

Morrow County Public Health Department



Local Public Health Authority

Annual Plan

2014 - 2015

Sheree Smith, Administrator
Morrow County Public Health

Executive Summary

Morrow County is a small rural county in Eastern Oregon with an estimated population of 11,300. Major industries are agriculture, food processing, dairy, energy production and tourism. There is a significant Hispanic population which can pose a communication challenge. Many clients are monolingual, or have limited English proficiency so bilingual/bicultural staff are utilized to augment service delivery. Morrow County Health Department (MCHD) continues to provide all essential public health services including epidemiology and control of preventable diseases, immunizations for all ages, family planning, maternal child health programs and supports, health education information, child safety seat services, and referral as appropriate. Home visiting services include Maternity Case Management (MCM), Babies First, CaCoon and Healthy Start/Healthy Families of America. The Nurse Family Partnership (NFP) program is also available through a collaborative partnership with Umatilla County. Other programs include Emergency Preparedness and Tobacco Prevention & Education. Environmental health services are contracted with Umatilla County. WIC is provided by the Umatilla-Morrow Head Start/WIC and an Interagency Collaboration Agreement is in place. The WIC program utilizes the Public Health offices in Boardman (weekly) and Heppner (monthly) to serve Morrow County clients. Clinics providing Family Planning and Immunization services are offered 3 days per week on a walk in or same day appt and Immunization services are now being offered at the “WIC” clinics. MCHD also has an aggressive Influenza vaccination campaign each year. In an effort to protect our most vulnerable residents, the first Flu clinics are offered at each of the three senior meal sites, and at three evening hour clinics (in the areas of greatest population). Flu vaccine is also offered at all regularly scheduled clinics throughout the Flu season and all are open to the public. The LHD provides the majority of all vaccination services within the county as there are two Pharmacies and three medical clinics total within the county, offering limited vaccine opportunities. MCHD staff are actively involved in the process of Healthcare Transformation. The Eastern Oregon Coordinated Care Organization (EOCCO) is the largest CCO (geographically) serving 12 counties including Morrow. MCHD staff actively participate with the EOCCO Board, Local Community Advisory Council (LCAC), Regional CAC and State CAC. LCAC members participated in a forced matrix activity to identify priority issues. The top four issues were prioritized in the following order: Maternal Risk Factors, Youth Mental Health, Alcohol and Drugs, and Tobacco Use. Particularly, prenatal care continues to be of concern, as there are no prenatal providers or delivering facilities within the county. The LCAC decided to create the Community Health Improvement Plan (CHIP) based on the top two priorities of Maternal Risk Factors and Youth Mental Health. MCHD continues to participate in the Morrow County Community Health Improvement Partnership (MCCHIP) and these members have also played an active role in Healthcare Transformation. MCHD is also involved in a collaborative process with Umatilla and Union counties in an effort to create an Early Learning Hub. A unified application was submitted in the first round, but was unsuccessful. The three counties are committed to the formation of a Hub and are moving forward in this collaborative effort with plans to submit an application in the second round. Due to the limited number of MCHD staff, workers are trained within multiple programs and members work cohesively as a team.

Local Public Health Authority: Morrow County Court
Completed By: Sheree Smith, Morrow County Public Health Director
Date: 02/22/14

Minimum Standards

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

I. Organization

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

Local Public Health Authority: Morrow County Court
Completed By: Sheree Smith, Morrow County Public Health Director
Date: 02/22/14

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.
- Vital Statistics (except Birth) are maintained by the County Clerk and the office is in the County Courthouse. The Clerk Office offers Passport services, so are ineligible to maintain Birth records.**
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.

Local Public Health Authority: Morrow County Court
Completed By: Sheree Smith, Morrow County Public Health Director
Date: 02/22/14

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.

Local Public Health Authority: Morrow County Court
Completed By: Sheree Smith, Morrow County Public Health Director
Date: 02/22/14

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

- **Morrow County contracts with Umatilla County for all Environmental services.**

47. Yes ___ No N/A 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. **Food Handler testing is available. at MCHD**
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 N/A Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes ___ No N/A Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.

Local Public Health Authority: Morrow County Court
Completed By: Sheree Smith, Morrow County Public Health Director
Date: 02/22/14

53. Yes ___ No N/A Compliance assistance is provided to public water systems that violate requirements.
54. Yes ___ No N/A All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
55. Yes ___ No N/A A written plan exists for responding to emergencies involving public water systems.
56. Yes X No ___ Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes ___ No N/A A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
58. Yes ___ No N/A Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes ___ No N/A School and public facilities food service operations are inspected for health and safety risks.
60. Yes ___ No N/A 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 N/A A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes ___ No N/A Indoor clean air complaints in licensed facilities are investigated.
63. Yes ___ No N/A Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes ___ No N/A The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes ___ No N/A 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 N/A 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.

Local Public Health Authority: Morrow County Court

Completed By: Sheree Smith, Morrow County Public Health Director

Date: 02/22/14

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 N/A WIC

b. Yes No ___ Family Planning

c. Yes No ___ Parent and Child Health

d. Yes ___ No Older Adult Health **By Referral**

e. Yes ___ No N/A 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.

Local Public Health Authority: Morrow County Court

Completed By: Sheree Smith, Morrow County Public Health Director

Date: 02/22/14

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.

Local Public Health Authority: Morrow County Court
Completed By: Sheree Smith, Morrow County Public Health Director
Date: 02/22/14

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.

Local Public Health Authority: Morrow County Court
Completed By: Sheree Smith, Morrow County Public Health Director
Date: 02/22/14
Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

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

Answer the following questions:

Administrator name: Sheree Smith RN

Does the Administrator have a Bachelor degree? Yes ___ No X

Does the Administrator have at least 3 years experience in Yes X (22 1/2 yrs) No ___
public health or a related field?

Has the Administrator taken a graduate level course in Yes ___ No X
biostatistics?

Has the Administrator taken a graduate level course in Yes ___ No X
epidemiology?

Has the Administrator taken a graduate level course Yes ___ No X
in environmental health?

Has the Administrator taken a graduate level course Yes ___ No X
in health services administration?

Has the Administrator taken a graduate level course in Yes ___ No X
social and behavioral sciences relevant to public health problems?

**a. Yes ___ No X 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.**

Local Public Health Authority: Morrow County Court

Completed By: Sheree Smith, Morrow County Public Health Director

Date: 02/22/14

b. Yes ___ No X The local health department Supervising Public Health Nurse meets minimum qualifications:

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

AND

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

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

c. Yes ___ No N/A The local health department Environmental Health Supervisor meets minimum qualifications:

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

OR

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

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

d. Yes ___ No N/A 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.

Local Public Health Authority: Morrow County Court

Completed By: Sheree Smith, Morrow County Public Health Director

Date: 02/22/14

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.

Local Public Health Authority
Terry Tallman, County Judge

Morrow _____
County Date

Local Public Health Authority: Morrow County Court

Completed By: Sheree Smith, Morrow County Public Health Director

Date: 02/22/14

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.



Local Public Health Authority

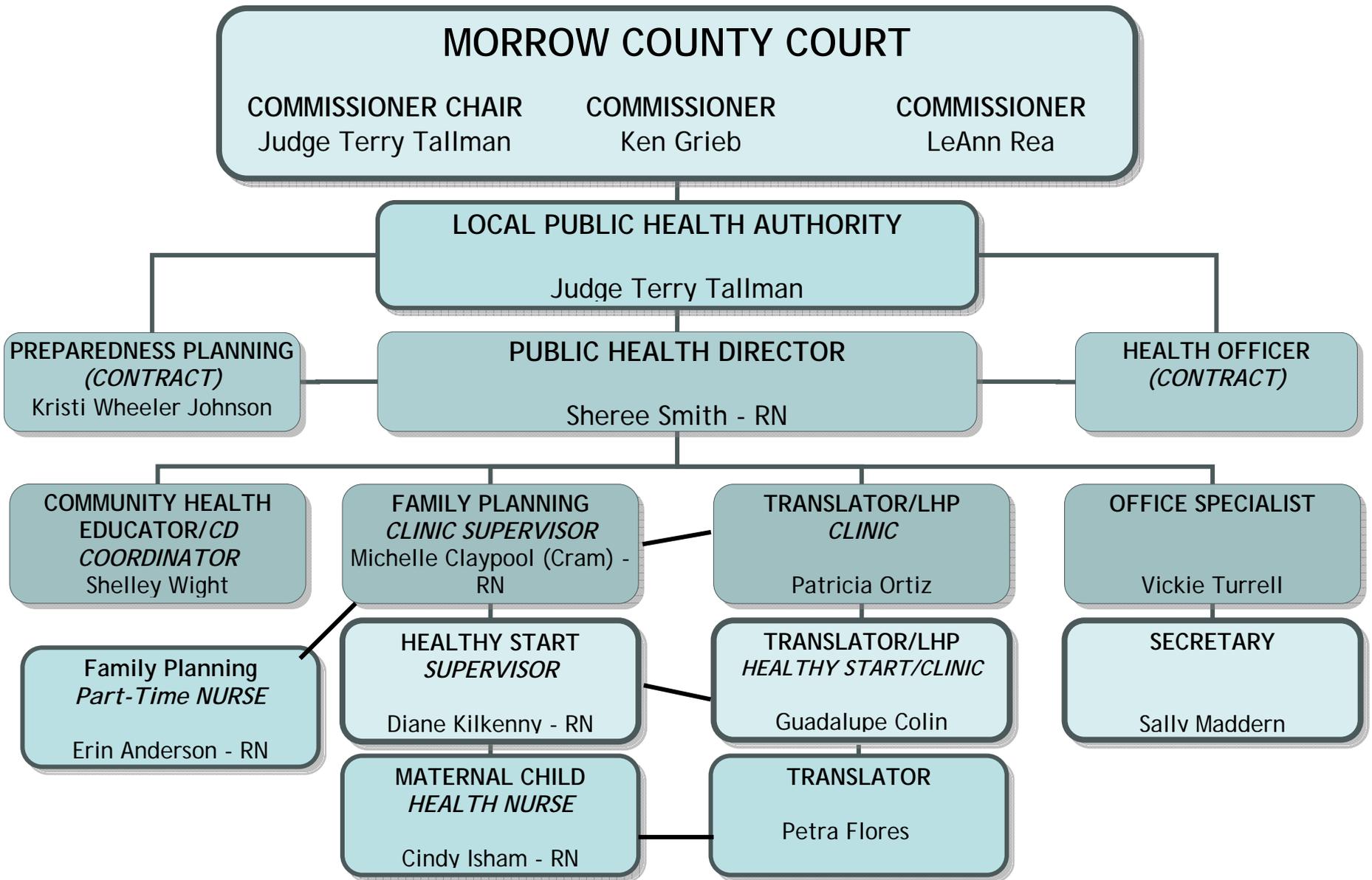
Terry Tallman, County Judge

Morrow

County

3/11/2014

Date



Morrow County Annual Plan
FY 2014 – 2015
Assurance of Essential Services
(and other services of Importance to the Community)

Assurance that Essential Public Health services will be provided or available per OAR 333-014-0050

Extent to which Morrow County Health Department provides the five basic services contained in statute (ORS 431.416) and rule.

Epidemiology and Control of Preventable Diseases and Disorders

Morrow County Health Dept. (MCHD) provides all of the required communicable disease activities. The staff member providing CD Coordination is employed at a Full Time status, with 0.5 FTE assigned to CD and the other 0.5 FTE is devoted to the TPEP program so that hours can be flexed throughout the work week, based on demands of each of the programs. MCHD has a 24/7/52 pager system in place with call responsibilities shared by two staff members to ensure initiation of outbreak investigation and implementation of control measures for reportable diseases in a timely manner as specified per Investigative Guidelines.

Staff Nurses also provide additional supports to the CD program including case investigation, case management and follow up as needed. Communicable Disease investigation and follow up continues to be completed in a timely fashion. Morrow County uses the State ORPHEUS system for CD reporting and follow-up. MCHD continues to work closely with PCP's, area hospitals, HRSA, labs, vector control, emergency management, the extension office, Fish and Wildlife, and other agencies or individuals as indicated. Information related to health risks, trends or current outbreaks is also relayed as appropriate.

Tuberculosis Case Management

MCHD has TB protocols addressing Screening for TB Disease and Infection, screening protocols for employment, treatment (Chemoprophylaxis) of Latent and active TB infection, other TB related duties, and training. Although MCHD no longer receives any State DHS program funds to provide this service, TB case management is continued as an important part of CD management activities. If questions or concerns arise, State TB staff are contacted for consultation.

Tobacco Prevention, Education, and Control

Morrow County currently employs a Full time staff member for the Community Health Educator/Tobacco Prevention and Education and Communicable Disease Coordinator positions. Work hours are then shared between the two programs. Previously there had been a gap of services for about 5 years due to a lack of funding, which was reflected with a negative impact

on county Tobacco statistics. MCHD was able to restore the TPEP program almost six years ago and since that time, progress has continued in a slow but steady manner.

The TPEP Coordinator offers education, supports and resources to the public, participating in community events, and on an individual basis. Targeted presentations were also conducted in the grade schools in collaboration with a local provider during Red Ribbon week this last year. The TPEP Coordinator also provides education, guidance and supports to local business' and regular updates to the County Court regarding changes in the law, and examples of policy changes. The TPEP FY 15 plan has been completed and submitted directly to the State TPEP program.

Parent and Child Health Services, Including Family Planning program activities

MCHD offers family planning, immunizations, maternity case management, Babies First, CaCoon and Healthy Families services throughout the county. MCHD also began offering the Nurse Family Partnership (NFP) program collaboratively with Umatilla County through a federally funded grant in 2012.

Immunizations

MCHD provides immunization through the VFC program for children and also provides vaccinations to adults. In an effort to increase vaccination rates, MCHD has begun to offer and promote vaccinations at each WIC clinic (within the MCHD offices) in addition to the regular clinic schedule of two days per week in Boardman and one day per week in Heppner. Clients are served on a walk-in, first come first served basis but also have the option of scheduling a same day appointment. MCHD also offers on-site Tdap vaccination clinics at the 7th grade registration in the schools, in an effort to decrease the burden later on, during the Primary Exclusion process. Annual VFC program Recertification was completed for both of the Morrow County sites last Fall (2013).

MCHD has a very active Influenza vaccination program, utilizing VFC, Pool and locally purchased vaccines each year. Influenza clinics are provided Off-site at each of the three Senior Center mealsites, evening clinics in Heppner, Boardman and Ione, every school facility in the county, area business' and at every regularly scheduled clinic throughout the entire Influenza season. Additionally, Tdap, and Pneumovax immunizations are offered at every Off-site "Influenza" clinic.

MCH Program Overview

MCHD offers home visiting programs with a RN including Maternity Case Management (MCM), Babies First, CaCoon and additionally offers the Nurse Family Partnership (NFP) program through a collaboration with Umatilla County Public Health. The Healthy Start/Healthy Families of America program is delivered using Lay Health Promoters with supervision and guidance provided by an RN.

Perinatal Health

The MCHD Perinatal health goal is to increase access to early and adequate prenatal care believing that Healthy babies start with healthy mothers who get early, regular and high quality Prenatal care. The expected outcome is a reduction in preterm births and low birth weight infants in Morrow County. As noted above, MCM home visiting services are offered in coordination with the NFP program. Morrow County has one hospital, which does not offer delivery services (available on an emergency basis only), and there are no Prenatal care providers residing within the county. Usually home births are the only deliveries within Morrow County although there have been two emergency deliveries at the local hospital within the past few years. The lack of Prenatal Care and delivery services are contributing factors to the low ranking of adequate prenatal care as reflected by the Oregon benchmark. The majority of county residents deliver in Umatilla County hospitals, either Good Shepherd in Hermiston, or St. Anthony in Pendleton.

MCHD has made efforts to encourage and promote early prenatal care through education and other supports. MCHD participates in the Oregon Mother's Care (OMC) program to expedite the process of applying for OHP, and schedules the first Prenatal Care appointment (if possible), in an effort to improve early access to care. MCHD works closely with WIC staff (services are delivered within the LHD offices) and referrals are reciprocal between the two agencies. MCHD also provides education to pregnant women regarding the benefits of breastfeeding which is also promoted within the home based programs. MCHD provides a supply of Prenatal vitamins to pregnant and breastfeeding women.

The FQHC in Boardman, Columbia River Community Health Services (CRCHS) offers prenatal care through contracts with two different OB/GYN practices (in Hermiston and Pendleton). Clients are given a choice regarding provider preference and provides transportation if needed.

Infant and Child Health

MCHD currently has a Community Health Nurse at 1.0 FTE providing home visiting services including Maternity Case Management (MCM), Babies First, CaCoon and also Nurse Family Partnership (NFP) in collaboration with Umatilla County. MCHD is also the provider of Healthy Start/Healthy Families of America services, allowing for better collaboration among the home visiting programs and services are based on the needs of the family. The Healthy Start program supervisor is a RN with experience providing home visiting services within the MCM, Babies First and CaCoon programs. In this way she is better suited to provide guidance and support to home visitors. If there is a concern regarding a Healthy Families client/family ie growth and development, she (or another CHN) can provide a Babies First home visit to further assess the situation providing screening, follow-up and/or referral as appropriate.

MCHD offers access to educational opportunities regarding the promotion of infant and child health. Back to sleep information is provided to all pregnant women and encouraged within the Home visiting programs. Additional education topics include "tummy time" (play to encourage motor development during wake time), healthy and safe environments (including smoke-free), oral health, importance of a medical (provider) home, and prevention services including well child visits and immunizations, are encouraged. Home visiting services also provide developmental screenings with appropriate follow-up and/or referral as needed.

Adolescent Health

MCHD provides Public Health services to the adolescent population as appropriate, with referral to primary care (including well child care), mental health or other services as needed. Adolescent clients are provided health education tailored to individual needs. MCHD has been involved with the Morrow County School District in promoting adequate and accurate health education. Although the school District did not choose to adopt the “My Future My Choice” curriculum, they have agreed to revisit this issue next time the Health Curriculum is reviewed. MCHD has continued to collaborate with the schools informally for the past few years, and began providing regular visitation to the Jr/High schools a few weeks ago.

Family Planning

MCHD meets the minimum standard for basic Reproductive Health service delivery. Clinics offering Family Planning services are provided three days per week (two days in Boardman and one day in Heppner) for education, counseling and supplies. MCHD contracts with a Nurse Practitioner to provide women’s health exams and STD checks two days per month in Boardman and 2 - 3 exam days per year (based on client need) in Heppner. The family planning program continues to be very successful with new clients coming into the program regularly.

The MCHD Family Planning Advisory Committee is an “add-on” responsibility, approved by the Early Childhood Committee (ECC). This group has a variety of members, representing many different agencies resulting in a wide representation of the community. Meetings are scheduled every other month which fulfills the minimum requirement of quarterly meetings.

The FY 15 Reproductive plan is being submitted as a separate document along with the Annual Plan.

WIC

WIC services are administered through Umatilla Morrow Head Start/WIC rather than the MCHD, but the two agencies share a strong working relationship and an Interagency Collaboration Agreement is in place. The WIC program utilizes the Public Health offices in Boardman (weekly) and Heppner (monthly) to serve Morrow County clients.

Environmental Health Services

Environmental Health services are Sub-Contracted with the Umatilla Co. Health Department.

Public Health Emergency Preparedness

Currently MCHD contracts for a full time Public Health Preparedness Planning Coordinator. Although this staff member does not reside within the county she is very actively involved with the Public Health Dept. providing informational trainings, exercise opportunities and is involved as needed and available for CD/Emergency events. The Preparedness Coordinator continuously writes and revises emergency preparedness plans as needed and as required by the State Emergency Preparedness program. The program is also reviewed independently each year per the OHA Preparedness Regional Liaison.

MCHD continues to collaborate with Emergency Management and other agencies as appropriate, such as Law Enforcement, Fire/EMS, Red Cross, Behavioral Health, etc. All of the chemical agents previously stored on the Umatilla Army Depot have been eliminated and the CSEPP program closed 06/12. MCHD has a 24/7/52 pager system in place with call responsibilities shared by two staff members. In this way, MCHD is able to respond in a timely manner to any event that is of a Public Health concern.

Vital Records (Collection and Reporting of Health Statistics)

All Vital Statistics are maintained by the County Clerk office (with the exception of Birth), are located in the County Courthouse. The Clerk Office now offers Passport services making them ineligible to maintain Birth records. In county Birth documents are submitted to the State. All other requirements related to Vital Statistics are also met through the County Clerk office.

Health Information and Referral Services

Health education and information are provided to clients as indicated with referral as appropriate. Additionally presentations are made as requested and as appropriate on a variety of topics to community groups, Chambers Of Commerce, Business', etc. Primarily the information requested has been regarding Communicable Disease, Tobacco Education & Prevention and Emergency Preparedness. MCHD also participates in a variety of community events (ie Health Fairs, Children's Fair, the local County Fair, Child Safety Seat clinics, etc.) providing health education on a variety of topics in addition to information regarding services offered by MCHD.

MCHD has created bilingual (English and Spanish) pamphlets for the public regarding programs administered, and services offered. The County also has a website for the public, with a listing of services and other information in English and Spanish. Additionally, pamphlets and other educational materials are available to the public on a variety of subjects. MCHD makes a conscious effort to ensure that resources are available in both English and Spanish as there is a large Hispanic population present in the county. Blood Pressure checks are provided at no cost at all regular clinics. Public health also works collaboratively with multiple community agencies and referrals are made as needed.

Other Services of Importance to the Community

Dental

Many children do not have appropriate dental care, which results in poor oral hygiene and an increase in dental caries. Public Health provides dental health education including referral for Pregnant clients and Baby Bottle mouth decay education with referral as needed. Toothbrushes are provided as a reward following immunization, and included in the OMC bag given to pregnant clients to further promote oral health. The availability of dental care is somewhat limited in Morrow County. The only provider of dental care is Advantage Dental with two offices in Morrow County (Heppner and Boardman). CRCHS offers services per a Dental van that comes to the clinic approximately once a month.

Health Education and Health Promotion

MCHD provides health education resources to the public on a variety of subjects. The promotion of an improved health status for everyone is one of the goals for MCHD, shared by Morrow County Community Improvement Partnership (MCCHIP) of which MCHD is a founding member. MCHD is also involved in Healthcare Transformation efforts and actively participates in the CCO (EOCCO), Local CAC, Regional CAC, State CAC and in current efforts to form an Early Learning Hub in collaboration with Umatilla and Union counties.

Laboratory Services

The health department lab is licensed by CLIA with a CERTIFICATE OF PROVIDER-PERFORMED MICROSCOPY PROCEDURES. Laboratory services provided outside MCHD capacity or licensure are primarily performed by Cyto Check Laboratories (Cyto) and the OSPHL. Cyto is used for tests that are either not covered, or not provided by the state. Cyto also has an electronic reporting system for quick access to laboratory results.

Medical Examiner

The Medical Examiner (ME) position for Morrow County is staffed by a Deputy ME (Morrow County Undersheriff) under the supervision of the Oregon State ME and is officially “housed” within the Morrow County District Attorney Department.

Nutrition

All clients seen in the Family Planning clinic are counseled regarding nutrition, and BMI's are obtained. Discussions include an emphasis on health activities, lifestyle and nutritional choices. Clients served by the nurse in the home visiting programs are also counseled regarding nutrition, with education provided and assessments (growth and development) performed. Pamphlets and educational materials are also available to the public.

Morrow County Annual Plan
FY 2014 – 2015
Minimum Standard
Response to Unmet Minimum Requirements

Health Department Personnel Qualifications (Response to Unmet Minimum Requirements)

Local health department Health Administrator/Supervising Public Health Nurse minimum qualifications:

The Morrow County Public Health Director also serves in the capacity of Supervising Public Health Nurse and does not meet the minimum requirements as outlined in the Minimum Standards document. Morrow is a small rural county, employing a total of four Registered Nurses at various FTE's in addition to the Director who is also an RN. The Clinic Nurse and the Home Visiting Nurses take on some of the supervisory duties for other LHD staff, but the administrative duties of the Supervising Public Health Nurse are also provided by the Public Health Director, Sheree Smith.

The Public Health Administrator/Supervising Public Health Nurse graduated from a hospital based (Good Samaritan School of Nursing) Diploma school in 1981. I immediately began working in the acute care setting of the local hospital. I continued working as a charge nurse for over 10 years with responsibilities including Med-Surg, Cardiac Care, Labor and Delivery, ER and Geriatrics. I began working in Public Health almost 23 years ago beginning with Home Visiting programs including Babies First, MCM, and CaCoon programs. During this same time I provided assistance and back-up within Immunization, Family Planning and CD (including TB). I later trained in the Nurse Family Partnership (NFP) program providing this service for 2 ½ years before assuming the Public Health Director position almost 12 yrs ago, in May of 2002. At this point in time, I have been working as a Registered Nurse in Oregon for the past 33 years, having spent more than 2/3 of my career within the delivery of Public Health services.

I am a strong proponent of continuing education and have attended numerous trainings on a variety of topics since joining Public Health. Additionally, Public Health staff are encouraged and supported to attend various training and educational offerings related to their Public Health job duties and responsibilities. I also participated in the Public Health Nursing Leadership Institute (PHNLI) in 2006. I attend CHLO as my schedule allows, either at the meeting site or via phone. I have actively participated in the OPHA Nursing Section, served in the capacity of Executive Secretary for the past 2 ½ years and regularly attend the OPHA Annual Conf. I also have been an active participant in AOPHNS and had attended the eastern expression of that group (EOPHNS) prior to its dissolution several years ago.

I actively participated in the entire FQHC application process, in collaboration with the Boardman Health Care Center, shortly after assuming the Administrator position, in 2003. Funds were awarded and the newly created FQHC, Columbia River Community Health Services (CRCHS) began providing services in 2004. The FQHC continues to thrive in the Boardman community and received a Federal Grant a few years ago resulting in a newly built facility. Throughout these past 12 years as I have served in the capacity of Public Health Director, strong collaborative relationships have been built and maintained with a variety of community partners.

I have also played an active leadership role within the Healthcare Transformation process, participating in the EOCCO Board meetings, currently serve as the Chair of the Local CAC, and I participate in the Regional and State CACs. Additionally I have been an active participant in the formation of an Early Learning Hub in collaboration with Umatilla and Union counties and have been appointed as a governance representative for Morrow County

Although I had previously considered enrolling in an RN to BSN program, I do not feel this is a reasonable goal for me at this time. The demands of the Director position, in addition to providing fill-in for clinic Nursing duties, place too much of a burden for me to add more responsibilities anytime soon.

Local health department Health Officer minimum qualifications:

The position of Morrow County Public Health Officer is currently vacant. The Physician that had served in this capacity for the past 16 years, passed away one week ago, on 02/20/14.

Morrow County is currently in the process of seeking a local Physician to serve in this capacity.

Morrow County Annual Plan
FY 2014 – 2015
Additional Requirements/Unmet Needs/Budget

Additional Requirements

Organizational Chart

The MCHD Organizational chart is included as a separate attachment.

Board of Health

The Morrow County LPHA consists of the County Judge and two additional County Commissioners, for a total of three members. The County Court meets weekly to attend to county governance and address' Public Health business as needed (ie review and approval of OHA Contracts). The MCHD administrator provides updates to the County Court regarding Public Health activities, issues, changes, plans and concerns on a quarterly basis (at a minimum).

Public Health Advisory Board

The Morrow County Commissioners also serve as the Public Health Advisory Board. The County Court meets weekly to conduct county business and performs duties as needed in the role of the Public Health Advisory Board. Additionally Public Health updates are presented quarterly (more often if needed) by the Morrow County Public Health Director, exceeding the minimum requirement for the Public Health Advisory to meet quarterly.

Triennial Review Compliance Findings

Triennial Review May 2012; all Compliance issues resolved. Next review due May 2015.

Unmet Needs

MCHD is actively involved in the process of Healthcare Transformation. LHD staff participates in the Local CAC, which reviewed various community assessments conducted throughout the county. CAC members participated in a forced matrix activity to identify priority issues. The top four issues were prioritized in the following order: Maternal Risk Factors, Youth Mental Health, Alcohol and Drugs, and Tobacco Use. Previously, the lack of Prenatal Care services had been identified as one of the largest gaps of Public Health services in Morrow County. The CAC decided to create the Community Health Improvement Plan (CHIP) based on the top two priorities (Maternal Risk Factors and Youth Mental Health), currently under development.

Budget

Projected revenue budget information will be submitted later, as per Annual Plan requirements. The 2014 – 2015 budget will be formulated in the coming months and submitted to the Morrow County Budget Committee in April 2014 for review and preliminary approval. The County Board of Commissioners will review the proposed budget before final approval.

Contact for Morrow County budget information is as follows:

Morrow County Accountant

P.O. Box 867

Heppner, Or 97836

Phone (541) 676-5616

REQUIRED REPRODUCTIVE HEALTH ANNUAL PLAN
Morrow County Health Department - FY 2015
July 1, 2014 to June 30, 2015

As a condition of Title X funding, sub-recipient agencies are required to submit an annual plan to the OHA Reproductive Health (RH) Program, as well as a projected budget for the time period of the plan. In order to increase the relevance of the process, we have developed a new required format which more accurately reflects the services – both direct and indirect – that lead to better health outcomes.

The following goals (also located in the drop-down menu of the annual plan form) are derived from OPA Priorities and cover the areas of Clinical Services, Counseling Services, Program Outreach and Health Systems Transformation.

- A.** Assure that delivery of quality family planning and related preventive health services is in accordance with Title X Program requirements and nationally recognized standards of care.
- B.** Assure that delivery of reproductive health services to adolescents is in accordance with Title X Program requirements and nationally recognized standards of care (where they exist).
- C.** Direct services to address reproductive health disparities among your community's high priority and underserved populations.
- D.** Identify strategies for addressing the provision of health care reform and for adapting the delivery of reproductive health services to a changing health care environment.

To complete your annual plan, please choose a minimum of two goals, and then choose one corresponding objectives for each goal from the objectives drop-down list. It is also acceptable to choose two or more objectives for one goal. The objectives reflect National Standards of Care, where available, and best practices. Describe the activities you will conduct to achieve your benchmark and explain how you plan to evaluate your outcomes.

Additional information to help with this process, including suggested activities and program data, can be found at:
http://public.health.oregon.gov/HealthyPeopleFamilies/ReproductiveSexualHealth/Resources/Documents/TitleX/annual_plan_supporting_information.pdf The new data reports provided here reflect your agency's work in many of these areas during the past fiscal year. The RH program suggests that you review your county's current status for each objective and make your decision based on the needs or issues for your agency.

Our intention is to evaluate your progress by periodically reviewing your agency data when objectives are measurable. For objectives that are not data driven, we will request periodic progress updates

NOTE: We will not be asking for your progress report for FY2014 until after June 30, 2014. You may want to take the opportunity to look at your current plan and evaluate your own progress as you determine your new goals.

If you have any questions, please contact Connie Clark @ (541) 386-3199 x 200 or Linda McCaulley @ (971) 673-0362.

REQUIRED REPRODUCTIVE HEALTH ANNUAL PLAN
Morrow County Health Department - FY 2015
July 1, 2014 to June 30, 2015

Goal # 1 Assure that the delivery of quality family planning and related preventive health services is in accordance with Title X Program requirements and nationally recognized standards of care. (OPA Program Priority #1)			
Objective	Current Status	Activities	Evaluation timeframe
<u>Objective A1:</u> Chlamydia testing on all sexually active women < 25 years will increase by $\geq 10\%$	<u>47.6</u> %	<ol style="list-style-type: none"> 1. Provide Staff Training on national Standards 2. Create a process to Remind Staff to screen 3. Conduct QA quarterly to evaluate progress 	By June 30 th , 2015
Goal # 2 Assure that the delivery of RH services to adolescents is in accordance with Title X Program requirements and nationally recognized standards of care. (OPA Program Priority #2)			
Objective	Current Status	Activities	Evaluation timeframe
<u>Objective B1:</u> Increase by $\geq 10\%$ the proportion of new MINOR (17 years and under) clients who receive parental/family involvement counseling within one year of initial visit.	<u>28.6</u> %	<ol style="list-style-type: none"> 1. Notify clinic Staff of the Title X Guidelines 2. Offer Staff training on effective counseling methods of adolescents 3. Create process reminding Staff to counsel parental/family involvement at initial visit. 	By June 30 th , 2015

**OREGON HEALTH AUTHORITY
PUBLIC HEALTH SERVICES
BUDGET PROJECTION
FOR FAMILY PLANNING ONLY**

Agency : **Morrow County Health Dept**Fiscal Year : **FY 2015**

Please read the instructions on the reverse side of this form carefully

PE 41 Family Planning Grant Expenditures	Expenditures
Personal Services (Salaries & Benefits)	\$142,000.00
Services and Supplies	\$45,000.00
Capital Outlay	\$0.00
Total PE 41 Expenses	\$187,000.00
PE 41 Family Planning Grant Revenue	Revenue
Title X State Family Planning Grant Payments	\$27,910.00
Title X Program Income:	\$2,160.00
a. Client Fees – Self-Pay	320
b. Donations	340
c. Third Party Insurance Reimbursement	1500
Total PE 41 Revenue	\$30,070.00

Sheree Smith
PREPARED BY

541-676-5421
PHONE

Sheree Smith
AUTHORIZED AGENT

2/28/2014
DATE

Instructions for Completing the Family Planning Project Projection

You must use this form to report your budget projection for OHA PE 41 Family Planning Grant.

When to Submit

Budget projections for the grant period July - June are due with the annual plan each year. For example, budget projections for FY15 (July 1, 2014 - June 30, 2015) are due in March of 2014.

Where to Submit

Submit **Original** to: OHA Reproductive Health Program, 800 NE Oregon St. #370, Portland, OR 97232
FAX (971) 673-0371, judith.andreasen@state.or.us

Instructions

PE 41 FAMILY PLANNING EXPENDITURES: Please submit the estimated expenditures for your Title X program services. estimated expenditures against special project funds.

Personal Services : Salaries are to be reported in total. Federal guidelines (OMB Circular A-87) require the maintenance of adequate time/activity reports if an individual is paid from grant funds.

Services and Supplies : Total all services and supplies estimated expenditures to be purchased with the grant funds.

Capital Outlay : Capital outlay is defined as an expenditure for an item with a purchase price in excess of \$5,000 and a life expectancy greater than one year. It is necessary to itemize all capital outlay by cost and description. If additional space is needed for capital outlay, record the total outlay on Line 4 and attach an addendum to the report.

Federal regulations require that capital equipment (i.e., desks, chairs, laboratory equipment, etc.) continue to be used within the program area. Property records for non-expendable personal property acquired with grant funds shall be maintained accurately per Subtitle A-Department of Health and Human Services, 45 Code of Federal Regulations (CFR) Part 92.32 and Part 74.34.

PE 41 FAMILY PLANNING REVENUE: Report estimated revenues that support this program on the appropriate lines.

Title X State Family Planning Grant Payments : Title X payments to be received by the state Reproductive Health Program.

Title X Program Income (45CFR Post-Award Requirement): Program income means gross income received by the grantee directly generated by a grant supported activity. Add lines A – B to calculate program income. Be sure that you are reporting on the estimated cumulative year-to-date.