



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

# Oregon Health Authority

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October 02, 2019

The Honorable Phil Henderson, Chair  
Deschutes County Board of Commissioners  
1300 NW Wall Street  
Bend, OR 97703

Dear Chair Henderson:

The triennial onsite agency review of Deschutes County Health Services, which was conducted April 29 through May 17, 2019. The Oregon Health Authority Public Health Division reviewed county public health programs for compliance with state and federal public health laws and compliance with the Intergovernmental Agreement for the Financing of Public Health Services and the Intergovernmental Agreement for Environmental Health Services.

The review included the appraisal of items in the 16 program areas listed below with no compliance findings.

Administration	HIV Care and Treatment
Civil Rights	Immunizations
Communicable Disease	Public Health Emergency Preparedness
Drinking Water Services	Reproductive Health
Fiscal	Sexually Transmitted Diseases
Food, Pool and Lodging Health & Safety	Tobacco Prevention and Education
Health Officer	Tuberculosis
HIV Prevention	Vital Records

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

Please note that the results of this triennial review are excellent. We have shared the results of the review with Hillary Saraceno, Public Health Deputy Director and Dr. George Conway, Local Public Health Administrator.

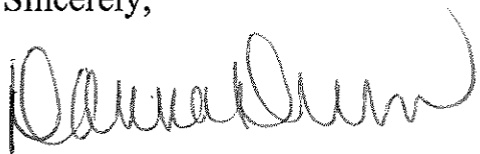
A full report with all documentation from the review will be sent to your local public health leadership and is intended to be of assistance to staff in their continuing efforts to provide quality public health services to your community.

Danna Drum is scheduled to meet with the Board of Commissioners on October 23<sup>rd</sup>, 2019 to discuss the triennial review results and answer any questions you may have.

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

We thank you for your support for the strong public health work that Deschutes County Health Services is providing.

Sincerely,



Danna Drum  
Strategic Partnerships Lead



Kari Christensen  
Public Health Systems Consultant

Enclosure

cc: Patti Adair, Commissioner, Deschutes County  
Anthony DeBone, Commissioner, Deschutes County  
Dr. George Conway, Local Public Health Administrator  
Hillary Saraceno, Public Health Deputy Director



October 02, 2019

## **Deschutes County Health Services Triennial Review Report**

This is an overview report of the May 2019 triennial review of Deschutes County Health Services (DCHS). This report is a summary of individual reports from participating programs put together by the Oregon Health Authority (OHA) Office of the State Public Health Director. Detailed individual reports will be sent to Dr. George Conway, Local Public Health Administrator and Hilary Saraceno, Deputy Director of Public Health. We urge you to review this document as it contains important information about your public health programs and their requirements. This triennial review period includes no compliance findings.

Deschutes County Health Services (DCHS) received from OHA Public Health \$1,635,440 Federal Fund for the fiscal year 2018. Deschutes County also received \$346,905 from State General Funds and \$863,150 in Other Funds for the same period.

**Report Prepared by:** Kari Christensen, Public Health Systems Consultant, Office of the State Public Health Director

## **COMPLIANCE FINDINGS SUMMARY**

### **Administration**

The Local Public Health Authority (LPHA) is in compliance with all program requirements.

### **Babies First! & Perinatal**

The LPHA is in compliance with all program requirements.

### **Civil Rights**

The LPHA is in compliance with all program requirements.

### **Communicable Disease**

The LPHA is in compliance with all program requirements.

### **Drinking Water Services**

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 is in compliance with all program requirements.

**Health Officer**

The LPHA is in compliance with all program requirements.

**HIV Prevention**

The LPHA is in compliance with all program requirements.

**HIV Care and Treatment**

The LPHA is in compliance with all program requirements.

**Immunizations**

The LPHA is in compliance with all program requirements.

**Nurse Family Partnership**

The LPHA is in compliance with all program requirements.

**Public Health Emergency Preparedness**

The LPHA is in compliance with all program requirements.

**Reproductive Health**

The LPHA is in compliance with all program requirements.

**Sexually Transmitted Diseases**

The LPHA is in compliance with all program requirements.

**Tobacco Prevention and Education Program (TPEP)**

The LPHA is in compliance with all program requirements.

**Tuberculosis**

The LPHA is in compliance with all program requirements.

**Vital Records**

The LPHA is in compliance with all program requirements.

## **PROGRAM OVERVIEW AND STRENGTHS**

### **Administration, Civil Rights and Health Officer**

Deschutes County Health Services (DCHS) provides an array of public health services within the foundational program areas of communicable disease control, environmental public health, prevention of injury and disease and health promotion, and access to clinical preventive services. Deschutes County leadership includes Dr. George Conway, the Local Public Health Administrator; Hillary Saraceno is the Public Health Deputy Director; and Dr. Richard Fawcett is the Health Officer.

Program strengths:

- Leadership demonstrate commitment to internal workforce development through convening employee workgroups, providing best practice trainings and conducting assessments intended to achieve equitable health outcomes in Deschutes County.
- Deschutes County engages in exemplary cross-jurisdictional sharing of resources and staff between Deschutes, Crook and Jefferson counties. Public health leadership states that the regional response to the measles outbreak was due to the cross-jurisdictional sharing.
- DCHS involvement in cross-jurisdictional sharing of resources and staff contributed to capacity building in cultural responsiveness, improved relationships and identification of health needs (specifically audiology care) with the Confederated Tribes of Warm Springs.
- DCHS improved access to services by collaborating with the Deschutes County Facilities Department to design accessible and inclusive spaces within the buildings where health services are provided. Changes such as updates to art, photos, signage in English/Spanish, and braille, create more welcoming, accessible and culturally inclusive environments
- Deschutes County has translations available for its website in many languages. The County pursues quality assurance and improvement efforts to ensure access to public health programs and services for all community members.
- The Deschutes County Public Health Officer provides medical consultation for communicable disease public health programs to fulfill statutory obligations. The Public Health Deputy Director works with county commissioners to make the case for more sustainable local funding investment for the Health Officer position.

### **Babies First! & Perinatal**

The DCHS Maternal and Child Health (MCH) services include Babies First!, CaCoon and Nurse-Family Partnership (NFP) public health nurse home visiting programs; Oregon Mothers Care (OMC); and MCH Title V Block Grant activities. Targeted Case Management (TCM) services are provided through the home visiting programs, and TCM

Medicaid billing helps to support those programs. MCH Title V Block Grant activities are focused on toxic stress and well women care. Early Hearing Detection and Intervention (EHDI) referrals are received by a home visiting nurse.

Program strengths:

The MCH Staff and Nursing Supervisor are experienced public health professionals. The Family Support Services Nurse Supervisor is leading an initiative to train all public health staff in the Sanctuary Model. The Sanctuary Model represents a theory-based, trauma-informed, evidence-supported, whole culture approach that has a clear and structured methodology for creating or changing an organizational culture. The Nursing Supervisor is incorporating evidence-based reflective supervision practices into the Babies First! and CaCoon programs. The Perinatal Care Continuum program is an exceptional example of care coordination for the perinatal population. In 2017, 62% of all women with live births in Deschutes County received OMC services, and almost 100% of pregnant women on OHP received MCH services.

### **Communicable Disease**

The DCHS Communicable Disease (CD) 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.

From January 2016 through December 2018, Deschutes County had 344 CD cases reported, representing 5% of the total state volume. CD staff investigated 37 outbreaks during this period, 4% of the statewide total.

Program strengths:

The CD staff are quickly available to respond to communicable disease needs of the county. They are partnership oriented in their work and respond quickly when necessary.

### **Drinking Water Services**

The DCHS 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 the inspection of water system facilities. The services provided to water systems 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.

Program strengths:

The DCHS Drinking Water Program is in the hands of a competent, professional, and hardworking registered environmental health specialist, Jeff Freund. The program is well organized and operated and works cooperatively with state DWS staff to help assure safe drinking water for the 169 water systems it supervises. Jeff Freund has a strong dedication to assist water suppliers in providing safe drinking water, and diligently works to support water systems with understanding and submitting documentation for project plan review and approval. He quickly responds to water quality issues, boil water advisories and customer concerns. Jeff Freund also identifies new or existing water systems that need to become regulated. His professionalism to keep DWS informed about water system compliance issues is appreciated and he frequently provides progress updates in contact reports, and through email or verbal communication. Jeff Freund has a very good working knowledge of the drinking water rules.

### **Fiscal**

Program strengths:

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 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 organized and effective with a commitment to quality, fairness and accuracy.

### **Food, Pool and Lodging Health and Safety**

Deschutes County Environmental Health works in partnership with OHA and the regulated industry to protect public health by licensing, inspecting and enforcing health and safety regulations in food, pool and lodging facilities. These include restaurants, mobile food units, temporary food booths at events, public pools and spas, hotels and motels, bed and breakfasts and organizational camps.

Program strengths:

Deschutes County staff are 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. There were no compliance findings in the implementation of Division 12 Rules, OAR 333-012.

Field staff demonstrate effective communication skills and rapport with operators and employees of the food service facilities during the standardization process and field review. Staff is focusing on critical risk factors that are most associated with foodborne illness

### **HIV Prevention**

The DCHS HIV Prevention Program provides comprehensive HIV prevention services at their DCHS clinic sites which include STI/HIV screening services to Oregon's priority populations, including men who have sex with men, persons who present with STIs, partners of persons living with HIV/AIDS and people with a lived experience of substance use. Comprehensive harm reduction services, including HIV/STI/HCV screenings, wound care, syringe exchange and risk reduction information is provided throughout Deschutes County's urban and rural settings at various treatment centers, syringe exchange sites or by way of DCHS's mobile van unit.

Program strengths:

Innovative approaches for implementing HIV prevention strategies include utilizing staff in the following programs: Sexually Transmitted Infections (STI), Disease Intervention Specialist (DIS) and Early Intervention Services & Outreach (EISO) to identify community trends, resources and key screening opportunities for primary HIV prevention efforts.

DCHS staff continue to identify key stakeholders in the Latinx community as a result of newly formed relationships with Latino Community Association (LCA) members who serve on DCHS's HIV Advisory Board. With LCA's support, DCHS staff are creating spaces for community members to voice their concerns, identify barriers and suggest modifications in DCHS's HIV service delivery systems. These new relationships are helping to build alliances and garner support within Latinx communities as HIV prevention strategies for Latinx persons-at-risk for HIV are developed.

### **HIV Care and Treatment**

The DCHS provides HIV case management services to the tri-county areas of Deschutes, Crook and Jefferson. Transition of HIV Case Management services from Crook and Jefferson County Health Departments to Deschutes County Health Services occurred on July 1, 2017. The nurse medical case manager and psychosocial case manager served 75 clients during the chart review period (4/1/18 – 3/31/19). Currently, 59 clients are actively enrolled, 85% of which are not currently experiencing significant or debilitating symptoms, in part due to the advocacy, referral and direct services the case managers provide to keep these clients healthy, stably housed, insured, and linked to and



maintained in medical care in order to reach the ultimate goal of obtaining viral suppression.

**Program strengths:**

The case managers are doing an excellent job engaging clients, as well as evaluating, identifying and addressing client needs, thorough care planning and appropriate service delivery. They are doing an exceptional job at documenting thorough client care plans that are indicative of the client's needs, issues and barriers, and often update the care plans above the minimum HIV Case Management standards of services requirements. The case managers provide expedient services to new HIV-diagnosed clients and new clients that move into the area, providing multiple referrals to help these clients get established quickly with services to address their needs and linkage to care. In addition, all client charts reviewed either had current labs (within the last 12 months), indicating clients are connected to a medical provider, or these clients were on the medical case manager's caseload to ensure monitoring and check-in at least monthly. The case managers actively work with clients to improve their health outcomes and obtain medical visits, labs, and access to HIV medications in order to obtain and maintain HIV viral suppression. Services are delivered in accordance with key principles of chronic disease management, client self-management and trauma-informed care practices. Both case managers are knowledgeable about community resources and are providing appropriate, necessary, and timely client referral and advocacy services. The case record shows their collaborate efforts in working with a client and indicates frequent case conferencing between HIV case managers, the client, and other providers. They obtained 98% compliance on the chart review and 100% compliance of policies and protocols listed on the triennial review tool.

**Immunizations**

The DCHS Immunization Program is coordinated by Jill Johnson, with Suzie Pryor overseeing the clinic portion of the program and Kathy Christensen overseeing the whole Communicable Disease program. All three staff attended this review. The clinic has minimal patient visits and works with their delegate clinics to provide immunization services for the community.

The DCHS Immunization Program is committed to improving immunization rates and increasing access to immunizations in the tri-county area. Jill Johnson works with Mosaic Medical and La Pine Community Health Center to ensure that immunizations are available for all members of the community, and offers support to private health care clinics such as St. Charles Family Care. DCHS also collaborates with Crook and Jefferson counties on a CCO-funded project to improve immunization rates through the Assessment, Feedback, Incentives, and eXchange (AFIX) program. This project provides

an opportunity for clinic staff to see their clinic immunization rates, learn methods of improving rates at the clinic level, and meet with other clinic staff regularly at best practice meetings. DCHS staff present regular trainings in the community and flu clinics are offered at off-site clinics to increase access for vulnerable populations.

### **Nurse Family Partnership**

DCHS implements the Nurse-Family Partnership® (NFP), 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. The DCHS NFP program goals are to:

1. Improve pregnancy outcomes by helping women engage in preventive health practices, including thorough prenatal care from their healthcare providers, dietary improvements, and reduction in the use of cigarettes, alcohol and illegal substances;
2. Improve child health and development by helping parents provide responsible and competent care; and
3. Improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work.

Since beginning the NFP program in September 2011, the Deschutes County NFP program, along with past partners in Crook and Jefferson Counties have served 400 clients.

Program strengths:

- DCHS is committed to the Sanctuary Model. The NFP supervisor, Sarah Holloway is co-chair of the initiative playing a key leadership role in bringing this best practice to the community.
- DCHS has strong leadership on statewide committees and groups such as the Conference of Local Health Officials (CLHO) and NFP Supervisor Community of Practice.
- DCHS is committed to providing services in Spanish as demonstrated by recent recruitment of bi-lingual nurse home visitor.

### **Public Health Emergency Preparedness**

DCHS has a Public Health Emergency Preparedness (PHEP) program that funded a designated PHEP coordinator at 0.8 to 1.0 FTE for this review period. Other staff that

support the PHEP program were funded up to .10 FTE during this period. Positions funded by this grant have job descriptions that adequately support the work they do within this program element and staff are adequately trained to perform their roles.

**Program strengths:**

Through staffing and management changes during the course of this review period, the PHEP program consistently exceeded the minimum requirements of its contract. One of the program's significant strengths is in its community and regional partnerships. An example of expanded community partnership is their work with the Deschutes Smoke and Public Health Collaborative, which includes local, state, and federal partners such as health agencies, public safety, and land managers. Additional successful partnerships include engagement in regional preparedness workgroups including the Tri-County Access and Functional Needs Emergency Preparedness Workgroup, the Disaster Medical Care Coalition, and the Regional Healthcare Preparedness Coalition.

**Reproductive Health**

Deschutes County Health Services (DCHS) is currently providing Reproductive Health (RH) clinical services within their community. They have also begun to identify additional clinical partners who might be interested in joining a collaborative that would create a shared vision for Reproductive Health (RH) Program clinical providers in the community. Examples of current clinical partners include: Planned Parenthood - Bend, St Charles Center for Women's Health – Redmond, and Mosaic Medical – Bend and Redmond locations.

Through development of strategic partnerships with community partners DCHS identified a need and community interest in forming a Reproductive Health (RH) Coalition. The goal of the RH Coalition of Deschutes County will be to ensure access to and utilization of reproductive health care for all people in Deschutes County by coordinating activities, resources, and services. DCHS will work together with partners to develop and finalize a 2019/2020 work plan for the RH Coalition of Deschutes County. The work group will meet quarterly and actively address access to reproductive health services within Deschutes County.

DCHS will work toward this goal by: (1) Normalizing reproductive health care by incorporating it into primary care and other health care services; (2) Collaborating with diverse community partners to reach youth and other vulnerable populations through coordinated and innovative outreach strategies; and (3) Ensuring the development and distribution of culturally appropriate and equitable marketing materials.

DCHS, along with other members of the RH Coalition of Deschutes County, will collaboratively develop a community evaluation to understand the community's needs and access to RH services. DCHS has demonstrated that they highly value the feedback and needs of community partners.

Program strengths:

The DCHS developed partnerships with clinical providers, schools, and community-based organizations (such as Latino Community Association) to improve access to RH services and information.

### **Sexually Transmitted Diseases (STD)**

Deschutes County was the fourth fastest-growing metropolitan area in the U.S. between July 2016 and July 2017 and the third fast-growing area the year prior, according to the Census Bureau. Bend, the county seat, is central Oregon's largest city. While the county STD rates were lower than the state rates in 2017 (most recent rates available), the number of syphilis cases has been steadily climbing. Syphilis cases totaled 7 in 2016, 11 in 2017, and 14 in 2018. Of note, there was one congenital syphilis case in 2018, reflecting the growing impact of the current STD epidemic. Chlamydia cases totaled 538 in 2016, 673 in 2017, and 590 in 2018. Gonorrhea cases totaled 65 in 2016 and 2017 and 54 in 2018.

Program strengths:

DCHS has skilled STD staff conducting prompt and efficient case investigation. Staff are up to the challenge of managing the growing number of syphilis cases. The well-organized case investigation structure assigns health educators to follow up on high-priority chlamydia cases (including pregnant individuals and people with repeat infections) and communicable disease investigators to focus on gonorrhea and syphilis cases.

Review of cases in the state communicable disease database indicates that there is documentation of appropriate treatment as well as provision of an interview and partner services in a clear majority of gonorrhea and syphilis cases.

The LPHA utilizes social media, including the DCHS Facebook page, to promote STD prevention services and resources. Additionally, staff conduct community outreach in various settings (including schools, drug treatment centers, and other facilities) to reach adolescents and at-risk populations. Through the tri-county communicable disease modernization partnership, DCHS has strengthened relationships with community providers and other stakeholders by keeping them apprised of STD trends and news through quarterly reports and HAN alerts.

### **Tobacco Prevention and Education Program (TPEP)**

The Deschutes County Tobacco Prevention Education Program (TPEP) addresses tobacco prevention with a strong emphasis on collaboration with health systems on cessation referral systems and working through coalitions within the county. “They are a part of the Central Oregon Regional Health Improvement Plan committee and work with other local TPEP programs in the central region to protect the Indoor Clean Air Act (ICAA) and expand secondhand smoke protections.” Work during the first part of the biennium was focused on resolution of local ICAA complaints and collaboration with health systems partners and OHA to create and implement closed-loop electronic health record referral systems within health care settings to promote smoking cessation. During this time, limited progress was made on tobacco retail licensure (TRL) goals, although activities were underway during this time to assess community readiness. Activities to advance TRL have since accelerated.

Deschutes County fulfilled all responsibilities related to local support for enforcement of the Oregon ICAA, including responding to complaints of violations in Deschutes County communities and conducting annual inspections of certified smoke shops in the county.

#### Program strengths:

- DCHS provided a model for other LPHAs in convening health systems partners to advance cessation referral systems within clinical workflows to increase physician support for referrals to the Oregon Quitline.
- Deschutes County continued to expand protections against second-hand smoke in public buildings, parks, and education settings by adding vaping and inhalant delivery systems to existing policies. They also extended tobacco-free policies to include using smokeless tobacco products in county vehicles. These policies enhance the value of their work in the community by showing that the county is implementing the kind of tobacco and smoke-free policies that all workplaces should provide to protect the health of both employees and clients.
- In the early part of the triennial period, substantial progress was made toward advancing TRL. All but one of the cities in Deschutes County provided letters of support for tobacco retail licensing. This work has picked up again at the end of this period and looks promising based on indications that there is still support from most cities in Deschutes County for TRL.
- The program’s strong partnership with the Shared Futures Coalition is a key strength of the program, providing a community voice to match and support the county’s expertise and evidence-based approach to tobacco control and prevention.
- Deschutes TPEP also provided support to youth coalition building funded by other grants and joined with other LPHAs in the region, and the Confederated Tribes of

Warm Springs, to provide youth advocacy training in support of policy advocacy. In 2019, youth participated in Legislative Days in Salem to advocate for smoke-free and tobacco-free environments and speak with legislators about the epidemic of e-cigarette use among young people. The DCHS TPEP Coordinator also provided testimony regarding threats to the ICAA posed by proposed legislation to expand marijuana laws.

- A TPEP-funded staff person is a representative on the Regional Health Improvement Plan committee and the program works with the Central Oregon Health Council to advocate for tobacco prevention policy, systems and environmental change.

### **Tuberculosis (TB)**

Deschutes County typically has a medium incidence of TB compared to many counties in Oregon. Although staff are somewhat new to TB work, Deschutes County is quickly gaining a high level of proficiency in many aspects of TB management including the care of complex TB cases with comorbidities and patients who are nonadherent to the treatment plan. The program is professional and organized, yet flexible enough to accommodate differing patient needs and find creative solutions to problems.

#### **Program strengths:**

The TB program is well organized, and staff have a good understanding of TB. Everyone on the TB team at DCHS puts in an incredible amount of effort to make sure patients are well cared for. DCHS staff are also diligent about locating and evaluating TB contacts. That same diligence applies to B waiver immigrant follow-up and evaluation. DCHS continues to develop strong relationships with community clinics and hospitals; they communicate well with providers and give providers the support needed to care for the patient. DCHS staff is highly communicative with the OHA-TB staff and stays in touch regularly when there is a new TB case.

### **Vital Records**

In 2018, Deschutes County was the county of birth for 2,236 infants and recorded 1,738 deaths throughout the county. 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.

#### **Program strengths:**

Deschutes County Office of Vital Records provides services with efficiency and with excellent customer service. Staff are attentive to their customers' needs and actively seek ways to improve their service. They collaborate to ensure all areas of the vital records

office operate as smoothly as possible. 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.

## **QUALITY ASSURANCE RECOMMENDATIONS**

### **Administration, Civil Rights and Health Officer**

1. Continue collaborative efforts on contractual requirements pertaining to financial reports within the public health system. Assure financial reports are submitted as required on time. Utilize OHA Public Health Systems Consultant for assistance and support.
2. Continue to improve upon accessibility of web content and materials.
3. Continue to explore ways of building capacity or leveraging and advancing findings from the health equity and community partnership needs assessment.
4. Continue implementing four-factor analysis to policies and procedures in order to promote collection and reporting of racial and ethnic participation data.

### **Babies First! & Perinatal**

1. Recommend ensuring the EHDI program has the correct email address to send referrals and that the outcome of the referral is communicated back to the EHDI program for all cases referred.
2. Recommend more consistently including the referral source and reason for referral for clients in charts.
3. Recommend a more systematic way to follow up on outcomes from previous interventions and documenting when a problem was resolved, if applicable.
4. Recommend ensuring that nursing plans are client-centered and client specific (e.g., not the same plan every visit or the same general plan for all clients).

### **Nurse Family Partnership**

1. It is recommended that the agency re-commit to utilizing the NFP Home Visit Form. The NFP Home Visit Form includes feedback about previous activities and information on the plan for the next visit with “nurse agrees, and client agrees” content. In addition, this tool assures communication of client affirmations. This form is an essential required component of NFP practice. It is a tool that assures that all the underlying theories of the model are integrated into practice. The reviewer recommends that the team receive technical assistance from their state nurse consultant (SNC) to assure understanding of the purpose of the form and explore ways to integrate the functions of the tool into their practice and record keeping.
2. Explore ways to decrease the percent of missing race and ethnicity data.

3. Add the practice of Employee Self-Assessments to inform continuing education plans, An NFP self-assessment template is available.
4. Participate in technical assistance from SNC on application of ETO data for NFP specific CQI using the Collaborative Support Plan.
5. Recommend clearer linkages between nursing assessment and interventions, and a more systematic way to follow up on outcomes from previous interventions. This could include concise tracking of intervention and goal attainment through the evaluation of client response to individual interventions such as NFP Facilitators and Partners in Parent Education interventions.

### **Sexually Transmitted Diseases (STD)**

1. Recommend program take steps to improve collection of three priority fields—gender of sex partners, HIV status/date of most recent test, and pregnancy status of female reproductive-age cases. Given the county's STD morbidity, the completion rates of these priority fields can fluctuate with even minor changes in annual case counts and small improvements will positively impact these rates.