



PUBLIC HEALTH DIVISION
Office of the State Public Health Director

Kate Brown, Governor

Oregon
Health
Authority

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August 2, 2018

Mr. Tim Freeman, Chair
Douglas County Board of Commissioners
1036 SE Douglas Street, Room 217
Roseburg, OR 97470

Dear Chair Freeman:

The triennial onsite agency review was conducted for Douglas County in May 2018. The Oregon Health Authority Public Health Division reviewed public health programs administered by the county and the county's subcontractors 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 17 program areas, listed below. Program areas with compliance findings are indicated with an asterisk.

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

OHA piloted revised Administrative and Civil Rights triennial review tools which included a new contracting component as part of this review. There were several Civil Rights and Administrative findings related to contracting that will be considered official compliance findings if they are not resolved by August 9, 2018.

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 Douglas County Local Public Health Administrator Dr. Robert Dannenhoffer to resolve all the findings.

A full report will be sent to Dr. Dannenhoffer. We think the report will be of assistance to public health staff (county and its subcontractors) in their continuing efforts to provide quality public health services to your community.

Kim La Croix will meet with the Douglas Public Health Network Board on September 4, 2018 to go over findings and answer any questions. We respectfully request that one or more of the commissioners attend this meeting.

Overall, agency reviewers find Douglas County and Douglas County's subcontractors to be composed of a committed team of professionals who deliver quality public health services to your community. The citizens of Douglas County are very fortunate to have this agency ensuring the provision of 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 Douglas County is providing to its community.

Sincerely,

Danna Drum
Strategic Partnerships Lead



Kim La Croix
Public Health Systems Consultant

Enclosures

cc: Chris Boice, Commissioner, Douglas County
Dr. Robert Dannenhoffer, Local Public Health Administrator, Douglas County; Executive Director, Douglas Public Health Network.



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August 2, 2018

Douglas County Triennial Review Report

This is an overview report of the May 2018 triennial review of public health programs administered by Douglas County and its subcontractors. 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 Dr. Robert Dannenhoffer, Douglas 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.

Douglas County received \$787,443 Federal Funds including \$561,867 for the WIC Program for fiscal year 2017. The County also received \$156,156 from State General Fund Support and \$157,475 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

OHA piloted revised Administrative and Civil Rights triennial review tools which included a new contracting component as part of this review. Thus, findings related to contracting will be considered official compliance administrative findings only if they are not resolved by August 9, 2018 (90 days from the date of the Administrative on-site review).

Administrative

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

- Adopt a subcontractor monitoring policy that complies with legal and contractual requirements.

- Describe how Douglas County ensures their subcontractors have the required policies and procedures or other documents necessary to demonstrate compliance with requirements in:
 - Section IV- Confidentiality, Abuse, Reporting and Records Retention
 - Section VII- Communication with LPHA Clients

Civil Rights

- Provide the document name or policy number and the date adopted for each of the following items:
 - Policy: reasonable modification
 - Policy: Updating nondiscrimination policies and procedures
 - Copies of reports of discrimination and harassment for past three years
 - Procedure to cooperate with Oregon Health Authority's (OHA) investigative process and to act promptly on discrimination complaints.

Since Environmental Health sits in the Douglas County Planning Department and Vital Records sits in the Douglas County Clerk's Office, Douglas County may submit documentation specific to those departments to meet specific Civil Rights requirements.

COMPLIANCE FINDINGS IF NOT RESOLVED BY: 8/9/2018.

(If this becomes an official compliance finding, a new due date to comply will be negotiated with Douglas County.)

Babies First!, Perinatal and Oregon Mother's Care

The LPHA is in compliance with all program requirements.

Communicable Disease

The LPHA is in compliance with all program requirements.

Drinking Water

The LPHA is in compliance with all program requirements.

Fiscal

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

- Complete subrecipient monitoring duties for Douglas Public Health Network (DPHN), including a fiscal review, site visit and annual audit to ensure full compliance with rules and regulations.
- Ensure DPHN resolves the prior UCAN WIC Fiscal Compliance finding. Douglas County, through DPHN, must complete an annual audit of UCAN and ensure all deficiencies identified in the July 2017 review are fully resolved.
- Ensure DPHN finalizes the risk assessment and monitoring policy and process and operationalize it as soon as possible. DPHN should be required to complete the review templates developed for each contractor and the program they have contracted to provide.

DUE DATE TO COMPLY: 10/5/2018

Food, Pool and Lodging Health & Safety

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

- Issue a license for each single-event, seasonal, and intermittent temporary restaurant.

DUE DATE TO COMPLY: 7/31/2018

Health Officer

The LPHA is in compliance with all program requirements.

Immunizations

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

- Ensure current addendums are on file for every delegate agency.

RESOLVED: 6/2/2018

Public Health Emergency Preparedness

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

1. Ensure that the Subcontractor, Douglas Public Health Network, updates and approves ESF 8 every 5 years.

RESOLVED: 6/15/2018

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 biennial WIC compliance review was separate from the Triennial Review and was conducted in June 2017.

Programmatic Compliance Findings:

1. Ensure a “No Proof” form is completed when eligibility pending is identified. (Policy 616)
2. Ensure routine testing and cleaning is completed for all Hemocue machines. (Policy 626)
3. Ensure the risk level is changed from medium to high when required. (Policy 661)
4. Ensure that all required referrals are made and documented on behalf of the participants. (Policies 880 and 885)
5. Ensure children between 3-24 months of age are screened for immunization status using a documented record during certification and rectifications appointments. (Policy 481)
6. Ensure nutrition education session guides are on file all “Nutrition Adventures” walk-in WIC style topic boards. (Policy 820)

7. Ensure participant confidentiality is maintained when counseling at satellite clinics. (Policy 655)
8. Ensure homeless facilities in the service area are notified of WIC requirements and documentation of the communication is maintained on file. (Policy 655)

RESOLVED: 9/30/2017

Fiscal Compliance Findings:

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

- Ensure Umpqua Community Action Network (UCAN) adheres to cost allocation policies whereby all Administrative core costs are put into a cost pool and paid for with a charge to all grants of 10% a di minimus allowed under 2CFR part 200.

RESOLVED: 11/10/2017

- Instruct UCAN to accurately allocate expenditures between NE, BF, GA and CS. Confirm that specific expenses are allocated to relevant categories within WIC program.

RESOLVED: 11/10/2017

- Complete an annual onsite audit as part of the ongoing monitoring process to ensure UCAN fully complies with all federal rules and regulations.

UNRESOLVED: No evidence submitted to date indicates an annual onsite audit was completed. ***This finding remains open.***

DUE DATE TO COMPLY: 4/2/2018

WIC Farm Direct Nutrition Program (FDNP)

The LPHA is in compliance with all program requirements.

PROGRAM OVERVIEW AND STRENGTHS

Administration & Health Officer

Dr. Robert L. Dannenhoffer, affectionately known as “Dr. Bob” in the community, has been the health administrator and health officer for Douglas County for the past 2.5 years.

Douglas County, with the exception of Vital Records, Environmental Public Health, and Targeted Case Management (TCM) Services, contracts with Douglas Public Health Network (DPHN) to provide or subcontract for public health services and activities that are not governance functions.

Douglas County implements subcontracts for the following programs:

Program	Subcontractor
Babies First & Perinatal	United Community Action Network (UCAN)
Communicable Disease	Douglas Public Health Network (DPHN)
Health Security, Preparedness and Response	DPHN
Immunizations	Umpqua Community Health Center (UCHC)
Reproductive Health, Oregon Mother’s Care	UCHC
Sexually Transmitted Infections (STI)	DPHN
Tobacco Outreach & Prevention	Adapt
Tuberculosis (TB)	DPHN
WIC, WIC Farm Direct Nutrition Program, WIC Breastfeeding Peer Counseling	UCAN

Dr. Dannenhoffer 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. He has built a reputation as a thought leader, innovator and someone who is not afraid to ask difficult questions. He is an expert at communicating about the value of public health, as demonstrated

by his frequent appearances on local radio and in a recent Oregon Health Authority promotional video about public health modernization.

Dr. Dannenhoffer is passionate about his duty to ensure all people in Douglas County live, work, play and learn in communities that support health and optimal quality of life.

Douglas County and Douglas Public Health Network excel at developing community partnerships. One example is the regional partnership grant with Curry and Coos Counties, Coquille Indian Tribe and the Cow Creek Band of Umpqua Tribe of Indians and Western Oregon Advanced Health Coordinated Care Organization. Douglas County is the fiscal agent and the grant focuses on improving and standardizing mandatory communicable disease reporting and implementing strategies for improving two-year-old immunization rates, especially for children living in high poverty communities.

Strengths:

Douglas County strengths identified during this triennial review period (5/2015 to 5/2018) include:

- Implementation of a new public health structure in Douglas County. Some services have increased access to preventive health services in the community (e.g. immunizations).
- Excellent community partnerships, as evidenced by collaborative work with: Blue Zones, Douglas Oral Health Coalition, Opiate Task Force, Perinatal Task Force, Vaccine Campaign Community Group, Southern Oregon Mobile Services Initiative and the Gonorrhea Task Force.
- Recruitment of public health trained staff. Douglas Public Health Network employs five staff with a master's degree or higher. The highly educated workforce contributes to the economy and vibrancy of the community.
- Positive trends in health outcomes such as decreasing smoking rates and increasing immunizations rates.
- Successful influenza vaccination point-of-dispensing event entitled "Drive by Flu Clinic." The conveniently located event reduced barriers for Douglas County residents to access preventive flu shots because participants did not have to leave their car to get the vaccination.

Challenges:

- Inadequate funding to address the health needs identified through the community health assessment;
- Navigating the state financial system efficiently and effectively to meet the needs of the unique subcontracting structure for public health services in Douglas County.

With Dr. Dannenhoffer at the helm, Douglas County and Douglas Public Health Network are well-positioned to implement a modernized public health system and continue exceptional service to the residents of Douglas County.

Babies First!, Perinatal and Oregon Mother's Care

Babies First! & Perinatal

February 2018 marked the two-year anniversary of Douglas County subcontracting with Umpqua Community Action Network (UCAN) for the Maternal Child Health (MCH) Nurse Home Visiting programs. A commendable amount of challenging, hard work with multiple successes has gone into this second year of implementation by many dedicated UCAN staff. The Public Health Nurse Home Visiting programs are an important component of the multiple programs offered by UCAN that support at-risk families and young children in Douglas County.

The UCAN Nurse Home Visiting team, which works under the guidance of Maureen Short, are a well-functioning team that continues to provide a high caliber of nursing services to those at-risk families and young children in the community. UCAN billing and support staff keep the daily function of the program going and perform other duties as needed, deserve recognition for a job well-done. Support from Douglas Public Health Network (DPHN) staff for these programs are notable.

Program strengths include:

- MCH UCAN Nurse Home Visiting team members, individually and collectively, exhibit professional nursing skills and a high caliber of nurse home visiting skills.
- Per the Oregon Child Health Information Data Systems (ORCHIDS) reports, Nurse Home Visiting staff have more than doubled their client caseloads since January 2017, which means more community families are receiving services.

- Well-functioning referral system into Nurse Home Visiting programs. The CoRE Referral Form is used specifically for referrals from Mercy Hospital.
- Improved communication feedback loops as evidenced by weekly meetings for case-conferencing new referrals in addition to weekly Staff meetings as noted.
- Current protocol and procedure manuals available for Perinatal and Child Health programs.
- Client record audit revealed consistent and thorough nursing documentation among Nurse Home Visiting team members.
- Multiple examples of collaborative outreach with local county agencies noted with MCH UCAN Nurse Home Visiting staff members.

Oregon' Mother's Care (OMC)

OMC provides prenatal needs assessment appointments at no charge. The site coordinator provides coordination with pregnancy testing, prenatal care, Oregon Health Plan (OHP) assistance, referrals and education resources at no charge. Umpqua Community Health Center (UCHC) in Roseburg implements OMC services. Kirsten Carhart has been the Oregon Mother's Care (OMC) Coordinator since OMC has moved to UCHC. UCHC has conducted community outreach about OMC through an intern.

Communicable Disease (CD)

During most of the review period, the program was run by one MPH level staff and a health officer, which was not enough to support disease investigation and outbreak investigations. Since April, 2018 there are five staff who are trained in communicable disease and enrolled in Orpheus.

Through the Public Health Modernization grant, Douglas County is working on the following communicable disease related objectives:

- Developing and implementing an improved and standardized data collection and reporting process for communicable diseases to ensure a regional, data driven, health equity-oriented communicable disease public health programming.
- Identifying and developing strategies that will contribute to improving the immunization rates for 2 years olds across the region.

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. The 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 Program is in the hands of very competent and professional environmental health specialists. Water system files were reviewed and found to demonstrate up to date documentation of work performed by Douglas County. The Drinking Water Program is well organized and operated, and works cooperatively with State Drinking Water Services staff to help ensure safe drinking water for the 101 water systems it supervises.

Fiscal

Douglas County is the Local Public Health Authority (LPHA). In October 2015, Douglas County contracted with United Community Action Network (UCAN), Douglas Public Health Network (DPHN), Umpqua Community Health Center (UCHC) and Adapt to provide public health services to Douglas County residents. To comply with federal rules for federal funds passed through to subrecipients, Douglas County developed a sub-recipient monitoring plan, checklist and monitoring policy and procedures to monitor fiscal and programmatic compliances of these subrecipients. In February 2018, Douglas County contracted monitoring of sub-recipients to DPHN on behalf of Douglas County. Under the terms of agreement, DPHN is responsible for monitoring each Subcontractor's delivery of Program Element services to ensure they are compliant with applicable federal and state statutes and rules, local ordinances or other requirements as outlined in the Intergovernmental Agreement for the Financing of Public Health Services, 2CFR 200.331(d), OAR 333-014-0570(4). Since DPHN is a sub-recipient to Douglas County, Douglas County must continue to monitor the DPHN's fiscal and programmatic activities.

Douglas County's Fiscal Administration Unit has one dedicated staff responsible for daily fiscal operations of Douglas County and monitoring of DPHN. She reviews financial reports submitted by DPHN and verifies the income and expenditures reports before invoices are paid. Douglas County retains a portion of the grant to cover administration cost and expenses related to monitoring functions. There are sufficient internal controls to adequately safeguard assets, to detect and prevent errors in a timely manner. The operation appears organized and efficient with commitment to quality, fairness and accuracy.

Food, Pool and Lodging Health and Safety

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

Douglas County staff 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.

Caroline Gross-Regan and Angela Scott are state standardized and have satisfactorily completed their recertification process. Staff exhibited good communication skills 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.

Immunizations

Douglas County, through a contract and partnership with Douglas Public Health Network and Umpqua Community Health Center, ensure the provision of immunization services to Douglas County residents. Douglas County has seen many changes in their public health infrastructure in the recent past and a shift in the residents they serve. Douglas County is doing a great job at ensuring the provision of health care services and immunizations to their patients.

Douglas County's immunization practice is led by Sallie Dean who has a deep understanding of her patients' needs and the community she serves. She knows the ins and outs of immunizations and is a resource for staff, patients, and parents. Douglas County's role related to immunizations focuses on school law, preparedness exercises, work with community partners, education and outreach, and outbreak response. Mark Stout does an incredible job managing the requirements of Oregon School Immunization Law.

The Oregon Immunization Program (OIP) looks forward to partnering on more immunization improvement and community outreach projects.

Public Health Emergency Preparedness

Douglas Public Health Network is contracted by Douglas County to serve the public health needs of Douglas County residents and visitors. The Public Health Emergency Preparedness (PHEP) program works with local, regional, and state partners to improve preparedness and response capabilities in Douglas County.

The PHEP Coordinator, Teresa Mutschler, has developed great community partnerships and is working with partners to launch a local health coalition to focus on the public health and medical needs in Douglas County as they relate to preparedness, response, and mitigation. The PHEP program continues to grow and develop and will be working on projects to better use data to advise planning and response activities, which will have great benefits for all local public health authorities in Oregon.

Sexually Transmitted Disease (STD) Prevention

STD case investigation and follow-up services are provided by the Douglas Public Health Network (DPHN) with STD clinical services including screening, testing, and treatment provided by the Umpqua Community Health Center (UCHC). STD clinical services are available Monday-Friday at a location in Roseburg and once a week in locations in Sutherlin and Myrtle Creek. Douglas County has experienced a marked increase in gonorrhea morbidity with the number of cases increasing over 300% from 2013 to 2017. Their year-to-date numbers for 2018 indicate they are likely to exceed last year's high of 97 cases. These increases in gonorrhea also involve a great deal of additional public health resources for case follow-up, interviewing, as well as testing and treatment of their sexual partners. The county experienced a syphilis outbreak in 2014 but their overall syphilis morbidity has gone down substantially over the last few years to an average of four cases a year.

Douglas County has a strong model in place for STD linkage to clinical services and treatment through DPHN's collaboration with UCHC. Both entities also have a good system in place for condom distribution. The reviewer was impressed by the multiple and creative approaches staff are employing to address gonorrhea increases in the county.

Tobacco Prevention & Education Program (TPEP)

Adapt, a non-profit contracted through Douglas County to administer the Tobacco Prevention and Education (TPEP) and Alcohol and Drug Prevention and Education Program (ADPEP), is making strides. The program staff are in conversations with leaders and decision makers, and are finding alignment through both bodies of work. They are beginning to integrate policy, systems and environmental change strategies into their work streams. They have been able to increase community engagement and build capacity due to the award of a Blue Zones Project. Several organizations have adopted tobacco free policies during the triennial review period.

Adapt staff are fully engaged in pursuing policies for tobacco free zones. Through their own organization, they have been able to fold their varied Adapt locations under their umbrella tobacco free policy, encompassing more than 400 employees, three counties and new housing facilities. They are well positioned in the community to continue moving the work forward and are actively working on tobacco free downtown. They have strong relationships with community partners, a committed public health administrator, and additional capacity building resources from the Blue Zones Project award. TPEP and ADPEP are working together on the tobacco and alcohol retail environment assessment and have both engaged youth to study industry practice of targeting youth.

Tuberculosis (TB)

On average, Douglas County has approximately one case of TB disease annually. Douglas County receives several B waiver immigrants for evaluation each year.

All the needed documentation was in place during the review. Practices and policies to protect workers such as Powered Air Purifying Respirators (PAPRs) and baseline TB screening are implemented and documented. The program has very strong links with the CCO, local clinics and hospital which has been useful in coordinating care.

Vital Records

Douglas County was the registered place of death for 1,434 individuals and 895 births last year. The Douglas County Office of Vital Records 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.

The Douglas County Office of Vital Records consistently provides excellent customer service to their customers and partners throughout the community.

Staff members work 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. 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. Program accessibility is a priority for WIC of Douglas County. Comprehensive WIC services are available at one permanent and seven satellite clinic sites in eight communities throughout Douglas County.
2. Excellent customer service. The phone is answered promptly when participants call in for information. When people come up to the waiting line at the front desk, they are acknowledged and assured that staff will be right with them. Walk-in participants are squeezed into the schedule when not doing so would be a hardship for the participant. The Roseburg clinic is offering extended hours to make it easier for working parents to come in for appointments.

WIC Farm Direct Nutrition Program (FDNP)

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

The Roseburg WIC clinic held two onsite farmers markets in July 2017 to distribute Farm Direct checks and make it easier for WIC families to redeem their checks for fresh fruits and vegetables.

QUALITY ASSURANCE RECOMMENDATIONS

Communicable Disease

- Improve timeliness of CD reporting
- Conduct timely case investigation
- Complete case investigation components such as race, occupation and risk factor data
- Complete case and contact vaccination status data collection
- Conduct all outbreak investigation
- Provide and complete control measure information dissemination during outbreak investigations.

Drinking Water

- Consider adding copies of most common used public notices (boil, do not drink, do not contact) to drinking water emergency response plan. Continue to use the new web form for contact report and compliance schedule entry, and to enter contact reports that are missing from the database.

Maternal Child Health

Babies First! & Perinatal

1. Consider adding a depression screening tool to all charts as applicable to client.
2. Recommend quarterly staff round-robin chart audits with a goal of maintaining consistency in documentation among Nurse Home Visiting staff members.
3. Add Infant Reflexes screening tool to all infant charts.

4. Consider adding a more detailed newborn and infant assessment form to all child charts. This type of assessment reviews child's systems, bonding and attachment and parent child interaction.
5. Suggest including a policy that describes an annual review of MCH Nurse Home Visiting Policies.

Oregon Mother's Care

- Consider implementing a closed loop referral system when referring women to other programs.

Sexually Transmitted Disease

- Program is encouraged to take steps to increase the percentage of their gonorrhea cases containing informative race and ethnicity, pregnancy status, gender of sex partners and HIV status or date of most recent HIV test.
- Program is encouraged to take steps to increase the percentage of their syphilis cases containing informative race and ethnicity, gender of sex partners and HIV status or date of most recent HIV test.

Tuberculosis

- Ensure actions are documented in the chart when a patient reports side effects (e.g. notified a physician).
- Patient education and monthly visits should be clearly documented.

WIC

1. Encourage staff to continue to work on improving their Participant Centered Education skills, specifically using summaries that can help to lead to relevant nutrition education, next steps, and completing the health outcome statement.
2. Encourage staff to check with returning participants regarding questions or concerns surrounding the use of their WIC benefits to identify areas where assistance is needed.



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March 4, 2019

The Honorable Tim Freeman, Chair
Douglas County Board of Commissioners
1036 SE Douglas Avenue – Room 217
Roseburg, Oregon 97470

Dear Chair Freeman:

The triennial onsite agency review of Douglas County Public Health was conducted in May 2018. A biennial WIC review was conducted in 2017. The compliance findings in the reviews are based on federal funding requirements, state public health laws and rules and the Intergovernmental Agreement for Financing Public Health Services.

A letter listing items that needed correction was sent to you after the review. As you are aware, the Oregon Health Authority and Douglas County have been working closely together to resolve the remaining findings. I am pleased to inform you that all findings from both reviews have been resolved.

Per our previous conversations, I would strongly encourage county fiscal and program staff to review and update, if needed, the existing subcontractor/subrecipient monitoring policy to ensure it meets federal subrecipient monitoring requirements and ensure staff are comfortable with the provisions.

Many thanks to you and your staff for resolving all the compliance findings.

Sincerely,

Danna Drum
Strategic Partnerships Lead

cc: Chris Boice, Douglas County Commissioner
Tom Kress, Douglas County Commissioner
Robert Dannenhoffer MD, Local Public Health Administrator