



PUBLIC HEALTH DIVISION
Office of the State Public Health Director
Kate Brown, Governor

Oregon
Health
Authority

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November 20, 2019

The Honorable Seth Crawford
Crook County Court
203 NE Court St.
Prineville, OR 97754

Dear Judge Crawford:

The triennial onsite agency review of Crook County was conducted in August and September 2018. Findings were determined based on compliance with federal and state statutes or rules, the Intergovernmental Agreement for the Financing of Public Health Services and the Intergovernmental Agreement for Environmental Health Services.

A letter listing items that needed correction was sent to you after the review. The Public Health Administrator was provided a document listing the specific items and the time frame for correction.

We are very pleased to write you this letter thanking you and your staff for resolving all the compliance findings.

Sincerely,

Danna Drum
Strategic Partnerships Lead

Kari Christensen
Public Health Systems Consultant

cc: Brian Barney, Commissioner, Crook County
Jerry Brummer, Commissioner, Crook County
Muriel DeLaVergne-Brown, Local Public Health Administrator, Crook County



November 28, 2018

The Honorable Seth Crawford, Judge
Crook County Court
203 NE Court St.
Prineville, OR 97754

Dear Judge Crawford:

The triennial onsite agency review was conducted for Crook County in August and September 2018. The Oregon Health Authority Public Health Division reviewed public health programs administered by the county for compliance with state and federal public health laws and compliance with the Intergovernmental Agreement for the Financing of Public Health Services.

The review included the appraisal of items in 18 program areas, listed below. Program areas with compliance findings are indicated with an asterisk.

Administration	Immunizations*
Babies First!, Perinatal & Oregon Mother's Care	Reproductive Health
Civil Rights	Sexually Transmitted Infections
Communicable Disease*	Tobacco Prevention & Education
Drinking Water Services	Tuberculosis
Fiscal	Vital Records
Food, Pool Lodging Health & Safety*	Women Infants and Children (WIC)
Health Officer	WIC Breastfeeding Peer Counseling
Public Health Emergency Preparedness*	WIC Farm Direct Nutrition Program

An overview report is enclosed which includes a list of the specific compliance findings, descriptions of programs and areas of strength identified throughout the review. We urge you to review the document as it contains important information about your public health programs and their requirements.

Please note that the results of this triennial review are very good. Our team is working closely with Crook County Local Public Health Administrator Muriel DeLaVergne-Brown to resolve all the findings.

A full report will be sent to Muriel DeLaVergne-Brown. We think the report will be of assistance to public health staff in their continuing efforts to provide quality public health services to your community.

Our office will contact Muriel DeLaVergne-Brown to determine if you would like to meet with us to go over findings and answer any questions. If you would like such a meeting, we leave it to the local Board of Commissioners to determine if this meeting of the Local Public Health Authority occurs with one or more of the commissioners present.

Overall, agency reviewers find Crook County to be composed of a committed team of professionals who deliver quality public health services to your community. The citizens of Crook County are very fortunate to have Crook County Health Department providing comprehensive public health services.

We thank you for ensuring that all compliance findings are resolved and for your support for the strong public health work Crook County is providing to its community.

Sincerely,



Danna Drum
Strategic Partnerships Lead



Kim La Croix
Public Health Systems Consultant

Enclosures

cc: Brian Barney, Commissioner, Crook County
Jerry Brummer, Commissioner, Crook County
Muriel DeLaVergene-Brown, Local Public Health Administrator, Crook County



November 28, 2018

Crook County Triennial Review Report

This is an overview report of the August and September 2018 triennial review of Crook County public health programs. This report is a summary of individual reports from participating programs compiled by the Oregon Health Authority (OHA) Office of the State Public Health Director. Detailed individual reports will be sent to Muriel DeLaVergne-Brown, Crook County Local Public Health Administrator. We urge you to review this document as it contains important information about your public health programs and their requirements.

Crook County Health Department received \$292,193 Federal Funds including \$151,594 for the WIC Program for fiscal year 2018. The Health Department also received \$143,443 from State General Fund Support and \$88,734 Other Funds for the same period.

Report Prepared by: Kimberly La Croix, Public Health Systems Consultant,
Office of the State Public Health Director.

COMPLIANCE FINDINGS SUMMARY

Administration and Civil Rights

The LPHA is in compliance with all program requirements.

Babies First!, Perinatal and Oregon Mother's Care

The LPHA is in compliance with all program requirements.

Communicable Disease

The LPHA must do the following to comply with all program requirements:

1. Interview at least 80% of cases requiring interview.
2. Assess vaccination status for at least 80% of contacts of identified Hep B and Hepatitis A cases.
3. Complete 80% of case investigations within 10 days for all diseases with investigation required: Hepatitis B (14 days) and Pertussis (21 days)
4. Complete risk and exposure questions for 80% of cases requiring interview

5. Collect specimens or distribute collection kits to outbreak cases to confirm the etiology of the outbreak. If no outbreaks are reported, make sure there are kits available for an outbreak investigation.
6. Create epidemic curves on all outbreaks to determine mode of transmission, if no outbreaks are reported, learn how to use the tools available to create epi curve.

Due Date to Comply: 12/31/2018

Drinking Water

The LPHA is in compliance with all program requirements.

Fiscal

The LPHA is in compliance with all program requirements.

Food, Pool and Lodging Health & Safety

The LPHA must do the following to comply with all program requirements:

1. Document on the food service inspection report how a priority/priority foundation violation has been resolved at the time of the semi-annual inspection. If the violation has not been corrected, a recheck inspection must be conducted within 14 days.

Due Date to Comply: 12/31/2018

Health Officer

The LPHA is in compliance with all program requirements.

Immunizations

The LPHA must do the following to comply with all program requirements:

1. Send in documentation that all immunization staff have completed one hour of immunization-specific training.

Due Date to Comply: 1/1/2019

Public Health Emergency Preparedness

The LPHA must do the following to comply with all program requirements:

1. All After Action Reports (AARs) need to be clearly developed and submitted to the OHA Public Health Emergency Preparedness (PHEP) liaison within 60 days of exercise or incident completion and incorporated into work plan or exercise plans.
2. All exercise and incident notifications must be completed 30 days in advance of an exercise or within 48 hours of incident engagement.

Due Date to Comply: 2/15/2019

Sexually Transmitted Disease (STD) Prevention

The LPHA is in compliance with all program requirements.

Tobacco Prevention & Education Program

The LPHA is in compliance with all program requirements.

Tuberculosis (TB)

The LPHA is in compliance with all program requirements.

Vital Records

The LPHA is in compliance with all program requirements.

Women Infants & Children (WIC) Program

The WIC biennial review was conducted on July 25-27, 2017.

The LPHA must do the following to comply with all program requirements:

1. Ensure staff who provide WIC services have completed all required training modules.
(Policies 440, 660)

Resolved: October 31, 2017

2. Ensure anthropometric and biochemically measurements are taken according to approved procedure. (Policies 625, 626, 628)

Resolved: September 28, 2017

3. Ensure routine testing and cleaning is completed for all Hemocue machines.
(Policy 626)

Resolved: September 28, 2017

4. Ensure the risk level is changed from medium to high when required.
(Policy 661)

Resolved: October 31, 2017

5. Ensure that all required referrals are made and documented on behalf of the participants. (Policies 880 and 885)

Resolved: October 31, 2017

6. Ensure the quarterly time study reflects only staff time paid for by WIC.
(Policy 316)

Resolved: August 30, 2017

WIC Farm Direct Nutrition Program (FDNP)

The LPHA is in compliance with all program requirements.

PROGRAM OVERVIEW AND STRENGTHS

Administration & Health Officer

Muriel DeLaVergne-Brown has been the health administrator for Crook County Health Department (CCHD) for the past ten years. She has extensive experience delivering and managing almost every public health program funded through the Intergovernmental Agreement for the Financing of Public Health Services.

Muriel shares her public health management and leadership wisdom with public health administrators, new and old, across the state. She is a national leader and participates in national boards and workgroups through the National Association of County and City Health Officials (NACCHO).

Muriel is active in the Conference of Local Health Officials (CLHO) and is a governor-appointed member of the Oregon Public Health Advisory Board, a subcommittee of the Oregon Health Policy Board. She has built a reputation as a

collaborator, mentor, and the “go-to” administrator for state and local public health system work. She is an expert at communicating about the value of public health to her leadership and cross-sector partners (e.g. transportation, early education).

CCHD excels at developing community partnerships and cross-jurisdictional sharing agreements. One example is the regional partnership grant with Deschutes and Jefferson Counties, Confederated Tribes of Warm Springs and Pacific Source Coordinated Care Organization. The tri-county project funds an epidemiologist and a communicable disease nurse specialist. The two positions support the communicable disease response, improve immunization rates, support education in long-term care facilities and improve active surveillance of disease in the tri-county regions.

Muriel is passionate about her duty to ensure all people in Crook County live, work, play, learn and age in communities that promote health and are resilient.

Strengths:

- Dedicated staff that want to make a difference in the community. Staff are customer service oriented, especially front desk staff.
- Implementation of proactive and innovative public health interventions, in collaboration with regional partners (e.g. tobacco cessation electronic health record referral system).
- Excellent communication to the Crook County Board of Commissioners about the accomplishments of the CCHD, as evidenced by the *Crook County Health Department Report to the Board of Health, Fiscal Year 2017-2018*.
- Mentoring new health administrators in the state, including Mike Baker in Jefferson County and Nancy Stanton in Baker County.
- Creation of the health promotion team led by Katie Plumb. The team is adept at collaborating across the region and funding streams to implement policy, systems and environmental changes to improve the health of the community.

Challenges:

- Inadequate funding to address the health needs identified through the community health assessment;
- Communicating the structure and value of the public health system in Oregon with one voice.

Through Muriel's leadership,, Crook County Health Department is well-positioned to implement a modernized public health system and continue exceptional service to the residents of Crook County.

Babies First!, Perinatal and Oregon Mother's Care

Babies First! and Perinatal

CCHD Perinatal and Babies First! programs continue to be implemented with a goal of identifying and meeting the needs of community families. This work is being accomplished with a combination of collaborative work within the county as well as regional collaborations with Deschutes and Jefferson counties. CCHD, with expert leadership from Muriel DeLaVergne-Brown, Administrator/Nursing Supervisor, along with dedicated staff, is working diligently to coordinate resources from multiple sources of support to implement a strong collaborative consortium of programs that serve Crook County families. CCHD employs two staff members who provide maternal child health home visiting services to county residents. Both staff demonstrate expertise in the specialty of Maternal Child Health and public health home visiting. In addition to the Public Health Home Visiting programs, CCHD also implements the Healthy Families Oregon program.

Nurse Home Visiting team members demonstrate reflective and supportive rapport among each other.

Strengths:

- MCH Nurse Home Visiting converted to an Electronic Medical Record (EMR). This EMR type of nursing documentation assures consistent documentation of required elements across all staff Home Visitors.
- MCH Home Visitors routinely audit each other's charts to maintain correct charting practices.
- MCH staff are very involved with collaboration with other area agencies sharing information and resources aimed at supporting at risk prenatal women, their children and families.

Oregon Mother's Care

Crook County is one of the three counties in Oregon that is currently seen as a model OMC site. Between 2015 and 2016, Crook County's caseload averaged about 50 clients per year. However, when they began participation in the Tri-

County Perinatal Collaborative, their focus on Oregon Mothers Care increased. In 2017, their caseload was 160 clients. In addition, the percentage of clients receiving access to prenatal care within the first trimester also increased from 67% in 2015 to 93% in 2017. Their clients represent 23% of live births in the county.

Communicable Disease (CD)

Crook County communicable disease investigations are conducted by Karen Yeargain. Kari Coe was hired in the last year to provide back up for Crook, Jefferson and Deschutes counties. She is funded under the public health modernization grant, for which Deschutes County is the fiscal agent. The team provides case management for 80 or more reportable conditions. During the review period there were 216 cases of reportable communicable diseases. Sixty-six of these were an illness that required case interview and follow up case management. There were two outbreaks during the review period.

Karen Yeargain is an experienced communicable disease investigator with a passion for the work that she does. She went the extra mile collecting ticks when there was an increase in tick borne relapsing fever cases in the Central Oregon region. CCHD collaborated with the Oregon Health Authority Public Health Division to conduct a Community Assessment for Public Health Emergency Response (CASPER). The additional resource available with Kari Coe has insured more continuity in communicable disease case management and CCHD's ability to respond to outbreaks. Historically Karen Yeargain had been the sole CD investigator.

Drinking Water

The drinking water program provides technical services and support to public water systems. These services include responding to water quality alerts, requests from water system operators, drinking water contamination events, responding to spills, emergencies, and inspection of water system facilities. These services result in reduced health risk and increased compliance with drinking water standards. The drinking water program reports data to Oregon Health Authority, Drinking Water Services (DWS) as necessary for program management and to meet federal Environmental Protection Agency (EPA) Safe Drinking Water Act program requirements.

The drinking water program is in the hands of a very competent and professional environmental health specialist. The program is well organized and operated, and

works cooperatively with state DWS staff to help assure safe drinking water for the 58 water systems it regulates.

Fiscal

Public Health Administration has a Fiscal Unit charged with responsibility to ensure that the CCHD maximizes the application of its financial resources by obtaining supplementary funding through agreements with other public and private agencies for the provision of public services. The Unit is responsible for the custody of all public funds under the control of CCHD and depositing all amounts paid in such depositories and under such terms and conditions as may be designated by the Board of Commissioners and those conditions of funding agreements. CCHD demonstrated increased accountability and credibility to the public, compliance to rules and requirements of funders and partner organizations.

The Fiscal Administration Unit has sufficient internal controls to adequately safeguard assets, to detect and prevent errors in a timely manner. The operation appears organized and efficient enough with commitment to quality, fairness and accuracy. The program is in compliance with all Fiscal requirements.

Food, Pool and Lodging Health and Safety

Environmental Health Licensing Programs consisting of Food, Pool and Lodging facilities.

Max Hamblin is doing an excellent job of providing environmental health services to the community. The inspection rates for licensed facilities are in compliance for all program areas.

Max has successfully completed the state standardization certification process, and is currently due for recertification. Standardization provides inspectors the opportunity to subject their Food Code knowledge and inspection skills to a uniform system of measurement. Satisfactory completion of the standardization process complies with the field review portion of the triennial review.

Immunizations

CCHD has a strong immunization program. Muriel DeLaVergne-Brown brings a wealth of experience as director and stands out as a state leader in immunizations, and Anita Ogden has seamlessly transitioned into the role of Immunization Coordinator.

The program is well run, and their attention to detail resulted in a recent Vaccine for Children compliance visit with no compliance findings. Also notable is the tri-county relationship that Crook participates in with Jefferson and Deschutes counties. This cooperation between counties adds to the effectiveness of all three programs.

Public Health Emergency Preparedness

The Crook County Health Department Public Health Emergency Preparedness (PHEP) funds a designated PHEP coordinator at 0.9 to 1.0 FTE for this review period. Other staff that support the PHEP program are funded at up to .10 FTE during this period.

CCHD is a valuable partner in the tri-county and regional public health emergency preparedness program and participates regularly in coordination activities.

Reproductive Health

CCHD's Reproductive Health program serves all individuals who are seeking family planning services. A broad range of birth control methods, including discussion of abstinence and the provision of long acting reversible contraceptives, are available. Counseling, education, information and referrals are provided to assist clients in making informed decisions in their health care.

Crook County's Reproductive Health program has a new coordinator who brings enthusiasm and commitment to serving Crook County residents. The administrator has overseen the many programs offered at the health department for many years and embraces the need and value of ensuring access to family planning services. All the staff working in the family planning program strive to ensure the provision of quality services.

Sexually Transmitted Disease (STD) Prevention

CCHD offers STD screening and treatment services Monday through Friday from 8am-5pm. There have been four syphilis cases since 2015, all diagnosed in 2016. The number of gonorrhea cases declined between 2015 and 2017, from 17 to 14. Chlamydia cases increased from 62 in 2015 to 90 in 2017. Accuracy and completeness of case records is achieved by the diligent communicable disease staff and an internal quality improvement committee that conducts scheduled audits.

CCHD staff are engaged with local community providers and committed to educating providers and the population. Strong relationships are maintained with local institutions including St. Charles hospital and Rimrock Trails, a substance use and mental health treatment facility for adolescents and young adults. CCHD staff have been innovative in addressing the limitations of clinic space by adding colorful murals and other decoration to exam rooms used for STD visits and increasing privacy at the front desk by giving patients the option to complete a short form rather than speak the reason for the visit.

Tobacco Prevention & Education Program (TPEP)

Crook County Tobacco Prevention and Education Program works in an integrated Public Health Department and coordinates prevention efforts with other substance abuse prevention staff focused on environmental strategies to prevent youth and adult tobacco use and encourage tobacco cessation. Crook County Tobacco Prevention staff partner with community organizations, other government agencies, youth-serving organizations, community groups, PacificSource (the regional Coordinated Care Organization), and the Central Oregon Health Council's Regional Health Improvement Plan (RHIP) Cardio-Vascular Disease workgroup to address the health impacts of tobacco in Crook County. The program offers information and technical assistance to create tobacco-free environments, promote treatment for tobacco addiction among adults and youth, and reduce the burden of tobacco-related chronic disease.

Crook County also fulfills all county responsibilities related to enforcement of the Oregon Indoor Clean Air Act through educating community members and businesses on clean indoor air requirements, as well as follow-up of complaints received about Crook County businesses and organizations through the Workplace Environmental Monitoring System (WEMS).

The integration and alignment of goals across alcohol, tobacco and other drug prevention programs is a core strength of the Crook County Health Department. Another strength is the quality and diversity of their local partnerships to address tobacco use as a driver of chronic disease and death in Crook County. Given the relatively high prevalence of tobacco use by both youth and adults in Crook County, this all-hands-on-deck approach to prevention and cessation services is the right strategy.

Program staff continue to establish and maintain strong relationships with partner organizations and a broad range of stakeholders, as well as to coordinate efforts with tobacco prevention programs in other jurisdictions in the region to reinforce and align prevention efforts supported by regional partners such as PacificSource and the Central Oregon Health Council. During this review period the program secured additional funding from PacificSource to conduct a tobacco prevention health communications media campaign in partnership with tobacco prevention programs in two other Central Oregon counties and the Confederated Tribes of Warm Springs.

Crook County also works with these regional health systems partners to promote the Quit Line and an evaluation finding during this reporting period showed an impressive 4000% increase in physician referrals to the Quitline due to the significant effort of program staff to support use of closed loop referrals through electronic health systems. TPEP program staff worked in collaboration with a community coalition and its tobacco workgroup to support the adoption of an ordinance requiring the posting of Quitline information at the point of sale at all tobacco retail locations in the county.

Crook County TPEP staff continue to work toward tobacco-free county properties and, during this reporting period, supported the library in successfully implementing a tobacco-free campus policy, including the completion of an observational study to evaluate the success of the new policy. TPEP staff also supported the adoption of a tobacco-free campus policy by a key public health partner, Lutheran Community Services NW, the county's Mental Health provider.

TPEP staff continue to stay abreast of new tobacco delivery devices such as e-cigarettes, and to ensure that existing ordinances and policies are expanded to include these new delivery methods when they would otherwise be outside the scope of the ordinance or policy. They provide education and information to local government and non-profit partners and assisted the Parks Director in identifying the need to ban e-cigarette use in Crook County Parks by expanding the existing policy in 2017.

Crook County TPEP staff proactively conduct local assessments and participate in statewide assessments to survey retailers, hotels/motels and smoke shops to prevent youth access and ensure local businesses comply with clean indoor air laws and prohibitions on sales to minors. Staff provide training and resources to

retailers to reduce sales to minors and support retailers in understanding and successfully adhering to local and state regulations.

One of the strengths of any county TPEP program is supportive leadership. Crook County leadership supports the program both locally and in cross-jurisdictional projects focused on tobacco prevention and cessation in Regional Health Improvement Project forums.

Tuberculosis (TB)

Crook County is low incidence for TB disease. There has not been a TB case or B waiver immigrant evaluation in the past three years.

The TB program is well organized and although the county has not had a case in the past three years, staff are very knowledgeable about TB and have excellent recall of management of previous cases. Required paperwork, N95 mask fit testing and new staff TB testing were found to be in place and appropriately implemented during the review.

Vital Records

Crook County was the registered place of death for 208 individuals in 2017. There is no birth facility in the county. The Crook County Office of Vital Records serves their community by offering a local office where certified copies of death records are available to order by authorized individuals. The county is limited to providing this service for the first six months after the event. Orders placed in this office are typically completed within one day.

The Crook County Office of Vital Records consistently provides excellent customer service to their customers and partners throughout the community. The county registrar, Wendy McCoy, works diligently to ensure all areas of the vital records office run smoothly and securely. The Office of Vital Records provides a positive linkage between the community and the state vital records office.

Records and reports are handled with careful attention to maintaining security and confidentiality. Each of the local partners and state staff that I spoke with, reported excellent relationships with this office. Funeral directors respect and appreciate the responsiveness and dedication of the staff.

Women Infants & Children (WIC)

WIC's mission is to safeguard the health of low-income women, infants, and children up to age five who are at nutrition risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care. Delivering high quality nutrition services is essential in not only carrying out this mission, but also ensuring that WIC continues to be the premiere national public health nutrition program.

The most recent fact sheet for this local WIC agency can be found on the Oregon WIC website:

<http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/annual.aspx>

Program strengths

1. Crook County WIC is a leader in providing excellent customer service. Every participant is acknowledged as they enter the clinic lobby. Phones are answered promptly with a warm and welcoming greeting. Numerous options are available for participants to meet their nutrition education requirements including individual appointments, online education, self-paced lessons, high-risk counseling, and walk-in clinics. Participants squeezed into the clinic schedule when they need services and do not have an appointment.
2. Crook County is partnering with PacificSource and St. Charles Hospital to provide enhanced perinatal services via a shared care coordinator. The care coordinator provides multiple services during a "one-stop" appointment which includes care coordination, WIC certification, insurance enrollment, and community referrals. Enhanced services are provided at the Crook County Health Department and St. Charles Hospital.
3. Crook County WIC's commitment to excellent customer service, and methodical utilization of a system of daily, weekly, bi-weekly, monthly and bi-monthly TWIST report analysis and planned communication with participants via phone calls, emails, text messages, post cards and letters has resulted in ongoing increases in WIC caseload.

WIC Farm Direct Nutrition Program (FDNP)

The Oregon Farm Direct Nutrition Program (Farm Direct) provides WIC families with FDNP checks once a year to purchase fresh, locally-grown fruits, vegetables and cut herbs directly from local farmers.

QUALITY ASSURANCE RECOMMENDATIONS

Communicable Disease

1. Assess vaccination status of all cases of vaccine preventable diseases, use query alert tool in Orpheus.
2. Create cases in Orpheus within one working day of receipt of an electronic laboratory report in Orpheus.

Reproductive Health

1. Recommend the initials of the prescribing provider be included on the medication log.
2. Recommend developing a referral list of medical providers and social services client are referred to.
3. Recommend making CT/GC screening an opt-out process.

WIC

1. Encourage consistent documentation of participant contacts in TWIST. Document each participant contact relative to appointment reminders and rescheduling in the TWIST intake notes.
2. Encourage adapting sample online tool to meet agency needs and retain observation and chart audit documentation to facilitate follow-up.