

**Crook County Health Department  
375 NW Beaver St., Suite 100  
Prineville, Oregon 97754**



**LOCAL PUBLIC HEALTH AUTHORITY  
Annual Required Elements  
2014-2015**

*Mission:*

*In partnership with the community we serve, the Crook County Health Department protects, provides, and enhances the health, safety, and well-being of all people and the environment of our county.*



## CROOK COUNTY HEALTH DEPARTMENT

*"A Healthy and Safe Future for the People of Crook County"*

375 NW Beaver St., Suite 100 Prineville, OR 97754  
Telephone: (541) 447-5165 Fax (541) 447-3093

**DIVISIONS:** Immunizations · Vital Statistics · Community Health Nursing · Maternal-Child Health · Reproductive Health · WIC · HIV/STD Communicable Disease · Public Health Preparedness · Healthy Start · Healthy Communities/Tobacco · School Based Health

February 24, 2014

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

Dear Mr. Engle:

Enclosed please find Crook County's Board of Health and Public Health Director's 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.). If you have any questions or need further information, please contact me at (541) 447-5165 or [mdelavergnebrown@h.co.crook.or.us](mailto:mdelavergnebrown@h.co.crook.or.us).

Sincerely,

*Muriel DeLaVergne-Brown*

Muriel DeLaVergne-Brown, MPH, RN  
Public Health Director  
Crook County Health Department

cc: Mike McCabe, County Judge  
Ken Fahlgren, Commissioner  
Seth Crawford, Commissioner

## CONTENTS

### 1. Community Health Assessment (required by Minimum Standards for LHDs)

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 (CHIP) in 2012 in conjunction with the Coordinated Care Organization and St. Charles Health System for this region. The CHA and CHIP were determined to be compliant with this LPHA standard. Updates for Crook County Health Department are included in this document – Attachment #1. The CHA and CHIP are located on the website as noted below.

<http://www.cohealthcouncil.org/documents/>

### 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 6-12

### 3. Assurance that the LPHA meets the current Standards for Local Health Departments (ORS431.345)

Found in the Minimum Standards section, pages 6-12

### 4. Current Organizational Chart Attachment #2

### 5. Budget

To be submitted by as approved by County Court by Muriel DeLaVergne-Brown, Public Health Director, [mdelavergnebrown@h.co.crook.or.us](mailto:mdelavergnebrown@h.co.crook.or.us); 541-447-5165.

**This plan has been prepared in accordance with recently agreed elements from OHA/PHD and the Conference of Local Health Officials to assure Local Health Authorities are compliant with requirements as defined in ORS431.375 – 431.385 and ORS 431.416 and described in the following 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 – Crook County Health Department

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.

### **Control of Communicable Diseases**

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

46. Yes  No \_\_\_ Rabies immunizations for animal target populations are available within the local health department jurisdiction.

### **Environmental Health**

47. Yes  No \_\_\_ Food service facilities are licensed and inspected as required by Chapter 333 Division 12.

48. Yes  No \_\_\_ Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.

49. Yes  No \_\_\_ Training in first aid for choking is available for food service workers.

50. Yes  No \_\_\_ Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.

51. Yes  No \_\_\_ Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.

52. Yes  No \_\_\_ Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.

53. Yes  No \_\_\_ Compliance assistance is provided to public water systems that violate requirements.

54. Yes  No \_\_\_ All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.

55. Yes  No \_\_\_ A written plan exists for responding to emergencies involving public water systems.

56. Yes  No \_\_\_ Information for developing a safe water supply is available to people using on-site individual wells and springs.

57. Yes  No \_\_\_ A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.

58. Yes  No \_\_\_ Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.

59. Yes  No \_\_\_ School and public facilities food service operations are inspected for health and safety risks.

60. Yes  No \_\_\_ Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.

61. Yes  No \_\_\_ A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.

62. Yes  No \_\_\_ Indoor clean air complaints in licensed facilities are investigated.

63. Yes  No \_\_\_ Environmental contamination potentially impacting public health or the environment is investigated.

64. Yes  No \_\_\_ The health and safety of the public is being protected through hazardous incidence investigation and response.

65. Yes  No \_\_\_ Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.

66. Yes  No \_\_\_ All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

### **Health Education and Health Promotion**

67. Yes  No \_\_\_ Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.

68. Yes  No \_\_\_ The health department provides and/or refers to community resources for health education/health promotion.
69. Yes  No \_\_\_ The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
70. Yes  No \_\_\_ Local health department supports healthy behaviors among employees.
71. Yes  No \_\_\_ Local health department supports continued education and training of staff to provide effective health education.
72. Yes  No \_\_\_ All health department facilities are smoke free.

### **Nutrition**

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

### **Older Adult Health**

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

### **Parent and Child Health**

82. Yes  No \_\_\_ Perinatal care is provided directly or by referral.
83. Yes  No \_\_\_ Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
84. Yes  No \_\_\_ Comprehensive family planning services are provided directly or by referral.
85. Yes  No \_\_\_ Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.

86. Yes  No \_\_\_ Child abuse prevention and treatment services are provided directly or by referral.
87. Yes  No \_\_\_ There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.
88. Yes  No \_\_\_ There is a system in place for identifying and following up on high risk infants.
89. Yes  No \_\_\_ There is a system in place to follow up on all reported SIDS deaths.
90. Yes  No \_\_\_ Preventive oral health services are provided directly or by referral.
91. Yes  No \_\_\_ Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
92. Yes  No \_\_\_ Injury prevention services are provided within the community.

### **Primary Health Care**

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

### **Cultural Competency**

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

## Health Department Personnel Qualifications

### 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 Services, Health Services Administration, and Social and Behavioral Sciences relevant to public health programs. The Administrator must demonstrate at least 3 years of increasing responsibility and experience in public health or a related field.

Answer the following questions:

Administrator Name: Muriel DeLaVergne-Brown, MPH, RN

Does the Administrator have a Bachelor degree?	Yes	<input checked="" type="checkbox"/>	No
Does the Administrator have at least 3 years experience in public health or a related field?	Yes	<input checked="" type="checkbox"/>	No
Has the Administrator taken a graduate level course in biostatistics?	Yes	<input checked="" type="checkbox"/>	No
Has the Administrator taken a graduate level course in epidemiology?	Yes	<input checked="" type="checkbox"/>	No
Has the Administrator taken a graduate level course in environmental health?	Yes	<input checked="" type="checkbox"/>	No
Has the Administrator taken a graduate level course in health services administration? (In the Fall 2010)	Yes	<input checked="" type="checkbox"/>	No
Has the Administrator taken a graduate level course in social and behavioral sciences relevant to public health problems?	Yes	<input checked="" type="checkbox"/>	No

103. Yes  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.**

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

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

AND

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

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

105. Yes  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  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.

**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.**

**Muriel DeLaVergne-Brown, RN, MPH** *Muriel DeLaVergne-Brown, RN, MPH*

**Crook County Local Public Health Authority County Date: 2/24/14**

**Crook County Judge Mike McCabe  
Commissioner Ken Fahlgren  
Commissioner Seth Crawford**

## ATTACHMENT #1

### REGIONAL HEALTH IMPROVEMENT PLAN: PUBLIC HEALTH UPDATE

#### TRI-COUNTY COLLABORATION UPDATES 2014

Crook, Deschutes, and Jefferson Counties Public Health Home Visiting Nurses continue to implement and expand the Nurse Family Partnership, CaCoon, and Maternity Case Management with a grant from the Central Oregon Health Council/CCO. Crook County's NFP nurse retired recently and the NFP clients in Crook County are now being served by the Jefferson County nurse.

The Crook County MCH nurse continues to see clients for Maternity Case Management and CaCoon, along with Babies First in Crook County. Crook County staff is coordinating and providing referrals to the NFP nurse.

Crook, Deschutes, and Jefferson County continue working with the Robert Wood Johnson Foundation on a cross-jurisdictional grant opportunity improving Public Health Preparedness risk communication, training, exercising, and expanding the Medical Reserve Corp.

Crook, Deschutes, and Jefferson Public Health continue to work with early learning partners and assist in the coordination of the Early Learning Hub with the Wellness and Education Board of Central Oregon.

Crook, Deschutes, and Jefferson Public Health applied collectively for the SIM grant in relationship to tobacco use. The grant was not funded, but Pacific Source did fund a grant related to the living Well Program in the tri-county area.

Crook, Deschutes, and, Jefferson County Public Health are coordinating the updates of the Community Health Assessment and Regional Health Improvement Plans through WEBCO.

#### CROOK COUNTY HEALTH DEPARTMENT UPDATES FOR 2014

**The public health staff is dedicated and responsible for following the principles of the 10 Essential Elements of Public Health along with the specific Strategic Plan Domains of the Regional Health Improvement Plan and Crook County Strategic Plan. Updates and notable efforts for the department are below.**

**The most important update is that Crook County Health Department applied for accreditation, uploaded all documents, and completed the site visit on February 3<sup>rd</sup> and 4<sup>th</sup>, 2014. The department will receive the site visit team's report by the end of February, and the accreditation decision will take place by May of 2014.**

**The CCHD Director was elected as the CLHO Chair; continues participation on LGAC and the Human Services Committee, along with the Healthy Standards subcommittee regarding public health standards.**

**Strategic Plan Domains:**

- 1. Increase Access to Care – Improve access to health education, preventative services, and health care. Provide timely care to achieve the best possible health outcomes.**
  - Cultural Competency – CCHD staff completed a cultural competency assessment and the information was compiled and analyzed for future training.
  - CCHD led the immunization effort for the Tri-County Project Connect – provided over 250 influenza vaccinations to high risk individuals with assistance from Deschutes and Jefferson County staff.
  - CCHD continues coordination with Mosaic Medical the County’s only FQHC. Through this coordination a pediatrician started October of 2013 at the Crook County School Based Health Center, which has been renamed Crook Kids Clinic.
  - CCHD hired a new reproductive health staff member in of August 2013 this increased access and appointment hours for clients.
  - CCHD hired new bilingual staff, the Cover Oregon Outreach and Enrollment Assister.
  - CCHD hired a new immunization coordinator and implemented immunization services during WIC clinics.
  - CCHD developed an improved Home Visitng referral system through the QI process.
  - CCHD staff continues to identify barriers for clients and link them to services in the community through participation on WEBCO (Wellness and Education Board of Central Oregon), COHC Ops Committee, COHC Community Advisory Council, and the CCO Clinical Advisory Panel for Central Oregon.
  
- 2. Improve Health – In collaboration, seek to assure the health of County residents through processes, activities or the services of our organization. Health Outcomes include morbidity and mortality; physical, social, and mental well-being; nutritional status; and quality of life.**
  - CCHD implemented Tobacco free policies on the Mosaic Medical/CCHD property and is working with the commissioners on a proposal to make all county owned properties tobacco free.
  - The county’s worksite wellness program is continuing to be improved through the work of CCHD’s VISTA Volunteer and other staff.
  - CCHD received a breastfeeding grant and worked with HR to implement county policy.
  - CCHD staff was trained in Suicide Prevention.
  - CCHD hired an MPH trained Health Educator to provide grant writing, outreach, and improve health department services.
  - CCHD participates on the Lutheran Community Services Board to provide health input to the behavior health process.

- CCHD continues to build community resilience and public health preparedness through partnerships with emergency management and the medical community. This year's work included updating the Preparedness Workplan, Exercise and Training Plan, and the Crook County Emergency Operations Plan.
  - CCHD participated in the National Guard, Law Enforcement exercise in Crook County.
- 3. Improve Care – Improve the care experience and associated practices and processes. Identify areas for improvement, monitor compliance, and manage risk. A premium is placed on connecting staff to the performance of the organization.**
- CCHD developed a new Customer Service training for staff.
  - CCHD continued involvement with the Early Learning HUB development.
  - CCHD completed the requirements for Meaningful Use for year two.
  - As part of the Accreditation process, CCHD fully implemented the Performance Management System and conducts monthly QI meetings in order to improve care.
- 4. Reduce Cost and Increase Effectiveness- Reduce the cost of health care through better health and care options. Increase efficiency and effectiveness. Invest in strategies that best accomplish this goal.**
- CCHD continues to improve revenue production through billing and contracting with additional insurance companies.
  - CCHD trained new staff in Medicaid Administrative Claiming.
  - CCHD continues to provide School Based Health Care services in coordination with Mosaic Medical the local FQHC.
  - CCHD is coordinating with Deschutes, Jefferson, Hood River, and NCPH to begin conversations with Pacific Source for TCM to be included into the global budget starting January of 2015.
- 5. Increase Health Integration and Collaboration.**
- CCHD continues coordination of programming with Deschutes and Jefferson Counties as needed.
  - CCHD hired a new Health Officer which is also the Medical Director of Mosaic Medical to improve coordination in both offices.
  - CCHD contracted with Mosaic Medical to be a delegate for the immunization program.
  - CCHD coordinated trail access with Central Oregon Trails Alliance, the county, and Crook County Parks and Recreation to include trails in the City of Prineville's 20 year Transportation System Plan Update.
  - Environmental Health has been successfully integrated into CCHD.
  - CCHD continues to partnership with Rimrock Health Alliance, Community Health Improvement Partnership, other county departments, Early Learning HUB, WEBCO, and the City of Prineville to address community health issues.
  - CCHD staff participates on Advisory Councils and supported activities of the Wellness and Education Board of Central Oregon along with the Central Oregon Health Council.

- The Director continues to chair the Early Childhood Committee – fostering the development of the HUB as part of the Wellness and Education Board of Central Oregon.
  - The Director chaired the Central Oregon Health Council Operations Group until November 2013.
  - CCHD completed the remodel of the School Based Health Center and received a grant to hire a 0.75 FTE mental health provider through Lutheran Community Services. Due to our partnership with Lutheran Community Services they agreed to fund the remaining 0.25 FTE.
  - CCHD developed activities for Public Health Week including a luncheon for partners, and community lunch and learns.
  - CCHD coordinated efforts and continues as the contractor for the implementation of HCI in Central Oregon.
  - CCHD coordinated efforts with St. Charles for their updated Health Assessment for Crook County focusing on Childhood Obesity.
- 6. Pursue Excellence – Maintain standards of practice and performance that ensure accountability and peak performance to operate effectively and keep our communities safe and healthy.**
- CCHD improved Health Assessment capacity by hiring a health educator.
  - CCHD completed Public Health Accreditation.
  - CCHD completed development of the QI team, training, and development of a workforce development plan.
- 7. Expand Regional Efforts – Collaboration with local and State governments, our hospital system, local providers, private insurers, health collaboratives, our community, and the people we serve.**
- CCHD continued development of local policies for tobacco control including coordination with the medical community to create a single prevention message within clinics and the emergency room.
  - CCHD participated on the tri-county Cross-Jurisdictional Preparedness Team.
  - CCHD participates in the tri-county MCH Initiative through the Central Oregon Health Council.
  - CCHD participates in the Early Learning HUB Initiative with WEBCO.
- 8. Strengthen our Organization – Build internal infrastructure to create a robust, healthy, and flexible organizational environment which fosters teamwork, progressive thinking and cutting-edge programming.**
- CCHD updated the Strategic Plan for in November of 2013.
  - CCHD developed a shared drive for all policies and procedures, forms, and job training.
  - CCHD developed a new employee orientation and introduction process.
  - Inclusion of all staff in the Public Health Accreditation Site Visit in February of 2014.

**9. Promote Sound Health Policy – Advocate and support clear overarching policy interests and expectations for population health and the region’s health care system.**

- CCHD continues involvement in the development of the public health presence for WEBCO.
- CCHD continues to work with community partners to reduce the burden of chronic disease by way of policy, systems, and environmental change.
- The Commissioners were very engaged in the Public Health Accreditation Process site visit.

The department’s concerns include issues with inadequate prenatal care; obesity; lack of physical exercise and nutrition; one of the highest tobacco use death rate in the state; underage drinking; and late stage diagnosis of breast cancer in women over 65. The county health rankings for Crook County 2010 through 2013 include the following:

**↑ Worse   ↓ Better**

**Health Outcomes:** ↓ 14<sup>th</sup> in 2010; 14<sup>th</sup> in 2011; 12<sup>th</sup> in 2012; 8<sup>th</sup> in 2013

**Health Factors:** ↓ 21<sup>st</sup> in 2010; 30<sup>th</sup> in 2011; 29<sup>th</sup> in 2012; 27<sup>th</sup> in 2013

**Health Behaviors:** ↓ 21<sup>st</sup> in 2010; 21<sup>st</sup> in 2011; 25<sup>th</sup> in 2012; 18<sup>th</sup> in 2013  
(this includes tobacco, diet, exercise, alcohol use, high risk sexual behavior)

**Clinical Care:** ↑ 9<sup>th</sup> in 2010; 20<sup>th</sup> in 2011; 14<sup>th</sup> in 2012; 26<sup>th</sup> in 2013  
(this includes access to care and quality of care)

**Social/Economic:** ↓ 27<sup>th</sup> in 2010; and 30<sup>th</sup> in 2011; 33<sup>rd</sup> in 2012; 32<sup>nd</sup> in 2013  
(this includes education, employment, income, family and social support, and community safety)

**Physical Env.:** ↓ 17<sup>th</sup> in 2010; and 21<sup>st</sup> in 2011; 13<sup>th</sup> in 2012; 5<sup>th</sup> in 2013  
(this includes air quality, build environment)

Attachment II

