AGENCY REVIEW

Deschutes County Health Services

May, 2016

Prepared by
Oregon Health Authority
Public Health Division
November 11, 2016

The Honorable Anthony DeBone, Chair
Deschutes County Board of County
Commissioners
1300 NW Wall Street, Suite 200
Bend, OR 97031

Dear Commissioner DeBone:

This is an addendum to the September 2, 2016 and September 27, 2016 letters regarding the triennial onsite agency review of the Deschutes County Health Services, which was conducted in May 2016.

The September 2, 2016 letter listed all items that needed correction resulting from the May 2016 reviews. The September 27, 2016 letter informed you of resolution of all findings.

Since we sent you the September 27, 2016 letter, we received additional information from our State WIC and WIC Fiscal Reviewers that impacts one of the findings from the last review.

Based on the fiscal reviewer’s suggestion, one WIC finding has been changed to a recommendation. The recommendation is to pay the Nursing Supervisor with only County General Funds, rather than general funds that are reported as part of the WIC budget, since she does not perform any WIC duties and WIC funds can only be used for direct WIC services. An updated WIC compliance table is enclosed.

A copy of this letter and enclosure was placed in the mail to Deschutes County Health Services Director George A. Conway, MD, MPH and to Public Health Deputy Director Hillary Saraceno.

We thank you for your attention to correcting all compliance findings and for the public health work you do for the community.

Sincerely,

Danna Drum,
Strategic Partnership Lead

cc: George A. Conway, MD, MPH, DCHS
    Hillary Saraceno, Deputy Director DCHS
    Alan Unger, Commissioner
    Tammy Baney, Commissioner
September 2, 2016

The Honorable Anthony DeBone, Chair
Deschutes County Board of Commissioners
1300 NW Wall Street Suite 200
Bend, OR 97701

Dear Commissioner DeBone:

The triennial onsite agency review was conducted for the Deschutes County Health Services (DCHS) from May 2-31, 2016. The Oregon Public Health Authority Public Health Division evaluated county public health programs for compliance with state and federal public health laws and compliance with the Financial Assistance Agreement.

The review included the appraisal of items in 21 program areas, listed below. Program areas with compliance findings are indicated with an asterisk.

Administration
Babies First
Civil Rights
Communicable Disease
Drinking Water
Emergency Preparedness
Fiscal
Food, Pool and Lodging
Health Officer
Healthy Communities

HIV Care and Treatment
HIV Prevention
Immunizations
Nurse Family Partnership
Reproductive Health
Sexually Transmitted Disease
Tobacco Outreach and Prevention
Tuberculosis
Vital Records
*WIC and WIC Farm Direct Food Program

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

Please note that the results of this triennial review are excellent overall, with very few findings. There is only one program with findings that continue to need attention. Our team will work closely with Deschutes County Health Services to resolve the findings and notify you by letter upon resolution.

A full report has been sent to Hillary Saraceno, Deputy Director of Deschutes County Health Services and select members of her staff. We think the report will be of assistance to DCHS staff and their continuing efforts to provide quality public health services to your community.
Our office will contact Hillary Saraceno to inquire if you would like to meet with us to go over the findings and answer any questions. We leave it to the local Board of Commissioners to decide if this meeting of the Local Public Health Authority occurs with one or more of the commissioners present.

Overall, agency reviewers found Deschutes County Health Services public health team to be composed of committed professionals who deliver quality public health services to your community. The citizens of Deschutes County are very fortunate to have this agency providing comprehensive public health services.

We thank you for assuring that the compliance findings are corrected and for the strong public health work you do for the community.

Sincerely,

[Signature]
Danna Drum, Manager
Public Health Systems Innovation and Partnerships

[Signature]
Marti Baird, Public Health Nurse Consultant
Public Health System Innovation and Partnerships

CC:  
Hillary Saraceno, Deputy Director DCHS
Alan Unger, Commissioner
Tammy Baney, Commissioner
Channa Lindsay, Quality Improvement Specialist
Kathe Hirschman, Administrator Secretary
David Inbody, Operations Manager
Thomas Kuhn, Community Health Programs Manager
Pamela Ferguson, MCH Program Manager
This is an overview report of the May 2016 triennial review of the Deschutes County Health Services Department. This report is a summary of individual reports from participating programs put together by the Oregon Health Authority (OHA) Public Health Systems and Innovation and Partnerships Unit (PHSIP). Detailed individual reports will be sent to Hillary Sarceno, Deputy Director of Deschutes County Health Services. We urge you to review this document as it contains important information about your public health programs and their requirements.


COMPLIANCE FINDING SUMMARY

Administration
DCHS is in compliance with all program requirements.

Babies First!
DCHS is in compliance with all program requirements

Civil Rights
DCHS is in compliance with all program requirements

Communicable Disease
DCHS is in compliance with all program requirements

Drinking Water
DCHS is in compliance with all program requirements

Health Security, Preparedness and Response
DCHS is in compliance with all program requirements

Food, Pool and Lodging, Health & Safety
DCHS is in compliance with all program requirements

Fiscal
DCHS is in compliance with all program requirements
Health Officer
DCHS is in compliance with all program requirements

Healthy Communities
DCHS is in compliance with all program requirements

HIV Care and Treatment
DCHS is in compliance with all program requirements

HIV Prevention
DCHS is in compliance with all program requirements

Immunizations
DCHS is in compliance with all program requirements

Nurse Family Partner
DCHS is in compliance with all program requirements

Reproductive Health
DCHS is in compliance with all program requirements

Sexually Transmitted Infection
DCHS is in compliance with all program requirements

Tobacco Outreach and Prevention
DCHS is in compliance with all program requirements

Tuberculosis
DCHS is in compliance with all program requirements

Vital Records
DCHS is in compliance with all program requirements

Women, Infants and Children (WIC)
DCHS must do the following requirements to be in compliance:
1. Assure staff who provide WIC services complete all required training modules and completed modules are documented in TWIST. (Policy 440)
   Due date for compliance: July 1, 2016  Resolved 7-16
2. Assure all selected risks are documented correctly. (Policy 625)
   Due date for compliance: September 1, 2016
3. CPA shall change the risk level from medium to high when required. (Policy 661)
   Due date for compliance: September 1, 2016
4. Oregon WIC Employee Signature Form must be signed by a new employee within 30 days of hire. (Policy 596)
   Due date for compliance: July 1, 2016  Resolved 7-16
5. Documentation on WIC Personnel Summary must reflect the information on the quarterly time study. (Policy 316)
   Due date for compliance: July 1, 2016  Resolved 7-16

WIC Farm Direct Nutrition Program
DCHS is in compliance with all program requirements
Program Descriptions and Strengths

ADMINISTRATION and CIVIL RIGHTS

Deschutes County Health Services has a staff of dedicated individuals providing health care and services to a diverse community. They attempt to streamline services whenever they can, and have an excellent internal and external referral system in place. They often collaborate with community partners to bring comprehensive services to the entire county. They have an active advisory board and health offices that provide guidance for public health activities and issues. The Health Officer is attentive and active in providing medical guidance to DCHS, and attends pertinent public health events. Civil rights are protected by ongoing education to the staff, appropriate signage, and policies. All in all, a very well-run department providing important services to the citizens of Deschutes County.

COMMUNICABLE DISEASE

The Deschutes County Health Services Communicable Disease Program promptly identifies, investigates, prevents, and controls communicable diseases and outbreaks that pose a threat to the health of the public. The CD team receives reports and works with providers to ensure proper follow-up and contact investigation necessary to prevent additional illnesses. They also often provide statistics and other disease information to health care providers, hospitals, first responders, schools, the public and news media.

The CD staff are quickly available to respond to communicable disease needs of the county. They are always a pleasure to work with and respond quickly when necessary.

DRINKING WATER

The drinking water program provides services to public water systems that result in reduced health risk and increased compliance with drinking water monitoring and maximum contaminant level requirements. The drinking water program reduces the incidence and risk of waterborne disease and exposure of the public to hazardous substances potentially present in drinking water supplies. Services provided through the drinking water program include investigation of occurrences of waterborne illness, drinking water contamination events, response to spills, emergencies, and inspection of water system facilities. Drinking water program reports data to OHA, Drinking Water Services (DWS) necessary for program management and to meet federal Environmental Protection Agency (EPA) Safe Drinking Water Act program requirements.

The drinking water system files were reviewed and found to demonstrate superb documentation of work performed. Deschutes County’s Drinking Water Program is in the hands of a team of very competent and professional environmental health specialists. It is well organized and operated, and works cooperatively with state Drinking Water Program staff to help assure safe drinking water for the 170 water systems it supervises.

HEALTH SECURITY PREPAREDNESS AND RESPONSE
Deschutes County Health Services maintains a quality Public Health Emergency Preparedness (PHEP) program operated by Mary Goodwin, Preparedness Coordinator and overseen by Thomas Kuhn, Community Health Program Manager. Deschutes County Health Services is to be commended for continued fiscal support of the program through its ongoing use of PHEP funds to support a dedicated PHEP program coordinator at .8 FTE, which helps to strengthen and maintain a robust program. Program strengths include integration of public health preparedness activities with broader community and regional preparedness efforts and integration of preparedness activities into the overall agency mission. In addition to meeting and exceeding the minimum requirements under the PE-12 contract, the PHEP program coordinator also provides support services to maintain the county’s Public Health Reserve Corps.

**FOOD, POOL, AND LODGING**
Environmental Health Licensing Programs consisting of Food, Pool and Lodging facilities. The inspection rates for licensed facilities are in compliance for all program areas. The field review staff met all of the required elements of a thorough inspection. Deschutes County Environmental Health 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. The licensed facility inspection reports have good documentation, proper follow-up as required, and are well organized.

During the field review staff met all of the required elements of a thorough inspection. Staff exhibited good communication skills with operators and employees of the food service facilities during the field review. Staff is focusing on critical risk factors that are most associated with foodborne illness. Staff should be commended for the level of services they are providing to the citizens of Deschutes County.

**FISCAL**
Deschutes County Health Services (DCHS) has a primary responsibility to help address the basic health and wellness of Deschutes County residents. Public Health assesses, preserves, promotes, and protects the public’s health. The DCHS services include immunizations, birth control, women’s annual exams, STD/STI testing, prenatal care, School Based Health Centers as well as nutrition and health services to young children and their mothers. Other services include disease control, disaster preparedness, tobacco prevention, health education, and monitoring of community health.

Deschutes County Health Services has sufficient internal controls to adequately safeguard assets, and to detect and prevent errors in a timely manner. The review indicated a well-run fiscal operation with satisfactory accounting controls, which is in compliant with federal rules on payroll, purchasing/procurement procedures, billing, cash / banking, costs analysis as well as accounting system and financial reporting requirements. The operation is well organized and efficient with a commitment to quality, fairness and accuracy.

**HEALTHY COMMUNITIES**
Deschutes County has continued to implement its Healthy Communities program through a comprehensive approach that includes facilitating community partnerships, promoting healthy food and physical activity, countering unhealthy food and tobacco influences, facilitating the development of chronic disease self-management networks and systems, and integrating tobacco use reduction into all Healthy Communities interventions.
Deschutes County Healthy Communities has done excellent work promoting the importance of adopting and implementing chronic disease prevention initiatives, such as integrating public health prevention into the clinical care setting. Program staff have provided extensive outreach to health system partners such as Acumentra Health, St. Charles, Mosaic Medical and PacifiSource regarding the importance of funding and creating referral systems for evidence-based self-management programs. This outreach has led to secured funding for a tri-county Chronic Pain Self-Management Program pilot. DCHS staff demonstrate strong dedication to Healthy Communities-related initiatives, and demonstrate commitment to improving the program’s efforts to further social norm changes around tobacco prevention and chronic disease self-management. The Healthy Communities coordinator, through numerous strong community partnerships, promotes strategies and resources to address tobacco-related diseases and support prevention and self-management of chronic conditions.

Staff performance on program work demonstrates an ongoing commitment to advancing program efforts toward social norm changes around support of worksite wellness and chronic disease self-management.

**HIV CARE AND TREATMENT**

The nurse and case manager provide medical and psychosocial case management services to forty five (45) HIV clients. Forty one of these clients are enrolled in Oregon State’s AIDS Drug Assistance Program called CAREAssist, and six clients are considered high acuity at the time of this report.

The medical case manager is doing a great job of engaging clients, evaluating, documenting and addressing the individual needs of each client as the need arises, and ensuring annual nurse assessments are completed on time. The nurse and case manager collaborate and communicate frequently so that each client receives the services in accordance with the key principles of chronic disease management and client self-management.

**HIV PREVENTION**

An HIV Prevention Program Triennial Review was conducted for the Deschutes County Health Services HIV Prevention Program on May 20, 2016. All paperwork was in place, the CLIA waiver was current, confidentiality policies and procedures were signed and accurate, and staff were cordial and forthcoming.

All aspects of the triennial review reporting document were covered, highlighted by the integration of services between the HIV, STD and Family Planning programs; newly developed partnerships with prioritized populations including Men who have Sex with Men and Persons Who Inject Drugs were discussed; and there was great hope and anticipation for engagement of younger MSM populations with the soon to be opened downtown clinic location which would be used for HIV/STD screening purposes.

**IMMUNIZATIONS**

Deschutes County is running a high-quality immunization program. At their last Vaccines for Children Program compliance visit in December 2015, there were a couple of small compliance issues that were quickly resolved. They are currently in full compliance with all VFC requirements.
Deschutes County is building a good relationship with their local CCO which has led to a project doing AFIX assessments for local clinics with a feedback session for all participating clinics. The LPHA has met all three tiers of billing standards. Deschutes County staff have been focusing on community outreach by visiting all SBHCs prior to the exclusion day this year and by presentations at local venues like medical assistant classes at Central Oregon Community College. Hepatitis B screening and newborn immunization has been identified as an issue locally. Deschutes County deserves commendation for jumping in and creating an action plan to work with the hospitals in their area, leading to a significant increase in reporting maternal HBsAG screening at St. Charles in Redmond.

**MATERNAL CHILD HEALTH**

Deschutes County Health Services (DCHS) continues to be a well-organized Maternal Child Health Home Visiting Program model. A skilled nurse staff and field team, several of whom have been in their current positions for several years, support the MCH programs. A model Oregon Mothers Care (OMC) program has operated under the excellent direction of Erin Hoar, OMC Coordinator since 2000. Strong, insightful leadership is provided by Pamela Ferguson, RN, BSN, MHA, MCH Program Manager and Sarah Holloway, RN, BSN, Nurse Home Visiting Supervisor. These MCH Team members are new to their respective roles since the 2013 Triennial Review process.

Strengths include development and publication of the Central Oregon Regional Health Improvement Plan (2016-2019). This publication, created with input from multiple community partners, lists one of its primary goals and benefits as “Improved organizational and community coordination and collaboration.” The Nurse Home Visiting programs develop new partnerships and collaborate with current community partners to solicit referrals for the nurse home visiting program. This program assesses client needs and uses motivational interviewing to encourage healthy behaviors with home visits that provide family specific education.

**Commendation:** An electronic client record system was implemented starting in December 2015 for the MCH Nurse Home Visiting programs. Using EPIC, OCHIN system software, all four Nurse Home Visiting programs, (NFP, MCM, Babies First! and CaCoon) have been transitioned into the electronic record keeping system.

**Commendation:** With a goal of reaching prenatal women in need and providing Nurse Home Visiting (NHV) service provision to all eligible pregant women in the community, Erin Hoar, longtime Oregon Mothers Care, (OMC) Coordinator, now provides weekly OMC intakes at multiple OB provider offices in the community. This is an excellent example of developing and maintaining collaborative partnerships for local prenatal care and services with a goal of assuring a woman’s health is maintained during her pregnancy and her infant is born at term.

**Note:** This activity is an excellent example of achieving the Reproductive and Maternal Child Health goals noted in the 2016-2019 Central Oregon Regional Health Improvement Plan.

**NURSE FAMILY PARTNERSHIP**

Nurse-Family Partnership ® (NFP) is an evidence-based, community health program that serves low-income women pregnant with their first child. Each vulnerable new mom is partnered with a registered nurse early in her pregnancy and receives ongoing nurse home visits. It is a life-transforming partnership, for the mom and her child. Nurse-Family Partnership helps families —and the communities they live in — become stronger while saving money for state, local and federal governments.

Strengths include electronic medical records that are integrated with Behavioral Health
Deschutes County Health Service is working to adopt the newly created Oregon Home Visiting Competencies into their employee development processes. A Maternal Child Health Mental Health Specialist is available to MCH team to accept referrals with warm hand-offs as well as provide consolation for nurse home visitors. They have a highly productive team with history of meeting or exceeding caseload targets. This agency is working toward becoming a Trauma Informed Service Provider.

**REPRODUCTIVE HEALTH**

Deschutes County Health Department is and has been actively participating in community outreach that includes youth (10–17 years of age). An indicator of effectiveness may be the 56% decrease in teen pregnancy rates between the years 2004–2014. In 2004 the 10–17 year olds pregnancy rate was 9.0 per 1000 in this service area and in 2014 the rate decreased to 4.0 per 1000.

Deschutes County reproductive health program serves 22.9% of the counties sexually active 15-17 year old females. Provide quality family planning optimizes individuals health and to leads to healthy lives and assists in plans for if/ when they are ready for changes in the future. This provides a more seamless transition for their clients.

Medical services are provided according to national standards of care, ensuring quality family planning services, appropriate education and anticipatory guidance for the encouragement of preventative healthcare. The DCHS staff continues to provide reproductive health education in the community as well as seek out to provide access points for underserved populations.

**SEXUALLY TRANSMITTED INFECTION (STI)**

Deschutes County provides STD screening, treatment, and partner services out of its primary location in Bend and additional locations in Redmond and La Pine. The county’s rate of chlamydia has trended slightly downward with 497 cases reported in 2015 and a rate of 291.69 per 100,000, the lowest levels seen in the county since 2010 and much lower than the statewide rate of 411.91/100,000. However, consistent with trends being seen statewide, the county has seen a significant increase in gonorrhea, climbing from 12 cases in 2013, to 29 in 2014, and 50 in 2015 for a case rate that year of 29.73/100,000. While this is still much lower than the overall rate for Oregon (81.73/100,000), it is cause for concern. Cases of infectious syphilis have remained relatively stable with 3 cases in 2014 and 4 cases in 2015. However, the county also had an additional 6 cases of late syphilis in 2015. The amount of work undertaken by staff to follow-up in each of these cases is significant and time consuming, particularly for early infectious cases.

Program staff demonstrate a strong commitment to reducing the spread of STDs in Deschutes County through the availability of screening services in a variety of locations, timely and effective STD case work, provision of partner services, and promotion of prevention strategies such as condom distribution. Particularly noteworthy are the efforts of program staff to provide testing and treatment for partners of new STD cases, the timeliness, attention to detail and overall high-quality of their case reporting in the Oregon Public Health Epi User System (Orpheus) system, and their attention to the STD prevention and care needs of teenagers and young adults. Overall, Deschutes County’s STD program can serve as a model for other counties across the state.

**TOBACCO OUTREACH AND PREVENTION**
Deschutes County has continued to implement its TPEP program through a comprehensive approach that includes facilitating community partnerships, creating tobacco-free environments, countering pro-tobacco influences, promoting quitting of tobacco among adults and youth, and reducing the burden of tobacco. Deschutes County has fulfilled all responsibilities related to local enforcement of the Oregon Indoor Clean Air Act, including responding to complaints of violation and conducting annual inspections of certified smoke shops in the county.

Deschutes County TPEP has successfully promoted policy change for healthy, tobacco-free environments in a variety of settings, including the Deschutes Public Library, Central Oregon Intergovernmental Council, and Mt. Bachelor. Extensive outreach to community leaders regarding the hazards of tobacco (as the leading cause of preventable death in the state) and inhalant delivery systems helped lead to the adoption of these polices as being comprehensive and restricting smoke, tobacco and vapor on properties.

Program staff continue to establish and maintain strong relationships with a broad range of policy makers and stakeholders in health system, school, and community settings to help advance program objectives. These include systematic promotion of the Oregon Tobacco Quit Line and other tobacco cessation efforts with coordinated care organizations and other partners. During this review period, the TPEP program conducted a tobacco retail assessment to provide the groundwork for exploring policy options to address availability and promotion of tobacco in the retail setting. TPEP was recently awarded the Strategies for Policy and Environmental Change Tobacco-Free (SPArC) grant to accelerate their work in the tobacco retail environment.

**TUBERCULOSIS**

Deschutes County Health Services is prepared for a case and nursing staff are trained about TB. There are strong relationships with the local hospital and institutions.

**VITAL RECORDS**

Deschutes County was the county of birth for more than 2,247 infants last year* and approximately 1,636 deaths occurred in the county last year**. The county vital records office serves their community by offering a local office where certified copies of birth and 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, whether birth or death. Orders placed in this office are typically completed within one day. At the beginning of this year, a new fee increase went into effect. All of the county materials were updated in advance, then promptly and efficiently communicated to partners and customers in the community.

The Deschutes County Vital Records Office consistently provides excellent customer service to their customers and partners throughout the community. While the registrar issues most of the certified copies of vital records, two deputy registrars provide backup for the times the registrar is out of the of The Deschutes County 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. Partners within the community, the three local hospitals and all seven of the larger volume funeral homes visited during this trip report great relationships and excellent service from this office. State staff that have contact with the county report a similar high regard for the work of this office.

**WIC**
WIC’s mission is to safeguard the health of low-income women, infants and children up to age 5 who are at nutritional 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.

Deschutes County WIC has partnered with the health care community to enroll pregnant women on WIC during their prenatal clinic visits at St. Charles Family Care in Redmond and visits with Oregon Mothers Care in Bend. Deschutes County WIC has developed many community partnerships and includes a range of partners during the “Taste of WIC” nutrition fairs. This helps introduce WIC participants to a variety of local social, health and nutrition resources. Deschutes County WIC uses a continuous improvement approach to their work

**WIC FARM DIRECT NUTRITION PROGRAM**

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.

WIC staff are commended for doing a quality improvement project to adapt the FDNP check register to assure the register is correctly filled out and data entry in TWIST is accurate.
June 2, 2016

Jane Smilie, Administrator  
Deschutes County Health Services  
2577 NE Courtney  
Bend, OR 97701

Dear Jane,

Enclosed please find summaries of the WIC Program review, the Farm Direct Nutrition Program review and the Breastfeeding Peer Counseling Program review for the Deschutes County WIC Program. These reviews were performed on May 9-12, 2016, with your WIC Coordinator, Laura Spaulding, and State Nutrition Consultant Karen Bettin. This letter and the attached documents summarize points of discussion from these reviews and include program strengths, compliance findings and recommendations for improvement. Please examine these documents for any additional comments you feel should be included and contact us with any questions.

As agreed, Laura Spaulding will be submitting a corrective action plan to the State WIC office by July 1, 2016 to address compliance findings identified during the WIC Program review. Please use the enclosed Corrective Action Plan (CAP) Development Tool for your response, and email it to Susannah Lowe at susannah.e.lowe@state.or.us.

No compliance findings were identified during the Breastfeeding Peer Counseling Program review and the Farm Direct Nutrition Program review, and we congratulate your agency.

We appreciate the active participation of the Deschutes WIC staff during this review process. Their successful implementation of eWIC and commitment to providing quality nutrition services is commendable. Thank you for your continued partnership in serving Oregon families.

Sincerely,

Sue Woodbury, M.B.A., R.D.  
Section Manager  
Nutrition and Health Screening (WIC) Program  
Center for Prevention and Health Promotion, Public Health Division