per hour
72	<b>Staff and volunteer training</b> (PE-12, 6. f. iv.)	LPHA has a training program to ensure volunteers are trained in their role to provide mass prophylaxis.	CRI counties should include training on tactical communications.		x (place holder)	Training plan missing
73	<b>Exercise Plan</b> (PE-12, 3. l.)	An Exercise Program Plan <b>Due: 08/30/07</b>	An exercise plan developed for designing and conducting the PE 12 required exercises, drills and other emergency tests. <b>(The LHD shall submit in writing the selected exercise option, including the scenarios and components to be tested)</b>		Formalized/Finalized	Date Submitted: 9/6/2007
74		Ensure that you have procedures to establish mass prophylaxis or vaccination clinics, mobile disease investigation response teams and other locally identified methods to provide mass prophylaxis and vaccination.	These procedures can be documented in any plan. The SNS-POD and Pandemic plans are the most logical place for this requirement.		Formalized/Finalized	See the SNS-POD and the Pandemic plans. If completed these plans fulfill this requirement. Currently, this plan needs to be updated. It needs an MOA, POD location secured, the SOP's finalized. The Pandemic Plan covers the mobile response teams if the tab is complete. Mass Prophy Plan, keeps documentation of all investigations
75		To identify, investigate and control a case or cluster of Reportable Communicable Diseases characterized by severe respiratory illness, including <b>smallpox and pandemic influenza response procedures</b>	The LHD must provide to the State, at the time of the Annual Review, satisfactory documentation that these procedures have been included in the appropriate plan.		Formalized/Finalized	See the Pandemic Plan. If completed, this plan fulfills this requirement. Follows state guidelines; keeps copies of all paperwork
76		For responding to Outbreaks of Reportable Communicable Disease, including diarrheal diseases	The LHD must provide to the State, at the time of the Annual Review, satisfactory documentation that these procedures have been included in the appropriate plan.		Formalized/Finalized	Same

	A	B	C	D	E	F
5	Objective	Activity or Deliverable	Performance Outcome	Status		Comments
77	<b>Emergency Response Procedures</b> (PE-12, 3. h.)	Ensure plans exist that document how to receive reports from laboratories and providers.	The LHD must provide to the State, at the time of the Annual Review, satisfactory documentation that these procedures have been included in the appropriate plan.		Formalized/Finalized	Same
78		Active disease Surveillance	The LHD must provide to the State, at the time of the Annual Review, satisfactory documentation that these procedures have been included in the appropriate plan.		Formalized/Finalized	Same
79		Ensure that you have plans for receiving and responding to CD reports and public health emergencies twenty-four hours per day, seven days per week.	The LHD must provide to the State, at the time of the Annual Review, satisfactory documentation that these procedures have been included in the appropriate plan.		Formalized/Finalized	For 2008: Create a plan that is a step by step plan on how to execute this process. How does the 24/7 process work and if on call what are the requirements.....? Same
80		Procedures that integrate LPHA and tribal public health emergency response activities	The LHD must provide to the State, at the time of the Annual Review, satisfactory documentation that these procedures have been included in the appropriate plan.		Not Applicable	
81		Procedures for identifying needs of and attending to special populations, including those experiencing psychosocial consequences.	The LHD must provide to the State, at the time of the Annual Review, satisfactory documentation that these procedures have been included in the appropriate plan.		Yes	This will be fulfilled as the county develops the VP's plan. Meeting with Nursing Homes, etc.
82		Ensure you have procedures for public health measures including, but not limited to quarantine and restriction of movement.	The LHD must provide to the State, at the time of the Annual Review, satisfactory documentation that these procedures have been included in the appropriate plan.		Formalized/Finalized	
83		Ensure you have procedures for using paid and volunteer staff to increase capacity for investigating cases and contacts.	The LHD must provide to the State, at the time of the Annual Review, satisfactory documentation that these procedures have been included in the appropriate plan.		Yes	
84				<b>Due: 03/01/08</b>	<b>Date Submitted:</b>	

	A	B	C	D	E	F
5	Objective	Activity or Deliverable	Performance Outcome	Status		Comments
	Pandemic Influenza (PE-12, 3. f.)	<b>Community Engagement:</b> The LHD shall conduct community engagement activities to educate community partners and the public about the LHD's Pandemic Influenza Plan. Engagement activities should include at least, the following constituencies: elected officials, businesses, schools including K-12 and higher education in LPHA service area, social service agencies, local law enforcement and faith based organizations. Engagement activities could include, but are not limited to: compiling lists of key takeholders in the groups described above; development and delivery of presentations on pandemic influenza and it's relationship to the groups described above; coordination with the State and other partners to develop consistent, statewide pandemic influenza related health messages and education materials for the general public.			Not Started	Expand on the community engagement efforts that you started in the 2007 grant period. Get copy of school influenza project from Robin. Not yet, but could begin.
85						
86			<b>Due: 07/30/08</b>	<b>Date Submitted:</b>		due end of February
	Revised	<b>Law Enforcement:</b> The LHD shall engage with local law enforcement. Topics to be discussed in these engagements, should include, but not limited to strategies as to how local law enforcement will provide security for public health functions such as point of dispensing sites. ( judges and district attorneys to identify what constitutes a local law enforcement emergency with respect to a public health threat, like pandemic influenza. Topics to be discussed in these engagements, should include, but not be limited to strategies as to how local law enforcement will execute public health measures such as isolation or quarantine in local jurisdictions and how they will ensure that public safety and orderly court proceedings continue during a pandemic period.)				Meeting with partners
87						
	Added	ESF 8 Resource Ordering and Tracking: LPHA shall actively support development of resource ordering and tracking procedures				Support shall include attendance at regional planning meetings, review and comment on planning documents and other material support as needed for plan completion.
88						
	Added	Community Disease Control: LPHA shall actively support development of community disease control plans				
89						
	Added	Anti-viral distribution plans: LPHA shall actively support development of anti-viral distribution plans				
90						
		<b>Hospital and Health Care:</b> The LHD shall actively support the development of medical surge plans, resource ordering and tracking, community disease control measures and antiviral distribution plans, in conjunction with hospital and health care preparedness planning underway in the Healthcare Preparedness (HPP) regions in which the LPHA service area is located. These plans are the responsibility of the HPP Regional Lead Agencies, but LPHAs have a substantive role in their development and execution. Such support shall include attendance at regional planning meetings, review and comment on planning documents and other material support as needed for plan completion.				Meeting with partners
91						

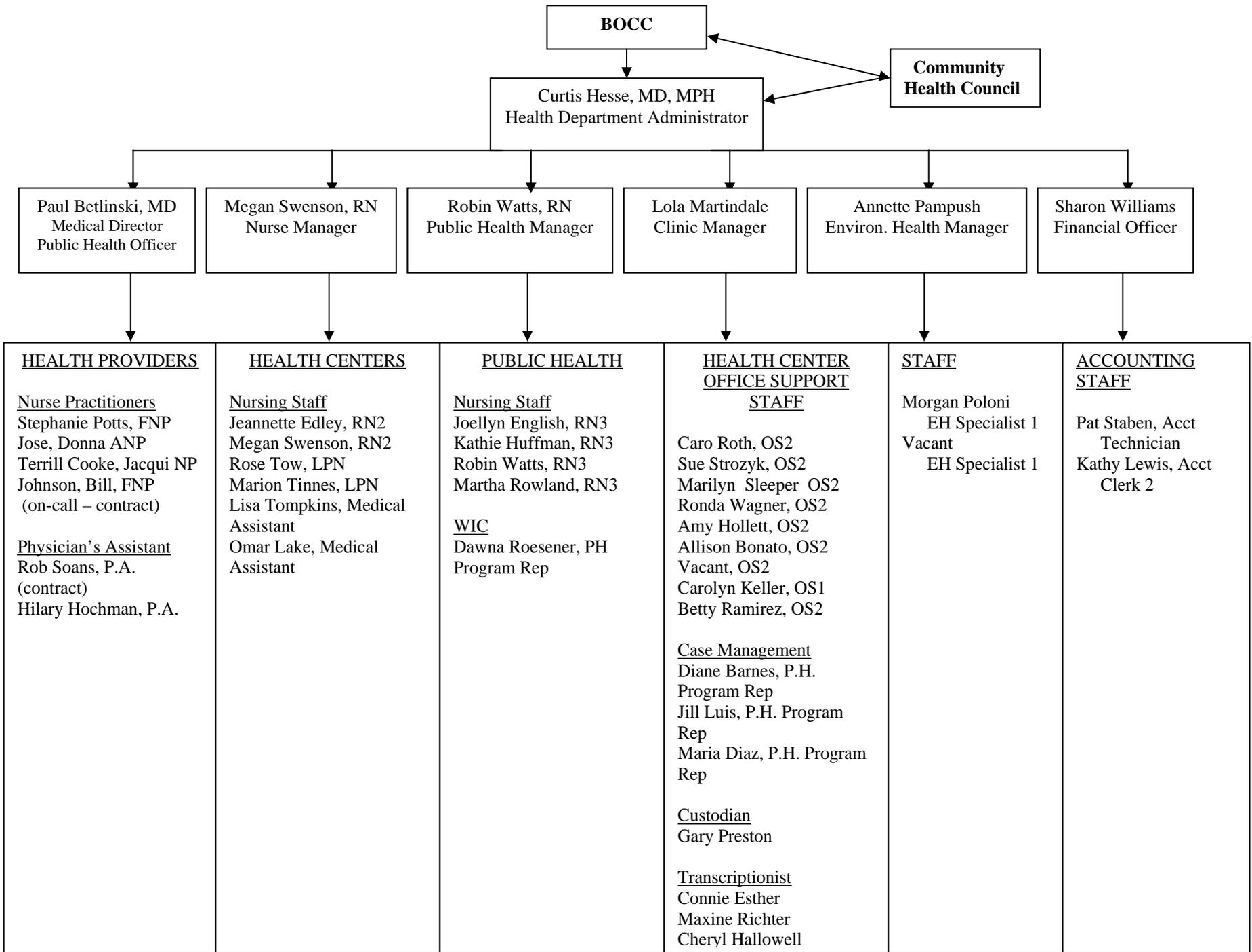
	A	B	C	D	E	F
5	<b>Objective</b>	<b>Activity or Deliverable</b>	<b>Performance Outcome</b>	<b>Status</b>		<b>Comments</b>
92	<b>Mutual Aid</b> (PE-12, 3. I.)	Mutual Aid Determination and Request procedure	The LHD shall draft a standard operating procedure for accessing its existing Mutual Aid agreements and determining when LPHA has expended, or will imminently expend, its local resources in responding to a public health emergency. This procedure must identify who will make this determination and how it will be made.			Provide draft plans, and other records such as meeting minutes, copies of email, or telephone/conference call notes to document planning efforts Update: signed MAA
93	<b>Public Health Vulnerability Assessment</b> (PE-12, 3.h.)	<b>Vulnerability Assessment:</b> The LHD shall develop and maintain a public health vulnerability assessment (PH-HVA) as a component of its jurisdictional Emergency Operations Plan. The LHD PH-HVA must comply with the CDC and State of Oregon Emergency Management System requirements. The PH-HVA must include each of the components in the template provided by the State. Review and revisions to the PH-HVA shall be done according to the county's emergency management schedule but not less than once every five years after completion.		x (place holder)		Has it met with EM on the subject?
94	CRI Counties (PE-12, 3. e.)	Each LPHA within CRI service area shall complete a security assessment for 90% of Point Of Dispensing sites identified as of Jan. 15, 2008		Not Applicable		
95			<b>Due Date: June 30, 2008</b>	<b>Date Submitted:</b>		
96	<b>Please note any successes:</b>					
97	<b>Please note any unique or innovative experiences or accomplishments:</b>					
98						
99	<b>Please List Planning and Response Partners met with regularly in addition to the ones listed below</b>					
100	<b>Agency Represented:</b>		<b>NGOs and Business Community:</b>		<b>Civic &amp; Volunteer Organizations</b>	
101	Emergency Management		Local Hospitals		Red Cross	
102	Local Fire/EMS		Pharmacies		Salvation Army	
103	Local Law Enforcement				Church camps and retreat centers	
104	Public Works/Transportation				Churches	
105						
106						
107						
108						
109	Identify effective partnerships and describe what makes them effective:					
110	<b>3. Exercises</b>					
111	<b>Objective</b>	<b>Activity or Deliverable</b>	<b>Performance Outcome</b>	<b>Status</b>		<b>Notes</b>
112				Submitted-Complete		
113		<b>Mandatory:</b> One Tabletop exercise testing at least two components of the LHD Pandemic Influenza Plan and option <u>one</u> or <u>two</u> from below.	<b>Exercise is completed by June 30, 2008</b>	Y	Participant List	Pan flu TTX, September 10, 2007
114	Y			Scope		
115	Y			Public Health Objectives		
116	Y			Corrective Action Plan		
117				<b>Component #5</b>		
118		<b>Component #6, 8</b>				

	A	B	C	D	E	F	
5	<b>Objective</b>	<b>Activity or Deliverable</b>	<b>Performance Outcome</b>	<b>Status</b>		<b>Comments</b>	
119		<p><b>Option One:</b> One table top or functional exercise, scenario to be selected from the list below, testing 2 components from the list below.</p>	<b>Exercise is completed by June 30, 2008</b>				
120			<b>Tabletop #1---Scenario:</b>		x		
121			<b>Component #</b>	Y	Participant List		
122			<b>Component #</b>	Y	Scope		
123				Y	Public Health Objectives		
124				Y	Corrective Action Plan		
125							
126				<b>Tabletop #2---Scenario:</b>		x	
127				<b>Component #</b>	Y	Participant List	
128				<b>Component #</b>	Y	Scope	
129					Y	Public Health Objectives	
130					Y	Corrective Action Plan	
131							
132				<b>Functional Exercise: Scenario:</b>		x	
133				<b>Component #:</b>	Y	Participant List	
134					Y	Scope	
135				Y	Public Health Objectives		
136				Y	Corrective Action Plan		
137		<p><b>Option Two:</b> One full-scale exercise, <b>scenario</b> to be selected from the list below by LHD; testing at least <b>four</b> of the components from the list below of the appropriate LHD response plan:</p>	<b>Exercise is completed by June 30, 2008</b>			Flu Mist dispensing FSX in October 2007	
138			<b>Full Scale--Scenario: Pan Flu</b>		x		
139			<b>Component #: 6</b>	Y	Participant List		
140			<b>Component #: 5</b>	Y	Scope		
141			<b>Component #: 7</b>	Y	Public Health Objectives		
142			<b>Component #: 8</b>	Y	Corrective Action Plan		
143	<p><b>Scenarios:</b>  A: Pandemic Influenza  B: Radioactive Dispersal Device/Radiation  C: BioDetection System Alert  D: Chemical  E: Natural Disaster-selected by LPHA based on LPHA Public Health Hazard and Vulnerability Analysis</p>						
144	<p><b>Public Health Components:</b>  #1: Procedures to conduct isolation and quarantine measures in LPHA area  #2: Procedures to implement school closure to limit disease transmission in LPHA area  #3: Procedures to distribute antiviral medications in LPHA area  #4: Procedures to implement vulnerable population sheltering, limited to establishing shelter for people with medical conditions that exclude them from general population shelters.  #5: Procedures for public information dissemination in LPHA area  #6: Procedures for health resource requests and tracking resources in LPHA area  #7: Procedures for conducting post event health surveillance in LPHA area  #8: Procedures for establishing and conducting LPHA command and control in coordination with LPHA county emergency management agency</p>						
145							
146							
147		<p><b>CRI:</b> LHD's within the CRI service area must complete the following exercises, in addition to exercise requirements described above: <b>One regional tabletop command and control exercise.</b> This exercise shall include all</p>	<b>Exercise is completed by June 30, 2008</b>			NA	
148			<b>Tabletop, Communication and Coordination:</b>		x (place holder)		
149				Y	Participant List		
150				Y	Scope		
151				Y	Public Health Objectives		
152			Y	Corrective Action Plan			
153							
154					x (place holder)		
155			Y	Participant List			

	A	B	C	D	E	F
5	<b>Objective</b>	<b>Activity or Deliverable</b>	<b>Performance Outcome</b>	<b>Status</b>		<b>Comments</b>
156		LPHAs within the CRI service area. Each LHD is not expected to conduct the exercise individually within their service area. <b>One functional exercise of the Point of Dispensing (POD) or medial care point plans</b> in each LPHA service area.	<b>Functional, POD or Medical Care Plan:</b>	Y	Scope	
157				Y	Public Health Objectives	
158				Y	Corrective Action Plan	NA
159	<b>Drill (PE-12, 6.b.)</b>	Quarterly internal testing of 24/7 response phone number	Provide documentation of the date of the test and time elapsed from receipt of initial call to disposition of call by qualified staff.			
160			<b>Date: Quarterly</b>	<b>Time Elapsed:</b>		
161			July:			
162			October:			
163			February:			
164			May:			
165			At least 95% of calls to LPHA's public Communicable Disease and public health emergency reporting telephone number are responded to within 30 minutes by a public health worker with the knowledge, skills and abilities to evaluate and manage Communicable Disease and public health emergency reports.			
166			<b>Date:</b>	Yes		
167			The time to complete the notification/alerting of the initial wave of personnel needed for emergency operations in response to a Communicable Disease outbreak or other public health emergency is 60 minutes or less from the decision to conduct the notification.			
168			<b>Date:</b>	Yes		
169			The time to have the initial wave of personnel physically present to staff emergency operations in response to a Communicable Disease outbreak or public health emergency is 90 minutes or less from the decision to conduct the notification.			
170			<b>Date:</b>	Yes		
171			The time to issue information to the public that emphatically acknowledges the event, explains and informs the public about risk, provides emergency courses of action and commits to continued communication is 60 minutes or less from the activation of the Emergency Operations Plan.			
172			<b>Date:</b>	Yes		
173			The time to provide prophylactic protection and or immunization to all responders from the jurisdiction of which LHD is a part is 24 hours or less from the decision to conduct prophylactic protection or immunization.			
174			<b>Date:</b>	No		
175	<b>Changed</b>	Quarterly LHD testing of HAN	Beginning July 1, 2007 LPHA must conduct internal tests of the Preparedness Health Network Call Down system every quarter at a date and time of their choice, to verify the LHD's ability to alert its staff with emergency response roles, of public health emergencies. All test messages must follow the test message Standards described in the Preparedness Health Network Standard Operating Procedures folder viewable at: <a href="https://oregonhealthnetwork.org">https://oregonhealthnetwork.org</a> . The LHD must record results of such testing, including date and time of test and <b>interval between alert notification and 90% complete response.</b>			Will begin bi-monthly tests of HAN
176			<b>Actual Date</b>	<b>Time:</b>	<b>Time Interval for 90%</b>	
177			1st Qtr			
178			2nd Qtr			
179			3rd Qtr			
180			4th Qtr			

	A	B	C	D	E	F
5	<b>Objective</b>	<b>Activity or Deliverable</b>	<b>Performance Outcome</b>	<b>Status</b>		<b>Comments</b>
181	<b>Comments on Exercise Objectives:</b> List any additional work done in this area.					
182	<b>Please note any successes:</b>					
183	<b>Please note any barriers:</b>					
184	<b>Please note any unique or innovative experiences or accomplishments:</b>					
185	<b>Public Information and Notification</b>					
186	<b>Objective</b>	<b>Activity or Deliverable</b>	<b>Performance Outcome</b>	<b>Status</b>		
187	Public Emergency Notification (PE-12, 3. m.)	LPHA must create and maintain press releases and letters on file, for use in notifying the public of disease outbreaks or other public health emergencies. Such information must describe public health actions and commendations for preventing illness, injury or death. These documents may reference or be based upon documents from other sources, as appropriate.	LPHA will provide the department with a copy of their updated files containing CD and public health emergency press releases, background information and templates.	Y	Anthrax	
188				Y	Botulism	
189				Y	Plague	
190				Y	Smallpox	
191				Y	Tularemia	
192				Y	Viral Hemorrhagic Fevers	
193				Y	Generic Template	
194				Y	Influenza	
195				Y	Measles	
196				Y	Meningococcal Disease	
197	Y	Pertusis				
198	Y	West Nile				
199	<b>Comments on Public Information and Notification Objectives:</b> List any additional work done in this area.					
200	<b>Please note any successes:</b>					
201	<b>Please note any barriers:</b>					
202	<b>Please note any unique or innovative experiences or accomplishments:</b>					
203	<b>Training</b>					
204	<b>Objective</b>	<b>Activity or Deliverable</b>	<b>Performance Outcome</b>	<b>Status</b>		
205		Provide role specific training, consistent with CLHO's minimum standards	Provide documentation of staff training	x (place holder)		Annex E, missing training plan
206	CD/EPI (PE-12, 3. p. i.)	Provide training on how to discharge statutory responsibility for CD control measures	Provide documentation of staff training on compliance with CD control measures and process for voluntary to involuntary isolation and quarantine	x (place holder)		
207	PHEP (PE-12, 3. p. iii. - v.)	Provide role specific training consistent with emergency response roles	Provide documentation of staff training, ex. POD positions, ICS positions.	x (place holder)		What ICS training for which staff?
208		CDC's Crisis and Emergency Risk Communication provided to appropriate LHD staff	Provide documentation of staff training.	x (place holder)		What is Dr Hesse' PIO training?
209	NIMS/ICS (PE-12, 3. p. iii.)	NIMS/ICS courses provided and attended by staff as meets NIMS recommendations	Provide documentation of NIMS training completed by LHD staff.	x (place holder)		What ICS training for which staff?
210	<b>Comments on Training Objectives:</b> List any additional work done in this area.					
211	<b>Please note any successes:</b>					

	A	B	C	D	E	F
5	<b>Objective</b>	<b>Activity or Deliverable</b>	<b>Performance Outcome</b>	<b>Status</b>		<b>Comments</b>
212	Please note any barriers:					
213	Please note any unique or innovative experiences or accomplishments:					
214	Above is a <b>summary</b> of deliverables and dates for PE 12. It is not exhaustive and does not replace or change language required by the contract language. It is for the liaisons to use					



**FINANCIAL ASSISTANCE AWARD**

State of Oregon Department of Human Services Public Health Services		Page 1 of 3	
<b>1) Grantee</b> Name: Tillamook County Health Office		<b>2) Issue Date</b> March 20, 2008	<b>This Action</b> AMENDMENT FY2008
Street: P. O. Box 489 City: Tillamook State: OR Zip Code: 97141-0489		<b>3) Award Period</b> From July 1, 2007 Through June 30, 2008	
<b>4) DHS Public Health Funds Approved</b>			
<b>Program</b>	Previous Award	Increase/ (Decrease)	Grant Award
PE 01 State Support for Public Health	29,757	0	29,757
PE 04 Breast and Cervical Cancer	14,355	0	14,355 ( i )
PE 04 Komen Breast Screening	0	0	0 ( j )
PE 07 HIV Prevention Services HIV Prevention Block Grant Services Ryan White Title II HIV / AIDS Services	6,438	0	6,438
PE 08 Ryan White--Case Management	6,054	0	6,054
PE 08 Ryan White--Support Services	1,697	0	1,697
PE 11 STARS	2,331	(2,331)	0
PE 12 Bioterrorism - Preparedness / (July & August)	16,083	0	16,083 ( b )
PE 12 Bioterrorism - Preparedness / (Sept. - June)	73,310	0	73,310 ( c p q r )
PE 12 Bioterrorism - Pan Flu / (July & August)	4,202	0	4,202 ( d )
PE 12 Bioterrorism - Pan Flu / (Sept.-June)	18,664	0	18,664 ( e p q r )
<b>5) FOOTNOTES:</b>			
<p>a) MCH funds will not be shifted between categories or fund types. The same program may be funded by more than one fund type, however, federal funds may not be used as match for other federal funds ( such as Medicaid ).</p> <p>b) Funds must be spent by 8/30/07 and an expenditure report submitted for July-August period.</p> <p>c) These Preparedness funds are for September through June 2008.</p> <p>d) Pan Flu funds are for July-August and must be spent by 8/30/07 and an exp. report submitted.</p> <p>e) These Pan Flu funds are for September through June 2008.</p> <p>f) Title X funding is \$32,833 ; Title V funding is \$17,068.</p> <p>g) July-Sept grant is \$27,969 ; must be spent by 9/30/07 and includes \$5,594 minimum Nutrition Education and \$1,155 for Breastfeeding Promotion.</p> <p>h) Oct. - June 08 grant is \$76,295 and includes \$15,259 minimum Nutrition Education and \$3,465 for Breastfeeding Promotion.</p>			
<b>6) Capital Outlay Requested in This Action:</b>			
Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.			
<b>PROGRAM</b>	<b>ITEM DESCRIPTION</b>	<b>COST</b>	<b>PROG. APPROV</b>

**State of Oregon**  
**Department of Human Services**  
**Public Health Services**

<b>1) Grantee</b> Name: Tillamook County Health Office  Street: P. O. Box 489 City: Tillamook State: OR      Zip Code: 97141-0489	<b>2) Issue Date</b> March 20, 2008	<b>This Action</b> AMENDMENT FY2008
<b>3) Award Period</b> From July 1, 2007 Through June 30, 2008		

4) DHS Public Health Funds Approved	Previous Award	Increase/ (Decrease)	Grant Award
Program			
PE 13 Tobacco Prevention & Education	28,325	0	28,325
PE 40 Women, Infants and Children FAMILY HEALTH SERVICES	104,263	0	104,263 ghklmo
PE 41 Family Planning Agency Grant FAMILY HEALTH SERVICES	49,901	0	49,901 ( f,j)
PE 42 MCH-TitleV -- Flexible Funds FAMILY HEALTH SERVICES	16,359	0	16,359 ( a,n)
PE 42 MCH-TitleV -- Child & Adolescent Health FAMILY HEALTH SERVICES	6,493	0	6,493 ( a)
PE 42 MCH/Perinatal Health -- General Fund FAMILY HEALTH SERVICES	2,218	0	2,218 ( a)
PE 42 MCH/Child & Adolescent Health -- General Fund FAMILY HEALTH SERVICES	4,161	0	4,161 ( a)
PE 42 Babies First FAMILY HEALTH SERVICES	6,958	0	6,958
PE 43 Immunization Special Payments FAMILY HEALTH SERVICES	10,621	0	10,621

**5) FOOTNOTES:**

i) Total BCC funds are \$7,351 ; \$5,431 of which is reserved for screening reimbursement at \$201 per client for BCC-only clients, and \$110 per client for clients who qualify for both Komen and BCC services, or Shared Clients. \$1,920 is available for screening support at \$60 per client, inclusive of Shared Clients. An additional \$90 may be requested per each abnormal client. The screening goal for BCC funds is 32 women, which includes 11 Shared Clients. No funds are available for education.

j) \$864 is for Chlamydia ; \$1,250 is for RX Contraceptives

k) \$202 represents the one-time funds for WIC Farmers Market Health Education distributed to the local agencies that choose to receive it in July and spend by 9/30/07.

l) \$1,503 represents one-time funds to be spent by September 30, 2007.

m) \$500 is one-time funds for audiotape maintenance and purchase costs by 9/30/07.

n) \$1,210 is one-time supplemental funds for Maternal & Child Data Entry under ORCHIDS program.

o) -\$996 represents the NSA grant adjustment as a result of caseload adjustment effective 11/1/07.

**6) Capital Outlay Requested in This Action:**  
 Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.

PROGRAM	ITEM DESCRIPTION	COST	PROG. APPROV

**State of Oregon**  
**Department of Human Services**  
**Public Health Services**

<b>1) Grantee</b> Name: Tillamook County Health Office  Street: P. O. Box 489 City: Tillamook State: OR Zip Code: 97141-0489	<b>2) Issue Date</b> March 20, 2008	<b>This Action</b> AMENDMENT FY2008
<b>3) Award Period</b> From July 1, 2007 Through June 30, 2008		

<b>4) DHS Public Health Funds Approved</b>			
Program	Previous Award	Increase/ (Decrease)	Grant Award
TOTAL	402,190	(2,331)	399,859

**5) FOOTNOTES:**

- p) Previous award for July-August must have been spent by August 30, 2007 and reported.
- q) Base, PanFlu and CRI funding streams must be tracked and reported separately.
- r) Funding should be expended by the end of the Financial Assistance Agreement (June 30, 2008).

**6) Capital Outlay Requested in This Action:**  
 Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.

PROGRAM	ITEM DESCRIPTION	COST	PROG. APPROV